

File No. 200370

Committee Item No. 2

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date November 10, 2021

Board of Supervisors Meeting Date \_\_\_\_\_

#### Cmte Board

|                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Motion                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | MOU  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Subcontract Budget                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

#### OTHER (Use back side if additional space is needed)

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|-------------------------------------|--------------------------|----------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Original Agreement 7/1/16</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Amendment No. 1 10/11/17</u>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Amendment No. 2 2/1/19</u>    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>BOS Resolution No. 167-19</u> |
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Completed by: Brent Jalipa Date November 5, 2021

Completed by: Brent Jalipa Date \_\_\_\_\_

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 upon**  
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  
23 fully executed by all parties, the Director of Health and/or the Director of Office of Contract  
24 Administration/Purchased shall provide the final contract to the Clerk of the Board for inclusion  
25 in the official file (File No. 200370 ).

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Grant Colfax, M.D.  
Director of Health

|  |   |
|--|---|
| <b>Item 2</b><br><b>File 20-0370</b>   | <b>Department:</b><br>Department of Public Health |
| <b>EXECUTIVE SUMMARY</b>   |   |
| <p style="text-align: center;"><b>Legislative Objectives</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul> <p style="text-align: center;"><b>Fiscal Impact</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> <p style="text-align: center;"><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Approve the proposed resolution</li> </ul> |   |

**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 FTEs<sup>1</sup> 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**

| <b>Service Component</b>             | <b>Units of Service / Number of Contacts in Proposed Amendment #3 (FY 21-22 through FY 25-26)</b>  | <b>Change from Amendment #2 (approved 2019)</b>  |
|--------------------------------------|--|--|
| 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)<br>-12 months of syringe access and disposal coordination and bulk purchasing<br>-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)<br>-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.

<sup>1</sup> 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**

| <b>Units of Service</b>                     | <b>Contracted</b> | <b>Actual</b> | <b>Actual as Percentage of Contracted</b> |
|---|-------------------|---------------|---|
| 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)**

| <b>Program</b>            | <b>Current Funding<br/>(Approved Under<br/>Amendment #2)</b> | <b>Proposed Funding<br/>(Amendment #3<br/>Under Consideration)</b> | <b>Change</b>      | <b>Explanation</b>  |
|---------------------------|--|--|--------------------|---|
| 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                |
| <i>Subtotal</i>           | <i>\$32,762,870</i>  | <i>\$39,773,841</i>  | <i>\$7,010,971</i> |   |
| Contingency Adjustment*   | <b>2,845,290</b>   | <b>2,341,630</b>   | <b>(503,660)</b>   |   |
| <b>Total</b>              | <b>\$35,608,160</b>  | <b>\$42,115,471</b>  | <b>\$6,507,312</b> |   |

Source: Department of Public Health

\*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.

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 performing 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.



**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.

|  |  |
|--|--|
| <b>Item 3</b><br><b>Files 20-0370</b>  | <b>Department:</b><br><b>Department of Public Health</b> |
| <b>EXECUTIVE SUMMARY</b>   |  |
| <p style="text-align: center;"><b>Legislative Objectives</b></p> <ul style="list-style-type: none"> <li>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).</li> </ul> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul> <p style="text-align: center;"><b>Fiscal Impact</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p style="text-align: center;"><b>Policy Consideration</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p style="text-align: center;"><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>Approval of the proposed resolution is a policy matter for the Board of Supervisors.</li> </ul> |  |

## 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 include managing the syringe disposal boxes in the city building as well as performing 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**

| <b>Performance Objective</b> | <b>Most Recent Reporting Year</b> | <b>Objective Description</b>  | <b>Performance</b>               |
|------------------------------|-----------------------------------|---|----------------------------------|
| 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**

|   |                     |
|---|---------------------|
| <u>Actual and Projected Expenditures</u>              |                     |
| FY 2016-17 through FY 2019-20                         | \$13,129,672        |
| <u>Budgeted Expenditures</u>                          |                     |
| FY 2020-21 through FY 2025-26 (proposed Amendment #3) | 25,880,178          |
| Contingency (12%)                                     | <u>3,105,621</u>    |
| <b>Total</b>  | <b>\$42,115,471</b> |

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        | <ul style="list-style-type: none"> <li>• Mayoral Enhancement starting FY 2019-20 through FY 2025-26.</li> <li>• Annually funds 9.65 FTEs for syringe clean up and management.</li> </ul> |
| War Memorial Work Order   |                     | \$48,559            | \$48,559           | <ul style="list-style-type: none"> <li>• Work order added for FY 2019-20 through FY 2025-26.</li> <li>• Annually Funds 0.125 FTE for syringe clean up.</li> </ul>                        |
| Contingency Adjustment    | \$2,845,290         | \$3,105,621         | \$260,331          |  |
| <b>Total</b>              | <b>\$35,608,160</b> | <b>\$42,115,471</b> | <b>\$6,507,311</b> |  |

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.

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

**Third Amendment**

THIS AMENDMENT (this "Amendment") is made as of **February 1<sup>st</sup>, 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 \_\_\_\_\_ -20  
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 2<sup>nd</sup> 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 hereby amended in its entirety to read as follows:

## **Article 4      Services and Resources**

4.5 **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 hereby 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 hereby 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 hereby 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 hereby 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 third-parties 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-1l, and replace in its entirety with Appendix B-1l 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-1l, and replace in its entirety with Appendix F-1l 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-1o, and replace in its entirety with Appendix F-1o 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.



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.



(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.

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

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

## CONTRACT SUMMARY

**Service Provider(s):** San Francisco AIDS Foundation  
**Fiscal Agency:** San Francisco AIDS Foundation  
**Total Contract Amount:** \$39,009,850  
**Funding Source:** HPS General Fund/CDC  
**Program Name:** Syringe Access and Disposal Services  
**System of Care:** 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 Email: rhill@sfaf.org

Provider Fax: 415-487-3094

**RFP#:** 3-2016

**Appendix A:**

**Appendix B:**

**Funding Source**

**Funding Amount:**

**Unspent Amount:**

**Funding Term:**

**Number of UOS:**

**Number of NOC:**

**Appendix B:**

**Funding Source**

**Funding Amount:**

**Funding Term:**

**Number of UOS:**

| Appendix A-1 Syringe Access Services |                  |                  |                  |                  |                  |                  |                  |                  |
|--------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| B-1                                  | B-1a             | B-1b             | B-1c             | B-1d             | B-1e             | B-1f             | B-1g             | B-1h             |
| GF                                   | GF               | CDC              | GF               | GF               | CDC              | GF               | GF               | CDC              |
| \$1,863,232                          | \$196,713        | \$5,000          | \$1,909,813      | \$201,631        | \$5,000          | \$1,956,679      | \$206,672        | \$5,000          |
|                                      |                  |                  |                  |                  | -\$3,036         | -\$19,386        |                  | -\$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  |
| 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              |
| 12                                   | 12               | 12               | 12               | 12               | 12               | 12               | 12               | 12               |
| 2,028                                | N/A              | N/A              | 2,861            | N/A              | N/A              | 3,710            | N/A              | N/A              |
| 264                                  | N/A              | N/A              | 40               | N/A              | N/A              | 67               | N/A              | N/A              |
| NOC                                  | NOC              | NOC              | NOC              | NOC              | NOC              | NOC              | NOC              | NOC              |
| 44,300                               | N/A              | N/A              | 56,635           | N/A              | N/A              | 54,300           | 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              | N/A              | N/A              |
| N/A                                  | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              |
| B-1i                                 | B-1j             | B-1k             | B-1l             | B-1m             | B-1n             | B-1o             | B-1p             | B-1q             |
| 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      |
| 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              | UOS              |
| 4,302                                | N/A              | 4,302            | N/A              | 4,302            | N/A              | 4,302            | N/A              | 4,302            |
| 12                                   | 12               | 12               | 12               | 12               | 12               | 12               | 12               | 12               |
| 3,710                                | N/A              | 3,710            | N/A              | 3,710            | N/A              | 3,710            | N/A              | 3,710            |
| N/A                                  | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              |

Number of NOC:

Syringe Access & Disposal Services Hrs.  
Syringe Access, Disposal Coordination & Bulk Purchasing  
Citywide Syringe Sweeps  
Community-Based Sweeps Events

| NOC    | NOC | NOC    | NOC | NOC    | NOC | NOC    | NOC | NOC    |
|--------|-----|--------|-----|--------|-----|--------|-----|--------|
| 54,300 | N/A | 54,300 | N/A | 54,300 | N/A | 54,300 | N/A | 54,300 |
| 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    |
| N/A    | N/A | N/A    | N/A | N/A    | N/A | N/A    | N/A | N/A    |

Appendix B:  
Funding Source  
Funding Amount:  
Funding Term:

| B-1r             | B-1s             | B-1t             | B-1u             | B-1v             |
|------------------|------------------|------------------|------------------|------------------|
| GF               | GF               | GF               | GF               | GF               |
| \$218,194        | \$2,066,687      | \$218,194        | \$2,066,687      | \$218,194        |
| 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 |

Number of UOS:

Syringe Access & Disposal Services Hrs.  
Syringe Access, Disposal Coordination & Bulk Purchasing  
Citywide Syringe Sweeps  
Community-Based Sweeps Events

| UOS | UOS   | UOS | UOS   | UOS |
|-----|-------|-----|-------|-----|
| N/A | 4,302 | N/A | 4,302 | N/A |
| 12  | 12    | 12  | 12    | 12  |
| N/A | 3,710 | N/A | 3,710 | N/A |
| N/A | N/A   | N/A | N/A   | N/A |

Number of NOC:

Syringe Access & Disposal Services Hrs.  
Syringe Access, Disposal Coordination & Bulk Purchasing  
Citywide Syringe Sweeps  
Community-Based Sweeps Events

| NOC | NOC    | NOC | NOC    | NOC |
|-----|--------|-----|--------|-----|
| N/A | 54,300 | N/A | 54,300 | 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 |

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

| Appendix A-2 Homeless Youth 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      | \$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              |

Number of UDC/NOC:

HYA Wrap Around & Disposal Services



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

HYA Wrap Around & Disposal Services

Number of  
UDC/NOC:

HYA Wrap Around & Disposal Services

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

Definition and # of  
UOS:

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

Target Population:

Young adults aged 13-29 living on the street 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:  
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            |  |
|  |                |                |                  |                  |                  |                  |                  |                  |  |

|   |   |                  |  |  |  |  |  |  |  |
|---|---|------------------|--|--|--|--|--|--|--|
| <b>Appendix B:</b><br><b>Funding Source</b><br><b>Funding Amount:</b><br><b>Funding Term:</b> |   | B-3i             |  |  |  |  |  |  |  |
|   |   | GF               |  |  |  |  |  |  |  |
|   |   | \$1,055,750      |  |  |  |  |  |  |  |
|   |   | 7.1.25 - 6.30.26 |  |  |  |  |  |  |  |
| <b>Number of UOS:</b>   | Harm Reduction Center Services Hrs.<br>Syringe Access Services<br>Lounge Services | UOS              |  |  |  |  |  |  |  |
|   |   | N/A              |  |  |  |  |  |  |  |
|   |   | 1,888            |  |  |  |  |  |  |  |
|   |   | 2,550            |  |  |  |  |  |  |  |
| <b>Number of NOC:</b>   | Harm Reduction Center Services Hrs.<br>Syringe Access Services<br>Lounge Services | 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:** 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.

|   |  |                                     |                |                  |                  |                  |                  |                  |  |  |
|---|--|-------------------------------------|----------------|------------------|------------------|------------------|------------------|------------------|--|--|
| <b>Appendix A:</b><br><b>Appendix B:</b><br><b>Funding Source</b><br><b>Funding Amount:</b><br><b>Funding Term:</b> |  | Appendix A-4 Syringe Sweeps Program |                |                  |                  |                  |                  |                  |  |  |
|   |  | B-4                                 | B-4a           | B-4b             | B-4c             | B-4d             | B-4e             | B-4f             |  |  |
|   |  | GF                                  | GF             | GF               | GF               | GF               | GF               | GF               |  |  |
|   |  | \$772,500                           | \$791,813      | \$791,813        | \$791,813        | \$791,813        | \$791,813        | \$791,813        |  |  |
| <b>Number of UOS:</b><br><b>Number of NOC:</b>  | Syringe Disposal Service Hours<br><br>Syringe Disposal Service Hours | 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              |  |  |
| <b>Definition and # of UOS:</b>   |  | 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:** No Direct Services are provided to individuals through these services, however, intravenous drug users (IDUs) throughout San Francisco are the targeted community.

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

| Appendix A-5 Syringe Sweeps Program - War Memorial Program |   |                |                |                  |                  |                  |                  |                  |  |
|--|---|----------------|----------------|------------------|------------------|------------------|------------------|------------------|--|
| Appendix A:  | Syringe Disposal Service Weeks  | B-5            | B-5a           | B-5b             | B-5c             | B-5d             | B-5e             | B-5f             |  |
| Appendix B:  |   | WO             | WO             | WO               | WO               | WO               | WO               | WO               |  |
| Funding Source   |   | \$6,937        | \$6,937        | \$6,937          | \$6,937          | \$6,937          | \$6,937          | \$6,937          |  |
| Funding Amount:  |   | 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 |  |
| Funding Term:  |   | UOS            | UOS            | UOS              | UOS              | UOS              | UOS              | UOS              |  |
| Number of UOS:   |   | 52             | 52             | 52               | 52               | 52               | 52               | 52               |  |
| Number of NOC:   |   | 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 Week of Syringe Disposal Services.   |                |                |                  |                  |                  |                  |                  |  |
| Target Population:   | No Direct Services are provided to individuals through these services, however, intravenous drug users (IDUs) are the targeted community. This program will focus on clean-up activities at the San Francisco War Memorial. |                |                |                  |                  |                  |                  |                  |  |
| Description of Services:                                   | Reduce new HIV infections by providing syringe access and disposal services to people who inject drugs (PWID) in San Francisco.   |                |                |                  |                  |                  |                  |                  |  |

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



|  |       |        |
|--|-------|--------|
| Community-Based Sweeps Events (B-1)<br>One UOS = one Community-Based Sweep Event<br>264 events = 264 UOS | 264   | N/A    |
| Total Services Delivered   | 5,918 | 44,300 |

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

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

|   |    |     |
|---|----|-----|
| Syringe Access, Disposal Coordination & Bulk Purchasing (B-1g)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>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-1h)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>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)<br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                  | 54,300                   |
| Syringe Access, Disposal Coordination & Bulk Purchasing (B-1i)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                     | 12                     | N/A                      |
| Citywide Syringe Sweeps (B-1i)<br>One UOS = one hour of Citywide Sweeps<br>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)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| Total Services Delivered  | 12 | N/A |

**Year Five: B-1k and B-1l July 1, 2020 – June 30, 2021**

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

|  |           |            |
|--|-----------|------------|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1l)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12        | N/A        |
| <b>Total Services Delivered</b>  | <b>12</b> | <b>N/A</b> |

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



|  |    |     |
|--|----|-----|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1n)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 12 | N/A |

**Year Seven: B-1o and B-1p July 1, 2022 – June 30, 2023**

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

|  |    |     |
|--|----|-----|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1p)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 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) |
|--|------------------------|--------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1q)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                  | 54,300                   |

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

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

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

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

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

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

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

**6. Methodology:**

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

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

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

**4. Provision of safer sex supplies, health education on subjects such as safer injection practices, appropriate disposal procedures and overdose prevention as well as health promotion,**

Safer sex supplies will be made available at all SAC sites, and SAC members will engage participants around overdose prevention and provide DOPE Trainings, safer disposal and proper use of sharps containers, and engage with participants about safer injection, vein care, and self-care.

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

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

**B. Syringe Access and Disposal Coordination** includes the following non-direct client services:

- 1. Overall coordination and responsibility for any agencies subcontracted to perform syringe access or disposal services or to reach the target populations.** SFAF, the SAC Lead Coordinating agency, will monitor subcontractor performance, supply budget, syringe returns, ensure that work is documented and reported, and in collaboration with SAC membership problem solve, innovate, and deepen our relationships and coordinate our services.
- 2. Participate in meetings of any subcontractors and SFDPH Rapid Response Clean Team engaged in disposal efforts (including sweeps) to ensure consistency of service delivery and ensure complementary and non-duplicative efforts.** SFAF will participate in disposal team meetings and assess and re-assess sweep mapped routes to avoid duplicating services and adjusting service areas to heavy need areas and to respond to community concerns.
- 3. Provide leadership to and training for any subcontractors.** SAC Coordinating agency will arrange for trainings on subjects of interest to subcontractors and invite SAC members to SAS upcoming staff development trainings on boundaries, HCV medical care and linkage, safer injecting/vein care harm reduction counseling, and referral resources.
- 4. In partnership with DPH, act as a “Good Neighbor”/Community Partner and actively establish and maintain positive relationships with neighbors, police, and other stakeholders in the community.** In areas around syringe sites, syringe providers must respond collaboratively to residents, and adhere to all city requirements. When requested, attend community and/or police meetings with DPH to present information about the syringe access and disposal program. SAC Coordinating agency SFAF will be



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

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

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

**4. Distribution of syringe disposal supplies.(fitpacks, small bio-bins, tongs)**

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

**7. Objectives and Measurements:**

**A. Individualized Objectives**

- 1) By the end of each 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):**

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

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

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

**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.

**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  
**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

**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.org](http://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](mailto:rhill@sfaf.org)

**2. Nature of Document:**

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. 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) |
|---|------------------------|--------------------------|
| <b>HYA Wraparound &amp; Disposal Services</b>                           |                        |                          |
| a) Personnel and Operating Expenses                                     | 12                     | N/A                      |
| b) HYA Disposal Efforts   |                        |                          |
| One UOS = one month of personnel/operating expenses & disposal services |                        |                          |
| <b>Total Services Delivered</b>   | <b>12</b>              | <b>N/A</b>               |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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 reflect 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



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:** 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

**2. Nature of Document:**

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-3: November 1, 2016 – June 30, 2017

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



\*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.

**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.

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

**2. Nature of Document:**

☐ Original

☒ Contract 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 (General Fund) (B-4)

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

**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:

- 1. Development of clean-up schedules, focusing on hot spots, i.e., locations where improperly discarded syringes historically have appeared frequently.**
- 2. 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

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

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

**2. Nature of Document:**

☐ Original ☒ Contract 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) |
|---|------------------------|
| <b>Syringe Disposal Service Weeks</b><br>One UOS = one week of Syringe Disposal Services<br>52 weeks/year = 52 UOS. | 52                     |
| <b>Total Services Delivered</b>   | <b>52</b>              |

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

| Units of Service (UOS) Description  | Units of Service (UOS) |
|---|------------------------|
| <b>Syringe Disposal Service Weeks</b><br>One UOS = one week of Syringe Disposal Services<br>52 weeks/year = 52 UOS. | 52                     |
| <b>Total Services Delivered</b>   | <b>52</b>              |

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

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

| <b>Units of Service (UOS) Description</b>   | <b>Units of Service (UOS)</b> |
|---|-------------------------------|
| <b>Syringe Disposal Service Weeks</b><br>One UOS = one week of Syringe Disposal Services<br>52 weeks/year = 52 UOS. | 52                            |
| <b>Total Services Delivered</b>   | <b>52</b>                     |

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

| <b>Units of Service (UOS) Description</b>   | <b>Units of Service (UOS)</b> |
|---|-------------------------------|
| <b>Syringe Disposal Service Weeks</b><br>One UOS = one week of Syringe Disposal Services<br>52 weeks/year = 52 UOS. | 52                            |
| <b>Total Services Delivered</b>   | <b>52</b>                     |

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

| <b>Units of Service (UOS) Description</b>   | <b>Units of Service (UOS)</b> |
|---|-------------------------------|
| <b>Syringe Disposal Service Weeks</b><br>One UOS = one week of Syringe Disposal Services<br>52 weeks/year = 52 UOS. | 52                            |
| <b>Total Services Delivered</b>   | <b>52</b>                     |

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

| <b>Units of Service (UOS) Description</b>   | <b>Units of Service (UOS)</b> |
|---|-------------------------------|
| <b>Syringe Disposal Service Weeks</b><br>One UOS = one week of Syringe Disposal Services<br>52 weeks/year = 52 UOS. | 52                            |
| <b>Total Services Delivered</b>   | <b>52</b>                     |

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

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

| <b>Units of Service (UOS) Description</b>   | <b>Units of Service (UOS)</b> |
|---|-------------------------------|
| <b>Syringe Disposal Service Weeks</b><br>One UOS = one week of Syringe Disposal Services<br>52 weeks/year = 52 UOS. | 52                            |
| <b>Total Services Delivered</b>   | <b>52</b>                     |

**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**

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

Appendix B-2, B-2a, B-2b, B-2c, B-2d, B-2e,  
B-2f, B-2g, B-2h, B-2i

Appendix B-3, B-3a, B-3b, B-3c, B-3d, B-3e  
B-3f, B-3g, B-3h, B-3i

Appendix B-4, B-4a, B-4b, B-4c, B-4d, B-4e, B-4f

Appendix B-5, B-5a, B-5b, B-5c, B-5d, B-5e, B-5f

#### **Budget Summary**

**HIV Syringe Access and Disposal  
Services**

**HIV Syringe Access and Disposal  
Services – Homeless Youth Alliance**

**HIV Syringe Access and Disposal  
Services – Harm Reduction Center**

**HIV Syringe Access and Disposal –  
Syringe Sweeps Program**

**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:

|                               | <u>Term</u>         | <u>Funding Source</u> | <u>Amount</u> |
|-------------------------------|---------------------|-----------------------|---------------|
| 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           |
| <b>Amendment #3</b>            | <b>07/01/2018 – 06/30/2019</b> | <b>General Fund - Unspent</b> | <b>-\$111,396</b> |
| <b>Amendment #3</b>            | <b>07/01/2018 – 06/30/2019</b> | <b>General Fund - Unspent</b> | <b>-\$19,386</b>  |
| <b>Amendment #3</b>            | <b>07/01/2020 – 06/30/2021</b> | <b>General Fund</b>           | <b>\$60,190</b>   |
| <b>Amendment #3</b>            | <b>07/01/2020 – 06/30/2021</b> | <b>General Fund</b>           | <b>\$6,356</b>    |
| <b>Amendment #3</b>            | <b>07/01/2020 – 06/30/2021</b> | <b>General Fund</b>           | <b>\$5,068</b>    |
| <b>Amendment #3</b>            | <b>07/01/2020 – 06/30/2021</b> | <b>General Fund</b>           | <b>\$55,750</b>   |
| <b>Amendment #3</b>            | <b>07/01/2020 – 06/30/2021</b> | <b>General Fund</b>           | <b>\$41,813</b>   |
| <b>Amendment #3</b>            | <b>07/01/2020 – 06/30/2021</b> | <b>Work Order</b>             | <b>\$6,937</b>    |
| <b>Amendment #3</b>            | <b>07/01/2021 – 06/30/2022</b> | <b>General Fund</b>           | <b>\$60,190</b>   |
| <b>Amendment #3</b>            | <b>07/01/2021 – 06/30/2022</b> | <b>General Fund</b>           | <b>\$6,356</b>    |
| <b>Amendment #3</b>            | <b>07/01/2021 – 06/30/2022</b> | <b>General Fund</b>           | <b>\$5,068</b>    |
| <b>Amendment #3</b>            | <b>07/01/2021 – 06/30/2022</b> | <b>General Fund</b>           | <b>\$55,750</b>   |
| <b>Amendment #3</b>            | <b>07/01/2021 – 06/30/2022</b> | <b>General Fund</b>           | <b>\$791,813</b>  |
| <b>Amendment #3</b>            | <b>07/01/2021 – 06/30/2022</b> | <b>Work Order</b>             | <b>\$6,937</b>    |
| <b>Amendment #3</b>            | <b>07/01/2022 – 06/30/2023</b> | <b>General Fund</b>           | <b>\$60,190</b>   |
| <b>Amendment #3</b>            | <b>07/01/2022 – 06/30/2023</b> | <b>General Fund</b>           | <b>\$6,356</b>    |
| <b>Amendment #3</b>            | <b>07/01/2022 – 06/30/2023</b> | <b>General Fund</b>           | <b>\$5,068</b>    |
| <b>Amendment #3</b>            | <b>07/01/2022 – 06/30/2023</b> | <b>General Fund</b>           | <b>\$55,750</b>   |
| <b>Amendment #3</b>            | <b>07/01/2022 – 06/30/2023</b> | <b>General Fund</b>           | <b>\$791,813</b>  |
| <b>Amendment #3</b>            | <b>07/01/2022 – 06/30/2023</b> | <b>Work Order</b>             | <b>\$6,937</b>    |
| <b>Amendment #3</b>            | <b>07/01/2023 – 06/30/2024</b> | <b>General Fund</b>           | <b>\$60,190</b>   |
| <b>Amendment #3</b>            | <b>07/01/2023 – 06/30/2024</b> | <b>General Fund</b>           | <b>\$6,356</b>    |
| <b>Amendment #3</b>            | <b>07/01/2023 – 06/30/2024</b> | <b>General Fund</b>           | <b>\$5,068</b>    |
| <b>Amendment #3</b>            | <b>07/01/2023 – 06/30/2024</b> | <b>General Fund</b>           | <b>\$55,750</b>   |
| <b>Amendment #3</b>            | <b>07/01/2023 – 06/30/2024</b> | <b>General Fund</b>           | <b>\$791,813</b>  |

|   |                                |                     |                     |
|---|--------------------------------|---------------------|---------------------|
| <b>Amendment #3</b>                       | <b>07/01/2023 – 06/30/2024</b> | <b>Work Order</b>   | <b>\$6,937</b>      |
| <b>Amendment #3</b>                       | <b>07/01/2024 – 06/30/2025</b> | <b>General Fund</b> | <b>\$60,190</b>     |
| <b>Amendment #3</b>                       | <b>07/01/2024 – 06/30/2025</b> | <b>General Fund</b> | <b>\$6,356</b>      |
| <b>Amendment #3</b>                       | <b>07/01/2024 – 06/30/2025</b> | <b>General Fund</b> | <b>\$5,068</b>      |
| <b>Amendment #3</b>                       | <b>07/01/2024 – 06/30/2025</b> | <b>General Fund</b> | <b>\$55,750</b>     |
| <b>Amendment #3</b>                       | <b>07/01/2024 – 06/30/2025</b> | <b>General Fund</b> | <b>\$791,813</b>    |
| <b>Amendment #3</b>                       | <b>07/01/2024 – 06/30/2025</b> | <b>Work Order</b>   | <b>\$6,937</b>      |
| <b>Amendment #3</b>                       | <b>07/01/2025 – 06/30/2026</b> | <b>General Fund</b> | <b>\$60,190</b>     |
| <b>Amendment #3</b>                       | <b>07/01/2025 – 06/30/2026</b> | <b>General Fund</b> | <b>\$6,356</b>      |
| <b>Amendment #3</b>                       | <b>07/01/2025 – 06/30/2026</b> | <b>General Fund</b> | <b>\$5,068</b>      |
| <b>Amendment #3</b>                       | <b>07/01/2025 – 06/30/2026</b> | <b>General Fund</b> | <b>\$55,750</b>     |
| <b>Amendment #3</b>                       | <b>07/01/2025 – 06/30/2026</b> | <b>General Fund</b> | <b>\$791,813</b>    |
| <b>Amendment #3</b>                       | <b>07/01/2025 – 06/30/2026</b> | <b>Work Order</b>   | <b>\$6,937</b>      |
| <b>Total Award</b>                        |                                |                     | <b>\$39,009,850</b> |
| <b>Contingency (FY20/21 thru FY25/26)</b> |                                |                     | <b>\$3,105,621</b>  |
| <b>(This equals the total NTE) Total</b>  |                                |                     | <b>\$42,115,471</b> |

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**

|   |                         |  |                         |                         |                         |                                     |                         |                         |                         |                         |                    |
|---|-------------------------|--|-------------------------|-------------------------|-------------------------|-------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------|
| CID# 1000002634   |                         |  |                         |                         |                         | Appendix # <b>B</b>                 |                         | Page # <b>5</b>         |                         |                         |                    |
| DPH Section HPS   |                         |  |                         |                         |                         |                                     |                         |                         |                         |                         |                    |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB |                         |  |                         |                         |                         | Contract Term (7/1/16-6/30/26)      |                         | Fiscal Year(s) 16-26    |                         |                         |                    |
| Agency/Organization Name San Francisco AIDS Foundation  |                         |  |                         |                         |                         | Funding Notification Date 1/29/2020 |                         |                         |                         |                         |                    |
| Contractor Name (may be same as above) San Francisco AIDS Foundation  |                         |  |                         |                         |                         | FN#9                                |                         |                         |                         |                         |                    |
| Program/Provider Name   |                         | HIV Syringe Access & Disposal Services |                         |                         |                         |                                     |                         |                         |                         |                         |                    |
| 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                | TOTALS -<br>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          |                    |
| <b>EXPENSES</b>   |                         |  |                         |                         |                         |                                     |                         |                         |                         |                         |                    |
| Salaries  | \$                      | 271,038                                | \$ -                    | \$ -                    | \$ -                    | \$ 174,282                          | \$ 464,500              | \$ -                    | \$ -                    | \$ -                    | \$ 909,820         |
| Employee Benefits   | \$                      | 67,760                                 | \$ -                    | \$ -                    | \$ -                    | \$ 43,569                           | \$ 116,125              | \$ -                    | \$ -                    | \$ -                    | \$ 227,454         |
| Total Personnel Expenses  | \$                      | 338,798                                | \$ -                    | \$ -                    | \$ -                    | \$ 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       |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |                         |  |                         |                         |                         |                                     |                         |                         |                         |                         |                    |
| DPH Funding Sources (select from drop-down list)  |                         |  |                         |                         |                         |                                     |                         |                         |                         |                         |                    |
| HPS COUNTY HPS GF   |                         | 1,863,232                              |                         |                         |                         |                                     | 1,909,813               |                         |                         |                         | 3,773,045          |
| HPS COUNTY GF Children's Fund   |                         |  | 196,713                 |                         |                         |                                     |                         | 201,631                 |                         |                         | 398,344            |
| HPS FED CDC - PD90, CFDA #93.940  |                         |  |                         | 5,000                   |                         |                                     |                         |                         | 5,000                   |                         | 10,000             |
| HPS COUNTY HPS GF   |                         |  |                         |                         | 156,854                 |                                     |                         |                         |                         | 160,775                 | 317,629            |
| HHS COUNTY GF   |                         |  |                         |                         |                         | 344,000                             |                         |                         |                         |                         | 344,000            |
| 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 Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR)             | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) |                    |
| Prepared By   | Larry Zapatka           |  |                         |                         |                         | Phone #                             | 415-487-3055            |                         |                         |                         |                    |



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

|   |  |  |                                |                         |                         |                         |                                     |              |                  |   |
|---|--|--|--------------------------------|-------------------------|-------------------------|-------------------------|-------------------------------------|--------------|------------------|---|
| CID# 1000002634   |  |  |                                |                         |                         |                         | Appendix #                          | B            | Page #           | 6 |
| DPH Section HPS   |  |  |                                |                         |                         |                         |                                     |              |                  |   |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB |  |  | Contract Term (7/1/16-6/30/26) |                         |                         |                         | Fiscal Year(s)                      |              | 16-26            |   |
| Agency/Organization Name San Francisco AIDS Foundation  |  |  |                                |                         |                         |                         | Funding Notification Date 1/29/2020 |              |                  |   |
| Contractor Name (may be same as above) San Francisco AIDS Foundation  |  |  |                                |                         |                         |                         | FN#9                                |              |                  |   |
| Program/Provider Name   |  | HIV Syringe Access & Disposal Services |                                |                         |                         |                         |                                     | 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                      |              |                  |   |
| <b>EXPENSES</b>   |  |  |                                |                         |                         |                         |                                     |              |                  |   |
| Salaries  |  | \$ 588,550                             | \$ 488,174                     | \$ -                    | \$ -                    | \$ -                    | \$ 671,050                          | \$ 1,747,774 | \$ 2,657,594     |   |
| Employee Benefits   |  | \$ 147,138                             | \$ 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     |   |
| <b>Subtotal Direct Costs</b>  |  | \$ 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%                               |              |                  |   |
| <b>Total Expenses</b>   |  | \$ 884,000                             | \$ 1,956,679                   | \$ 206,672              | \$ 5,000                | \$ 164,794              | \$ 1,000,000                        | \$ 4,217,145 | \$ 9,060,163     |   |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |  |  |                                |                         |                         |                         |                                     |              |                  |   |
| <b>DPH Funding Sources (select from drop-down list)</b>   |  |  |                                |                         |                         |                         |                                     |              |                  |   |
| 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   |  |  |                                |                         |                         | 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)        |   |
| <b>Total DPH Revenues</b>   |  | <b>884,000</b>                         | <b>1,937,293</b>               | <b>206,672</b>          | <b>-</b>                | <b>164,794</b>          | <b>888,604</b>                      | <b>-</b>     | <b>4,081,363</b> |   |
| <b>Total Revenues (DPH and Non-DPH)</b>   |  | <b>884,000</b>                         | <b>1,937,293</b>               | <b>206,672</b>          | <b>0</b>                | <b>164,794</b>          | <b>888,604</b>                      | <b>-</b>     | <b>8,921,345</b> |   |
| 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 Budget Summary by Program**

|   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |               |                             |  |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--|---------------|-----------------------------|--|
| CID# 1000002634   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         | Appendix # <b>B</b>                        |               | Page # <b>7</b>             |  |
| DPH Section <b>HPS</b>  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |               |                             |  |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |               |                             |  |
| Agency/Organization Name <b>San Francisco AIDS Foundation</b>   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         | Contract Term (7/1/16-6/30/26)             |               | Fiscal Year(s) <b>16-26</b> |  |
| Contractor Name (may be same as above) <b>San Francisco AIDS Foundation</b>   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         | Funding Notification Date <b>1/29/2020</b> |               | FN#9                        |  |
| Program/Provider Name <b>HIV Syringe Access &amp; Disposal Services</b>   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |               |                             |  |
| Appendix Number <b>A-1/B-1i</b> <b>A-1/B-1j</b> <b>A-2/B-2c</b> <b>A-3/B-3c</b> <b>A-4/B-4</b> <b>A-5/B-5</b> <b>A-1/B-1k</b> <b>A-1/B-1l</b> <b>A-2/B-2d</b> <b>A-3/B-3d</b> <b>A-4/B-4</b> <b>A-5/B-5a</b> <b>TOTALS - Page 7</b> <b>TOTALS - Pages 5 - 7</b>   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |               |                             |  |
| Appendix Term (mm/dd/yy-mm/dd/yy) <b>7.1.19-6.30.20</b> <b>7.1.19-6.30.20</b> <b>7.1.19-6.30.20</b> <b>7.1.19-6.30.20</b> <b>7.1.19-6.30.20</b> <b>7.1.19-6.30.20</b> <b>7.1.20-6.30.21</b> <b>7.1.20-6.30.21</b> <b>7.1.20-6.30.21</b> <b>7.1.20-6.30.21</b> <b>7.1.20-6.30.21</b> <b>7.1.20-6.30.21</b> <b>7.1.20-6.30.21</b> |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |               |                             |  |
| <b>EXPENSES</b>   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |               |                             |  |
| Salaries  | \$ 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              | \$ -                    | \$ -                    | \$ 170,198              | \$ 141,182              | \$ -                    | \$ 130,363              | \$ -                    | \$ -                    | \$ 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   | \$ 1,211,837            | \$ 193,520              | \$ 154,308              | \$ 85,374               | \$ 59,952               | \$ 154                  | \$ 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 |                             |  |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |               |                             |  |
| 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   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         | -  | (138,818)     |                             |  |
| Work Order  |                         |                         |                         |                         |                         | 6,937                   |                         |                         |                         |                         |                         | 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) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) |  |               |                             |  |
| Prepared By   | Larry Zapalka           |                         |                         | Phone #                 |                         |                         | 415-487-3055            |                         |                         |                         |                         |                         |  |               |                             |  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------|--|---------------------------|--|-----------|--|---|--|
| CID# 1000002634  |  |  |  |  |  |  |  |  |  |  |  |  | Appendix #                     |  | B                         |  | Page #    |  | 8 |  |
| DPH Section HPS  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> X <input type="checkbox"/> AMD <input type="checkbox"/> RPB   |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
| Agency/Organization Name San Francisco AIDS Foundation   |  |  |  |  |  |  |  |  |  |  |  |  | Contract Term (7/1/16-6/30/26) |  | Fiscal Year(s)            |  | 16-26     |  |   |  |
| Contractor Name (may be same as above) San Francisco AIDS Foundation   |  |  |  |  |  |  |  |  |  |  |  |  |                                |  | Funding Notification Date |  | 1/29/2020 |  |   |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  | FNR9      |  |   |  |
| Program/Provider Name HIV Syringe Access & Disposal Services   |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
| Appendix Number A-1/B-1m A-1/B-1n A-2/B-2e A-3/B-3e A-4/B-4h A-5/B-5h A-1/B-1o A-1/B-1p A-2/B-2f A-3/B-3f A-4/B-4c A-5/B-5c  |  |  |  |  |  |  |  |  |  |  |  |  | TOTALS -                       |  | TOTALS -                  |  |           |  |   |  |
| 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 7.1.21-6.30.22 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 7.1.22-6.30.23 7.1.22-6.30.23  |  |  |  |  |  |  |  |  |  |  |  |  | Page 8                         |  | Pages 5 - 8               |  |           |  |   |  |
| <b>EXPENSES</b>  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
| Salaries \$ 521,453 \$ - \$ - \$ 999,520 \$ 483,524 \$ 5,878 \$ 521,453 \$ - \$ - \$ 699,520 \$ 483,524 \$ 5,878 \$ 3,420,750 \$ 9,442,910   |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
| Employee Benefits \$ 130,363 \$ - \$ - \$ 174,880 \$ 145,057 \$ - \$ 130,363 \$ - \$ - \$ 174,880 \$ 145,057 \$ - \$ 900,600 \$ 2,450,908  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
| Total Personnel Expenses \$ 651,816 \$ - \$ - \$ 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 \$ 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 \$ 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  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
| <b>REVENUES &amp; FUNDING SOURCES</b>  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
| DPH Funding Sources (select from drop-down list)   |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
| HPS COUNTY HPS GF 2,066,687  |  |  |  |  |  |  |  |  |  |  |  |  | 2,066,687                      |  |                           |  |           |  |   |  |
| HPS COUNTY GF Children's Fund 218,194  |  |  |  |  |  |  |  |  |  |  |  |  | 218,194                        |  |                           |  |           |  |   |  |
| HPS FED CDC - PD90, CFDA #93.940   |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
| HPS COUNTY HPS GF 173,982  |  |  |  |  |  |  |  |  |  |  |  |  | 173,982                        |  |                           |  |           |  |   |  |
| HHS COUNTY GF 1,055,750 791,813  |  |  |  |  |  |  |  |  |  |  |  |  | 1,055,750 791,813              |  |                           |  |           |  |   |  |
| Unspent Funds  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
| Work Order   |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
| 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 26,069,761  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
| 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 26,069,761  |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
| Payment Method Cost Reimbursement (CR) Cost Reimbursement (CR) Cost Reimbursement (CR) Cost Reimbursement (CR) Cost Reimbursement (CR) Cost Reimbursement (CR) Cost Reimbursement (CR) Cost Reimbursement (CR) Cost Reimbursement (CR) Cost Reimbursement (CR) Cost Reimbursement (CR) Cost Reimbursement (CR) Cost Reimbursement (CR) |  |  |  |  |  |  |  |  |  |  |  |  |                                |  |                           |  |           |  |   |  |
| Prepared By Larry Zapatka  |  |  |  |  |  |  |  |  |  |  |  |  | Phone #                        |  | 415-487-3055              |  |           |  |   |  |

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

|   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |                 |                             |  |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--|-----------------|-----------------------------|--|
| CID# 1000002634   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         | Appendix # <b>B</b>                        |                 | Page # <b>9</b>             |  |
| DPH Section <b>HPS</b>  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |                 |                             |  |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |                 |                             |  |
| Agency/Organization Name <b>San Francisco AIDS Foundation</b>   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         | Contract Term (7/1/16-6/30/26)             |                 | Fiscal Year(s) <b>16-26</b> |  |
| Contractor Name (may be same as above) <b>San Francisco AIDS Foundation</b>                                       |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         | Funding Notification Date <b>1/29/2020</b> |                 | FN#9                        |  |
| <b>HIV Syringe Access &amp; Disposal Services</b>   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |                 |                             |  |
| Program/Provider Name   | Appendix Number         | A-1/B-1q                | A-1/B-1r                | A-2/B-2g                | A-3/B-3g                | A-4/B-4d                | A-5/B-5d                | A-1/B-1s                | A-1/B-1t                | A-2/B-2h                | A-3/B-3h                | A-4/B-4e                | A-5/B-5e                                   | TOTALS - Page 9 | TOTALS - 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          | 7.1.23-6.30.24          | 7.1.23-6.30.24                             |                 |                             |  |
| <b>EXPENSES</b>   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |                 |                             |  |
| Salaries  | \$                      | 521,453                 | \$ -                    | \$ -                    | \$ 699,520              | \$ 483,524              | \$ 5,878                | \$ 521,453              | \$ -                    | \$ -                    | \$ 699,520              | \$ 483,524              | \$ 5,878                                   | \$ 3,420,750    | \$ 12,863,660               |  |
| Employee Benefits   | \$                      | 130,363                 | \$ -                    | \$ -                    | \$ 174,880              | \$ 145,057              | \$ -                    | \$ 130,363              | \$ -                    | \$ -                    | \$ 174,880              | \$ 145,057              | \$ -                                       | \$ 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               |  |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |                 |                             |  |
| DPH Funding Sources (select from drop-down list)  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |                 |                             |  |
| HPS COUNTY HPS GF   |                         | 2,066,687               |                         |                         |                         |                         |                         | 2,066,687               |                         |                         |                         |                         |  | 4,133,374       | 18,079,439                  |  |
| HPS COUNTY GF Children's Fund   |                         |                         | 218,194                 |                         |                         |                         |                         |                         | 218,194                 |                         |                         |                         |  | 436,388         | 1,908,858                   |  |
| HPS FED CDC - PD90, CFDA #93.940  |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  | -               | 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   |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  | -               | (138,818)                   |  |
| Work Order  |                         |                         |                         |                         |                         |                         | 6,937                   |                         |                         |                         |                         |                         | 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 Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR)                    |                 |                             |  |
| Prepared By   | Larry Zapalka           |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |                 |                             |  |
| Phone #   | 415-487-3055            |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |  |                 |                             |  |

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

|   |                         |  |                         |                         |                         |                                     |                |                  |               |
|---|-------------------------|--|-------------------------|-------------------------|-------------------------|-------------------------------------|----------------|------------------|---------------|
| CID# 1000002634   |                         |  |                         |                         |                         | Appendix # <b>B</b>                 |                | Page # <b>10</b> |               |
| DPH Section HPS   |                         |  |                         |                         |                         |                                     |                |                  |               |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB |                         | Contract Term (7/1/16-6/30/26)         |                         |                         |                         | Fiscal Year(s) 16-26                |                |                  |               |
| Agency/Organization Name San Francisco AIDS Foundation  |                         |  |                         |                         |                         | Funding Notification Date 1/29/2020 |                |                  |               |
| Contractor Name (may be same as above) San Francisco AIDS Foundation  |                         |  |                         |                         |                         | FN#9                                |                |                  |               |
| Program/Provider Name   |                         | HIV Syringe Access & Disposal Services |                         |                         |                         |                                     |                | TOTALS -         |               |
| Appendix Number   |                         | A-1/B-1u                               | A-1/B-1v                | A-2/B-2i                | A-3/B-3i                | A-4/B-4i                            | A-5/B-5f       | Page 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 | Page 5 - 10      |               |
| <b>EXPENSES</b>   |                         |  |                         |                         |                         |                                     |                |                  |               |
| Salaries  | \$ 521,453              | \$ -                                   | \$ -                    | \$ 699,520              | \$ 483,524              | \$ 5,878                            |                | \$ 1,710,375     | \$ 14,574,035 |
| Employee Benefits   | \$ 130,363              | \$ -                                   | \$ -                    | \$ 174,880              | \$ 145,057              | \$ -                                |                | \$ 450,300       | \$ 3,801,808  |
| Total Personnel Expenses  | \$ 651,816              | \$ -                                   | \$ -                    | \$ 874,400              | \$ 628,581              | \$ 5,878                            | \$ - \$ -      | \$ 2,160,675     | \$ 18,375,843 |
| Operating Expense   | \$ 1,226,990            | \$ 198,358                             | \$ 158,166              | \$ 85,373               | \$ 59,952               | \$ 154                              |                | \$ 1,728,993     | \$ 16,993,623 |
| Subtotal Direct Costs   | \$ 1,878,806            | \$ 198,358                             | \$ 158,166              | \$ 959,773              | \$ 688,533              | \$ 6,032                            | \$ - \$ -      | \$ 3,889,668     | \$ 35,369,466 |
| Indirect Cost Amount  | \$ 187,881              | \$ 19,836                              | \$ 15,816               | \$ 95,977               | \$ 103,280              | \$ 905                              |                | \$ 423,695       | \$ 3,779,202  |
| Indirect Cost Rate (%)  | 10.0%                   | 10.0%                                  | 10.0%                   | 10.0%                   | 15.0%                   | 15.0%                               | 0.0% 0.0%      |                  |               |
| Total Expenses  | \$ 2,066,687            | \$ 218,194                             | \$ 173,982              | \$ 1,055,750            | \$ 791,813              | \$ 6,937                            | \$ - \$ -      | \$ 4,313,363     | \$ 39,148,668 |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |                         |  |                         |                         |                         |                                     |                |                  |               |
| DPH Funding Sources (select from drop-down list)  |                         |  |                         |                         |                         |                                     |                |                  |               |
| HPS COUNTY HPS GF   | 2,066,687               |  |                         |                         |                         |                                     |                | 2,066,687        | 20,146,126    |
| HPS COUNTY GF Children's Fund   |                         | 218,194                                |                         |                         |                         |                                     |                | 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                 |                                     |                | 1,847,563        | 15,115,878    |
| Unspent Funds   |                         |  |                         |                         |                         |                                     |                | -                | (138,818)     |
| Work Order  |                         |  |                         |                         |                         | 6,937                               |                | 6,937            | 48,559        |
| Total DPH Revenues  | 2,066,687               | 218,194                                | 173,982                 | 1,055,750               | 791,813                 | 6,937                               | - -            | 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                               | - -            | 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 Zaparka   |                         | 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-1k**  
 Page # **1**  
 Fiscal Year(s) **20-21**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES   |       |  |       |            |       |                 |
|--|--------|---|-------|--|-------|------------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services<br>(Hrs., City-wide Syringe Sweeps) |       | Syringe Access, Disposal<br>Coordination & Bulk Purchasing |       |            |       |                 |
| 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         |
|  |        |   |       |  |       |            |       |                 |
| Operating Expenses                       |        | Expenditure   | %     | Expenditure  | %     | xpenditure |       | 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         |
| TOTAL EXPENSES                           |        | 1,465,029   | 71%   | 601,658  | 29%   |            |       | 2,066,687       |
|  |        |   |       |  |       |            |       |                 |
| Units of Service (UOS) per Service Mode  |        | 8,012   |       | 12   |       | -          |       | 8,024           |
| Cost Per Unit of Service by Service Mode |        | 182.86  |       | 50,138.22  |       | -          |       |                 |
| (NOC) per Service Mode                   |        | 54,300  |       | N/A  |       |            |       | 54,300          |
|  |        |   |       |  |       |            |       |                 |

Rev. 07/15

Rev. 07/15



# 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 & 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 information collection; Brief description of job duties: coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an Minimum qualifications: equivalent combination of education and experience.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$114,000.00   | 0.05   | 12                 | 1                                    | \$ 5,700 |

| 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 needs of gay Brief description of job duties: and bisexual men. |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and Minimum qualifications: program development experience.   |        |                    |                                      |          |
| 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   |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| 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 management Minimum qualifications: and negotiations.  |        |                    |                                      |          |
| 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   |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract Brief description of job duties: requirements. |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 Minimum qualifications: years equivalent experience required.   |        |                    |                                      |          |
| 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  |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with Brief description of job duties: waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job. Minimum qualifications:  |        |                    |                                      |           |
| 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 Inventory Mrg   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p>   |        |                    |                                      |           |
| <p>Minimum qualifications: Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of safe lifting techniques and injury prevention.</p> |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$63,705.00   | 1.00   | 12                 | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates   |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.</p>   |        |                    |                                      |            |
| <p>Minimum qualifications: Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds.</p> |        |                    |                                      |            |
| 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  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary exchangers willing to become peer educators. Develops curriculum for these trainings and helps develop training materials, including specific materials relevant to MSM-IDU speed users. Schedules and manages the site volunteers and supervises exchange sites.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support.</p> |        |                    |                                      |            |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |            |
| 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:                      |        |                    |                                      |       |
|---|--------|--------------------|--------------------------------------|-------|
| <p>Brief description of job duties:</p> |        |                    |                                      |       |
| <p>Minimum qualifications:</p>          |        |                    |                                      |       |
| 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    |
| <b>Total Fringe Benefit:</b> | <b>130,363</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>651,816</b> |
|---|----------------|

**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        |
|                  |   |                         |               |
|                  |   | <b>Total Occupancy:</b> | <b>95,666</b> |

**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 \$16.827/bag.                                  | \$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         |
|                           |  |  |                |
|                           |  |  |                |
|                           |  | <b>Total Materials &amp; Supplies:</b> | <b>499,570</b> |

**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         |
|                    |   |                                 |               |
|                    |   | <b>Total General Operating:</b> | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                             | Rate         | Cost           |
|--|---|--------------|----------------|
| Glide                                    | Operational expenses; staffing, office, IT, etc | \$104,014/yr | 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        |
| <b>Total Consultants/Subcontractors:</b> |   |              | <b>620,838</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,226,990</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,878,806</b> |
|----------------------------|------------------|

**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. | 187,881 |
|   |         |
|   |         |

|                              |                |
|------------------------------|----------------|
| <b>Indirect Rate:</b>        | <b>10.00%</b>  |
| <b>TOTAL INDIRECT COSTS:</b> | <b>187,881</b> |

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,066,687</b> |
|------------------------|------------------|

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 # **1**  
 Fiscal Year(s) **20-21**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

| SERVICE MODES                                   |                    |   |                  |           |                  |           |                       |
|---|--------------------|---|------------------|-----------|------------------|-----------|-----------------------|
| Personnel Expenses                              |                    | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |                  |           |                  |           | Contract Totals       |
| <b>Operating Expenses</b>                       | <b>Expenditure</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>  | <b>Contract Total</b> |
| 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%  | -                | 0%        | -                | 0%        | 12,000                |
| <b>Total Operating Expenses</b>                 | <b>198,358</b>     | <b>100%</b>   | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>198,358</b>        |
| <b>Total Direct Expenses</b>                    | 198,358            | 100%  | -                | 0%        | -                | 0%        | 198,358               |
| Indirect Expenses 10.00%                        | 19,836             | 100%  | -                | 0%        | -                | 0%        | 19,836                |
| <b>TOTAL EXPENSES</b>                           | <b>218,194</b>     | <b>100%</b>   | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>218,194</b>        |
| <b>Units of Service (UOS) per Service Mode</b>  | 12                 |   | -                |           | -                |           | 12                    |
| <b>Cost Per Unit of Service by Service Mode</b> | 18,182.84          |   | -                |           | -                |           |                       |
| <b>(NOC) per Service Mode</b>                   | N/A                |   |                  |           |                  |           | N/A                   |

Rev. 07/15

## BUDGET JUSTIFICATION

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

Appendix #: B-11  
Fiscal Year: 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      | Turniquets, band-aids, 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 |
|                          |  |             |        |
| Total General Operating: |  |             | 12,000 |

**TOTAL OPERATING EXPENSES: 198,358**

**TOTAL DIRECT COSTS: 198,358**

### 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. | 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 # **1**  
Fiscal Year(s) **21-22**  
Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |             | SERVICE MODES  |   |                |            |             |       | Contract Totals  |
|---|-------------|--|---|----------------|------------|-------------|-------|------------------|
| Personnel Expenses                              |             | Syringe Access Services<br>(Hrs., City-wide Syringe<br>Sweeps) | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |                |            |             |       |                  |
| Position Titles                                 | FTE         | Salaries   | % FTE   | Salaries       | % FTE      | Salaries    | % FTE |                  |
| 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%         |             |       | -                |
| <b>Total FTE &amp; Total Salaries</b>           | <b>8.10</b> | <b>379,445</b>   | <b>73%</b>  | <b>142,008</b> | <b>27%</b> |             |       | <b>521,453</b>   |
| Fringe Benefits                                 | 25.00%      | 94,861   | 73%   | 35,502         | 27%        |             |       | 130,363          |
| <b>Total Personnel Expenses</b>                 |             | <b>474,306</b>   | <b>73%</b>  | <b>177,510</b> | <b>27%</b> |             |       | <b>651,816</b>   |
| Operating Expenses                              |             | Expenditure  | %   | Expenditure    | %          | Expenditure |       | 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          |
| <b>Total Operating Expenses</b>                 |             | <b>857,538</b>   | <b>70%</b>  | <b>369,452</b> | <b>30%</b> |             |       | <b>1,226,990</b> |
| <b>Total Direct Expenses</b>                    |             | <b>1,331,844</b>   | <b>71%</b>  | <b>546,962</b> | <b>29%</b> |             |       | <b>1,878,806</b> |
| <b>Indirect Expenses</b>                        | 10.00%      | 133,185  | 71%   | 54,696         | 29%        |             |       | 187,881          |
| <b>TOTAL EXPENSES</b>                           |             | <b>1,465,029</b>   | <b>71%</b>  | <b>601,658</b> | <b>29%</b> |             |       | <b>2,066,687</b> |
| <b>Units of Service (UOS) per Service Mode</b>  |             | 8,012  |   | 12             |            | -           |       | 8,024            |
| <b>Cost Per Unit of Service by Service Mode</b> |             | 182.86   |   | 50,138.22      |            | -           |       |                  |
| <b>(NOC) per Service Mode</b>                   |             | 54,300   |   | N/A            |            |             |       | 54,300           |

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## BUDGET JUSTIFICATION

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

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

### 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 information collection; Brief description of job duties: coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an Minimum qualifications: equivalent combination of education and experience.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$114,000.00   | 0.05   | 12                 | 1                                    | \$ 5,700 |

| 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 needs of gay Brief description of job duties: and bisexual men. |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and Minimum qualifications: program development experience.   |        |                    |                                      |          |
| 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   |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| 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 management Minimum qualifications: and negotiations.  |        |                    |                                      |          |
| 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   |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract Brief description of job duties: requirements. |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 Minimum qualifications: years equivalent experience required.   |        |                    |                                      |          |
| 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  |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with Brief description of job duties: waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job. Minimum qualifications:  |        |                    |                                      |           |
| 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 Inventory Mrg   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p>   |        |                    |                                      |           |
| <p>Minimum qualifications: Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of safe lifting techniques and injury prevention.</p> |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$63,705.00   | 1.00   | 12                 | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates   |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.</p>   |        |                    |                                      |            |
| <p>Minimum qualifications: Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds.</p> |        |                    |                                      |            |
| 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  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary exchangers willing to become peer educators. Develops curriculum for these trainings and helps develop training materials, including specific materials relevant to MSM-IDU speed users. Schedules and manages the site volunteers and supervises exchange sites.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support.</p> |        |                    |                                      |            |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |            |
| 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:                      |        |                    |                                      |       |
|---|--------|--------------------|--------------------------------------|-------|
| <p>Brief description of job duties:</p> |        |                    |                                      |       |
| <p>Minimum qualifications:</p>          |        |                    |                                      |       |
| 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    |
| <b>Total Fringe Benefit:</b> | <b>130,363</b> |

Fringe Benefit %: 25.00%

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>651,816</b> |
|---|----------------|

**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        |
|                  |   |                         |               |
|                  |   | <b>Total Occupancy:</b> | <b>95,666</b> |

**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 \$16.827/bag.                                  | \$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         |
|                           |  |  |                |
|                           |  |  |                |
|                           |  | <b>Total Materials &amp; Supplies:</b> | <b>499,570</b> |

**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         |
|                    |   |                                 |               |
|                    |   | <b>Total General Operating:</b> | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                             | Rate         | Cost           |
|--|---|--------------|----------------|
| Glide                                    | Operational expenses; staffing, office, IT, etc | \$104,014/yr | 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        |
| <b>Total Consultants/Subcontractors:</b> |   |              | <b>620,838</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,226,990</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,878,806</b> |
|----------------------------|------------------|

**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. | 187,881 |
|   |         |
|   |         |

|                              |                |
|------------------------------|----------------|
| <b>Indirect Rate:</b>        | <b>10.00%</b>  |
| <b>TOTAL INDIRECT COSTS:</b> | <b>187,881</b> |

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,066,687</b> |
|------------------------|------------------|

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

Appendix # **B-1n**  
 Page # **1**  
 Fiscal Year(s) **21-22**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |        | SERVICE MODES   |             |                  |           |                  |           | Contract Totals       |
|---|--------|---|-------------|------------------|-----------|------------------|-----------|-----------------------|
| Personnel Expenses                              |        | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |             |                  |           |                  |           |                       |
| <b>Operating Expenses</b>                       |        | <b>Expenditure</b>  | <b>%</b>    | <b>xpenditur</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>  | <b>Contract Total</b> |
| 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%        | -                | 0%        | -                | 0%        | 12,000                |
| <b>Total Operating Expenses</b>                 |        | <b>198,358</b>  | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>198,358</b>        |
| <b>Total Direct Expenses</b>                    |        | 198,358   | 100%        | -                | 0%        | -                | 0%        | 198,358               |
| <b>Indirect Expenses</b>                        | 10.00% | 19,836  | 100%        | -                | 0%        | -                | 0%        | 19,836                |
| <b>TOTAL EXPENSES</b>                           |        | <b>218,194</b>  | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>218,194</b>        |
| <b>Units of Service (UOS) per Service Mode</b>  |        | 12  |             | -                |           | -                |           | 12                    |
| <b>Cost Per Unit of Service by Service Mode</b> |        | 18,182.84   |             | -                |           | -                |           |                       |
| <b>(NOC) per Service Mode</b>                   |        | N/A   |             |                  |           |                  |           | N/A                   |

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## BUDGET JUSTIFICATION

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

Appendix #: B-1n  
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         |
|                         |   |           |               |
| <b>Total Occupancy:</b> |   |           | <b>33,000</b> |

#### 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                 | Turniquets, 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         |
| <b>Total Materials &amp; Supplies:</b> |  |             | <b>153,358</b> |

#### 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        |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>12,000</b> |

**TOTAL OPERATING EXPENSES: 198,358**

**TOTAL DIRECT COSTS: 198,358**

### 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. | 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-1a**  
 Page # **1**  
 Fiscal Year(s) **22-23**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES  |       |   |       |            |       |                 |
|--|--------|--|-------|---|-------|------------|-------|-----------------|
|  |        | Syringe Access Services<br>(Hrs., City-wide Syringe<br>Sweeps) |       | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |       |            |       |                 |
| Personnel Expenses                       |        |  |       |   |       |            |       |                 |
| 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         |
|  |        |  |       |   |       |            |       |                 |
| Operating Expenses                       |        | Expenditure  | %     | Expenditure   | %     | xpenditure |       | 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         |
| TOTAL EXPENSES                           |        | 1,465,029  | 71%   | 601,658   | 29%   |            |       | 2,066,687       |
|  |        |  |       |   |       |            |       |                 |
| Units of Service (UOS) per Service Mode  |        | 8,012  |       | 12  |       | -          |       | 8,024           |
| Cost Per Unit of Service by Service Mode |        | 182.86   |       | 50,138.22   |       | -          |       |                 |
| (NOC) per Service Mode                   |        | 54,300   |       | N/A   |       |            |       | 54,300          |
|  |        |  |       |   |       |            |       |                 |

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## BUDGET JUSTIFICATION

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

**Appendix #:** B-1o  
**Fiscal Year:** 22-23

### 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 information collection; coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Brief description of job duties: coordinates program monitoring, evaluation and quality assurance procedures.   |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.  |        |                    |                                      |          |
| Minimum qualifications:   |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$114,000.00  | 0.05   | 12                 | 1                                    | \$ 5,700 |

| 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 needs of gay and bisexual men. |        |                    |                                      |          |
| Brief description of job duties: and bisexual men.   |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |        |                    |                                      |          |
| Minimum qualifications:  |        |                    |                                      |          |
| 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  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities. |        |                    |                                      |          |
| 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 management and negotiations.   |        |                    |                                      |          |
| Minimum qualifications:  |        |                    |                                      |          |
| 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  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements. |        |                    |                                      |          |
| Brief description of job duties: requirements.  |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.  |        |                    |                                      |          |
| Minimum qualifications:   |        |                    |                                      |          |
| 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   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company. prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Brief description of job duties: waste removal company. prepare reports for compliance and maintain safety protocols.  |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.   |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| 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 Inventory Mrg   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p>   |        |                    |                                      |           |
| <p>Minimum qualifications: Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of safe lifting techniques and injury prevention.</p> |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$63,705.00   | 1.00   | 12                 | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates   |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.</p>   |        |                    |                                      |            |
| <p>Minimum qualifications: Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds.</p> |        |                    |                                      |            |
| 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  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary exchangers willing to become peer educators. Develops curriculum for these trainings and helps develop training materials, including specific materials relevant to MSM-IDU speed users. Schedules and manages the site volunteers and supervises exchange sites.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support.</p> |        |                    |                                      |            |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |            |
| 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:                      |        |                    |                                      |       |
|---|--------|--------------------|--------------------------------------|-------|
| <p>Brief description of job duties:</p> |        |                    |                                      |       |
| <p>Minimum qualifications:</p>          |        |                    |                                      |       |
| 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    |
| <b>Total Fringe Benefit:</b>                                  | <b>130,363</b> |
| <b>Fringe Benefit %:</b>                                      | <b>25.00%</b>  |
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: 651,816</b> |                |

**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        |
|                         |   |             |               |
| <b>Total Occupancy:</b> |   |             | <b>95,666</b> |

**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 \$16.827/bag.                                  | \$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         |
|  |  |           |                |
|  |  |           |                |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>499,570</b> |

**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         |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                             | Rate         | Cost           |
|--|---|--------------|----------------|
| Glide                                    | Operational expenses; staffing, office, IT, etc | \$104,014/yr | 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        |
| <b>Total Consultants/Subcontractors:</b> |   |              | <b>620,838</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,226,990</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,878,806</b> |
|----------------------------|------------------|

**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. | 187,881 |
|   |         |
|   |         |

|                              |                |
|------------------------------|----------------|
| <b>Indirect Rate:</b>        | <b>10.00%</b>  |
| <b>TOTAL INDIRECT COSTS:</b> | <b>187,881</b> |



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

Appendix # **B-1p**  
 Page # **1**  
 Fiscal Year(s) **22-23**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |  | SERVICE MODES   |             |           |    |           |    | Contract Totals |
|---|--|---|-------------|-----------|----|-----------|----|-----------------|
| Personnel Expenses                              |  | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |             |           |    |           |    |                 |
| 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%        | -         | 0% | -         | 0% | 12,000          |
| <b>Total Operating Expenses</b>                 |  | <b>198,358</b>  | <b>100%</b> | -         | 0% | -         | 0% | <b>198,358</b>  |
| <b>Total Direct Expenses</b>                    |  | <b>198,358</b>  | <b>100%</b> | -         | 0% | -         | 0% | <b>198,358</b>  |
| Indirect Expenses 10.00%                        |  | 19,836  | 100%        |           | 0% |           | 0% | 19,836          |
| <b>TOTAL EXPENSES</b>                           |  | <b>218,194</b>  | <b>100%</b> | -         | 0% | -         | 0% | <b>218,194</b>  |
| <b>Units of Service (UOS) per Service Mode</b>  |  | 12  |             | -         |    | -         |    | 12              |
| <b>Cost Per Unit of Service by Service Mode</b> |  | 18,182.84   |             | -         |    | -         |    |                 |
| <b>(NOC) per Service Mode</b>                   |  | N/A   |             |           |    |           |    | N/A             |

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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 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         |
|                         |   |           |               |
| <b>Total Occupancy:</b> |   |           | <b>33,000</b> |

### 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                 | Turniquets, 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         |
| <b>Total Materials &amp; Supplies:</b> |  |             | <b>153,358</b> |

### 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        |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>12,000</b> |

**TOTAL OPERATING EXPENSES: 198,358**

**TOTAL DIRECT COSTS: 198,358**

## 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. | 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-1q**  
Page # **1**  
Fiscal Year(s) **23-24**  
Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |               | SERVICE MODES  |            |   |            |                   |       |                       |
|---|---------------|--|------------|---|------------|-------------------|-------|-----------------------|
|   |               | Syringe Access Services<br>(Hrs., City-wide Syringe<br>Sweeps) |            | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |            |                   |       |                       |
| Personnel Expenses                              |               |  |            |   |            |                   |       |                       |
| 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%         |                   |       | -                     |
| <b>Total FTE &amp; Total Salaries</b>           | <b>8.10</b>   | <b>379,445</b>   | <b>73%</b> | <b>142,008</b>  | <b>27%</b> |                   |       | <b>521,453</b>        |
| Fringe Benefits                                 | 25.00%        | 94,861   | 73%        | 35,502  | 27%        |                   |       | 130,363               |
| <b>Total Personnel Expenses</b>                 |               | <b>474,306</b>   | <b>73%</b> | <b>177,510</b>  | <b>27%</b> |                   |       | <b>651,816</b>        |
|   |               |  |            |   |            |                   |       |                       |
| <b>Operating Expenses</b>                       |               | <b>Expenditure</b>   | <b>%</b>   | <b>Expenditure</b>  | <b>%</b>   | <b>xpenditure</b> |       | <b>Contract Total</b> |
| 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               |
| <b>Total Operating Expenses</b>                 |               | <b>857,538</b>   | <b>70%</b> | <b>369,452</b>  | <b>30%</b> |                   |       | <b>1,226,990</b>      |
|   |               |  |            |   |            |                   |       |                       |
| <b>Total Direct Expenses</b>                    |               | <b>1,331,844</b>   | <b>71%</b> | <b>546,962</b>  | <b>29%</b> |                   |       | <b>1,878,806</b>      |
| <b>Indirect Expenses</b>                        | <b>10.00%</b> | <b>133,185</b>   | <b>71%</b> | <b>54,696</b>   | <b>29%</b> |                   |       | <b>187,881</b>        |
| <b>TOTAL EXPENSES</b>                           |               | <b>1,465,029</b>   | <b>71%</b> | <b>601,658</b>  | <b>29%</b> |                   |       | <b>2,066,687</b>      |
|   |               |  |            |   |            |                   |       |                       |
| <b>Units of Service (UOS) per Service Mode</b>  |               | <b>8,012</b>   |            | <b>12</b>   |            | <b>-</b>          |       | <b>8,024</b>          |
| <b>Cost Per Unit of Service by Service Mode</b> |               | <b>182.86</b>  |            | <b>50,138.22</b>  |            | <b>-</b>          |       |                       |
| <b>(NOC) per Service Mode</b>                   |               | <b>54,300</b>  |            | <b>N/A</b>  |            |                   |       | <b>54,300</b>         |
|   |               |  |            |   |            |                   |       |                       |
| Rev. 07/15                                      |               |  |            |   |            |                   |       |                       |

## 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 & 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 information collection; coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$114,000.00  | 0.05   | 12                 | 1                                    | \$ 5,700 |

| 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 needs of gay and bisexual men. |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$140,000.00   | 0.05   | 12                 | 1                                    | \$ 7,000 |

| 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 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 management and negotiations.   |        |                    |                                      |          |
| 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  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements. |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$96,300.00   | 0.05   | 12                 | 1                                    | \$ 4,815 |

| Staff Position 5: SAS Director   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$103,750.00   | 0.75   | 12                 | 1                                    | \$ 77,813 |

| Staff Position 6: Logistics Inventory Mrg   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p>   |        |                    |                                      |           |
| <p>Minimum qualifications: Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of safe lifting techniques and injury prevention.</p> |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$63,705.00   | 1.00   | 12                 | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates   |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.</p>   |        |                    |                                      |            |
| <p>Minimum qualifications: Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds.</p> |        |                    |                                      |            |
| 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  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary exchangers willing to become peer educators. Develops curriculum for these trainings and helps develop training materials, including specific materials relevant to MSM-IDU speed users. Schedules and manages the site volunteers and supervises exchange sites.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support.</p> |        |                    |                                      |            |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |            |
| 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:                      |        |                    |                                      |       |
|---|--------|--------------------|--------------------------------------|-------|
| <p>Brief description of job duties:</p> |        |                    |                                      |       |
| <p>Minimum qualifications:</p>          |        |                    |                                      |       |
| 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    |
| <b>Total Fringe Benefit:</b>                                  | <b>130,363</b> |
| <b>Fringe Benefit %:</b>                                      | <b>25.00%</b>  |
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: 651,816</b> |                |

**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        |
|                         |   |             |               |
| <b>Total Occupancy:</b> |   |             | <b>95,666</b> |

**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 \$16.827/bag.                                  | \$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         |
|  |  |           |                |
|  |  |           |                |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>499,570</b> |

**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         |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name     | Service Description                             | Rate         | Cost    |
|-----------------------------------|---|--------------|---------|
| Glide                             | Operational expenses; staffing, office, IT, etc | \$104,014/yr | 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: |   |              | 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)  | Amount  |
|---|---------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 187,881 |
|   |         |
|   |         |

|                       |         |
|-----------------------|---------|
| 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-1r**  
 Page # **1**  
 Fiscal Year(s) **23-24**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

| SERVICE MODES                            |             |   |           |    |           |    |                 |         |
|--|-------------|---|-----------|----|-----------|----|-----------------|---------|
| Personnel Expenses                       |             | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |           |    |           |    | 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%  | -         | 0% | -         | 0% | 12,000          |         |
| Total Operating Expenses                 | 198,358     | 100%  | -         | 0% | -         | 0% | 198,358         |         |
|  |             |   |           |    |           |    |                 |         |
| Total Direct Expenses                    | 198,358     | 100%  | -         | 0% | -         | 0% | 198,358         |         |
| Indirect Expenses                        | 10.00%      | 19,836  | 100%      | 0% | 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 | 18,182.84   |   | -         |    | -         |    |                 |         |
| (NOC) per Service Mode                   | N/A         |   |           |    | N/A       |    | N/A             |         |
|  |             |   |           |    |           |    |                 |         |
| Rev. U/1/15                              |             |   |           |    |           |    |                 |         |

Rev. U/15

## BUDGET JUSTIFICATION

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

Appendix #: B-1r  
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                    | 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      | Turniquets, band-aids, 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 |
|                          |  |             |        |
| Total General Operating: |  |             | 12,000 |

**TOTAL OPERATING EXPENSES: 198,358**

**TOTAL DIRECT COSTS: 198,358**

### 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. | 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-1s**  
 Page # **1**  
 Fiscal Year(s) **24-25**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES  |       |   |       |             |       |                 |
|--|--------|--|-------|---|-------|-------------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services<br>(Hrs., City-wide Syringe<br>Sweeps) |       | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |       |             |       |                 |
| 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         |
|  |        |  |       |   |       |             |       |                 |
| Operating Expenses                       |        | Expenditure  | %     | Expenditure   | %     | Expenditure |       | 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         |
| TOTAL EXPENSES                           |        | 1,465,029  | 71%   | 601,658   | 29%   |             |       | 2,066,687       |
|  |        |  |       |   |       |             |       |                 |
| Units of Service (UOS) per Service Mode  |        | 8,012  |       | 12  |       | -           |       | 8,024           |
| Cost Per Unit of Service by Service Mode |        | 182.86   |       | 50,138.22   |       | -           |       |                 |
| (NOC) per Service Mode                   |        | 54,300   |       | N/A   |       |             |       | 54,300          |
|  |        |  |       |   |       |             |       |                 |
| Rev. 07/15                               |        |  |       |   |       |             |       |                 |

## BUDGET JUSTIFICATION

**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 & 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 information collection; coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$114,000.00  | 0.05   | 12                 | 1                                    | \$ 5,700 |

| 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 needs of gay and bisexual men. |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$140,000.00   | 0.05   | 12                 | 1                                    | \$ 7,000 |

| 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 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 management and negotiations.   |        |                    |                                      |          |
| 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  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements. |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$96,300.00   | 0.05   | 12                 | 1                                    | \$ 4,815 |

| Staff Position 5: SAS Director   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$103,750.00   | 0.75   | 12                 | 1                                    | \$ 77,813 |

| Staff Position 6: Logistics Inventory Mrg   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p>   |        |                    |                                      |           |
| <p>Minimum qualifications: Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of safe lifting techniques and injury prevention.</p> |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$63,705.00   | 1.00   | 12                 | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates   |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.</p>   |        |                    |                                      |            |
| <p>Minimum qualifications: Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds.</p> |        |                    |                                      |            |
| 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  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary exchangers willing to become peer educators. Develops curriculum for these trainings and helps develop training materials, including specific materials relevant to MSM-IDU speed users. Schedules and manages the site volunteers and supervises exchange sites.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support.</p> |        |                    |                                      |            |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |            |
| 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:                      |        |                    |                                      |       |
|---|--------|--------------------|--------------------------------------|-------|
| <p>Brief description of job duties:</p> |        |                    |                                      |       |
| <p>Minimum qualifications:</p>          |        |                    |                                      |       |
| 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    |
| <b>Total Fringe Benefit:</b> | <b>130,363</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>651,816</b> |
|---|----------------|

**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        |
|                  |   |                         |               |
|                  |   | <b>Total Occupancy:</b> | <b>95,666</b> |

**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 \$16.827/bag.                                  | \$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         |
|                           |  |  |                |
|                           |  |  |                |
|                           |  | <b>Total Materials &amp; Supplies:</b> | <b>499,570</b> |

**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         |
|                    |   |                                 |               |
|                    |   | <b>Total General Operating:</b> | <b>10,916</b> |



**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                             | Rate         | Cost           |
|--|---|--------------|----------------|
| Glide                                    | Operational expenses; staffing, office, IT, etc | \$104,014/yr | 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        |
| <b>Total Consultants/Subcontractors:</b> |   |              | <b>620,838</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,226,990</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,878,806</b> |
|----------------------------|------------------|

**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. | 187,881 |
|   |         |
|   |         |

|                              |                |
|------------------------------|----------------|
| <b>Indirect Rate:</b>        | <b>10.00%</b>  |
| <b>TOTAL INDIRECT COSTS:</b> | <b>187,881</b> |

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,066,687</b> |
|------------------------|------------------|

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

Appendix # **B-1t**  
 Page # **1**  
 Fiscal Year(s) **24-25**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |  | SERVICE MODES            |             |           |           |           |           | Contract Totals |
|---|--|--------------------------|-------------|-----------|-----------|-----------|-----------|-----------------|
| Personnel Expenses                              |  | Syringe Access, Disposal |             |           |           |           |           |                 |
|   |  | Coordination & Bulk      |             |           |           |           |           |                 |
|   |  | Purchasing               |             |           |           |           |           |                 |
| 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%        | -         | 0%        | -         | 0%        | 12,000          |
| <b>Total Operating Expenses</b>                 |  | <b>198,358</b>           | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>198,358</b>  |
| <b>Total Direct Expenses</b>                    |  | <b>198,358</b>           | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>198,358</b>  |
| Indirect Expenses 10.00%                        |  | 19,836                   | 100%        | -         | 0%        | -         | 0%        | 19,836          |
| <b>TOTAL EXPENSES</b>                           |  | <b>218,194</b>           | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>218,194</b>  |
| <b>Units of Service (UOS) per Service Mode</b>  |  | 12                       |             | -         |           | -         |           | 12              |
| <b>Cost Per Unit of Service by Service Mode</b> |  | 18,182.84                |             | -         |           | -         |           |                 |
| <b>(NOC) per Service Mode</b>                   |  | N/A                      |             |           |           |           |           | N/A             |

Rev. 01/15

## BUDGET JUSTIFICATION

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 |

#### 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      | Turniquets, band-aids, 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 |
|                          |  |             |        |
| Total General Operating: |  |             | 12,000 |

**TOTAL OPERATING EXPENSES: 198,358**

**TOTAL DIRECT COSTS: 198,358**

### 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. | 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-1u**  
 Page # **1**  
 Fiscal Year(s) **25-26**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |               | SERVICE MODES  |              |   |              |                   |              |                        |
|---|---------------|--|--------------|---|--------------|-------------------|--------------|------------------------|
|   |               | Syringe Access Services<br>(Hrs., City-wide Syringe<br>Sweeps) |              | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |              |                   |              |                        |
| <b>Personnel Expenses</b>                       |               |  |              |   |              |                   |              |                        |
| <b>Position Titles</b>                          | <b>FTE</b>    | <b>Salaries</b>  | <b>% FTE</b> | <b>Salaries</b>   | <b>% FTE</b> | <b>Salaries</b>   | <b>% FTE</b> | <b>Contract Totals</b> |
| 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%           |                   |              | -                      |
| <b>Total FTE &amp; Total Salaries</b>           | <b>8.10</b>   | <b>379,445</b>   | <b>73%</b>   | <b>142,008</b>  | <b>27%</b>   |                   |              | <b>521,453</b>         |
| Fringe Benefits                                 | 25.00%        | 94,861   | 73%          | 35,502  | 27%          |                   |              | 130,363                |
| <b>Total Personnel Expenses</b>                 |               | <b>474,306</b>   | <b>73%</b>   | <b>177,510</b>  | <b>27%</b>   |                   |              | <b>651,816</b>         |
| <b>Operating Expenses</b>                       |               | <b>Expenditure</b>   | <b>%</b>     | <b>Expenditure</b>  | <b>%</b>     | <b>xpenditure</b> |              | <b>Contract Total</b>  |
| 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                |
| <b>Total Operating Expenses</b>                 |               | <b>857,538</b>   | <b>70%</b>   | <b>369,452</b>  | <b>30%</b>   |                   |              | <b>1,226,990</b>       |
| <b>Total Direct Expenses</b>                    |               | <b>1,331,844</b>   | <b>71%</b>   | <b>546,962</b>  | <b>29%</b>   |                   |              | <b>1,878,806</b>       |
| <b>Indirect Expenses</b>                        | <b>10.00%</b> | <b>133,185</b>   | <b>71%</b>   | <b>54,696</b>   | <b>29%</b>   |                   |              | <b>187,881</b>         |
| <b>TOTAL EXPENSES</b>                           |               | <b>1,465,029</b>   | <b>71%</b>   | <b>601,658</b>  | <b>29%</b>   |                   |              | <b>2,066,687</b>       |
|   |               |  |              |   |              |                   |              |                        |
| <b>Units of Service (UOS) per Service Mode</b>  |               | 8,012  |              | 12  |              | -                 |              | 8,024                  |
| <b>Cost Per Unit of Service by Service Mode</b> |               | 182.86   |              | 50,138.22   |              | -                 |              |                        |
| <b>(NOC) per Service Mode</b>                   |               | 54,300   |              | N/A   |              |                   |              | 54,300                 |

Rev. 07/15

## BUDGET JUSTIFICATION

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

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

### 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 information collection; coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$114,000.00  | 0.05   | 12                 | 1                                    | \$ 5,700 |

| 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 needs of gay and bisexual men. |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$140,000.00   | 0.05   | 12                 | 1                                    | \$ 7,000 |

| 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 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 management and negotiations.   |        |                    |                                      |          |
| 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  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements. |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$96,300.00   | 0.05   | 12                 | 1                                    | \$ 4,815 |

| Staff Position 5: SAS Director   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$103,750.00   | 0.75   | 12                 | 1                                    | \$ 77,813 |



| Staff Position 6: Logistics Inventory Mrg   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.   |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of |        |                    |                                      |           |
| Minimum qualifications: safe lifting techniques and injury prevention.  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$63,705.00   | 1.00   | 12                 | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates  |        |                    |                                      |            |
|---|--------|--------------------|--------------------------------------|------------|
| Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.  |        |                    |                                      |            |
| Brief description of job duties:  |        |                    |                                      |            |
| Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds. |        |                    |                                      |            |
| Minimum qualifications:   |        |                    |                                      |            |
| 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  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary exchangers willing to become peer educators. Develops curriculum for these trainings and helps develop training materials, including specific materials relevant to MSM-IDU speed users. Schedules and manages the site volunteers and supervises exchange sites. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| 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. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |        |                    |                                      |            |
| Minimum qualifications:  |        |                    |                                      |            |
| 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 |
|                                  |        |                    | 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    |
| <b>Total Fringe Benefit:</b>                                  | <b>130,363</b> |
| <b>Fringe Benefit %:</b>                                      | <b>25.00%</b>  |
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: 651,816</b> |                |

**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        |
|                         |   |             |               |
| <b>Total Occupancy:</b> |   |             | <b>95,666</b> |

**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 \$16.827/bag.                                  | \$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         |
|  |  |           |                |
|  |  |           |                |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>499,570</b> |

**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         |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                             | Rate         | Cost           |
|--|---|--------------|----------------|
| Glide                                    | Operational expenses; staffing, office, IT, etc | \$104,014/yr | 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        |
| <b>Total Consultants/Subcontractors:</b> |   |              | <b>620,838</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,226,990</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,878,806</b> |
|----------------------------|------------------|

**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. | 187,881 |
|   |         |
|   |         |

|                              |                |
|------------------------------|----------------|
| <b>Indirect Rate:</b>        | <b>10.00%</b>  |
| <b>TOTAL INDIRECT COSTS:</b> | <b>187,881</b> |

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,066,687</b> |
|------------------------|------------------|

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

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

**UOS COST ALLOCATION BY SERVICE MODE**

|                                     |        | SERVICE MODES   |      |           |    |           |                 |                |
|-------------------------------------|--------|---|------|-----------|----|-----------|-----------------|----------------|
| Personnel Expenses                  |        | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |      |           |    |           | 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% | -         | 0% | -         | 0%              | 12,000         |
| Total Operating Expenses            |        | 198,358   | 100% | -         | 0% | -         | 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% | -         | 0%              | 218,194        |
|                                     |        |   |      |           |    |           |                 |                |
| of Service (UOS) per Service Mode   |        | 12  |      | -         |    | -         |                 | 12             |
| per Unit of Service by Service Mode |        | 18,182.84   |      | -         |    | -         |                 |                |
| (NOC) per Service Mode              |        | N/A   |      |           |    |           |                 | N/A            |
|                                     |        |   |      |           |    |           |                 |                |
| Rev. 07/15                          |        |   |      |           |    |           |                 |                |

Rev. 07/15

## BUDGET JUSTIFICATION

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

Appendix #: B-1v  
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      | Turniquets, band-aids, 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 |
|                          |  |             |        |
| Total General Operating: |  |             | 12,000 |

**TOTAL OPERATING EXPENSES: 198,358**

**TOTAL DIRECT COSTS: 198,358**

### 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. | 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-2d**  
 Page # **1**  
 Fiscal Year(s) **20-21**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES                       |      |           |    |           |    | Contract Totals |
|--|--------|-------------------------------------|------|-----------|----|-----------|----|-----------------|
| Personnel Expenses                       |        | HYA Wrap Around & Disposal Services |      |           |    |           |    |                 |
| 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                           |      | -         |    | -         |    |                 |
| (NOC) per Service Mode                   |        | N/A                                 |      |           |    |           |    | N/A             |
| Rev. 07/15                               |        |                                     |      |           |    |           |    |                 |

### BUDGET JUSTIFICATION

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

Appendix #: B-2d  
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 Consultants/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**



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

Appendix # **B-2e**  
 Page # **1**  
 Fiscal Year(s) **21-22**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES                       |      |           |    |           |    |                 |
|--|--------|-------------------------------------|------|-----------|----|-----------|----|-----------------|
| Personnel Expenses                       |        | HYA Wrap Around & Disposal Services |      |           |    |           |    | 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                           |      | -         |    | -         |    |                 |
| (NOC) per Service Mode                   |        | N/A                                 |      |           |    |           |    | N/A             |
| Rev. U//15                               |        |                                     |      |           |    |           |    |                 |

**BUDGET JUSTIFICATION**

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

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

**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 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**

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

Appendix # **B-2f**  
 Page # **1**  
 Fiscal Year(s) **22-23**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |        | SERVICE MODES                       |             |           |           |           |           | Contract Totals |
|---|--------|-------------------------------------|-------------|-----------|-----------|-----------|-----------|-----------------|
| Personnel Expenses                              |        | HYA Wrap Around & Disposal Services |             |           |           |           |           |                 |
| Operating Expenses                              |        | Expenditure                         | %           | xpenditur | %         | xpenditur | %         | Contract Total  |
| Consultants/Subcontractor:                      |        | 158,166                             | 100%        | -         | 0%        | -         | 0%        | 158,166         |
| <b>Total Operating Expenses</b>                 |        | <b>158,166</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>158,166</b>  |
| <b>Total Direct Expenses</b>                    |        | <b>158,166</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>158,166</b>  |
| <b>Indirect Expenses</b>                        | 10.00% | <b>15,816</b>                       | <b>100%</b> |           | <b>0%</b> |           | <b>0%</b> | <b>15,816</b>   |
| <b>TOTAL EXPENSES</b>                           |        | <b>173,982</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>173,982</b>  |
|   |        |                                     |             |           |           |           |           |                 |
| <b>Units of Service (UOS) per Service Mode</b>  |        | 12                                  |             | -         |           | -         |           | 12              |
| <b>Cost Per Unit of Service by Service Mode</b> |        | 14,498.50                           |             | -         |           | -         |           |                 |
| <b>(NOC) per Service Mode</b>                   |        | N/A                                 |             |           |           |           |           | N/A             |
| Rev. 07/15                                      |        |                                     |             |           |           |           |           |                 |

**BUDGET JUSTIFICATION**

Contractor Name San Francisco AIDS Foundation  
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. | \$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 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**

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

Appendix # **B-2g**  
 Page # **1**  
 Fiscal Year(s) **23-24**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES                       |      |           |    |           |                 |                |
|--|--------|-------------------------------------|------|-----------|----|-----------|-----------------|----------------|
| Personnel Expenses                       |        | HYA Wrap Around & Disposal Services |      |           |    |           | 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                           |      | -         |    | -         |                 |                |
| (NOC) per Service Mode                   |        | N/A                                 |      |           |    |           |                 | N/A            |
|  |        |                                     |      |           |    |           |                 |                |
| Rev. U/15                                |        |                                     |      |           |    |           |                 |                |

### BUDGET JUSTIFICATION

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

Appendix #: B-2g  
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 Consultants/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**



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

Appendix # **B-2h**  
 Page # **1**  
 Fiscal Year(s) **24-25**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |        | SERVICE MODES                       |             |                  |           |                  |           |                        |
|---|--------|-------------------------------------|-------------|------------------|-----------|------------------|-----------|------------------------|
| <b>Personnel Expenses</b>                       |        | HYA Wrap Around & Disposal Services |             |                  |           |                  |           | <b>Contract Totals</b> |
| <b>Operating Expenses</b>                       |        | <b>Expenditure</b>                  | <b>%</b>    | <b>xpenditur</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>  | <b>Contract Total</b>  |
| Consultants/Subcontractor:                      |        | 158,166                             | 100%        | -                | 0%        | -                | 0%        | 158,166                |
| <b>Total Operating Expenses</b>                 |        | <b>158,166</b>                      | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>158,166</b>         |
| <b>Total Direct Expenses</b>                    |        | 158,166                             | 100%        | -                | 0%        | -                | 0%        | 158,166                |
| <b>Indirect Expenses</b>                        | 10.00% | 15,816                              | 100%        |                  | 0%        |                  | 0%        | 15,816                 |
| <b>TOTAL EXPENSES</b>                           |        | <b>173,982</b>                      | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>173,982</b>         |
| <b>Units of Service (UOS) per Service Mode</b>  |        | 12                                  |             | -                |           | -                |           | 12                     |
| <b>Cost Per Unit of Service by Service Mode</b> |        | 14,498.50                           |             | -                |           | -                |           |                        |
| <b>(NOC) per Service Mode</b>                   |        | N/A                                 |             |                  |           |                  |           | N/A                    |
| Rev. 01/15                                      |        |                                     |             |                  |           |                  |           |                        |

**BUDGET JUSTIFICATION**

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

Appendix #: B-2h  
Fiscal Year: 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 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**

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

Appendix # B-2i  
 Page # 1  
 Fiscal Year(s) 25-26  
 Funding Notification Date 1/29/2020

**UOS COST ALLOCATION BY SERVICE MODE**

| SERVICE MODES                            |        |                                     |      |           |    |           |                 |                |
|--|--------|-------------------------------------|------|-----------|----|-----------|-----------------|----------------|
| Personnel Expenses                       |        | HYA Wrap Around & Disposal Services |      |           |    |           | 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                           |      | -         |    | -         |                 |                |
| (NOC) per Service Mode                   |        | N/A                                 |      |           |    |           |                 | N/A            |
|  |        |                                     |      |           |    |           |                 |                |
| Rev. 07/15                               |        |                                     |      |           |    |           |                 |                |

### BUDGET JUSTIFICATION

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

Appendix #: B-2i  
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 |
|                               |                                    |           |         |
|                               |                                    |           |         |

**Total Consultants/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**

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 # 1  
 Fiscal Year(s) 20-21  
 Funding Notification Date 1/29/2020

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |           |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-----------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |           |       |                 |
| 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%   | -         | 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%   | -         | 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%   | -         | 0%    | 37,187          |
| Total Materials and Supplies             |        | 12,432                  | 50%   | 12,432          | 50%   | -         | 0%    | 24,864          |
| Total General Operating                  |        | 11,661                  | 50%   | 11,661          | 50%   | -         | 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 Service Mode  |        | 1,888                   |       | 2,550           |       | -         |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 279.60                  |       | 207.01          |       | -         |       |                 |
| (NOC) per Service Mode                   |        | 31,341                  |       | 8,000           |       |           |       | 39,341          |
|  |        |                         |       |                 |       |           |       |                 |
| Rev. 07/15                               |        |                         |       |                 |       |           |       |                 |

Rev. 07/15

## BUDGET JUSTIFICATION

**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

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

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

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$103,750.00                     | 0.15   | 12  | 1                                    | \$ 15,563 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$78,398.00  | 1.00   | 12   | 1                                    | \$ 78,398 |



| Staff Position 5: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$56,513.00                       | 7.75   | 12   | 1                                    | \$ 437,976 |

| Staff Position 6: Mobile Health Educator |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:         |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                  |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:                           | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00                              | 0.50   | 12   | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12  | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$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    |
| <b>Total Fringe Benefit:</b> | <b>174,880</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

**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         |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>37,187</b> |

**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        |
|  |   |          |               |
| <b>Total Materials &amp; Supplies:</b> |   |          | <b>24,864</b> |

**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         |
|                                 |  |             |               |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>23,322</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>85,373</b> |
|----------------------------------|---------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>959,773</b> |
|----------------------------|----------------|

**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. | 95,977 |
|   |        |
|   |        |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>95,977</b> |
|------------------------------|---------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,055,750</b> |
|------------------------|------------------|

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

Appendix # **B-3e**  
 Page # **1**  
 Fiscal Year(s) **21-22**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |           |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-----------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |           |       |                 |
| 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%   | -         | 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%   | -         | 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%   | -         | 0%    | 37,187          |
| Total Materials and Supplies             |        | 12,432                  | 50%   | 12,432          | 50%   | -         | 0%    | 24,864          |
| Total General Operating                  |        | 11,661                  | 50%   | 11,661          | 50%   | -         | 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 Service Mode  |        | 1,888                   |       | 2,550           |       | -         |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 279.60                  |       | 207.01          |       | -         |       |                 |
| (NOC) per Service Mode                   |        | 31,341                  |       | 8,000           |       |           |       | 39,341          |
|  |        |                         |       |                 |       |           |       |                 |
| Rev. 01/15                               |        |                         |       |                 |       |           |       |                 |

Rev. 07/15

## **BUDGET JUSTIFICATION**

**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**

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

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

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$103,750.00                     | 0.15   | 12  | 1                                    | \$ 15,563 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$78,398.00  | 1.00   | 12   | 1                                    | \$ 78,398 |



| Staff Position 5: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$56,513.00                       | 7.75   | 12   | 1                                    | \$ 437,976 |

| Staff Position 6: Mobile Health Educator |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:         |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                  |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:                           | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00                              | 0.50   | 12   | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12  | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$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    |
| <b>Total Fringe Benefit:</b> | <b>174,880</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

**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         |
|                         |  |        |               |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>37,187</b> |

**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        |
|  |   |          |               |
| <b>Total Materials &amp; Supplies:</b> |   |          | <b>24,864</b> |

**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         |
|                                 |  |             |               |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>23,322</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>85,373</b> |
|----------------------------------|---------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>959,773</b> |
|----------------------------|----------------|

**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. | 95,977 |
|   |        |
|   |        |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>95,977</b> |
|------------------------------|---------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,055,750</b> |
|------------------------|------------------|



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

Appendix # **B-3f**  
Page # **1**  
Fiscal Year(s) **22-23**  
Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |           |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-----------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |           |       |                 |
| 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%   | -         | 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%   | -         | 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%   | -         | 0%    | 37,187          |
| Total Materials and Supplies             |        | 12,432                  | 50%   | 12,432          | 50%   | -         | 0%    | 24,864          |
| Total General Operating                  |        | 11,661                  | 50%   | 11,661          | 50%   | -         | 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 Service Mode  |        | 1,888                   |       | 2,550           |       | -         |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 279.60                  |       | 207.01          |       | -         |       |                 |
| (NOC) per Service Mode                   |        | 31,341                  |       | 8,000           |       | -         |       | 39,341          |
|  |        |                         |       |                 |       |           |       |                 |

Rev. 0/1/15

Rev. 07/15

## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**HIV Syringe Access & Disposal Services -**  
**Program Name:** Harm Reduction Center

**Appendix #:** B-3f  
**Fiscal Year:** 22-23

### 1a) SALARIES

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

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

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$103,750.00                     | 0.15   | 12  | 1                                    | \$ 15,563 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$78,398.00  | 1.00   | 12   | 1                                    | \$ 78,398 |

| Staff Position 5: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$56,513.00                       | 7.75   | 12   | 1                                    | \$ 437,976 |

| Staff Position 6: Mobile Health Educator |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:         |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                  |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:                           | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00                              | 0.50   | 12   | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12  | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$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    |
| <b>Total Fringe Benefit:</b> | <b>174,880</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

**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         |
|                         |  |        |               |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>37,187</b> |

### 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        |
|  |   |          |               |
| <b>Total Materials &amp; Supplies:</b> |   |          | <b>24,864</b> |

### 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         |
|                                 |  |             |               |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>23,322</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>85,373</b> |
|----------------------------------|---------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>959,773</b> |
|----------------------------|----------------|

## 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. | 95,977 |
|   |        |
|   |        |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>95,977</b> |
|------------------------------|---------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,055,750</b> |
|------------------------|------------------|

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 # **1**  
Fiscal Year(s) **23-24**  
Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |           |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-----------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |           |       |                 |
| 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%   | -         | 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%   | -         | 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%   | -         | 0%    | 37,187          |
| Total Materials and Supplies             |        | 12,432                  | 50%   | 12,432          | 50%   | -         | 0%    | 24,864          |
| Total General Operating                  |        | 11,661                  | 50%   | 11,661          | 50%   | -         | 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 Service Mode  |        | 1,888                   |       | 2,550           |       | -         |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 279.60                  |       | 207.01          |       | -         |       |                 |
| (NOC) per Service Mode                   |        | 31,341                  |       | 8,000           |       |           |       | 39,341          |
|  |        |                         |       |                 |       |           |       |                 |

Rev. 0/1/15

Rev. 0/1/15



## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**HIV Syringe Access & Disposal Services -**  
**Program Name:** Harm Reduction Center

Appendix #: B-3g

Fiscal Year: 23-24

### 1a) SALARIES

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

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

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$103,750.00                     | 0.15   | 12  | 1                                    | \$ 15,563 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$78,398.00  | 1.00   | 12   | 1                                    | \$ 78,398 |



| Staff Position 5: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$56,513.00                       | 7.75   | 12   | 1                                    | \$ 437,976 |

| Staff Position 6: Mobile Health Educator |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:         |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                  |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:                           | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00                              | 0.50   | 12   | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12  | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$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    |
| <b>Total Fringe Benefit:</b> | <b>174,880</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

**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         |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>37,187</b> |

**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        |
|  |   |          |               |
| <b>Total Materials &amp; Supplies:</b> |   |          | <b>24,864</b> |

**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         |
|                                 |  |             |               |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>23,322</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>85,373</b> |
|----------------------------------|---------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>959,773</b> |
|----------------------------|----------------|

**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. | 95,977 |
|   |        |
|   |        |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>95,977</b> |
|------------------------------|---------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,055,750</b> |
|------------------------|------------------|

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

Appendix # **B-3h**  
 Page # **1**  
 Fiscal Year(s) **24-25**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |              | SERVICE MODES           |            |                    |            |                    |          |                       |
|---|--------------|-------------------------|------------|--------------------|------------|--------------------|----------|-----------------------|
| Personnel Expenses                              |              | Syringe Access Services |            | Lounge Services    |            |                    |          |                       |
| 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%        | -                  | 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                |
| <b>Total FTE &amp; Total Salaries</b>           | <b>11.55</b> | <b>349,760</b>          | <b>50%</b> | <b>349,760</b>     | <b>50%</b> | -                  | 0%       | <b>699,520</b>        |
| Fringe Benefits                                 | 25.00%       | 87,440                  | 50%        | 87,440             | 50%        | -                  | 0%       | 174,880               |
| <b>Total Personnel Expenses</b>                 |              | <b>437,200</b>          | <b>50%</b> | <b>437,200</b>     | <b>50%</b> | -                  | 0%       | <b>874,400</b>        |
|   |              |                         |            |                    |            |                    |          |                       |
| <b>Operating Expenses</b>                       |              | <b>Expenditure</b>      | <b>%</b>   | <b>Expenditure</b> | <b>%</b>   | <b>Expenditure</b> | <b>%</b> | <b>Contract Total</b> |
| Total Occupancy                                 |              | 18,594                  | 50%        | 18,593             | 50%        | -                  | 0%       | 37,187                |
| Total Materials and Supplies                    |              | 12,432                  | 50%        | 12,432             | 50%        | -                  | 0%       | 24,864                |
| Total General Operating                         |              | 11,661                  | 50%        | 11,661             | 50%        | -                  | 0%       | 23,322                |
| <b>Total Operating Expenses</b>                 |              | <b>42,687</b>           | <b>50%</b> | <b>42,686</b>      | <b>50%</b> | -                  | 0%       | <b>85,373</b>         |
|   |              |                         |            |                    |            |                    |          |                       |
| <b>Total Direct Expenses</b>                    |              | 479,887                 | 50%        | 479,886            | 50%        | -                  | 0%       | 959,773               |
| <b>Indirect Expenses</b>                        | 10.00%       | 47,988                  | 50%        | 47,989             | 50%        | -                  | 0%       | 95,977                |
| <b>TOTAL EXPENSES</b>                           |              | <b>527,875</b>          | <b>50%</b> | <b>527,875</b>     | <b>50%</b> | -                  | 0%       | <b>1,055,750</b>      |
|   |              |                         |            |                    |            |                    |          |                       |
| <b>Units of Service (UOS) per Service Mode</b>  |              | 1,888                   |            | 2,550              |            | -                  |          | 4,438                 |
| <b>Cost Per Unit of Service by Service Mode</b> |              | 279.60                  |            | 207.01             |            | -                  |          |                       |
| <b>(NOC) per Service Mode</b>                   |              | 31,341                  |            | 8,000              |            |                    |          | 39,341                |
|   |              |                         |            |                    |            |                    |          |                       |
| Rev. 07/15                                      |              |                         |            |                    |            |                    |          |                       |

Rev. 0/1/15

## **BUDGET JUSTIFICATION**

**Contractor Name** San Francisco AIDS Foundation  
**HIV Syringe Access & Disposal Services -**  
**Program Name:** Harm Reduction Center

**Appendix #:** B-3h  
**Fiscal Year:** 24-25

### **1a) SALARIES**

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

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

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$103,750.00                     | 0.15   | 12  | 1                                    | \$ 15,563 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$78,398.00  | 1.00   | 12   | 1                                    | \$ 78,398 |



| Staff Position 5: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$56,513.00                       | 7.75   | 12   | 1                                    | \$ 437,976 |

| Staff Position 6: Mobile Health Educator |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:         |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                  |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:                           | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00                              | 0.50   | 12   | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12  | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$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    |
| <b>Total Fringe Benefit:</b> | <b>174,880</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

**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         |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>37,187</b> |

### 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        |
|  |   |          |               |
| <b>Total Materials &amp; Supplies:</b> |   |          | <b>24,864</b> |

### 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         |
|                                 |  |             |               |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>23,322</b> |

**TOTAL OPERATING EXPENSES: 85,373**

**TOTAL DIRECT COSTS: 959,773**

## 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. | 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-3i**  
Page # **1**  
Fiscal Year(s) **25-26**  
Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |           |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-----------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |           |       |                 |
| 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%   | -         | 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%   | -         | 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%   | -         | 0%    | 37,187          |
| Total Materials and Supplies             |        | 12,432                  | 50%   | 12,432          | 50%   | -         | 0%    | 24,864          |
| Total General Operating                  |        | 11,661                  | 50%   | 11,661          | 50%   | -         | 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 Service Mode  |        | 1,888                   |       | 2,550           |       | -         |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 279.60                  |       | 207.01          |       | -         |       |                 |
| (NOC) per Service Mode                   |        | 31,341                  |       | 8,000           |       |           |       | 39,341          |
|  |        |                         |       |                 |       |           |       |                 |
| Rev. 0/1/15                              |        |                         |       |                 |       |           |       |                 |

Rev. 01/15

# BUDGET JUSTIFICATION

Contractor Name **San Francisco AIDS Foundation**  
**HIV Syringe Access & Disposal Services -**  
Program Name: **Harm Reduction Center**

Appendix #: **B-3i**

Fiscal Year: **25-26**

## 1a) SALARIES

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

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

|   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 3: Director, SAS</b>  |        |                    |                                      |           |
| Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |        |                    |                                      |           |
| Minimum qualifications:   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$103,750.00  | 0.15   | 12                 | 1                                    | \$ 15,563 |

|  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 4: Associate Director, 6th Street HRC</b>  |        |                    |                                      |           |
| Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| 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 Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$56,513.00                       | 7.75   | 12   | 1                                    | \$ 437,976 |

| Staff Position 6: Mobile Health Educator |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:         |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                  |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:                           | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00                              | 0.50   | 12   | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12  | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$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    |
| <b>Total Fringe Benefit:</b>                                  | <b>174,880</b> |
| <b>Fringe Benefit %:</b>                                      | <b>25.00%</b>  |
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: 874,400</b> |                |

## 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: |  |        | 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 |

|                                  |                |
|----------------------------------|----------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>85,373</b>  |
| <b>TOTAL DIRECT COSTS:</b>       | <b>959,773</b> |

## 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. | 95,977 |
|   |        |
|   |        |

|                              |               |
|------------------------------|---------------|
| Indirect Rate:               | 10.00%        |
| <b>TOTAL INDIRECT COSTS:</b> | <b>95,977</b> |

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,055,750</b> |
|------------------------|------------------|

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

Appendix # **B-4a**  
Page # **1**  
Fiscal Year(s) **20-21**  
Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

| SERVICE MODES                                   |               |                                |             |                    |           |                    |           |                       |
|---|---------------|--------------------------------|-------------|--------------------|-----------|--------------------|-----------|-----------------------|
| Personnel Expenses                              |               | Syringe Disposal Service Hours |             |                    |           |                    |           | Contract Totals       |
| Position Titles                                 | FTE           | Salaries                       | % FTE       | Salaries           | % FTE     | Salaries           | % FTE     |                       |
| 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                |
|   |               |                                | 0%          |                    | 0%        |                    | 0%        |                       |
|   |               |                                | 0%          |                    | 0%        |                    | 0%        |                       |
|   |               | -                              | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| <b>Total FTE &amp; Total Salaries</b>           | <b>9.65</b>   | <b>483,524</b>                 | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>483,524</b>        |
| Fringe Benefits                                 | 30.00%        | 145,057                        | 100%        | -                  | 0%        | -                  | 0%        | 145,057               |
| <b>Total Personnel Expenses</b>                 |               | <b>628,581</b>                 | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>628,581</b>        |
| <b>Operating Expenses</b>                       |               | <b>Expenditure</b>             | <b>%</b>    | <b>Expenditure</b> | <b>%</b>  | <b>Expenditure</b> | <b>%</b>  | <b>Contract Total</b> |
| 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%        | -                     |
| <b>Total Operating Expenses</b>                 |               | <b>59,952</b>                  | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>59,952</b>         |
| <b>Capital Expenses</b>                         |               | <b>Expenditure</b>             | <b>%</b>    | <b>Expenditure</b> | <b>%</b>  | <b>Expenditure</b> | <b>%</b>  | <b>Contract Total</b> |
| Capital Expenditure 1                           |               | -                              | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| Capital Expenditure 2                           |               | -                              | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| <b>Total Capital Expenses</b>                   |               | <b>-</b>                       | <b>0%</b>   | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>              |
| <b>Total Direct Expenses</b>                    |               | <b>688,533</b>                 | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>688,533</b>        |
| <b>Indirect Expenses</b>                        | <b>15.00%</b> | <b>103,280</b>                 | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>103,280</b>        |
| <b>TOTAL EXPENSES</b>                           |               | <b>791,813</b>                 | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>791,813</b>        |
| <b>Units of Service (UOS) per Service Mode</b>  |               | <b>4,368</b>                   |             |                    |           | <b>-</b>           |           | <b>4,368</b>          |
| <b>Cost Per Unit of Service by Service Mode</b> |               | <b>181.28</b>                  |             | <b>-</b>           |           | <b>-</b>           |           |                       |
| <b>(NOC) per Service Mode</b>                   |               | <b>N/A</b>                     |             |                    |           |                    |           | <b>N/A</b>            |

Rev. 07/15



## BUDGET JUSTIFICATION

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

Appendix #: B-4a

Fiscal Year: 20-21

### 1a) SALARIES

|  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <b>Staff Position 1: Manager, Syringe Clean Up</b>   |        |                    |                                      |            |
| Hires, trains, and supervises disposal team members. Ensures adherence to safety protocol; schedules and coordinates clean-up activities; and completes required documentation. Leads street clean-up efforts. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| Driver's License. Minimum of three years experience working with people who inject drugs and one year of experience supervising teams.   |        |                    |                                      |            |
| Minimum qualifications:  |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$70,000.00  | 2.00   | 12                 | 1                                    | \$ 140,000 |

|  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 2: Inventory &amp; Logistics Coordinator</b>   |        |                    |                                      |           |
| Supports the managers with logistics, operations, scheduling, coordination, administrative, and inventory/supply management. Conducts street clean-up. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Driver's License. 1 year or more of experience working with people who inject drugs.   |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$47,028.00  | 0.80   | 12                 | 1                                    | \$ 37,622 |

|   |        |                    |                                      |            |
|---|--------|--------------------|--------------------------------------|------------|
| <b>Staff Position 3: Associate, Syringe Clean Up</b>  |        |                    |                                      |            |
| Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately. |        |                    |                                      |            |
| Brief description of job duties:  |        |                    |                                      |            |
| Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.  |        |                    |                                      |            |
| Minimum qualifications:   |        |                    |                                      |            |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$40,622.00   | 5.60   | 12                 | 1                                    | \$ 227,483 |

|   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 4: Syringe Sweeps Mgr. Disposal, Mobile &amp; Outreach</b>  |        |                    |                                      |           |
| Coordinates and oversees mobile, outreach, and syringe disposal efforts. Includes supervision of health educators, Syringe Clean Up Managers, and Inventory Coordinators. |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum of three years supervising staff. Minimum three years of experience working with people who inject drugs and/or are experiencing homelessness.                    |        |                    |                                      |           |
| Minimum qualifications:   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$95,529.00   | 0.25   | 12                 | 1                                    | \$ 23,882 |



| Staff Position 5: Syringe Clean Up Associate/Health Educator - Mobile   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Conducts mobile-based syringe access and clean up efforts to ensure proper disposal in priority neighborhoods, hot spots, and encampments. Adheres to safety protocols and procedures. Disseminates safe disposal information and health education to community members during engagement efforts. Documents activities accurately.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Minimum three years of experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.</p>  |        |                    |                                      |           |
| 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.)

| 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       |
| <b>Total Fringe Benefit:</b> | <b>145,057</b> |
| <b>Fringe Benefit %:</b>     | <b>30.00%</b>  |

**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        |
|                         |   |                |               |
| <b>Total Occupancy:</b> |   |                | <b>31,752</b> |

**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          |
|  |   |             |              |
| <b>Total Materials &amp; Supplies:</b> |   |             | <b>8,800</b> |

**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 Travel: |          |              |      | -    |

**Consultants/Subcontractors:**

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

**Other:**

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

**TOTAL OPERATING EXPENSES: 59,952**

**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: 688,533**

**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. | 103,280 |
|  |         |
|  |         |

**Indirect Rate: 15.00%**

**TOTAL INDIRECT COSTS: 103,280**

**TOTAL EXPENSES: 791,813**

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

Appendix # **B-4b**  
Page # **1**  
Fiscal Year(s) **21-22**  
Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

| SERVICE MODES                                   |               |                                   |             |                    |           |                    |           |                       |
|---|---------------|-----------------------------------|-------------|--------------------|-----------|--------------------|-----------|-----------------------|
| Personnel Expenses                              |               | Syringe Disposal<br>Service Hours |             |                    |           |                    |           |                       |
| 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                |
|   |               |                                   | 0%          |                    | 0%        |                    | 0%        |                       |
|   |               |                                   | 0%          |                    | 0%        |                    | 0%        |                       |
|   |               | -                                 | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| <b>Total FTE &amp; Total Salaries</b>           | <b>9.65</b>   | <b>483,524</b>                    | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>483,524</b>        |
| Fringe Benefits                                 | 30.00%        | 145,057                           | 100%        | -                  | 0%        | -                  | 0%        | 145,057               |
| <b>Total Personnel Expenses</b>                 |               | <b>628,581</b>                    | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>628,581</b>        |
| <b>Operating Expenses</b>                       |               | <b>Expenditure</b>                | <b>%</b>    | <b>Expenditure</b> | <b>%</b>  | <b>Expenditure</b> | <b>%</b>  | <b>Contract Total</b> |
| 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%        | -                     |
| <b>Total Operating Expenses</b>                 |               | <b>59,952</b>                     | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>59,952</b>         |
| <b>Capital Expenses</b>                         |               | <b>Expenditure</b>                | <b>%</b>    | <b>Expenditure</b> | <b>%</b>  | <b>Expenditure</b> | <b>%</b>  | <b>Contract Total</b> |
| Capital Expenditure 1                           |               | -                                 | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| Capital Expenditure 2                           |               | -                                 | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| <b>Total Capital Expenses</b>                   |               | <b>-</b>                          | <b>0%</b>   | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>              |
| <b>Total Direct Expenses</b>                    |               | <b>688,533</b>                    | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>688,533</b>        |
| <b>Indirect Expenses</b>                        | <b>15.00%</b> | <b>103,280</b>                    | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>103,280</b>        |
| <b>TOTAL EXPENSES</b>                           |               | <b>791,813</b>                    | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>791,813</b>        |
| <b>Units of Service (UOS) per Service Mode</b>  |               | <b>4,368</b>                      |             |                    |           | <b>-</b>           |           | <b>4,368</b>          |
| <b>Cost Per Unit of Service by Service Mode</b> |               | <b>181.28</b>                     |             | <b>-</b>           |           | <b>-</b>           |           |                       |
| <b>(NOC) per Service Mode</b>                   |               | <b>N/A</b>                        |             |                    |           |                    |           | <b>N/A</b>            |

Rev. 07/15

## BUDGET JUSTIFICATION

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

Appendix #: B-4b

Fiscal Year: 21-22

### 1a) SALARIES

| Staff Position 1: Manager, Syringe Clean Up  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| Hires, trains, and supervises disposal team members. Ensures adherence to safety protocol; schedules and coordinates clean-up activities; and completes required documentation. Leads street clean-up efforts. |        |                    |                                      |            |
| Driver's License. Minimum of three years experience working with people who inject drugs and one year of experience supervising teams.   |        |                    |                                      |            |
| 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 & Logistics Coordinator  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Supports the managers with logistics, operations, scheduling, coordination, administrative, and inventory/supply management. Conducts street clean-up. |        |                    |                                      |           |
| Driver's License. 1 year or more of experience working with people who inject 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 |

| Staff Position 3: Associate, Syringe Clean Up   |        |                    |                                      |            |
|---|--------|--------------------|--------------------------------------|------------|
| Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately. |        |                    |                                      |            |
| Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.  |        |                    |                                      |            |
| 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 Sweeps Mgr. Disposal, Mobile & Outreach   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Coordinates and oversees mobile, outreach, and syringe disposal efforts. Includes supervision of health educators, Syringe Clean Up Managers, and Inventory Coordinators. |        |                    |                                      |           |
| Minimum of three years supervising staff. Minimum three years of experience working with people who inject drugs and/or are experiencing homelessness.                    |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$95,529.00   | 0.25   | 12                 | 1                                    | \$ 23,882 |

|   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Staff Position 5: Syringe Clean Up Associate/Health Educator - Mobile   |        |                    |                                      |           |
| Conducts mobile-based syringe access and clean up efforts to ensure proper disposal in priority neighborhoods, hot spots, and encampments. Adheres to safety protocols and procedures. Disseminates safe disposal information and health education to community members during engagement efforts. Documents activities accurately. |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum three years of experience working or volunteering with substance users, Minimum qualifications: homeless populations, and/or harm reduction programs.   |        |                    |                                      |           |
| 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.)

| 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       |
| <b>Total Fringe Benefit:</b> | <b>145,057</b> |
| <b>Fringe Benefit %:</b>     | <b>30.00%</b>  |

**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        |
|                         |   |                |               |
| <b>Total Occupancy:</b> |   |                | <b>31,752</b> |

**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          |
|  |   |             |              |
| <b>Total Materials &amp; Supplies:</b> |   |             | <b>8,800</b> |

**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         |
| <b>Total General Operating:</b> |  |          | <b>19,400</b> |

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost     |
|----------------------------|----------|--------------|------|----------|
|                            |          |              |      |          |
|                            |          |              |      |          |
|                            |          |              |      |          |
|                            |          |              |      |          |
| <b>Total Staff Travel:</b> |          |              |      | <b>-</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description | Rate | Cost     |
|--|---------------------|------|----------|
|  |                     |      |          |
|  |                     |      |          |
|  |                     |      |          |
| <b>Total Consultants/Subcontractors:</b> |                     |      | <b>-</b> |

**Other:**

| Expense Item        | Brief Description | Rate | Cost     |
|---------------------|-------------------|------|----------|
|                     |                   |      |          |
|                     |                   |      |          |
| <b>Total Other:</b> |                   |      | <b>-</b> |

**TOTAL OPERATING EXPENSES: 59,952**

**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: 688,533**

**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. | 103,280 |
|  |         |
|  |         |

**Indirect Rate: 15.00%**

**TOTAL INDIRECT COSTS: 103,280**

**TOTAL EXPENSES: 791,813**



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

Appendix # B-4c  
Page # 1  
Fiscal Year(s) 22-23  
Funding Notification Date 1/29/2020

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES                  |       |             |       |             |       |                 |
|--|--------|--------------------------------|-------|-------------|-------|-------------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Disposal Service Hours |       |             |       |             |       |                 |
| 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          |
|  |        |                                | 0%    |             | 0%    |             | 0%    |                 |
|  |        |                                | 0%    |             | 0%    |             | 0%    |                 |
|  |        | -                              | 0%    | -           | 0%    | -           | 0%    | -               |
| Total FTE & Total Salaries               | 9.65   | 483,524                        | 100%  | -           | 0%    | -           | 0%    | 483,524         |
| Fringe Benefits                          | 30.00% | 145,057                        | 100%  | -           | 0%    | -           | 0%    | 145,057         |
| Total Personnel Expenses                 |        | 628,581                        | 100%  | -           | 0%    | -           | 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%  | -           | 0%    | -           | 0%    | 59,952          |
|  |        |                                |       |             |       |             |       |                 |
| 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%  | -           | 0%    | -           | 0%    | 688,533         |
| Indirect Expenses 15.00%                 |        | 103,280                        | 100%  | -           | 0%    |             | 0%    | 103,280         |
| TOTAL EXPENSES                           |        | 791,813                        | 100%  | -           | 0%    | -           | 0%    | 791,813         |
|  |        |                                |       |             |       |             |       |                 |
| Units of Service (UOS) per Service Mode  |        | 4,368                          |       |             |       | -           |       | 4,368           |
| Cost Per Unit of Service by Service Mode |        | 181.28                         |       | -           |       | -           |       |                 |
| (NOC) per Service Mode                   |        | N/A                            |       |             |       |             |       | N/A             |
|  |        |                                |       |             |       |             |       |                 |

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## BUDGET JUSTIFICATION

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

Appendix #: B-4c

Fiscal Year: 22-23

### 1a) SALARIES

| Staff Position 1: Manager, Syringe Clean Up  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| Hires, trains, and supervises disposal team members. Ensures adherence to safety protocol; schedules and coordinates clean-up activities; and completes required documentation. Leads street clean-up efforts. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| Driver's License. Minimum of three years experience working with people who inject drugs and one year of experience supervising teams.   |        |                    |                                      |            |
| Minimum qualifications:  |        |                    |                                      |            |
| 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 & Logistics Coordinator  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Supports the managers with logistics, operations, scheduling, coordination, administrative, and inventory/supply management. Conducts street clean-up. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Driver's License. 1 year or more of experience working with people who inject drugs.   |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$47,028.00  | 0.80   | 12                 | 1                                    | \$ 37,622 |

| Staff Position 3: Associate, Syringe Clean Up   |        |                    |                                      |            |
|---|--------|--------------------|--------------------------------------|------------|
| Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately. |        |                    |                                      |            |
| Brief description of job duties:  |        |                    |                                      |            |
| Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.  |        |                    |                                      |            |
| Minimum qualifications:   |        |                    |                                      |            |
| 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 Sweeps Mgr. Disposal, Mobile & Outreach   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Coordinates and oversees mobile, outreach, and syringe disposal efforts. Includes supervision of health educators, Syringe Clean Up Managers, and Inventory Coordinators. |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum of three years supervising staff. Minimum three years of experience working with people who inject drugs and/or are experiencing homelessness.                    |        |                    |                                      |           |
| Minimum qualifications:   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$95,529.00   | 0.25   | 12                 | 1                                    | \$ 23,882 |

| Staff Position 5: Syringe Clean Up Associate/Health Educator - Mobile  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Conducts mobile-based syringe access and clean up efforts to ensure proper disposal in priority neighborhoods, hot spots, and encampments. Adheres to safety protocols and procedures. Disseminates safe disposal information and health education to community members during engagement efforts. Documents activities accurately.</p> <p>Minimum qualifications: Minimum three years of experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.</p> |        |                    |                                      |           |
| 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.)

| 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       |
| <b>Total Fringe Benefit:</b> | <b>145,057</b> |
| <b>Fringe Benefit %:</b>     | <b>30.00%</b>  |

**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        |
|              |   |                         |               |
|              |   | <b>Total Occupancy:</b> | <b>31,752</b> |

**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          |
|                  |   |  |              |
|                  |   | <b>Total Materials &amp; Supplies:</b> | <b>8,800</b> |

**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         |
| <b>Total General Operating:</b> |  |          | <b>19,400</b> |

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost     |
|----------------------------|----------|--------------|------|----------|
|                            |          |              |      |          |
|                            |          |              |      |          |
|                            |          |              |      |          |
| <b>Total Staff Travel:</b> |          |              |      | <b>-</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description | Rate | Cost     |
|--|---------------------|------|----------|
|  |                     |      |          |
|  |                     |      |          |
|  |                     |      |          |
| <b>Total Consultants/Subcontractors:</b> |                     |      | <b>-</b> |

**Other:**

| Expense Item        | Brief Description | Rate | Cost     |
|---------------------|-------------------|------|----------|
|                     |                   |      |          |
|                     |                   |      |          |
| <b>Total Other:</b> |                   |      | <b>-</b> |

**TOTAL OPERATING EXPENSES: 59,952**

**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: 688,533**

**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. | 103,280 |
|  |         |
|  |         |

**Indirect Rate: 15.00%**

**TOTAL INDIRECT COSTS: 103,280**

**TOTAL EXPENSES: 791,813**

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

Appendix # **B-4d**  
Page # **1**  
Fiscal Year(s) **23-24**  
Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

| SERVICE MODES                                   |             |                                |             |                    |           |                    |           |                       |
|---|-------------|--------------------------------|-------------|--------------------|-----------|--------------------|-----------|-----------------------|
| Personnel Expenses                              |             | Syringe Disposal Service Hours |             |                    |           |                    |           | Contract Totals       |
| Position Titles                                 | FTE         | Salaries                       | % FTE       | Salaries           | % FTE     | Salaries           | % FTE     |                       |
| 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                |
|   |             |                                | 0%          |                    | 0%        |                    | 0%        |                       |
|   |             |                                | 0%          |                    | 0%        |                    | 0%        |                       |
|   |             | -                              | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| <b>Total FTE &amp; Total Salaries</b>           | <b>9.65</b> | <b>483,524</b>                 | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>483,524</b>        |
| Fringe Benefits                                 | 30.00%      | 145,057                        | 100%        | -                  | 0%        | -                  | 0%        | 145,057               |
| <b>Total Personnel Expenses</b>                 |             | <b>628,581</b>                 | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>628,581</b>        |
|   |             |                                |             |                    |           |                    |           |                       |
| <b>Operating Expenses</b>                       |             | <b>Expenditure</b>             | <b>%</b>    | <b>Expenditure</b> | <b>%</b>  | <b>Expenditure</b> | <b>%</b>  | <b>Contract Total</b> |
| 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%        | -                     |
| <b>Total Operating Expenses</b>                 |             | <b>59,952</b>                  | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>59,952</b>         |
|   |             |                                |             |                    |           |                    |           |                       |
| <b>Capital Expenses</b>                         |             | <b>Expenditure</b>             | <b>%</b>    | <b>Expenditure</b> | <b>%</b>  | <b>Expenditure</b> | <b>%</b>  | <b>Contract Total</b> |
| Capital Expenditure 1                           |             | -                              | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| Capital Expenditure 2                           |             | -                              | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| <b>Total Capital Expenses</b>                   |             | <b>-</b>                       | <b>0%</b>   | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>              |
|   |             |                                |             |                    |           |                    |           |                       |
| <b>Total Direct Expenses</b>                    |             | <b>688,533</b>                 | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>688,533</b>        |
| Indirect Expenses                               | 15.00%      | 103,280                        | 100%        | -                  | 0%        | -                  | 0%        | 103,280               |
| <b>TOTAL EXPENSES</b>                           |             | <b>791,813</b>                 | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>791,813</b>        |
|   |             |                                |             |                    |           |                    |           |                       |
| <b>Units of Service (UOS) per Service Mode</b>  |             | <b>4,368</b>                   |             |                    |           | <b>-</b>           |           | <b>4,368</b>          |
| <b>Cost Per Unit of Service by Service Mode</b> |             | <b>181.28</b>                  |             | <b>-</b>           |           | <b>-</b>           |           |                       |
| <b>(NOC) per Service Mode</b>                   |             | <b>N/A</b>                     |             |                    |           |                    |           | <b>N/A</b>            |

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## BUDGET JUSTIFICATION

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

Appendix #: B-4d

Fiscal Year: 23-24

### 1a) SALARIES

|  |        |                    |                                      |                   |
|--|--------|--------------------|--------------------------------------|-------------------|
| <b>Staff Position 1: Manager, Syringe Clean Up</b>   |        |                    |                                      |                   |
| Hires, trains, and supervises disposal team members. Ensures adherence to safety protocol; schedules and coordinates clean-up activities; and completes required documentation. Leads street clean-up efforts. |        |                    |                                      |                   |
| Driver's License. Minimum of three years experience working with people who inject drugs and one year of experience supervising teams.   |        |                    |                                      |                   |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | <b>Total</b>      |
| \$70,000.00  | 2.00   | 12                 | 1                                    | <b>\$ 140,000</b> |

|  |        |                    |                                      |                  |
|--|--------|--------------------|--------------------------------------|------------------|
| <b>Staff Position 2: Inventory &amp; Logistics Coordinator</b>   |        |                    |                                      |                  |
| Supports the managers with logistics, operations, scheduling, coordination, administrative, and inventory/supply management. Conducts street clean-up. |        |                    |                                      |                  |
| Driver's License. 1 year or more of experience working with people who inject drugs.   |        |                    |                                      |                  |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | <b>Total</b>     |
| \$47,028.00  | 0.80   | 12                 | 1                                    | <b>\$ 37,622</b> |

|   |        |                    |                                      |                   |
|---|--------|--------------------|--------------------------------------|-------------------|
| <b>Staff Position 3: Associate, Syringe Clean Up</b>  |        |                    |                                      |                   |
| Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately. |        |                    |                                      |                   |
| Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.  |        |                    |                                      |                   |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | <b>Total</b>      |
| \$40,622.00   | 5.60   | 12                 | 1                                    | <b>\$ 227,483</b> |

|   |        |                    |                                      |                  |
|---|--------|--------------------|--------------------------------------|------------------|
| <b>Staff Position 4: Syringe Sweeps Mgr. Disposal, Mobile &amp; Outreach</b>  |        |                    |                                      |                  |
| Coordinates and oversees mobile, outreach, and syringe disposal efforts. Includes supervision of health educators, Syringe Clean Up Managers, and Inventory Coordinators. |        |                    |                                      |                  |
| Minimum of three years supervising staff. Minimum three years of experience working with people who inject drugs and/or are experiencing homelessness.                    |        |                    |                                      |                  |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | <b>Total</b>     |
| \$95,529.00   | 0.25   | 12                 | 1                                    | <b>\$ 23,882</b> |



| Staff Position 5: Syringe Clean Up Associate/Health Educator - Mobile  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Conducts mobile-based syringe access and clean up efforts to ensure proper disposal in priority neighborhoods, hot spots, and encampments. Adheres to safety protocols and procedures. Disseminates safe disposal information and health education to community members during engagement efforts. Documents activities accurately.</p> <p>Minimum qualifications: Minimum three years of experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.</p> |        |                    |                                      |           |
| 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.)

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 36,990      |
| Retirement                   | \$ 23,741      |
| Medical                      | \$ 59,819      |
| Dental                       |                |
| Unemployment Insurance       | \$ 2,514       |
| Disability Insurance         | \$ 19,679      |
| Paid Time Off                |                |
| Other (workers comp):        | \$ 2,514       |
| <b>Total Fringe Benefit:</b> | <b>145,057</b> |
| <b>Fringe Benefit %:</b>     | <b>30.00%</b>  |

**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        |
|              |   |                         |               |
|              |   | <b>Total Occupancy:</b> | <b>31,752</b> |

**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          |
|                  |   |  |              |
|                  |   | <b>Total Materials &amp; Supplies:</b> | <b>8,800</b> |

**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         |
| <b>Total General Operating:</b> |  |          | <b>19,400</b> |

**Staff Travel:** \_\_\_\_\_

| Purpose of Travel          | Location | Expense Item | Rate | Cost     |
|----------------------------|----------|--------------|------|----------|
|                            |          |              |      |          |
|                            |          |              |      |          |
|                            |          |              |      |          |
| <b>Total Staff Travel:</b> |          |              |      | <b>-</b> |

**Consultants/Subcontractors:** \_\_\_\_\_

| Consultant/Subcontractor Name            | Service Description | Rate | Cost     |
|--|---------------------|------|----------|
|  |                     |      |          |
|  |                     |      |          |
|  |                     |      |          |
| <b>Total Consultants/Subcontractors:</b> |                     |      | <b>-</b> |

**Other:** \_\_\_\_\_

| Expense Item        | Brief Description | Rate | Cost     |
|---------------------|-------------------|------|----------|
|                     |                   |      |          |
|                     |                   |      |          |
| <b>Total Other:</b> |                   |      | <b>-</b> |

**TOTAL OPERATING EXPENSES: 59,952**

**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: 688,533**

#### 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. | 103,280 |
|  |         |
|  |         |

**Indirect Rate: 15.00%**

**TOTAL INDIRECT COSTS: 103,280**

**TOTAL EXPENSES: 791,813**

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

Appendix # B-4e  
 Page # 1  
 Fiscal Year(s) 24-25  
 Funding Notification Date 1/29/2020

**UOS COST ALLOCATION BY SERVICE MODE**

|   |               | SERVICE MODES                     |             |                    |           |                    |           |                       |
|---|---------------|-----------------------------------|-------------|--------------------|-----------|--------------------|-----------|-----------------------|
| Personnel Expenses                              |               | Syringe Disposal<br>Service Hours |             |                    |           |                    |           |                       |
| 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                |
|   |               |                                   | 0%          |                    | 0%        |                    | 0%        |                       |
|   |               |                                   | 0%          |                    | 0%        |                    | 0%        |                       |
|   |               | -                                 | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| <b>Total FTE &amp; Total Salaries</b>           | <b>9.65</b>   | <b>483,524</b>                    | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>483,524</b>        |
| Fringe Benefits                                 | 30.00%        | 145,057                           | 100%        | -                  | 0%        | -                  | 0%        | 145,057               |
| <b>Total Personnel Expenses</b>                 |               | <b>628,581</b>                    | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>628,581</b>        |
|   |               |                                   |             |                    |           |                    |           |                       |
| <b>Operating Expenses</b>                       |               | <b>Expenditure</b>                | <b>%</b>    | <b>Expenditure</b> | <b>%</b>  | <b>Expenditure</b> | <b>%</b>  | <b>Contract Total</b> |
| 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%        | -                     |
| <b>Total Operating Expenses</b>                 |               | <b>59,952</b>                     | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>59,952</b>         |
|   |               |                                   |             |                    |           |                    |           |                       |
| <b>Capital Expenses</b>                         |               | <b>Expenditure</b>                | <b>%</b>    | <b>Expenditure</b> | <b>%</b>  | <b>Expenditure</b> | <b>%</b>  | <b>Contract Total</b> |
| Capital Expenditure 1                           |               | -                                 | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| Capital Expenditure 2                           |               |                                   | 0%          |                    | 0%        |                    | 0%        | -                     |
| <b>Total Capital Expenses</b>                   |               | <b>-</b>                          | <b>0%</b>   | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>              |
|   |               |                                   |             |                    |           |                    |           |                       |
| <b>Total Direct Expenses</b>                    |               | <b>688,533</b>                    | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>688,533</b>        |
| <b>Indirect Expenses</b>                        | <b>15.00%</b> | <b>103,280</b>                    | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>103,280</b>        |
| <b>TOTAL EXPENSES</b>                           |               | <b>791,813</b>                    | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>791,813</b>        |
|   |               |                                   |             |                    |           |                    |           |                       |
| <b>Units of Service (UOS) per Service Mode</b>  |               | <b>4,368</b>                      |             |                    |           | <b>-</b>           |           | <b>4,368</b>          |
| <b>Cost Per Unit of Service by Service Mode</b> |               | <b>181.28</b>                     |             | <b>-</b>           |           | <b>-</b>           |           |                       |
| <b>(NOC) per Service Mode</b>                   |               | <b>N/A</b>                        |             |                    |           |                    |           | <b>N/A</b>            |

Rev. 07/15

**BUDGET JUSTIFICATION**

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

**Appendix #:** B-4e  
**Fiscal Year:** 24-25

**1a) SALARIES**

| Staff Position 1: Manager, Syringe Clean Up  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| Hires, trains, and supervises disposal team members. Ensures adherence to safety protocol; schedules and coordinates clean-up activities; and completes required documentation. Leads street clean-up efforts. |        |                    |                                      |            |
| Driver's License. Minimum of three years experience working with people who inject drugs and one year of experience supervising teams.   |        |                    |                                      |            |
| 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 & Logistics Coordinator  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Supports the managers with logistics, operations, scheduling, coordination, administrative, and inventory/supply management. Conducts street clean-up. |        |                    |                                      |           |
| Driver's License. 1 year or more of experience working with people who inject 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 |

| Staff Position 3: Associate, Syringe Clean Up   |        |                    |                                      |            |
|---|--------|--------------------|--------------------------------------|------------|
| Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately. |        |                    |                                      |            |
| Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.  |        |                    |                                      |            |
| 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 Sweeps Mgr. Disposal, Mobile & Outreach   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Coordinates and oversees mobile, outreach, and syringe disposal efforts. Includes supervision of health educators, Syringe Clean Up Managers, and Inventory Coordinators. |        |                    |                                      |           |
| Minimum of three years supervising staff. Minimum three years of experience working with people who inject drugs and/or are experiencing homelessness.                    |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$95,529.00   | 0.25   | 12                 | 1                                    | \$ 23,882 |

| Staff Position 5: Syringe Clean Up Associate/Health Educator - Mobile   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Conducts mobile-based syringe access and clean up efforts to ensure proper disposal in priority neighborhoods, hot spots, and encampments. Adheres to safety protocols and procedures. Disseminates safe disposal information and health education to community members during engagement efforts. Documents activities accurately. |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum three years of experience working or volunteering with substance users, Minimum qualifications: homeless populations, and/or harm reduction programs.   |        |                    |                                      |           |
|   |        |                    |                                      |           |
| 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.)

| 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       |
| <b>Total Fringe Benefit:</b> | <b>145,057</b> |

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        |
| <b>Total Occupancy:</b> |   |                | <b>31,752</b> |

##### 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          |
| <b>Total Materials &amp; Supplies:</b> |   |             | <b>8,800</b> |

##### 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         |
| <b>Total General Operating:</b> |  |          | <b>19,400</b> |

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost     |
|----------------------------|----------|--------------|------|----------|
|                            |          |              |      |          |
|                            |          |              |      |          |
|                            |          |              |      |          |
| <b>Total Staff Travel:</b> |          |              |      | <b>-</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description | Rate | Cost     |
|--|---------------------|------|----------|
|  |                     |      |          |
|  |                     |      |          |
|  |                     |      |          |
| <b>Total Consultants/Subcontractors:</b> |                     |      | <b>-</b> |

**Other:**

| Expense Item        | Brief Description | Rate | Cost     |
|---------------------|-------------------|------|----------|
|                     |                   |      |          |
|                     |                   |      |          |
| <b>Total Other:</b> |                   |      | <b>-</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>59,952</b> |
|----------------------------------|---------------|

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

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
|                          |                   |      |
|                          |                   |      |

|                                    |          |
|------------------------------------|----------|
| <b>TOTAL CAPITAL EXPENDITURES:</b> | <b>-</b> |
|------------------------------------|----------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>688,533</b> |
|----------------------------|----------------|

**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. | 103,280 |
|  |         |
|  |         |

|                              |                |
|------------------------------|----------------|
| <b>Indirect Rate:</b>        | <b>15.00%</b>  |
| <b>TOTAL INDIRECT COSTS:</b> | <b>103,280</b> |

|                        |                |
|------------------------|----------------|
| <b>TOTAL EXPENSES:</b> | <b>791,813</b> |
|------------------------|----------------|



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

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

**UOS COST ALLOCATION BY SERVICE MODE**

|   |               | SERVICE MODES                     |             |                    |           |                    |           |                       |
|---|---------------|-----------------------------------|-------------|--------------------|-----------|--------------------|-----------|-----------------------|
| Personnel Expenses                              |               | Syringe Disposal<br>Service Hours |             |                    |           |                    |           |                       |
| 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                |
|   |               |                                   | 0%          |                    | 0%        |                    | 0%        |                       |
|   |               |                                   | 0%          |                    | 0%        |                    | 0%        |                       |
|   |               | -                                 | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| <b>Total FTE &amp; Total Salaries</b>           | <b>9.65</b>   | <b>483,524</b>                    | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>483,524</b>        |
| Fringe Benefits                                 | 30.00%        | 145,057                           | 100%        | -                  | 0%        | -                  | 0%        | 145,057               |
| <b>Total Personnel Expenses</b>                 |               | <b>628,581</b>                    | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>628,581</b>        |
| <b>Operating Expenses</b>                       |               | <b>Expenditure</b>                | <b>%</b>    | <b>Expenditure</b> | <b>%</b>  | <b>Expenditure</b> | <b>%</b>  | <b>Contract Total</b> |
| 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%        | -                     |
| <b>Total Operating Expenses</b>                 |               | <b>59,952</b>                     | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>59,952</b>         |
| <b>Capital Expenses</b>                         |               | <b>Expenditure</b>                | <b>%</b>    | <b>Expenditure</b> | <b>%</b>  | <b>Expenditure</b> | <b>%</b>  | <b>Contract Total</b> |
| Capital Expenditure 1                           |               | -                                 | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| Capital Expenditure 2                           |               | -                                 | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| <b>Total Capital Expenses</b>                   |               | <b>-</b>                          | <b>0%</b>   | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>              |
| <b>Total Direct Expenses</b>                    |               | <b>688,533</b>                    | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>688,533</b>        |
| <b>Indirect Expenses</b>                        | <b>15.00%</b> | <b>103,280</b>                    | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>103,280</b>        |
| <b>TOTAL EXPENSES</b>                           |               | <b>791,813</b>                    | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>791,813</b>        |
| <b>Units of Service (UOS) per Service Mode</b>  |               | <b>4,368</b>                      |             |                    |           | <b>-</b>           |           | <b>4,368</b>          |
| <b>Cost Per Unit of Service by Service Mode</b> |               | <b>181.28</b>                     |             | <b>-</b>           |           | <b>-</b>           |           |                       |
| <b>(NOC) per Service Mode</b>                   |               | <b>N/A</b>                        |             |                    |           |                    |           | <b>N/A</b>            |

Rev. 07/15

## BUDGET JUSTIFICATION

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

**Appendix #:** B-4f  
**Fiscal Year:** 25-26

### 1a) SALARIES

|  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <b>Staff Position 1: Manager, Syringe Clean Up</b>   |        |                    |                                      |            |
| Hires, trains, and supervises disposal team members. Ensures adherence to safety protocol; schedules and coordinates clean-up activities; and completes required |        |                    |                                      |            |
| Brief description of job duties: documentation. Leads street clean-up efforts.   |        |                    |                                      |            |
| Driver's License. Minimum of three years experience working with people who inject   |        |                    |                                      |            |
| Minimum qualifications: drugs and one year of experience supervising teams.  |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$70,000.00  | 2.00   | 12                 | 1                                    | \$ 140,000 |

|  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 2: Inventory &amp; Logistics Coordinator</b>   |        |                    |                                      |           |
| Supports the managers with logistics, operations, scheduling, coordination,                                  |        |                    |                                      |           |
| Brief description of job duties: administrative, and inventory/supply management. Conducts street clean-up.  |        |                    |                                      |           |
| Minimum qualifications: Driver's License. 1 year or more of experience working with people who inject 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 |

|   |        |                    |                                      |            |
|---|--------|--------------------|--------------------------------------|------------|
| <b>Staff Position 3: Associate, Syringe Clean Up</b>  |        |                    |                                      |            |
| Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts |        |                    |                                      |            |
| Brief description of job duties: accurately.  |        |                    |                                      |            |
| Minimum of 6 months experience working or volunteering with substance users,  |        |                    |                                      |            |
| Minimum qualifications: homeless populations, and/or harm reduction programs.   |        |                    |                                      |            |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$40,622.00   | 5.60   | 12                 | 1                                    | \$ 227,483 |

|   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 4: Syringe Sweeps Mgr. Disposal, Mobile &amp; Outreach</b>  |        |                    |                                      |           |
| Coordinates and oversees mobile, outreach, and syringe disposal efforts. Includes supervision of health educators, Syringe Clean Up Managers, and Inventory Coordinators. |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum of three years supervising staff. Minimum three years of experience working   |        |                    |                                      |           |
| Minimum qualifications: with people who inject drugs and/or are experiencing homelessness.  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$95,529.00   | 0.25   | 12                 | 1                                    | \$ 23,882 |

| Staff Position 5: Syringe Clean Up Associate/Health Educator - Mobile   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Conducts mobile-based syringe access and clean up efforts to ensure proper disposal in priority neighborhoods, hot spots, and encampments. Adheres to safety protocols and procedures. Disseminates safe disposal information and health education to community members during engagement efforts. Documents activities accurately.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Minimum three years of experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.</p>  |        |                    |                                      |           |
| 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.)

| 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       |
| <b>Total Fringe Benefit:</b> | <b>145,057</b> |
| <b>Fringe Benefit %:</b>     | <b>30.00%</b>  |

**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        |
|                         |  |                |               |
| <b>Total Occupancy:</b> |  |                | <b>31,752</b> |

**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          |
|  |   |             |              |
| <b>Total Materials &amp; Supplies:</b> |   |             | <b>8,800</b> |

**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         |
| <b>Total General Operating:</b> |  |          | <b>19,400</b> |

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost     |
|----------------------------|----------|--------------|------|----------|
|                            |          |              |      |          |
|                            |          |              |      |          |
|                            |          |              |      |          |
| <b>Total Staff Travel:</b> |          |              |      | <b>-</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description | Rate | Cost     |
|--|---------------------|------|----------|
|  |                     |      |          |
|  |                     |      |          |
|  |                     |      |          |
| <b>Total Consultants/Subcontractors:</b> |                     |      | <b>-</b> |

**Other:**

| Expense Item        | Brief Description | Rate | Cost     |
|---------------------|-------------------|------|----------|
|                     |                   |      |          |
|                     |                   |      |          |
| <b>Total Other:</b> |                   |      | <b>-</b> |

**TOTAL OPERATING EXPENSES: 59,952**

**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: 688,533**

**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. | 103,280 |
|  |         |
|  |         |

**Indirect Rate: 15.00%**

**TOTAL INDIRECT COSTS: 103,280**

**TOTAL 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 Disposal Service<br>Weeks - War Memorial |             | Evaluation         |           |                    |           | Contract Totals       |
| Position Titles                                 | FTE           | Salaries   | % FTE       | Salaries           | % FTE     | Salaries           | % FTE     |                       |
| 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%        | -                     |
| <b>Total FTE &amp; Total Salaries</b>           | <b>0.125</b>  | <b>5,878</b>                                     | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>5,878</b>          |
| Fringe Benefits                                 | 0.0%          |  | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| <b>Total Personnel Expenses</b>                 |               | <b>5,878</b>                                     | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>5,878</b>          |
| <b>Operating Expenses</b>                       |               | <b>Expenditure</b>                               | <b>%</b>    | <b>Expenditure</b> | <b>%</b>  | <b>Expenditure</b> | <b>%</b>  | <b>Contract Total</b> |
| Total Occupancy                                 |               |  | 0%          |                    | 0%        | -                  | 0%        | -                     |
| Total Materials and Supplies                    |               | 154  | 100%        |                    | 0%        | -                  | 0%        | 154                   |
| Total General Operating                         |               |  | 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%        | -                     |
|   |               |  | 0%          |                    | 0%        |                    | 0%        | -                     |
| <b>Total Operating Expenses</b>                 |               | <b>154</b>                                       | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>154</b>            |
| <b>Capital Expenses</b>                         |               | <b>Expenditure</b>                               | <b>%</b>    | <b>Expenditure</b> | <b>%</b>  | <b>Expenditure</b> | <b>%</b>  | <b>Contract Total</b> |
| Capital Expenditure 1                           |               | -  | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| Capital Expenditure 2                           |               |  | 0%          |                    | 0%        |                    | 0%        | -                     |
| <b>Total Capital Expenses</b>                   |               | <b>-</b>   | <b>0%</b>   | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>              |
| <b>Total Direct Expenses</b>                    |               | <b>6,032</b>                                     | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>6,032</b>          |
| <b>Indirect Expenses</b>                        | <b>15.00%</b> | <b>905</b>                                       | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>905</b>            |
| <b>TOTAL EXPENSES</b>                           |               | <b>6,937</b>                                     | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>6,937</b>          |
| <b>Units of Service (UOS) per Service Mode</b>  |               | <b>52</b>  |             |                    |           | <b>-</b>           |           | <b>52</b>             |
| <b>Cost Per Unit of Service by Service Mode</b> |               | <b>133.41</b>                                    |             | <b>-</b>           |           | <b>-</b>           |           |                       |
| <b>(NOC) per Service Mode</b>                   |               | <b>N/A</b>                                       |             |                    |           |                    |           | <b>N/A</b>            |

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**BUDGET JUSTIFICATION**

**Contractor Name** San Francisco AIDS Foundation  
**HIV Syringe Access & Disposal Services -**  
**Program Name:** Syringe Sweeps War Memorial

Appendix #: B-5a

Fiscal Year: 20-21

**1a) SALARIES**

|   |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Staff Position 1: Associate, Syringe Clean Up   |        |                    |                                      |          |
| Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts |        |                    |                                      |          |
| Brief description of job duties: accurately.  |        |                    |                                      |          |
| Minimum of 6 months experience working or volunteering with substance users, Minimum qualifications: homeless populations, and/or harm reduction programs.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$47,027.00   | 0.125  | 12                 | 1                                    | \$ 5,878 |

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

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

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

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

**Total FTE:** 0.125

**Total Salaries:** \$ 5,878



Other: \_\_\_\_\_

| Expense Item | Brief Description | Rate | Cost |
|--------------|-------------------|------|------|
|              |                   |      |      |
|              |                   |      |      |

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 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. | 905    |
|   |        |
|   |        |

Indirect Rate: 15.00%

**TOTAL 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 # **B-5b**  
Page # **1**  
Fiscal Year(s) **21-22**  
Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |       | SERVICE MODES                                    |       |             |       |             |       |                 |
|--|-------|--|-------|-------------|-------|-------------|-------|-----------------|
| Personnel Expenses                       |       | Syringe Disposal Service<br>Weeks - War Memorial |       | Evaluation  |       |             |       |                 |
| 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%    |                 |
|  |       | -  | 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           |
|  |       |  |       |             |       |             |       |                 |
| Operating Expenses                       |       | Expenditure                                      | %     | Expenditure | %     | Expenditure | %     | Contract Total  |
| Total Occupancy                          |       |  | 0%    |             | 0%    | -           | 0%    | -               |
| Total Materials and Supplies             |       | 154  | 100%  |             | 0%    | -           | 0%    | 154             |
| Total General Operating                  |       |  | 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%    | -               |
|  |       |  | 0%    |             | 0%    |             | 0%    | -               |
|  |       |  | 0%    |             | 0%    |             | 0%    | -               |
| Total Operating Expenses                 |       | 154  | 100%  | -           | 0%    | -           | 0%    | 154             |
|  |       |  |       |             |       |             |       |                 |
| 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                    |       | 6,032  | 100%  | -           | 0%    | -           | 0%    | 6,032           |
| Indirect Expenses 15.00%                 |       | 905  | 100%  | -           | 0%    |             | 0%    | 905             |
| TOTAL EXPENSES                           |       | 6,937  | 100%  | -           | 0%    | -           | 0%    | 6,937           |
|  |       |  |       |             |       |             |       |                 |
| Units of Service (UOS) per Service Mode  |       | 52   |       |             |       | -           |       | 52              |
| Cost Per Unit of Service by Service Mode |       | 133.41   |       | -           |       | -           |       |                 |
| (NOC) per Service Mode                   |       | N/A  |       |             |       |             |       | N/A             |

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## BUDGET JUSTIFICATION

**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, Syringe Clean Up  |        |                    |                                      |          |
| Brief description of job duties: Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately. |        |                    |                                      |          |
| Minimum qualifications: Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$47,027.00  | 0.125  | 12                 | 1                                    | \$ 5,878 |

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

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

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

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

**Total FTE:** 0.125

**Total Salaries:** \$ 5,878



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

**2) OPERATING EXPENSES:**

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

Other: \_\_\_\_\_

| Expense Item | Brief Description | Rate | Cost |
|--------------|-------------------|------|------|
|              |                   |      |      |
|              |                   |      |      |

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 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. | 905    |
|  |        |
|  |        |

Indirect Rate: 15.00%

**TOTAL 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 # **B-5c**  
Page # **1**  
Fiscal Year(s) **22-23**  
Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

| SERVICE MODES                                   |              |  |             |             |           |             |           |                 |
|---|--------------|--|-------------|-------------|-----------|-------------|-----------|-----------------|
| Personnel Expenses                              |              | Syringe Disposal Service<br>Weeks - War Memorial |             | Evaluation  |           |             |           | Contract Totals |
| Position Titles                                 | FTE          | Salaries   | % FTE       | Salaries    | % FTE     | Salaries    | % FTE     |                 |
| 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%        |                 |
|   |              | -  | 0%          | -           | 0%        | -           | 0%        | -               |
| <b>Total FTE &amp; Total Salaries</b>           | <b>0.125</b> | <b>5,878</b>                                     | <b>100%</b> | <b>-</b>    | <b>0%</b> | <b>-</b>    | <b>0%</b> | <b>5,878</b>    |
| Fringe Benefits                                 | 0.0%         |  | 0%          | -           | 0%        | -           | 0%        | -               |
| <b>Total Personnel Expenses</b>                 |              | <b>5,878</b>                                     | <b>100%</b> | <b>-</b>    | <b>0%</b> | <b>-</b>    | <b>0%</b> | <b>5,878</b>    |
|   |              |  |             |             |           |             |           |                 |
| Operating Expenses                              |              | Expenditure                                      | %           | Expenditure | %         | Expenditure | %         | Contract Total  |
| Total Occupancy                                 |              |  | 0%          |             | 0%        | -           | 0%        | -               |
| Total Materials and Supplies                    |              | 154  | 100%        |             | 0%        | -           | 0%        | 154             |
| Total General Operating                         |              |  | 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%        | -               |
|   |              |  | 0%          |             | 0%        |             | 0%        | -               |
| <b>Total Operating Expenses</b>                 |              | <b>154</b>                                       | <b>100%</b> | <b>-</b>    | <b>0%</b> | <b>-</b>    | <b>0%</b> | <b>154</b>      |
|   |              |  |             |             |           |             |           |                 |
| Capital Expenses                                |              | Expenditure                                      | %           | Expenditure | %         | Expenditure | %         | Contract Total  |
| Capital Expenditure 1                           |              | -  | 0%          | -           | 0%        | -           | 0%        | -               |
| Capital Expenditure 2                           |              |  | 0%          |             | 0%        |             | 0%        | -               |
| <b>Total Capital Expenses</b>                   |              | <b>-</b>   | <b>0%</b>   | <b>-</b>    | <b>0%</b> | <b>-</b>    | <b>0%</b> | <b>-</b>        |
|   |              |  |             |             |           |             |           |                 |
| <b>Total Direct Expenses</b>                    |              | <b>6,032</b>                                     | <b>100%</b> | <b>-</b>    | <b>0%</b> | <b>-</b>    | <b>0%</b> | <b>6,032</b>    |
| Indirect Expenses                               | 15.00%       | 905  | 100%        | -           | 0%        |             | 0%        | 905             |
| <b>TOTAL EXPENSES</b>                           |              | <b>6,937</b>                                     | <b>100%</b> | <b>-</b>    | <b>0%</b> | <b>-</b>    | <b>0%</b> | <b>6,937</b>    |
|   |              |  |             |             |           |             |           |                 |
| <b>Units of Service (UOS) per Service Mode</b>  |              | <b>52</b>  |             |             |           | <b>-</b>    |           | <b>52</b>       |
| <b>Cost Per Unit of Service by Service Mode</b> |              | <b>133.41</b>                                    |             | <b>-</b>    |           | <b>-</b>    |           |                 |
| <b>(NOC) per Service Mode</b>                   |              | <b>N/A</b>                                       |             |             |           |             |           | <b>N/A</b>      |

Rev. 07/15

**BUDGET JUSTIFICATION**

**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**

|  |        |                    |                                      |              |
|--|--------|--------------------|--------------------------------------|--------------|
| <b>Staff Position 1: Associate, Syringe Clean Up</b>   |        |                    |                                      |              |
| Brief description of job duties: Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately. |        |                    |                                      |              |
| Minimum qualifications: Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.   |        |                    |                                      |              |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | <b>Total</b> |
| \$47,027.00  | 0.125  | 12                 | 1                                    | \$ 5,878     |

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

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

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

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

**Total FTE:** 0.125      **Total Salaries: \$** 5,878

**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component   | Cost         |
|---|--------------|
| Social Security                                       |              |
| Retirement  |              |
| Medical   |              |
| Dental  |              |
| Unemployment Insurance                                |              |
| Disability Insurance                                  |              |
| Paid Time Off   |              |
| Other (workers comp):                                 |              |
| <b>Total Fringe Benefit:</b>                          | -            |
| <b>Fringe Benefit %:</b>                              | 0.0%         |
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>5,878</b> |

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description | Rate | Cost |
|-------------------------|-------------------|------|------|
|                         |                   |      |      |
|                         |                   |      |      |
|                         |                   |      |      |
| <b>Total Occupancy:</b> |                   |      | -    |

**Materials & Supplies:**

| Expense Item                           | Brief Description   | Rate | Cost       |
|--|---|------|------------|
| Program Supplies                       | Items include, but not limited to, tongs, bio buckets, gloves, bags, etc. |      | 154        |
|  |   |      |            |
|  |   |      |            |
| <b>Total Materials &amp; Supplies:</b> |   |      | <b>154</b> |

**General Operating:**

| Expense Item                    | Brief Description | Rate | Cost |
|---------------------------------|-------------------|------|------|
|                                 |                   |      |      |
|                                 |                   |      |      |
|                                 |                   |      |      |
| <b>Total General Operating:</b> |                   |      | -    |

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost |
|----------------------------|----------|--------------|------|------|
|                            |          |              |      |      |
|                            |          |              |      |      |
|                            |          |              |      |      |
| <b>Total Staff Travel:</b> |          |              |      | -    |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description | Rate | Cost |
|--|---------------------|------|------|
|  |                     |      |      |
|  |                     |      |      |
|  |                     |      |      |
| <b>Total Consultants/Subcontractors:</b> |                     |      | -    |



Other: \_\_\_\_\_

| Expense Item | Brief Description | Rate | Cost |
|--------------|-------------------|------|------|
|              |                   |      |      |
|              |                   |      |      |

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 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. | 905 |
|  |     |
|  |     |
|  |     |

**Indirect Rate: 15.00%**

**TOTAL 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 # B-5d  
Page # 1  
Fiscal Year(s) 23-24  
Funding Notification Date 1/29/2020

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES                                    |       |             |       |             |       |                 |
|--|--------|--|-------|-------------|-------|-------------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Disposal Service<br>Weeks - War Memorial |       | Evaluation  |       |             |       |                 |
| 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%    |                 |
|  |        | -  | 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           |
|  |        |  |       |             |       |             |       |                 |
| Operating Expenses                       |        | Expenditure                                      | %     | Expenditure | %     | Expenditure | %     | Contract Total  |
| Total Occupancy                          |        |  | 0%    |             | 0%    | -           | 0%    | -               |
| Total Materials and Supplies             |        | 154  | 100%  |             | 0%    | -           | 0%    | 154             |
| Total General Operating                  |        |  | 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%    | -               |
|  |        |  | 0%    |             | 0%    |             | 0%    | -               |
| Total Operating Expenses                 |        | 154  | 100%  | -           | 0%    | -           | 0%    | 154             |
|  |        |  |       |             |       |             |       |                 |
| 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                    |        | 6,032  | 100%  | -           | 0%    | -           | 0%    | 6,032           |
| Indirect Expenses                        | 15.00% | 905  | 100%  | -           | 0%    |             | 0%    | 905             |
| TOTAL EXPENSES                           |        | 6,937  | 100%  | -           | 0%    | -           | 0%    | 6,937           |
|  |        |  |       |             |       |             |       |                 |
| Units of Service (UOS) per Service Mode  |        | 52   |       |             |       | -           |       | 52              |
| Cost Per Unit of Service by Service Mode |        | 133.41   |       | -           |       | -           |       |                 |
| (NOC) per Service Mode                   |        | N/A  |       |             |       |             |       | N/A             |

Rev. 07/15

Rev. 07/15

**BUDGET JUSTIFICATION**

**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, Syringe Clean Up  |        |                    |                                      |              |
| Brief description of job duties: Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately. |        |                    |                                      |              |
| Minimum qualifications: Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.   |        |                    |                                      |              |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | <b>Total</b> |
| \$47,027.00  | 0.125  | 12                 | 1                                    | \$ 5,878     |

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

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

**Total FTE:** 0.125      **Total Salaries: \$** 5,878



Other: \_\_\_\_\_

| Expense Item | Brief Description | Rate | Cost |
|--------------|-------------------|------|------|
|              |                   |      |      |
|              |                   |      |      |

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 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. | 905    |
|   |        |
|   |        |
|   |        |

Indirect Rate: 15.00%

**TOTAL 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 # **B-5e**  
 Page # **1**  
 Fiscal Year(s) **24-25**  
 Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |       | SERVICE MODES                                    |       |             |       |             |       |                 |
|--|-------|--|-------|-------------|-------|-------------|-------|-----------------|
| Personnel Expenses                       |       | Syringe Disposal Service<br>Weeks - War Memorial |       | Evaluation  |       |             |       |                 |
| 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%    |                 |
|  |       | -  | 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           |
|  |       |  |       |             |       |             |       |                 |
| Operating Expenses                       |       | Expenditure                                      | %     | Expenditure | %     | Expenditure | %     | Contract Total  |
| Total Occupancy                          |       |  | 0%    |             | 0%    | -           | 0%    | -               |
| Total Materials and Supplies             |       | 154  | 100%  |             | 0%    | -           | 0%    | 154             |
| Total General Operating                  |       |  | 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%    | -               |
|  |       |  | 0%    |             | 0%    |             | 0%    | -               |
|  |       |  | 0%    |             | 0%    |             | 0%    | -               |
| Total Operating Expenses                 |       | 154  | 100%  | -           | 0%    | -           | 0%    | 154             |
|  |       |  |       |             |       |             |       |                 |
| 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                    |       | 6,032  | 100%  | -           | 0%    | -           | 0%    | 6,032           |
| Indirect Expenses 15.00%                 |       | 905  | 100%  | -           | 0%    |             | 0%    | 905             |
| TOTAL EXPENSES                           |       | 6,937  | 100%  | -           | 0%    | -           | 0%    | 6,937           |
|  |       |  |       |             |       |             |       |                 |
| Units of Service (UOS) per Service Mode  |       | 52   |       |             |       | -           |       | 52              |
| Cost Per Unit of Service by Service Mode |       | 133.41   |       | -           |       | -           |       |                 |
| (NOC) per Service Mode                   |       | N/A  |       |             |       |             |       | N/A             |
|  |       |  |       |             |       |             |       |                 |

Rev. 07/15

Rev. 07/15

**BUDGET JUSTIFICATION**

**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, Syringe Clean Up  |        |                    |                                      |          |
| Brief description of job duties: Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts accurately. |        |                    |                                      |          |
| Minimum qualifications: Minimum of 6 months experience working or volunteering with substance users, homeless populations, and/or harm reduction programs.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$47,027.00  | 0.125  | 12                 | 1                                    | \$ 5,878 |

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

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

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

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

**Total FTE:** 0.125 **Total Salaries: \$** 5,878

**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component   | Cost         |
|---|--------------|
| Social Security                                       |              |
| Retirement  |              |
| Medical   |              |
| Dental  |              |
| Unemployment Insurance                                |              |
| Disability Insurance                                  |              |
| Paid Time Off   |              |
| Other (workers comp):                                 |              |
| <b>Total Fringe Benefit:</b>                          | -            |
| <b>Fringe Benefit %:</b>                              | 0.0%         |
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>5,878</b> |

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description | Rate | Cost |
|-------------------------|-------------------|------|------|
|                         |                   |      |      |
|                         |                   |      |      |
|                         |                   |      |      |
| <b>Total Occupancy:</b> |                   |      | -    |

**Materials & Supplies:**

| Expense Item                           | Brief Description   | Rate | Cost       |
|--|---|------|------------|
| Program Supplies                       | Items include, but not limited to, tongs, bio buckets, gloves, bags, etc. |      | 154        |
|  |   |      |            |
|  |   |      |            |
| <b>Total Materials &amp; Supplies:</b> |   |      | <b>154</b> |

**General Operating:**

| Expense Item                    | Brief Description | Rate | Cost |
|---------------------------------|-------------------|------|------|
|                                 |                   |      |      |
|                                 |                   |      |      |
|                                 |                   |      |      |
| <b>Total General Operating:</b> |                   |      | -    |

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost |
|----------------------------|----------|--------------|------|------|
|                            |          |              |      |      |
|                            |          |              |      |      |
|                            |          |              |      |      |
| <b>Total Staff Travel:</b> |          |              |      | -    |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description | Rate | Cost |
|--|---------------------|------|------|
|  |                     |      |      |
|  |                     |      |      |
|  |                     |      |      |
| <b>Total Consultants/Subcontractors:</b> |                     |      | -    |

Other: \_\_\_\_\_

| Expense Item | Brief Description | Rate | Cost |
|--------------|-------------------|------|------|
|              |                   |      |      |
|              |                   |      |      |
| 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 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. | 905    |
|  |        |
|  |        |

Indirect Rate: 15.00%

**TOTAL INDIRECT COSTS: 905**

**TOTAL EXPENSES: 6,937**

Contractor Name **San Francisco AIDS Foundation**  
Contract Term (mm/dd/yyyy) **07/01/16 -06/30/26**  
Funding Source **Work Order**

Appendix # **B-5f**  
Page # **1**  
Fiscal Year(s) **25-26**  
Funding Notification Date **1/29/2020**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES                                    |       |             |       |             |       |                 |
|--|--------|--|-------|-------------|-------|-------------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Disposal Service<br>Weeks - War Memorial |       | Evaluation  |       |             |       |                 |
| 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%    | -               |
| Total FTE & Total Salaries               | 0.125  | 5,878  | 100%  | -           | 0%    | -           | 0%    | 5,878           |
| Fringe Benefits                          | 0%     |  | 0%    | -           | 0%    | -           | 0%    | -               |
| Total Personnel Expenses                 |        | 5,878  | 100%  | -           | 0%    | -           | 0%    | 5,878           |
|  |        |  |       |             |       |             |       |                 |
| Operating Expenses                       |        | Expenditure                                      | %     | Expenditure | %     | Expenditure | %     | Contract Total  |
| Total Occupancy                          |        |  | 0%    |             | 0%    | -           | 0%    | -               |
| Total Materials and Supplies             |        | 154  | 100%  |             | 0%    | -           | 0%    | 154             |
| Total General Operating                  |        |  | 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%    | -               |
|  |        |  | 0%    |             | 0%    |             | 0%    | -               |
| Total Operating Expenses                 |        | 154  | 100%  | -           | 0%    | -           | 0%    | 154             |
|  |        |  |       |             |       |             |       |                 |
| 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                    |        | 6,032  | 100%  | -           | 0%    | -           | 0%    | 6,032           |
| Indirect Expenses                        | 15.00% | 905  | 100%  | -           | 0%    |             | 0%    | 905             |
| TOTAL EXPENSES                           |        | 6,937  | 100%  | -           | 0%    | -           | 0%    | 6,937           |
|  |        |  |       |             |       |             |       |                 |
| Units of Service (UOS) per Service Mode  |        | 52   |       |             |       | -           |       | 52              |
| Cost Per Unit of Service by Service Mode |        | 133.41   |       | -           |       | -           |       |                 |
| (NOC) per Service Mode                   |        | N/A  |       |             |       |             |       | N/A             |
|  |        |  |       |             |       |             |       |                 |

Rev. 07/15

Rev. 07/15

## BUDGET JUSTIFICATION

**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, Syringe Clean Up   |        |                    |                                      |          |
| Conducts syringe clean up efforts to ensure proper disposal in priority neighborhoods and hot spots. Adheres to safety protocols and procedures. Disseminates safe disposal information to community members during clean-ups. Documents disposal efforts |        |                    |                                      |          |
| Brief description of job duties: accurately.  |        |                    |                                      |          |
| Minimum of 6 months experience working or volunteering with substance users, Minimum qualifications: homeless populations, and/or harm reduction programs.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$47,027.00   | 0.125  | 12                 | 1                                    | \$ 5,878 |

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

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

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

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

**Total FTE:** 0.125

**Total Salaries: \$** 5,878



**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component   | Cost         |
|---|--------------|
| Social Security                                       |              |
| Retirement  |              |
| Medical   |              |
| Dental  |              |
| Unemployment Insurance                                |              |
| Disability Insurance                                  |              |
| Paid Time Off   |              |
| Other (workers comp):                                 |              |
| <b>Total Fringe Benefit:</b>                          | -            |
| <b>Fringe Benefit %:</b>                              | 0.0%         |
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>5,878</b> |

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description | Rate | Cost |
|-------------------------|-------------------|------|------|
|                         |                   |      |      |
|                         |                   |      |      |
|                         |                   |      |      |
| <b>Total Occupancy:</b> |                   |      | -    |

**Materials & Supplies:**

| Expense Item                           | Brief Description   | Rate | Cost       |
|--|---|------|------------|
| Program Supplies                       | Items include, but not limited to, tongs, bio buckets, gloves, bags, etc. |      | 154        |
|  |   |      |            |
|  |   |      |            |
|  |   |      |            |
| <b>Total Materials &amp; Supplies:</b> |   |      | <b>154</b> |

**General Operating:**

| Expense Item                    | Brief Description | Rate | Cost |
|---------------------------------|-------------------|------|------|
|                                 |                   |      |      |
|                                 |                   |      |      |
|                                 |                   |      |      |
| <b>Total General Operating:</b> |                   |      | -    |

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost |
|----------------------------|----------|--------------|------|------|
|                            |          |              |      |      |
|                            |          |              |      |      |
|                            |          |              |      |      |
| <b>Total Staff Travel:</b> |          |              |      | -    |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description | Rate | Cost |
|--|---------------------|------|------|
|  |                     |      |      |
|  |                     |      |      |
|  |                     |      |      |
| <b>Total Consultants/Subcontractors:</b> |                     |      | -    |

Other: \_\_\_\_\_

| Expense Item | Brief Description | Rate | Cost |
|--------------|-------------------|------|------|
|              |                   |      |      |
|              |                   |      |      |
| 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 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. | 905    |
|  |        |
|  |        |

Indirect Rate: 15.00%

**TOTAL INDIRECT COSTS: 905**

**TOTAL EXPENSES: 6,937**

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1k  
07/01/2020 - 06/30/2021  
PAGE A

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

Contract ID #  
1000002634

Invoice Number  
A-1JUL20

Telephone: 415-487-3000  
Fax:

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: General Fund

Department ID-Authority ID: \_\_\_\_\_

Project ID-Activity ID: \_\_\_\_\_

Program Name: HIV Syringe Access and Disposal Services

ACE Control #: \_\_\_\_\_

Invoice Period: 07/1/20 - 07/31/20

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES   | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|--|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|  | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & District) | 8,012            | 54,300 |                       |     |                   |     |            |     | 8,012                  | 54,300 |
| Syringe Access, Disposal Coordination & Bu           | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|  |                  |        |                       |     |                   |     |            |     |                        |        |
|  |                  |        |                       |     |                   |     |            |     |                        |        |
|  |                  |        |                       |     |                   |     |            |     |                        |        |
|  |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

**EXPENDITURES**

|  | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$521,453          |                      |                  |             | \$521,453.00          |
| Fringe Benefits  | \$130,363          |                      |                  |             | \$130,363.00          |
| <b>Total Personnel Expenses</b>  | <b>\$651,816</b>   |                      |                  |             | <b>\$651,816.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666           |                      |                  |             | \$95,666.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$499,570          |                      |                  |             | \$499,570.00          |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,916           |                      |                  |             | \$10,916.00           |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   | \$620,838          |                      |                  |             | \$620,838.00          |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,226,990</b> |                      |                  |             | <b>\$1,226,990.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,878,806</b> |                      |                  |             | <b>\$1,878,806.00</b> |
| Indirect Expenses  | \$187,881          |                      |                  |             | \$187,881.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,066,687</b> |                      |                  |             | <b>\$2,066,687.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |  |     |                            |       |       |
|----------|--|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103 | By: | _____                      | Date: | _____ |
| Attn:    | Contract Payments  |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-1k  
07/01/2020 - 06/30/2021  
PAGE B

Invoice Number  
A-1JUL20

Contract Purchase Order No: 

Fund Source: General Fund

**Program Name: HIV Syringe Access and Disposal Services**

Department ID-Authority ID:

Project ID-Activity ID:

ACE Control #: 

Invoice Period: 07/1/20 - 07/31/20

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-11  
07/01/2020 - 06/30/2021  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-1JUL20**

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

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: **General Fund**

Department ID-Authority ID: \_\_\_\_\_

Program Name: **HIV Syringe Access and Disposal Services**

Project ID-Activity ID: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Invoice Period: **07/1/20 - 07/31/20**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                               | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|--|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Syringe Access, Disposal Coord. & Bulk Pur | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES  | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | \$33,000  |                         |                     |                | \$33,000.00          |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$153,358 |                         |                     |                | \$153,358.00         |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | \$12,000  |                         |                     |                | \$12,000.00          |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |           |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   |           |                         |                     |                |                      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$198,358 |                         |                     |                | \$198,358.00         |
| <b>Capital Expenditures</b>   |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$198,358 |                         |                     |                | \$198,358.00         |
| Indirect Expenses   | \$19,836  |                         |                     |                | \$19,836.00          |
| <b>TOTAL EXPENSES</b>   | \$218,194 |                         |                     |                | \$218,194.00         |
| <b>LESS: Initial Payment Recovery</b>   |           |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: **Contract Payments**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-11  
07/01/2020 - 06/30/2021  
PAGE B

|                             |   |
|-----------------------------|---|
| Invoice Number              | A-1JUL20                                |
| Contract Purchase Order No: |   |
| Fund Source:                | General Fund                            |
| Department ID-Authority ID: |   |
| Project ID-Activity ID:     |   |
| Invoice Period:             | 07/1/20 - 07/31/20                      |
| FINAL Invoice               | <input type="checkbox"/> (check if Yes) |

[illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Contract ID# 1000002634



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1m  
07/01/2021 - 06/30/2022  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-1JUL21**

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

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: **General Fund**

Department ID-Authority ID: \_\_\_\_\_

Program Name: **HIV Syringe Access and Disposal Services**

Project ID-Activity ID: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Invoice Period: **07/1/21 - 07/31/21**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordination & Bu | 8,012            | 54,300 |                       |     |                   |     |            |     | 8,012                  | 54,300 |
|   | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC   |
|--------------------------------|-------|-----|-----|-----|-------|
| Number of Clients for Appendix | 54300 |     |     |     | 54300 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$521,453          |                      |                  |             | \$521,453.00          |
| Fringe Benefits  | \$130,363          |                      |                  |             | \$130,363.00          |
| <b>Total Personnel Expenses</b>  | <b>\$651,816</b>   |                      |                  |             | <b>\$651,816.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666           |                      |                  |             | \$95,666.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$499,570          |                      |                  |             | \$499,570.00          |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,916           |                      |                  |             | \$10,916.00           |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   | \$620,838          |                      |                  |             | \$620,838.00          |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,226,990</b> |                      |                  |             | <b>\$1,226,990.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,878,806</b> |                      |                  |             | <b>\$1,878,806.00</b> |
| Indirect Expenses  | \$187,881          |                      |                  |             | \$187,881.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,066,687</b> |                      |                  |             | <b>\$2,066,687.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: **Contract Payments**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-1m  
07/01/2021 - 06/30/2022  
PAGE B

|                             |   |
|-----------------------------|---|
| Invoice Number              | A-1JUL21                                |
| Contract Purchase Order No: |   |
| Fund Source:                | General Fund                            |
| Department ID-Authority ID: |   |
| Project ID-Activity ID:     |   |
| Invoice Period:             | 07/1/21 - 07/31/21                      |
| FINAL Invoice               | <input type="checkbox"/> (check if Yes) |

| <b>DETAIL PERSONNEL EXPENDITURES</b> |             |                            |                                 |                             |                        |                              |
|--------------------------------------|-------------|----------------------------|---------------------------------|-----------------------------|------------------------|------------------------------|
| <b>PERSONNEL</b>                     | <b>FTE</b>  | <b>BUDGETED<br/>SALARY</b> | <b>EXPENSES<br/>THIS PERIOD</b> | <b>EXPENSES<br/>TO DATE</b> | <b>% OF<br/>BUDGET</b> | <b>REMAINING<br/>BALANCE</b> |
| Pgrms & 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 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                 |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
| <b>TOTAL SALARIES</b>                | <b>8.10</b> | <b>\$521,453</b>           |                                 |                             |                        | <b>\$521,453.00</b>          |

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Contract ID# 1000002634

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1n  
07/01/2021 - 06/30/2022  
PAGE A

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

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL21

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

**CHEP**

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Department ID-Authority ID:**

**Project ID-Activity ID:**

**Program Name:** HIV Syringe Access and Disposal Services

**ACE Control #:**

**Invoice Period:** 07/1/21 - 07/31/21

**FINAL Invoice** (check if Yes)

| DELIVERABLES                               | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|--|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Syringe Access, Disposal Coord. & Bulk Pur | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES  | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | \$33,000  |                         |                     |                | \$33,000.00          |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$153,358 |                         |                     |                | \$153,358.00         |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | \$12,000  |                         |                     |                | \$12,000.00          |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |           |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   |           |                         |                     |                |                      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$198,358 |                         |                     |                | \$198,358.00         |
| <b>Capital Expenditures</b>   |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$198,358 |                         |                     |                | \$198,358.00         |
| Indirect Expenses   | \$19,836  |                         |                     |                | \$19,836.00          |
| <b>TOTAL EXPENSES</b>   | \$218,194 |                         |                     |                | \$218,194.00         |
| <b>LESS: Initial Payment Recovery</b>   |           |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-1n  
07/01/2021 - 06/30/2022  
PAGE B

Invoice Number  
A-1JUL21

Contract Purchase Order No: 

Fund Source: General Fund

Department ID-Authority ID: Project ID-Activity ID: 

**Invoice Period:** 07/1/21 - 07/31/21

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1o  
07/01/2022 - 06/30/2023  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-1JUL22**

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

**CHEP**

Contract Purchase Order No:

Funding Source: **General Fund**

Department ID-Authority ID:

Program Name: **HIV Syringe Access and Disposal Services**

Project ID-Activity ID:

ACE Control #:

Invoice Period: **07/1/22 - 07/31/22**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordination & Bu | 8,012            | 54,300 |                       |     |                   |     |            |     | 8,012                  | 54,300 |
|   | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$521,453          |                      |                  |             | \$521,453.00          |
| Fringe Benefits  | \$130,363          |                      |                  |             | \$130,363.00          |
| <b>Total Personnel Expenses</b>  | <b>\$651,816</b>   |                      |                  |             | <b>\$651,816.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | <b>\$95,666</b>    |                      |                  |             | <b>\$95,666.00</b>    |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | <b>\$499,570</b>   |                      |                  |             | <b>\$499,570.00</b>   |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | <b>\$10,916</b>    |                      |                  |             | <b>\$10,916.00</b>    |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                    |                      |                  |             |                       |
| <b>Consultant/Subcontractor</b>  | <b>\$620,838</b>   |                      |                  |             | <b>\$620,838.00</b>   |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,226,990</b> |                      |                  |             | <b>\$1,226,990.00</b> |
| <b>Capital Expenditures</b>  |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,878,806</b> |                      |                  |             | <b>\$1,878,806.00</b> |
| Indirect Expenses  | \$187,881          |                      |                  |             | \$187,881.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,066,687</b> |                      |                  |             | <b>\$2,066,687.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                    |                      |                  |             |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |  |   |             |
|----------|--|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: <b>Contract Payments</b> | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|--|---|-------------|



APPENDIX F-1o  
07/01/2022 - 06/30/2023  
PAGE B

|                             |   |
|-----------------------------|---|
| Invoice Number              | A-1JUL22                                |
| Contract Purchase Order No: |   |
| Fund Source:                | General Fund                            |
| Department ID-Authority ID: |   |
| Project ID-Activity ID:     |   |
| Invoice Period:             | 07/1/22 - 07/31/22                      |
| FINAL Invoice               | <input type="checkbox"/> (check if Yes) |

[illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Contract ID# 1000002634



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1p  
07/01/2022 - 06/30/2023  
PAGE A

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

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

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL22

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Department ID-Authority ID:**

**Project ID-Activity ID:**

**Program Name:** HIV Syringe Access and Disposal Services

**ACE Control #:**

**Invoice Period:** 07/1/22 - 07/31/22

**FINAL Invoice** (check if Yes)

| DELIVERABLES                               | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|--|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Syringe Access, Disposal Coord. & Bulk Pur | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|   | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | \$33,000  |                         |                     |                | \$33,000.00          |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$153,358 |                         |                     |                | \$153,358.00         |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | \$12,000  |                         |                     |                | \$12,000.00          |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |           |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   |           |                         |                     |                |                      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$198,358 |                         |                     |                | \$198,358.00         |
| <b>Capital Expenditures</b>   |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$198,358 |                         |                     |                | \$198,358.00         |
| Indirect Expenses   | \$19,836  |                         |                     |                | \$19,836.00          |
| <b>TOTAL EXPENSES</b>   | \$218,194 |                         |                     |                | \$218,194.00         |
| <b>LESS: Initial Payment Recovery</b>   |           |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-1p  
07/01/2022 - 06/30/2023  
PAGE B

Invoice Number  
A-1JUL22

Contract Purchase Order No: 

**Fund Source:** General Fund

Department ID-Authority ID: Project ID-Activity ID: 

**Invoice Period:** 07/1/22 - 07/31/22

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1q  
07/01/2023 - 06/30/2024  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-1JUL23**

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

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: **General Fund**

Department ID-Authority ID: \_\_\_\_\_

Program Name: **HIV Syringe Access and Disposal Services**

Project ID-Activity ID: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Invoice Period: **07/1/23 - 07/31/23**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                                  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Bu | 8,012            | 54,300 |                       |     |                   |     |            |     | 8,012                  | 54,300 |
| Syringe Access, Disposal Coordination & Bu    | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$521,453          |                      |                  |             | \$521,453.00          |
| Fringe Benefits  | \$130,363          |                      |                  |             | \$130,363.00          |
| <b>Total Personnel Expenses</b>  | <b>\$651,816</b>   |                      |                  |             | <b>\$651,816.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | <b>\$95,666</b>    |                      |                  |             | <b>\$95,666.00</b>    |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | <b>\$499,570</b>   |                      |                  |             | <b>\$499,570.00</b>   |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | <b>\$10,916</b>    |                      |                  |             | <b>\$10,916.00</b>    |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                    |                      |                  |             |                       |
| <b>Consultant/Subcontractor</b>  | <b>\$620,838</b>   |                      |                  |             | <b>\$620,838.00</b>   |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,226,990</b> |                      |                  |             | <b>\$1,226,990.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,878,806</b> |                      |                  |             | <b>\$1,878,806.00</b> |
| Indirect Expenses  | \$187,881          |                      |                  |             | \$187,881.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,066,687</b> |                      |                  |             | <b>\$2,066,687.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                    |                      |                  |             |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: **Contract Payments**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-1q  
07/01/2023 - 06/30/2024  
PAGE B

|                             |   |
|-----------------------------|---|
| Invoice Number              | A-1JUL23                                |
| Contract Purchase Order No: |   |
| Fund Source:                | General Fund                            |
| Department ID-Authority ID: |   |
| Project ID-Activity ID:     |   |
| Invoice Period:             | 07/1/23 - 07/31/23                      |
| FINAL Invoice               | <input type="checkbox"/> (check if Yes) |

| <b>PERSONNEL</b>           | <b>FTE</b>  | <b>BUDGETED<br/>SALARY</b> | <b>EXPENSES<br/>THIS PERIOD</b> | <b>EXPENSES<br/>TO DATE</b> | <b>% OF<br/>BUDGET</b> | <b>REMAINING<br/>BALANCE</b> |
|----------------------------|-------------|----------------------------|---------------------------------|-----------------------------|------------------------|------------------------------|
| 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 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                 |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
|                            |             |                            |                                 |                             |                        |                              |
| <b>TOTAL SALARIES</b>      | <b>8.10</b> | <b>\$521,453</b>           |                                 |                             |                        | <b>\$521,453.00</b>          |

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1r  
07/01/2023 - 06/30/2024  
PAGE A

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

Contract ID #  
1000002634

Invoice Number  
A-1JUL23

Telephone: 415-487-3000  
Fax:

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: General Fund

Department ID-Authority ID: \_\_\_\_\_

Project ID-Activity ID: \_\_\_\_\_

Program Name: HIV Syringe Access and Disposal Services

ACE Control #: \_\_\_\_\_

Invoice Period: 07/1/23 - 07/31/23

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                               | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|  | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Access, Disposal Coord. & Bulk Pur | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES   | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| Total Personnel Expenses   |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$33,000  |                      |                  |             | \$33,000.00       |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$153,358 |                      |                  |             | \$153,358.00      |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$12,000  |                      |                  |             | \$12,000.00       |
| Staff Travel - (e.g., Local & Out of Town)   |           |                      |                  |             |                   |
| Consultant/Subcontractor   |           |                      |                  |             |                   |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |           |                      |                  |             |                   |
| Total Operating Expenses   | \$198,358 |                      |                  |             | \$198,358.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| TOTAL DIRECT EXPENSES  | \$198,358 |                      |                  |             | \$198,358.00      |
| Indirect Expenses  | \$19,836  |                      |                  |             | \$19,836.00       |
| TOTAL EXPENSES   | \$218,194 |                      |                  |             | \$218,194.00      |
| LESS: Initial Payment Recovery   |           |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)                                      |           |                      |                  |             |                   |
| REIMBURSEMENT  |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |                            |       |       |       |
|----------|---|----------------------------|-------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: Contract Payments | By:                        | _____ | Date: | _____ |
|          |   | (DPH Authorized Signatory) |       |       |       |

APPENDIX F-1r  
07/01/2023 - 06/30/2024  
PAGE B

Invoice Number  
A-1JUL23

Contract Purchase Order No: 

Fund Source: General Fund

Department ID-Authority ID: Project ID-Activity ID: 

**Invoice Period:** 07/1/23 - 07/31/23

**FINAL Invoice** ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1s  
07/01/2024 - 06/30/2025  
PAGE A

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

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL24

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

**CHEP**

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Department ID-Authority ID:**

**Project ID-Activity ID:**

**Program Name:** HIV Syringe Access and Disposal Services

**ACE Control #:**

**Invoice Period:** 07/1/24 - 07/31/24

**FINAL Invoice** (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordination & Bu | 8,012            | 54,300 |                       |     |                   |     |            |     | 8,012                  | 54,300 |
|   | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$521,453          |                      |                  |             | \$521,453.00          |
| Fringe Benefits  | \$130,363          |                      |                  |             | \$130,363.00          |
| <b>Total Personnel Expenses</b>  | <b>\$651,816</b>   |                      |                  |             | <b>\$651,816.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666           |                      |                  |             | \$95,666.00           |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$499,570          |                      |                  |             | \$499,570.00          |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,916           |                      |                  |             | \$10,916.00           |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                    |                      |                  |             |                       |
| <b>Consultant/Subcontractor</b>  | \$620,838          |                      |                  |             | \$620,838.00          |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,226,990</b> |                      |                  |             | <b>\$1,226,990.00</b> |
| <b>Capital Expenditures</b>  |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,878,806</b> |                      |                  |             | <b>\$1,878,806.00</b> |
| Indirect Expenses  | \$187,881          |                      |                  |             | \$187,881.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,066,687</b> |                      |                  |             | <b>\$2,066,687.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                    |                      |                  |             |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-1s  
07/01/2024 - 06/30/2025  
PAGE B

|                             |   |
|-----------------------------|---|
| Invoice Number              | A-1JUL24                                |
| Contract Purchase Order No: |   |
| Fund Source:                | General Fund                            |
| Department ID-Authority ID: |   |
| Project ID-Activity ID:     |   |
| Invoice Period:             | 07/1/24 - 07/31/24                      |
| FINAL Invoice               | <input type="checkbox"/> (check if Yes) |

[illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Contract ID# 1000002634

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1t  
07/01/2024 - 06/30/2025  
PAGE A

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

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL24

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

**CHEP**

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Department ID-Authority ID:**

**Program Name: HIV Syringe Access and Disposal Services**

**Project ID-Activity ID:**

**ACE Control #:**

**Invoice Period:** 07/1/24 - 07/31/24

**FINAL Invoice** (check if Yes)

| DELIVERABLES                               | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|--|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Syringe Access, Disposal Coord. & Bulk Pur | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES  | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| Total Personnel Expenses  |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| Occupancy (e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | \$33,000  |                         |                     |                | \$33,000.00          |
| Materials and Supplies (e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$153,358 |                         |                     |                | \$153,358.00         |
| General Operating (e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | \$12,000  |                         |                     |                | \$12,000.00          |
| Staff Travel (e.g., Local & Out of Town)  |           |                         |                     |                |                      |
| Consultant/Subcontractor  |           |                         |                     |                |                      |
| Other (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                         |           |                         |                     |                |                      |
| Total Operating Expenses  | \$198,358 |                         |                     |                | \$198,358.00         |
| Capital Expenditures  |           |                         |                     |                |                      |
| TOTAL DIRECT EXPENSES   | \$198,358 |                         |                     |                | \$198,358.00         |
| Indirect Expenses   | \$19,836  |                         |                     |                | \$19,836.00          |
| TOTAL EXPENSES  | \$218,194 |                         |                     |                | \$218,194.00         |
| LESS: Initial Payment Recovery  |           |                         |                     |                |                      |
| Other Adjustments (Enter as negative, if appropriate)   |           |                         |                     |                |                      |
| REIMBURSEMENT   |           |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1u  
07/01/2025 - 06/30/2026  
PAGE A

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

Contract ID #  
1000002634

Invoice Number  
A-1JUL25

Telephone: 415-487-3000  
Fax:

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: General Fund

Department ID-Authority ID: \_\_\_\_\_

Program Name: HIV Syringe Access and Disposal Services

Project ID-Activity ID: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                                  | TOTAL<br>CONTRACTED<br>UOS | NOC    | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC    |
|---|----------------------------|--------|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|--------|
| Syringe Access Services (hrs., City-Wide & Bu | 8,012                      | 54,300 |                                 |     |                             |     |                      |     | 8,012                            | 54,300 |
| Syringe Access, Disposal Coordination & Bu    | 12                         | N/A    |                                 |     |                             |     |                      |     | 12                               | N/A    |
|   |                            |        |                                 |     |                             |     |                      |     |                                  |        |
|   |                            |        |                                 |     |                             |     |                      |     |                                  |        |
|   |                            |        |                                 |     |                             |     |                      |     |                                  |        |
|   |                            |        |                                 |     |                             |     |                      |     |                                  |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

| EXPENDITURES  | BUDGET             | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE  |
|---|--------------------|-------------------------|---------------------|----------------|-----------------------|
| Total Salaries (See Page B)   | \$521,453          |                         |                     |                | \$521,453.00          |
| Fringe Benefits   | \$130,363          |                         |                     |                | \$130,363.00          |
| <b>Total Personnel Expenses</b>   | <b>\$651,816</b>   |                         |                     |                | <b>\$651,816.00</b>   |
| Operating Expenses:   |                    |                         |                     |                |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | \$95,666           |                         |                     |                | \$95,666.00           |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$499,570          |                         |                     |                | \$499,570.00          |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | \$10,916           |                         |                     |                | \$10,916.00           |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |                    |                         |                     |                |                       |
| <b>Consultant/Subcontractor</b>   | \$620,838          |                         |                     |                | \$620,838.00          |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |                    |                         |                     |                |                       |
| <b>Total Operating Expenses</b>   | <b>\$1,226,990</b> |                         |                     |                | <b>\$1,226,990.00</b> |
| <b>Capital Expenditures</b>   |                    |                         |                     |                |                       |
| <b>TOTAL DIRECT EXPENSES</b>  | <b>\$1,878,806</b> |                         |                     |                | <b>\$1,878,806.00</b> |
| Indirect Expenses   | \$187,881          |                         |                     |                | \$187,881.00          |
| <b>TOTAL EXPENSES</b>   | <b>\$2,066,687</b> |                         |                     |                | <b>\$2,066,687.00</b> |
| <b>LESS: Initial Payment Recovery</b>   |                    |                         |                     |                |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |                    |                         |                     |                |                       |
| <b>REIMBURSEMENT</b>  |                    |                         |                     |                |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |                            |       |       |       |
|----------|---|----------------------------|-------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: Contract Payments | By:                        | _____ | Date: | _____ |
|          |   | (DPH Authorized Signatory) |       |       |       |



APPENDIX F-1u  
07/01/2025 - 06/30/2026  
PAGE B

|                             |   |
|-----------------------------|---|
| Invoice Number              | A-1JUL25                                |
| Contract Purchase Order No: |   |
| Fund Source:                | General Fund                            |
| Department ID-Authority ID: |   |
| Project ID-Activity ID:     |   |
| Invoice Period:             | 07/1/25 - 07/31/25                      |
| FINAL Invoice               | <input type="checkbox"/> (check if Yes) |

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Contract ID# 1000002634



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1v  
07/01/2025 - 06/30/2026  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-1JUL25**

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

**CHEP**

Contract Purchase Order No:

Funding Source: **General Fund**

Department ID-Authority ID:

Program Name: **HIV Syringe Access and Disposal Services**

Project ID-Activity ID:

ACE Control #:

Invoice Period: **07/1/25 - 07/31/25**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                               | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|  | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Access, Disposal Coord. & Bulk Pur | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES   | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$33,000  |                      |                  |             | \$33,000.00       |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$153,358 |                      |                  |             | \$153,358.00      |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$12,000  |                      |                  |             | \$12,000.00       |
| Staff Travel - (e.g., Local & Out of Town)   |           |                      |                  |             |                   |
| Consultant/Subcontractor   |           |                      |                  |             |                   |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$198,358 |                      |                  |             | \$198,358.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$198,358 |                      |                  |             | \$198,358.00      |
| Indirect Expenses  | \$19,836  |                      |                  |             | \$19,836.00       |
| <b>TOTAL EXPENSES</b>  | \$218,194 |                      |                  |             | \$218,194.00      |
| <b>LESS: Initial Payment Recovery</b>  |           |                      |                  |             |                   |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                               |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |  |   |             |
|----------|--|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: <b>Contract Payments</b> | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|--|---|-------------|

APPENDIX F-1v  
07/01/2025 - 06/30/2026  
PAGE 8

Invoice Number  
A-1JUL25

Contract Purchase Order No: 

**Fund Source:** General Fund

Department ID-Authority ID:

Project ID-Activity ID: 

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2d  
07/01/2020 - 06/30/2021  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-2JUL20**

Telephone: 415-487-3000  
Fax:

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: **General Fund**

Department ID-Authority ID: \_\_\_\_\_

Project ID-Activity ID: \_\_\_\_\_

Program Name: **HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

ACE Control #: \_\_\_\_\_

Invoice Period: **07/1/20 - 07/31/20**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                        | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|-------------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| HYA Wrap Around & Disposal Services | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES  | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) |           |                         |                     |                |                      |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      |           |                         |                     |                |                      |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          |           |                         |                     |                |                      |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |           |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   | \$158,166 |                         |                     |                | \$158,166.00         |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$158,166 |                         |                     |                | \$158,166.00         |
| Capital Expenditures  |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$158,166 |                         |                     |                | \$158,166.00         |
| Indirect Expenses   | \$15,816  |                         |                     |                | \$15,816.00          |
| <b>TOTAL EXPENSES</b>   | \$173,982 |                         |                     |                | \$173,982.00         |
| <b>LESS: Initial Payment Recovery</b>   |           |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |  |   |             |
|----------|--|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: <b>Contract Payments</b> | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|--|---|-------------|

APPENDIX F-2d  
07/01/2020 - 06/30/2021  
PAGE B

|                             |   |
|-----------------------------|---|
| Invoice Number              | A-2JUL20                                |
| Contract Purchase Order No: |   |
| Fund Source:                | General Fund                            |
| Department ID-Authority ID: |   |
| Homeless Youth Alliance     |   |
| Project ID-Activity ID:     |   |
| Invoice Period:             | 07/1/20 - 07/31/20                      |
| FINAL Invoice               | <input type="checkbox"/> (check if Yes) |

[illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Contract ID# 1000002634

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2e  
07/01/2021 - 06/30/2022  
PAGE A

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

**Contract ID #**  
1000002634

**Invoice Number**  
A-2JUL21

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

**CHEP**

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Department ID-Authority ID:**

**Project ID-Activity ID:**

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

**ACE Control #:**

**Invoice Period:** 07/1/21 - 07/31/21

**FINAL Invoice** (check if Yes)

| DELIVERABLES                        | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|-------------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| HYA Wrap Around & Disposal Services | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES  | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) |           |                         |                     |                |                      |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      |           |                         |                     |                |                      |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          |           |                         |                     |                |                      |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |           |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   | \$158,166 |                         |                     |                | \$158,166.00         |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$158,166 |                         |                     |                | \$158,166.00         |
| <b>Capital Expenditures</b>   |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$158,166 |                         |                     |                | \$158,166.00         |
| Indirect Expenses   | \$15,816  |                         |                     |                | \$15,816.00          |
| <b>TOTAL EXPENSES</b>   | \$173,982 |                         |                     |                | \$173,982.00         |
| <b>LESS: Initial Payment Recovery</b>   |           |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-2e  
07/01/2021 - 06/30/2022  
PAGE B

Invoice Number  
A-2JUL21

Contract Purchase Order No:

**Fund Source:** General Fund

Department ID-Authority ID: Project ID-Activity ID: 

Invoice Period: 07/1/21 - 07/31/21

### DETAIL PERSONNEL EXPENDITURES

[illegible]

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

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2f  
07/01/2022 - 06/30/2023  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-2JUL22**

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

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: **General Fund**

Department ID-Authority ID: \_\_\_\_\_

Project ID-Activity ID: \_\_\_\_\_

Program Name: **HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

ACE Control #: \_\_\_\_\_

Invoice Period: **07/1/22 - 07/31/22**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                        | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|-------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                                     | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| HYA Wrap Around & Disposal Services | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES   | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) |           |                      |                  |             |                   |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      |           |                      |                  |             |                   |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          |           |                      |                  |             |                   |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |           |                      |                  |             |                   |
| <b>Consultant/Subcontractor</b>  | \$158,166 |                      |                  |             | \$158,166.00      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$158,166 |                      |                  |             | \$158,166.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$158,166 |                      |                  |             | \$158,166.00      |
| Indirect Expenses  | \$15,816  |                      |                  |             | \$15,816.00       |
| <b>TOTAL EXPENSES</b>  | \$173,982 |                      |                  |             | \$173,982.00      |
| LESS: Initial Payment Recovery   |           |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)  |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: **SFDPH Fiscal / Invoice Processing**  
**1380 Howard Street, 4th Floor, Suite 403**  
**San Francisco, CA 94103**  
**Attn: Contract Payments**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-2f  
07/01/2022 - 06/30/2023  
PAGE B

Invoice Number  
A-2JUL22

Contract Purchase Order No:

|                     |              |
|---------------------|--------------|
| <b>Fund Source:</b> | General Fund |
|---------------------|--------------|

Department ID-Authority ID:   
 Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance  
 Project ID-Activity ID:

**Invoice Period:** 07/1/22 - 07/31/22

### DETAIL PERSONNEL EXPENDITURES

[illegible]

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.

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2g  
07/01/2023 - 06/30/2024  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-2JUL23**

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



Contract Purchase Order No: \_\_\_\_\_

Funding Source: **General Fund**

Department ID-Authority ID: \_\_\_\_\_

Program Name: **HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

Project ID-Activity ID: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Invoice Period: **07/1/23 - 07/31/23**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                        | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|-------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                                     | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| HYA Wrap Around & Disposal Services | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES   | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| 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 |                      |                  |             | \$158,166.00      |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$158,166 |                      |                  |             | \$158,166.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$158,166 |                      |                  |             | \$158,166.00      |
| Indirect Expenses  | \$15,816  |                      |                  |             | \$15,816.00       |
| <b>TOTAL EXPENSES</b>  | \$173,982 |                      |                  |             | \$173,982.00      |
| <b>LESS: Initial Payment Recovery</b>  |           |                      |                  |             |                   |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                               |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|

APPENDIX F-2g  
07/01/2023 - 06/30/2024  
PAGE B

FINAL Invoice ☐ (check if Yes)

[illegible]

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2h  
07/01/2024 - 06/30/2025  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-2JUL24**

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

**CHEP**

Contract Purchase Order No:

Funding Source: **General Fund**

Department ID-Authority ID:

Project ID-Activity ID:

Program Name: **HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

ACE Control #:

Invoice Period: **07/1/24 - 07/31/24**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                        | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|-------------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| HYA Wrap Around & Disposal Services | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES  | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| Occupancy-(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) |           |                         |                     |                |                      |
| Materials and Supplies-(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      |           |                         |                     |                |                      |
| General Operating-(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          |           |                         |                     |                |                      |
| Staff Travel - (e.g., Local & Out of Town)  |           |                         |                     |                |                      |
| Consultant/Subcontractor  | \$158,166 |                         |                     |                | \$158,166.00         |
| Other - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                       |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$158,166 |                         |                     |                | \$158,166.00         |
| Capital Expenditures  |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$158,166 |                         |                     |                | \$158,166.00         |
| Indirect Expenses   | \$15,816  |                         |                     |                | \$15,816.00          |
| <b>TOTAL EXPENSES</b>   | \$173,982 |                         |                     |                | \$173,982.00         |
| LESS: Initial Payment Recovery  |           |                         |                     |                |                      |
| Other Adjustments (Enter as negative, if appropriate)   |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |  |   |             |
|----------|--|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: <b>Contract Payments</b> | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|--|---|-------------|

APPENDIX F-2h  
07/01/2024 - 06/30/2025  
PAGE B

**FINAL Invoice** ☐ (check if Yes)

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.

Date: \_\_\_\_\_

Title: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2i  
07/01/2025 - 06/30/2026  
PAGE A

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

Contract ID #  
1000002634

Invoice Number  
A-2JUL25

Telephone: 415-487-3000  
Fax:

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: General Fund

Department ID-Authority ID: \_\_\_\_\_

Project ID-Activity ID: \_\_\_\_\_

Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance

ACE Control #: \_\_\_\_\_

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                        | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|-------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                                     | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| HYA Wrap Around & Disposal Services | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix |     | N/A |     |     | N/A |

| EXPENDITURES   | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| 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 |                      |                  |             | \$158,166.00      |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$158,166 |                      |                  |             | \$158,166.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$158,166 |                      |                  |             | \$158,166.00      |
| Indirect Expenses  | \$15,816  |                      |                  |             | \$15,816.00       |
| <b>TOTAL EXPENSES</b>  | \$173,982 |                      |                  |             | \$173,982.00      |
| LESS: Initial Payment Recovery   |           |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)                                      |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|

APPENDIX F-2i  
07/01/2025 - 06/30/2026  
PAGE B

Invoice Number  
A-2JUL25

Contract Purchase Order No:

Fund Source: General Fund

Department ID-Authority ID: Project ID-Activity ID: 

Invoice Period: 07/1/25 - 07/31/25

**FINAL Invoice** ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3d  
07/01/2020 - 06/30/2021  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-3JUL20**

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

**CHEP**

Contract Purchase Order No:

Funding Source: **General Fund**

Department ID-Authority ID:

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

Project ID-Activity ID:

ACE Control #:

Invoice Period: **07/1/20 - 07/31/20**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES            | TOTAL<br>CONTRACTED<br>UOS | NOC    | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC    |
|-------------------------|----------------------------|--------|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|--------|
| Syringe Access Services | 1,888                      | 31,341 |                                 |     |                             |     |                      |     | 1,888                            | 31,341 |
| Lounge Services         | 2,550                      | 8,000  |                                 |     |                             |     |                      |     | 2,550                            | 8,000  |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |

|                                | NOC | NOC   | NOC | NOC | NOC   |
|--------------------------------|-----|-------|-----|-----|-------|
| Number of Clients for Appendix |     | 39341 |     |     | 39341 |

| EXPENDITURES  | BUDGET      | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-------------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   | \$699,520   |                         |                     |                | \$699,520.00         |
| Fringe Benefits   | \$174,880   |                         |                     |                | \$174,880.00         |
| Total Personnel Expenses  | \$874,400   |                         |                     |                | \$874,400.00         |
| Operating Expenses:   |             |                         |                     |                |                      |
| Occupancy-(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | \$37,187    |                         |                     |                | \$37,187.00          |
| Materials and Supplies-(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$24,864    |                         |                     |                | \$24,864.00          |
| General Operating-(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | \$23,322    |                         |                     |                | \$23,322.00          |
| Staff Travel - (e.g., Local & Out of Town)  |             |                         |                     |                |                      |
| Consultant/Subcontractor  |             |                         |                     |                |                      |
| Other - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                       |             |                         |                     |                |                      |
| Total Operating Expenses  | \$85,373    |                         |                     |                | \$85,373.00          |
| Capital Expenditures  |             |                         |                     |                |                      |
| TOTAL DIRECT EXPENSES   | \$959,773   |                         |                     |                | \$959,773.00         |
| Indirect Expenses   | \$95,977    |                         |                     |                | \$95,977.00          |
| TOTAL EXPENSES  | \$1,055,750 |                         |                     |                | \$1,055,750.00       |
| LESS: Initial Payment Recovery  |             |                         |                     |                |                      |
| Other Adjustments (Enter as negative, if appropriate)   |             |                         |                     |                |                      |
| REIMBURSEMENT   |             |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: **SFDPH Fiscal / Invoice Processing**  
**1380 Howard Street, 4th Floor, Suite 403**  
**San Francisco, CA 94103**  
**Attn: Contract Payments**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-3d  
07/01/2020 - 06/30/2021  
PAGE B

FINAL Invoice ☐ (check if Yes)

| <b>PERSONNEL</b>                     | <b>FTE</b> | <b>BUDGETED<br/>SALARY</b> | <b>EXPENSES<br/>THIS PERIOD</b> | <b>EXPENSES<br/>TO DATE</b> | <b>% OF<br/>BUDGET</b> | <b>REMAINING<br/>BALANCE</b> |
|--------------------------------------|------------|----------------------------|---------------------------------|-----------------------------|------------------------|------------------------------|
| 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                      | 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                  |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
| TOTAL SALARIES                       | 11.55      | \$699,520                  |                                 |                             |                        | \$699,520.00                 |

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3e  
07/01/2021 - 06/30/2022  
PAGE A

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

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

Contract ID #  
**1000002634**

Invoice Number  
**A-3JUL21**

Contract Purchase Order No:

Funding Source: **General Fund**

Department ID-Authority ID:

Project ID-Activity ID:

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

ACE Control #:

Invoice Period: **07/1/21 - 07/31/21**

FINAL Invoice (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services | 1,888            | 31,341 |                       |     |                   |     |            |     | 1,888                  | 31,341 |
| Lounge Services         | 2,550            | 8,000  |                       |     |                   |     |            |     | 2,550                  | 8,000  |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 39341 |     |     |     | 39,341 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$699,520          |                      |                  |             | \$699,520.00          |
| Fringe Benefits  | \$174,880          |                      |                  |             | \$174,880.00          |
| <b>Total Personnel Expenses</b>  | <b>\$874,400</b>   |                      |                  |             | <b>\$874,400.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$37,187           |                      |                  |             | \$37,187.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$24,864           |                      |                  |             | \$24,864.00           |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$23,322           |                      |                  |             | \$23,322.00           |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   |                    |                      |                  |             |                       |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$85,373</b>    |                      |                  |             | <b>\$85,373.00</b>    |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$959,773</b>   |                      |                  |             | <b>\$959,773.00</b>   |
| Indirect Expenses  | \$95,977           |                      |                  |             | \$95,977.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,055,750</b> |                      |                  |             | <b>\$1,055,750.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-3e  
07/01/2021 - 06/30/2022  
PAGE B

Invoice Number  
A-3JUL21

Contract Purchase Order No:

**Fund Source:** General Fund

Department ID-Authority ID:

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

Project ID-Activity ID:

|                        |                    |
|------------------------|--------------------|
| <b>Invoice Period:</b> | 07/1/21 - 07/31/21 |
|------------------------|--------------------|



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3f  
07/01/2022 - 06/30/2023  
PAGE A

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>Contractor:</b> San Francisco AIDS Foundation<br><b>Address:</b> 1035 Market Street, Suite 400<br>San Francisco, CA 94103<br><br><b>Telephone:</b> 415-487-3000<br><b>Fax:</b> | <b>Contract ID #</b><br>1000002634   | <b>Invoice Number</b><br>A-3JUL22   | <b>Contract Purchase Order No:</b>  |
|   | <div style="border: 1px solid black; padding: 5px; display: inline-block;"><b>CHEP</b></div> | <b>Funding Source:</b> General Fund | <b>Department ID-Authority ID:</b>  |
| <b>Program Name:</b> HIV Syringe Access and Disposal Services - Harm Reduction Center<br><br><b>ACE Control #:</b>  |  | <b>Project ID-Activity ID:</b>      | <b>Invoice Period:</b> 07/1/22 - 07/31/22<br><br><b>FINAL Invoice</b> <input type="checkbox"/> (check if Yes) |

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services | 1,888            | 31,341 |                       |     |                   |     |            |     | 1,888                  | 31,341 |
| Lounge Services         | 2,550            | 8,000  |                       |     |                   |     |            |     | 2,550                  | 8,000  |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
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|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 39341 |     |     |     | 39,341 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$699,520          |                      |                  |             | \$699,520.00          |
| Fringe Benefits  | \$174,880          |                      |                  |             | \$174,880.00          |
| <b>Total Personnel Expenses</b>  | <b>\$874,400</b>   |                      |                  |             | <b>\$874,400.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | <b>\$37,187</b>    |                      |                  |             | <b>\$37,187.00</b>    |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | <b>\$24,864</b>    |                      |                  |             | <b>\$24,864.00</b>    |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | <b>\$23,322</b>    |                      |                  |             | <b>\$23,322.00</b>    |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                    |                      |                  |             |                       |
| <b>Consultant/Subcontractor</b>  |                    |                      |                  |             |                       |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$85,373</b>    |                      |                  |             | <b>\$85,373.00</b>    |
| <b>Capital Expenditures</b>  |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$959,773</b>   |                      |                  |             | <b>\$959,773.00</b>   |
| Indirect Expenses  | \$95,977           |                      |                  |             | \$95,977.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,055,750</b> |                      |                  |             | <b>\$1,055,750.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                    |                      |                  |             |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

|   |   |             |
|---|---|-------------|
| Send to: SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br><b>Attn: Contract Payments</b> | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|---|---|-------------|

APPENDIX F-3f  
07/01/2022 - 06/30/2023  
PAGE B

Invoice Number  
A-3JUL22

Contract Purchase Order No:

|                     |              |
|---------------------|--------------|
| <b>Fund Source:</b> | General Fund |
|---------------------|--------------|

Department ID-Authority ID: Project ID-Activity ID: 

Invoice Period: 07/1/22 - 07/31/22

FINAL Invoice ☐ (check if Yes)

| <b>PERSONNEL</b>                     | FTE   | BUDGETED<br>SALARY | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>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                      | 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          |
|                                      |       |                    |                         |                     |                |                      |
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|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
| TOTAL SALARIES                       | 11.55 | \$699,520          |                         |                     |                | \$699,520.00         |

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3g  
07/01/2023 - 06/30/2024  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-3JUL23**

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

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: **General Fund**

Department ID-Authority ID: \_\_\_\_\_

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

Project ID-Activity ID: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Invoice Period: **07/1/23 - 07/31/23**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services | 1,888            | 31,341 |                       |     |                   |     |            |     | 1,888                  | 31,341 |
| Lounge Services         | 2,550            | 8,000  |                       |     |                   |     |            |     | 2,550                  | 8,000  |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 39341 |     |     |     | 39,341 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$699,520          |                      |                  |             | \$699,520.00          |
| Fringe Benefits  | \$174,880          |                      |                  |             | \$174,880.00          |
| <b>Total Personnel Expenses</b>  | <b>\$874,400</b>   |                      |                  |             | <b>\$874,400.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | <b>\$37,187</b>    |                      |                  |             | <b>\$37,187.00</b>    |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | <b>\$24,864</b>    |                      |                  |             | <b>\$24,864.00</b>    |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | <b>\$23,322</b>    |                      |                  |             | <b>\$23,322.00</b>    |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                    |                      |                  |             |                       |
| <b>Consultant/Subcontractor</b>  |                    |                      |                  |             |                       |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$85,373</b>    |                      |                  |             | <b>\$85,373.00</b>    |
| <b>Capital Expenditures</b>  |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$959,773</b>   |                      |                  |             | <b>\$959,773.00</b>   |
| Indirect Expenses  | \$95,977           |                      |                  |             | \$95,977.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,055,750</b> |                      |                  |             | <b>\$1,055,750.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                    |                      |                  |             |                       |
| <b>Other Adjustments</b> (Enter as negative if appropriate)  |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|

APPENDIX F-3g  
07/01/2023 - 06/30/2024  
PAGE B

Invoice Number  
A-3JUL23

Contract Purchase Order No:

**Fund Source:** General Fund

Department ID-Authority ID: Project ID-Activity ID: 

**Invoice Period:** 07/1/23 - 07/31/23

FINAL Invoice ☐ (check if Yes)

| <b>PERSONNEL</b>                     | FTE          | BUDGETED<br>SALARY | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>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                      | 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          |
|                                      |              |                    |                         |                     |                |                      |
|                                      |              |                    |                         |                     |                |                      |
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|                                      |              |                    |                         |                     |                |                      |
|                                      |              |                    |                         |                     |                |                      |
|                                      |              |                    |                         |                     |                |                      |
|                                      |              |                    |                         |                     |                |                      |
| <b>TOTAL SALARIES</b>                | <b>11.55</b> | <b>\$699,520</b>   |                         |                     |                | <b>\$699,520.00</b>  |

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3h  
07/01/2024 - 06/30/2025  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-3JUL24**

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

**CHEP**

Contract Purchase Order No:

Funding Source: **General Fund**

Department ID-Authority ID:

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

Project ID-Activity ID:

ACE Control #:

Invoice Period: **07/1/24 - 07/31/24**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services | 1,888            | 31,341 |                       |     |                   |     |            |     | 1,888                  | 31,341 |
| Lounge Services         | 2,550            | 8,000  |                       |     |                   |     |            |     | 2,550                  | 8,000  |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 39341 |     |     |     | 39,341 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$699,520          |                      |                  |             | \$699,520.00          |
| Fringe Benefits  | \$174,880          |                      |                  |             | \$174,880.00          |
| <b>Total Personnel Expenses</b>  | <b>\$874,400</b>   |                      |                  |             | <b>\$874,400.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$37,187           |                      |                  |             | \$37,187.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$24,864           |                      |                  |             | \$24,864.00           |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$23,322           |                      |                  |             | \$23,322.00           |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   |                    |                      |                  |             |                       |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$85,373</b>    |                      |                  |             | <b>\$85,373.00</b>    |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$959,773</b>   |                      |                  |             | <b>\$959,773.00</b>   |
| Indirect Expenses  | \$95,977           |                      |                  |             | \$95,977.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,055,750</b> |                      |                  |             | <b>\$1,055,750.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: **Contract Payments**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_



APPENDIX F-3h  
07/01/2024 - 06/30/2025  
PAGE B

Invoice Number  
A-3JUL24

Contract Purchase Order No: 

**Fund Source:** General Fund

Department ID-Authority ID:

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

Project ID-Activity ID: 

ACE Control #:

|                 |                    |
|-----------------|--------------------|
| Invoice Period: | 07/1/24 - 07/31/24 |
|-----------------|--------------------|

**FINAL Invoice** ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3i  
07/01/2025 - 06/30/2026  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-3JUL25**

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

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: **General Fund**

Department ID-Authority ID: \_\_\_\_\_

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

Project ID-Activity ID: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Invoice Period: **07/1/25 - 07/31/25**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services | 1,888            | 31,341 |                       |     |                   |     |            |     | 1,888                  | 31,341 |
| Lounge Services         | 2,550            | 8,000  |                       |     |                   |     |            |     | 2,550                  | 8,000  |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC   |
|--------------------------------|-------|-----|-----|-----|-------|
| Number of Clients for Appendix | 39341 |     |     |     | 39341 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$699,520          |                      |                  |             | \$699,520.00          |
| Fringe Benefits  | \$174,880          |                      |                  |             | \$174,880.00          |
| <b>Total Personnel Expenses</b>  | <b>\$874,400</b>   |                      |                  |             | <b>\$874,400.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$37,187           |                      |                  |             | \$37,187.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$24,864           |                      |                  |             | \$24,864.00           |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$23,322           |                      |                  |             | \$23,322.00           |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   |                    |                      |                  |             |                       |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$85,373</b>    |                      |                  |             | <b>\$85,373.00</b>    |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$959,773</b>   |                      |                  |             | <b>\$959,773.00</b>   |
| Indirect Expenses  | \$95,977           |                      |                  |             | \$95,977.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,055,750</b> |                      |                  |             | <b>\$1,055,750.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |  |   |             |
|----------|--|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: <b>Contract Payments</b> | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|--|---|-------------|

APPENDIX F-3i  
07/01/2025 - 06/30/2026  
PAGE B

|                             |   |
|-----------------------------|---|
| Invoice Number              | A-3JUL25                                |
| Contract Purchase Order No: |   |
| Fund Source:                | General Fund                            |
| Department ID-Authority ID: |   |
| Harm Reduction Center       |   |
| Project ID-Activity ID:     |   |
| Invoice Period:             | 07/1/25 - 07/31/25                      |
| FINAL Invoice               | <input type="checkbox"/> (check if Yes) |

| <b>PERSONNEL</b>                     | FTE   | BUDGETED<br>SALARY | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>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  | \$15,583           |                         |                     |                | \$15,583.00          |
| 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          |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
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|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
| TOTAL SALARIES                       | 11.55 | \$699,520          |                         |                     |                | \$699,520.00         |

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Contract ID# 1000002634

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4a  
07/01/2020 - 06/30/2021  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-4JUL20**

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

**CHEP**

Contract Purchase Order No:

Funding Source: **General Fund**

Department ID-Authority ID:

Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps**

Project ID-Activity ID:

ACE Control #:

Invoice Period: **07/1/20 - 07/31/20**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                   | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|--------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Syringe Disposal Service Hours | 4,368                      | N/A |                                 |     |                             |     |                      |     | 4,368                            | N/A |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix |     | N/A |     |     | N/A |

| EXPENDITURES  | BUDGET           | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|------------------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   | \$483,524        |                         |                     |                | \$483,524.00         |
| Fringe Benefits   | \$145,057        |                         |                     |                | \$145,057.00         |
| <b>Total Personnel Expenses</b>   | <b>\$628,581</b> |                         |                     |                | <b>\$628,581.00</b>  |
| Operating Expenses:   |                  |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | <b>\$31,752</b>  |                         |                     |                | <b>\$31,752.00</b>   |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | <b>\$8,800</b>   |                         |                     |                | <b>\$8,800.00</b>    |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | <b>\$19,400</b>  |                         |                     |                | <b>\$19,400.00</b>   |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |                  |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   |                  |                         |                     |                |                      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |                  |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | <b>\$59,952</b>  |                         |                     |                | <b>\$59,952.00</b>   |
| Capital Expenditures  |                  |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | <b>\$688,533</b> |                         |                     |                | <b>\$688,533.00</b>  |
| Indirect Expenses   | \$103,280        |                         |                     |                | \$103,280.00         |
| <b>TOTAL EXPENSES</b>   | <b>\$791,813</b> |                         |                     |                | <b>\$791,813.00</b>  |
| <b>LESS: Initial Payment Recovery</b>   |                  |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |                  |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |                  |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-4a  
07/01/2020 - 06/30/2021  
PAGE B

FINAL Invoice ☐ (check if Yes)

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.

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4b  
07/01/2021 - 06/30/2022  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-4JUL21**

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

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: **General Fund**

Department ID-Authority ID: \_\_\_\_\_

Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps**

Project ID-Activity ID: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Invoice Period: **07/1/21 - 07/31/21**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                   | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|--------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Syringe Disposal Service Hours | 4,368                      | N/A |                                 |     |                             |     |                      |     | 4,368                            | N/A |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix |     | N/A |     |     | N/A |

| EXPENDITURES  | BUDGET           | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|------------------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   | \$483,524        |                         |                     |                | \$483,524.00         |
| Fringe Benefits   | \$145,057        |                         |                     |                | \$145,057.00         |
| <b>Total Personnel Expenses</b>   | <b>\$628,581</b> |                         |                     |                | <b>\$628,581.00</b>  |
| Operating Expenses:   |                  |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | <b>\$31,752</b>  |                         |                     |                | <b>\$31,752.00</b>   |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | <b>\$8,800</b>   |                         |                     |                | <b>\$8,800.00</b>    |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | <b>\$19,400</b>  |                         |                     |                | <b>\$19,400.00</b>   |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |                  |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   |                  |                         |                     |                |                      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |                  |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | <b>\$59,952</b>  |                         |                     |                | <b>\$59,952.00</b>   |
| <b>Capital Expenditures</b>   |                  |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | <b>\$688,533</b> |                         |                     |                | <b>\$688,533.00</b>  |
| Indirect Expenses   | \$103,280        |                         |                     |                | \$103,280.00         |
| <b>TOTAL EXPENSES</b>   | <b>\$791,813</b> |                         |                     |                | <b>\$791,813.00</b>  |
| <b>LESS: Initial Payment Recovery</b>   |                  |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |                  |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |                  |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |  |   |             |
|----------|--|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: <b>Contract Payments</b> | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|--|---|-------------|



APPENDIX F-4b  
07/01/2021 - 06/30/2022  
PAGE B

ACE Control #:

| <b>PERSONNEL</b>                     | <b>FTE</b> | <b>BUDGETED<br/>SALARY</b> | <b>EXPENSES<br/>THIS PERIOD</b> | <b>EXPENSES<br/>TO DATE</b> | <b>% OF<br/>BUDGET</b> | <b>REMAINING<br/>BALANCE</b> |
|--------------------------------------|------------|----------------------------|---------------------------------|-----------------------------|------------------------|------------------------------|
| Manager, Syringe Clean Up            | 2.00       | \$140,000                  |                                 |                             |                        | \$140,000.00                 |
| Inventory & Logistics Coordinator    | 0.80       | \$37,622                   |                                 |                             |                        | \$37,622.00                  |
| Associate, Syringe Clean Up          | 5.60       | \$227,483                  |                                 |                             |                        | \$227,483.00                 |
| Syringe Sweeps Mgr. Disposal, Mobile | 0.25       | \$23,882                   |                                 |                             |                        | \$23,882.00                  |
| Associate, Syringe Clean Up - Mobile | 1.00       | \$54,537                   |                                 |                             |                        | \$54,537.00                  |
|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
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|                                      |            |                            |                                 |                             |                        |                              |
|                                      |            |                            |                                 |                             |                        |                              |
| <b>TOTAL SALARIES</b>                | 9.65       | \$483,524                  |                                 |                             |                        | \$483,524.00                 |

Date: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4c  
07/01/2022 - 06/30/2023  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-4JUL22**

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

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: **General Fund**

Department ID-Authority ID: \_\_\_\_\_

Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps**

Project ID-Activity ID: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Invoice Period: **07/1/22 - 07/31/22**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                   | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                                | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Disposal Service Hours | 4,368            | N/A |                       |     |                   |     |            |     | 4,368                  | N/A |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES   | BUDGET           | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE   |
|--|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B)  | \$483,524        |                      |                  |             | \$483,524.00        |
| Fringe Benefits  | \$145,057        |                      |                  |             | \$145,057.00        |
| <b>Total Personnel Expenses</b>  | <b>\$628,581</b> |                      |                  |             | <b>\$628,581.00</b> |
| Operating Expenses:  |                  |                      |                  |             |                     |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | <b>\$31,752</b>  |                      |                  |             | <b>\$31,752.00</b>  |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | <b>\$8,800</b>   |                      |                  |             | <b>\$8,800.00</b>   |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | <b>\$19,400</b>  |                      |                  |             | <b>\$19,400.00</b>  |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                  |                      |                  |             |                     |
| <b>Consultant/Subcontractor</b>  |                  |                      |                  |             |                     |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                  |                      |                  |             |                     |
| <b>Total Operating Expenses</b>  | <b>\$59,952</b>  |                      |                  |             | <b>\$59,952.00</b>  |
| Capital Expenditures   |                  |                      |                  |             |                     |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$688,533</b> |                      |                  |             | <b>\$688,533.00</b> |
| Indirect Expenses  | \$103,280        |                      |                  |             | \$103,280.00        |
| <b>TOTAL EXPENSES</b>  | <b>\$791,813</b> |                      |                  |             | <b>\$791,813.00</b> |
| LESS: Initial Payment Recovery   |                  |                      |                  |             |                     |
| Other Adjustments (Enter as negative, if appropriate)  |                  |                      |                  |             |                     |
| <b>REIMBURSEMENT</b>   |                  |                      |                  |             |                     |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: **Contract Payments**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-4c  
07/01/2022 - 06/30/2023  
PAGE B

Invoice Number  
A-4JUL22

Contract Purchase Order No:

|                     |              |
|---------------------|--------------|
| <b>Fund Source:</b> | General Fund |
|---------------------|--------------|

Department ID-Authority ID: Project ID-Activity ID: 

**Invoice Period:** 07/1/22 - 07/31/22

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4d  
07/01/2023 - 06/30/2024  
PAGE A

|   |  |  |  |
|---|--|--|--|
| <b>Contractor:</b> San Francisco AIDS Foundation<br><b>Address:</b> 1035 Market Street, Suite 400<br>San Francisco, CA 94103<br><br><b>Telephone:</b> 415-487-3000<br><b>Fax:</b> | Contract ID #<br><div style="border: 1px solid black; padding: 2px;">1000002634</div>              | Invoice Number<br><div style="border: 1px solid black; padding: 2px;">A-4JUL23</div>             | Contract Purchase Order No: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> |
|   | <div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;"><b>CHEP</b></div> | Funding Source: <div style="border: 1px solid black; padding: 2px;">General Fund</div>           | Department ID-Authority ID: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> |
| <b>Program Name:</b> HIV Syringe Access and Disposal Services - Syringe Sweeps  |  | Project ID-Activity ID: <div style="border: 1px solid black; width: 100px; height: 15px;"></div> |  |
| <b>ACE Control #:</b> <div style="border: 1px solid black; width: 150px; height: 15px;"></div>  |  | Invoice Period: <div style="border: 1px solid black; padding: 2px;">07/1/23 - 07/31/23</div>     |  |

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                   | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                                | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Disposal Service Hours | 4,368            | N/A |                       |     |                   |     |            |     | 4,368                  | N/A |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES   | BUDGET           | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE   |
|--|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B)  | \$483,524        |                      |                  |             | \$483,524.00        |
| Fringe Benefits  | \$145,057        |                      |                  |             | \$145,057.00        |
| <b>Total Personnel Expenses</b>  | <b>\$628,581</b> |                      |                  |             | <b>\$628,581.00</b> |
| Operating Expenses:  |                  |                      |                  |             |                     |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | <b>\$31,752</b>  |                      |                  |             | <b>\$31,752.00</b>  |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | <b>\$8,800</b>   |                      |                  |             | <b>\$8,800.00</b>   |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | <b>\$19,400</b>  |                      |                  |             | <b>\$19,400.00</b>  |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                  |                      |                  |             |                     |
| <b>Consultant/Subcontractor</b>  |                  |                      |                  |             |                     |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                  |                      |                  |             |                     |
| <b>Total Operating Expenses</b>  | <b>\$59,952</b>  |                      |                  |             | <b>\$59,952.00</b>  |
| Capital Expenditures   |                  |                      |                  |             |                     |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$688,533</b> |                      |                  |             | <b>\$688,533.00</b> |
| Indirect Expenses  | \$103,280        |                      |                  |             | \$103,280.00        |
| <b>TOTAL EXPENSES</b>  | <b>\$791,813</b> |                      |                  |             | <b>\$791,813.00</b> |
| LESS: Initial Payment Recovery   |                  |                      |                  |             |                     |
| Other Adjustments (Enter as negative, if appropriate)  |                  |                      |                  |             |                     |
| <b>REIMBURSEMENT</b>   |                  |                      |                  |             |                     |

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

|  |   |             |
|--|---|-------------|
| Send to: SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|--|---|-------------|

APPENDIX F-4d  
07/01/2023 - 06/30/2024  
PAGE B

Invoice Number  
A-4JUL23

Contract Purchase Order No:

|                     |              |
|---------------------|--------------|
| <b>Fund Source:</b> | General Fund |
|---------------------|--------------|

**Program Name: HIV Syringe Access and Disposal Services - Syringe Sweeps**

Project ID-Activity ID: 

Invoice Period: 07/1/23 - 07/31/23

FINAL Invoice ☐ (check if Yes)

| <b>PERSONNEL</b>                     | <b>FTE</b>  | <b>BUDGETED<br/>SALARY</b> | <b>EXPENSES<br/>THIS PERIOD</b> | <b>EXPENSES<br/>TO DATE</b> | <b>% OF<br/>BUDGET</b> | <b>REMAINING<br/>BALANCE</b> |
|--------------------------------------|-------------|----------------------------|---------------------------------|-----------------------------|------------------------|------------------------------|
| Manager, Syringe Clean Up            | 2.00        | \$140,000                  |                                 |                             |                        | \$140,000.00                 |
| Inventory & Logistics Coordinator    | 0.80        | \$37,622                   |                                 |                             |                        | \$37,622.00                  |
| Associate, Syringe Clean Up          | 5.60        | \$227,483                  |                                 |                             |                        | \$227,483.00                 |
| Syringe Sweeps Mgr. Disposal, Mobile | 0.25        | \$23,882                   |                                 |                             |                        | \$23,882.00                  |
| Associate, Syringe Clean Up - Mobile | 1.00        | \$54,537                   |                                 |                             |                        | \$54,537.00                  |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
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|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
|                                      |             |                            |                                 |                             |                        |                              |
| <b>TOTAL SALARIES</b>                | <b>9.65</b> | <b>\$483,524</b>           |                                 |                             |                        | <b>\$483,524.00</b>          |

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4e  
07/01/2024 - 06/30/2025  
PAGE A

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

**Contract ID #**  
1000002634

**Invoice Number**  
A-4JUL24

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

**CHEP**

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Department ID-Authority ID:**

**Program Name: HIV Syringe Access and Disposal Services - Syringe Sweeps**

**Project ID-Activity ID:**

**ACE Control #:**

**Invoice Period:** 07/1/24 - 07/31/24

**FINAL Invoice** (check if Yes)

| DELIVERABLES                   | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                                | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Disposal Service Hours | 4,368            | N/A |                       |     |                   |     |            |     | 4,368                  | N/A |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES   | BUDGET           | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE   |
|--|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B)  | \$483,524        |                      |                  |             | \$483,524.00        |
| Fringe Benefits  | \$145,057        |                      |                  |             | \$145,057.00        |
| <b>Total Personnel Expenses</b>  | <b>\$628,581</b> |                      |                  |             | <b>\$628,581.00</b> |
| Operating Expenses:  |                  |                      |                  |             |                     |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | <b>\$31,752</b>  |                      |                  |             | <b>\$31,752.00</b>  |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | <b>\$8,800</b>   |                      |                  |             | <b>\$8,800.00</b>   |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | <b>\$19,400</b>  |                      |                  |             | <b>\$19,400.00</b>  |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                  |                      |                  |             |                     |
| <b>Consultant/Subcontractor</b>  |                  |                      |                  |             |                     |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                  |                      |                  |             |                     |
| <b>Total Operating Expenses</b>  | <b>\$59,952</b>  |                      |                  |             | <b>\$59,952.00</b>  |
| Capital Expenditures   |                  |                      |                  |             |                     |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$688,533</b> |                      |                  |             | <b>\$688,533.00</b> |
| Indirect Expenses  | \$103,280        |                      |                  |             | \$103,280.00        |
| <b>TOTAL EXPENSES</b>  | <b>\$791,813</b> |                      |                  |             | <b>\$791,813.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                  |                      |                  |             |                     |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |                  |                      |                  |             |                     |
| <b>REIMBURSEMENT</b>   |                  |                      |                  |             |                     |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_



APPENDIX F-4e  
07/01/2024 - 06/30/2025  
PAGE B

Invoice Number  
A-4JUL24

Contract Purchase Order No:

|                     |              |
|---------------------|--------------|
| <b>Fund Source:</b> | General Fund |
|---------------------|--------------|

Department ID-Authority ID: Project ID-Activity ID: 

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4f  
07/01/2025 - 06/30/2026  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-4JUL25**

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

**CHEP**

Contract Purchase Order No:

Funding Source: **General Fund**

Department ID-Authority ID:

Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps**

Project ID-Activity ID:

ACE Control #:

Invoice Period: **07/1/25 - 07/31/25**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                   | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|--------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Syringe Disposal Service Hours | 4,368                      | N/A |                                 |     |                             |     |                      |     | 4,368                            | N/A |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES  | BUDGET           | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|------------------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   | \$483,524        |                         |                     |                | \$483,524.00         |
| Fringe Benefits   | \$145,057        |                         |                     |                | \$145,057.00         |
| <b>Total Personnel Expenses</b>   | <b>\$628,581</b> |                         |                     |                | <b>\$628,581.00</b>  |
| Operating Expenses:   |                  |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | <b>\$31,752</b>  |                         |                     |                | <b>\$31,752.00</b>   |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | <b>\$8,800</b>   |                         |                     |                | <b>\$8,800.00</b>    |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | <b>\$19,400</b>  |                         |                     |                | <b>\$19,400.00</b>   |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |                  |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   |                  |                         |                     |                |                      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |                  |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | <b>\$59,952</b>  |                         |                     |                | <b>\$59,952.00</b>   |
| Capital Expenditures  |                  |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | <b>\$688,533</b> |                         |                     |                | <b>\$688,533.00</b>  |
| Indirect Expenses   | \$103,280        |                         |                     |                | \$103,280.00         |
| <b>TOTAL EXPENSES</b>   | <b>\$791,813</b> |                         |                     |                | <b>\$791,813.00</b>  |
| <b>LESS: Initial Payment Recovery</b>   |                  |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |                  |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |                  |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: **Contract Payments**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-4f  
07/01/2025 - 06/30/2026  
PAGE B

|                             |          |
|-----------------------------|----------|
| Invoice Number              | A-4JUL25 |
| Contract Purchase Order No: |          |

Fund Source: General Fund

Department ID-Authority ID: Project ID-Activity ID: 

**Invoice Period:** 07/1/25 - 07/31/25

### DETAIL PERSONNEL EXPENDITURES

| <b>PERSONNEL</b>                     | FTE  | BUDGETED SALARY | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--------------------------------------|------|-----------------|----------------------|------------------|-------------|-------------------|
| Manager, Syringe Clean Up            | 2.00 | \$140,000       |                      |                  |             | \$140,000.00      |
| Inventory & Logistics Coordinator    | 0.80 | \$37,622        |                      |                  |             | \$37,622.00       |
| Associate, Syringe Clean Up          | 5.60 | \$227,483       |                      |                  |             | \$227,483.00      |
| Syringe Sweeps Mgr. Disposal, Mobile | 0.25 | \$23,882        |                      |                  |             | \$23,882.00       |
| Associate, Syringe Clean Up - Mobile | 1.00 | \$54,537        |                      |                  |             | \$54,537.00       |
|                                      |      |                 |                      |                  |             |                   |
|                                      |      |                 |                      |                  |             |                   |
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|                                      |      |                 |                      |                  |             |                   |
|                                      |      |                 |                      |                  |             |                   |
|                                      |      |                 |                      |                  |             |                   |
| TOTAL SALARIES                       | 9.65 | \$483,524       |                      |                  |             | \$483,524.00      |

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

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-5a  
07/01/2020 - 06/30/2021  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-5JUL20**

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

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: **Work Order**

Department ID-Authority ID: \_\_\_\_\_

Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial**

Project ID-Activity ID: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Invoice Period: **07/1/20 - 07/31/20**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                   | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                                | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Disposal Service Weeks | 52               | N/A |                       |     |                   |     |            |     | 52                     | N/A |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES   | BUDGET         | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|----------------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  | \$5,878        |                      |                  |             | \$5,878.00        |
| Fringe Benefits  |                |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  | <b>\$5,878</b> |                      |                  |             | <b>\$5,878.00</b> |
| Operating Expenses:  |                |                      |                  |             |                   |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)   |                |                      |                  |             |                   |
| <b>Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)</b> | <b>\$154</b>   |                      |                  |             | <b>\$154.00</b>   |
| <b>General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)</b>     |                |                      |                  |             |                   |
| <b>Staff Travel - (e.g., Local &amp; Out of Town)</b>  |                |                      |                  |             |                   |
| <b>Consultant/Subcontractor</b>  |                |                      |                  |             |                   |
| <b>Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)</b>                  |                |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | <b>\$154</b>   |                      |                  |             | <b>\$154.00</b>   |
| <b>Capital Expenditures</b>  |                |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$6,032</b> |                      |                  |             | <b>\$6,032.00</b> |
| Indirect Expenses  | \$905          |                      |                  |             | \$905.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$6,937</b> |                      |                  |             | <b>\$6,937.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                |                      |                  |             |                   |
| <b>Other Adjustments (Enter as negative, if appropriate)</b>                                 |                |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |                |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: **Contract Payments**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-5a  
07/01/2020 - 06/30/2021  
PAGE B

Invoice Number  
A-5JUL20

Contract Purchase Order No:

Fund Source: Work Order

Department ID-Authority ID:   
 Program Name: HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial  
 Project ID-Activity ID:

Invoice Period: 07/1/20 - 07/31/20

[illegible]

Contract ID# 1000002634

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-5b  
07/01/2021 - 06/30/2022  
PAGE A

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

Contract ID #  
1000002634

Invoice Number  
A-5JUL21

Telephone: 415-487-3000  
Fax:

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: Work Order

Department ID-Authority ID: \_\_\_\_\_

Project ID-Activity ID: \_\_\_\_\_

Program Name: HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial

ACE Control #: \_\_\_\_\_

Invoice Period: 07/1/21 - 07/31/21

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                   | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                                | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Disposal Service Weeks | 52               | N/A |                       |     |                   |     |            |     | 52                     | N/A |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |
|                                |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES   | BUDGET         | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|----------------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  | \$5,878        |                      |                  |             | \$5,878.00        |
| Fringe Benefits  |                |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  | <b>\$5,878</b> |                      |                  |             | <b>\$5,878.00</b> |
| 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)      | \$154          |                      |                  |             | \$154.00          |
| 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, Stipends, Facilitators)                       |                |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | <b>\$154</b>   |                      |                  |             | <b>\$154.00</b>   |
| Capital Expenditures   |                |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$6,032</b> |                      |                  |             | <b>\$6,032.00</b> |
| Indirect Expenses  | \$905          |                      |                  |             | \$905.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$6,937</b> |                      |                  |             | <b>\$6,937.00</b> |
| LESS: Initial Payment Recovery   |                |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)                                      |                |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |                |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|

APPENDIX F-5b  
07/01/2021 - 06/30/2022  
PAGE B

FINAL Invoice ☐ (check if Yes)

[illegible]

Title: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-5c  
07/01/2022 - 06/30/2023  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-5JUL22**

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

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: **Work Order**

Department ID-Authority ID: \_\_\_\_\_

Project ID-Activity ID: \_\_\_\_\_

Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial**

ACE Control #: \_\_\_\_\_

Invoice Period: **07/1/22 - 07/31/22**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                   | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|--------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Syringe Disposal Service Weeks | 52                         | N/A |                                 |     |                             |     |                      |     | 52                               | N/A |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|  | BUDGET         | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|--|----------------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)  | \$5,878        |                         |                     |                | \$5,878.00           |
| Fringe Benefits  |                |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>  | <b>\$5,878</b> |                         |                     |                | <b>\$5,878.00</b>    |
| Operating Expenses:  |                |                         |                     |                |                      |
| Occupancy-(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs)    |                |                         |                     |                |                      |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies) | <b>\$154</b>   |                         |                     |                | <b>\$154.00</b>      |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)     |                |                         |                     |                |                      |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>  |                |                         |                     |                |                      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                   |                |                         |                     |                |                      |
| <b>Total Operating Expenses</b>  | <b>\$154</b>   |                         |                     |                | <b>\$154.00</b>      |
| Capital Expenditures   |                |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$6,032</b> |                         |                     |                | <b>\$6,032.00</b>    |
| Indirect Expenses  | \$905          |                         |                     |                | \$905.00             |
| <b>TOTAL EXPENSES</b>  | <b>\$6,937</b> |                         |                     |                | <b>\$6,937.00</b>    |
| <b>LESS: Initial Payment Recovery</b>  |                |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                     |                |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>   |                |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-5c  
07/01/2022 - 06/30/2023  
PAGE B

Invoice Number  
A-5JUL22

Contract Purchase Order No:

**Fund Source:** Work Order

Department ID-Authority ID: Project ID-Activity ID: 

Invoice Period: 07/1/22 - 07/31/22

FINAL Invoice ☐ (check if Yes)

| <b>PERSONNEL</b>            | FTE   | BUDGETED<br>SALARY | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|-----------------------------|-------|--------------------|-------------------------|---------------------|----------------|----------------------|
| Associate, Syringe Clean Up | 0.125 | \$5,878            |                         |                     |                | \$5,878.00           |
|                             |       |                    |                         |                     |                |                      |
|                             |       |                    |                         |                     |                |                      |
|                             |       |                    |                         |                     |                |                      |
|                             |       |                    |                         |                     |                |                      |
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|                             |       |                    |                         |                     |                |                      |
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|                             |       |                    |                         |                     |                |                      |
|                             |       |                    |                         |                     |                |                      |
|                             |       |                    |                         |                     |                |                      |
|                             |       |                    |                         |                     |                |                      |
|                             |       |                    |                         |                     |                |                      |
|                             |       |                    |                         |                     |                |                      |
|                             |       |                    |                         |                     |                |                      |
|                             |       |                    |                         |                     |                |                      |
|                             |       |                    |                         |                     |                |                      |
| TOTAL SALARIES              | 0.125 | \$5,878            |                         |                     |                | \$5,878.00           |

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-5d  
07/01/2023 - 06/30/2024  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-5JUL23**

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

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: **Work Order**

Department ID-Authority ID: \_\_\_\_\_

Project ID-Activity ID: \_\_\_\_\_

Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial**

ACE Control #: \_\_\_\_\_

Invoice Period: **07/1/23 - 07/31/23**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                   | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|--------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Syringe Disposal Service Weeks | 52                         | N/A |                                 |     |                             |     |                      |     | 52                               | N/A |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES   | BUDGET         | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|--|----------------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)  | \$5,878        |                         |                     |                | \$5,878.00           |
| Fringe Benefits  |                |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>  | <b>\$5,878</b> |                         |                     |                | <b>\$5,878.00</b>    |
| Operating Expenses:  |                |                         |                     |                |                      |
| Occupancy-(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs)      |                |                         |                     |                |                      |
| <b>Materials and Supplies-(e.g., Office,<br/>  Postage, Printing and Repro., Program Supplies)</b> | <b>\$154</b>   |                         |                     |                | <b>\$154.00</b>      |
| <b>General Operating-(e.g., Insurance, Staff<br/>  Training, Equipment Rental/Maintenance)</b>     |                |                         |                     |                |                      |
| <b>Staff Travel - (e.g., Local &amp; Out of Town)</b>  |                |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>  |                |                         |                     |                |                      |
| <b>Other - (Meals, Audit, Transportation Reimb,<br/>  Stipends, Facilitators)</b>                  |                |                         |                     |                |                      |
| <b>Total Operating Expenses</b>  | <b>\$154</b>   |                         |                     |                | <b>\$154.00</b>      |
| Capital Expenditures   |                |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$6,032</b> |                         |                     |                | <b>\$6,032.00</b>    |
| Indirect Expenses  | \$905          |                         |                     |                | \$905.00             |
| <b>TOTAL EXPENSES</b>  | <b>\$6,937</b> |                         |                     |                | <b>\$6,937.00</b>    |
| <b>LESS: Initial Payment Recovery</b>  |                |                         |                     |                |                      |
| <b>Other Adjustments (Enter as negative, if appropriate)</b>                                       |                |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>   |                |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: **Contract Payments**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-5d  
07/01/2023 - 06/30/2024  
PAGE B

Invoice Number  
A-5JUL23

Contract Purchase Order No:

|              |            |
|--------------|------------|
| Fund Source: | Work Order |
|--------------|------------|

Department ID-Authority ID:

Project ID-Activity ID: 

|                 |                    |
|-----------------|--------------------|
| Invoice Period: | 07/1/23 - 07/31/23 |
|-----------------|--------------------|

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-5e  
07/01/2024 - 06/30/2025  
PAGE A

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

Contract ID #  
1000002634

Invoice Number  
A-5JUL24

Telephone: 415-487-3000  
Fax:

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: Work Order

Department ID-Authority ID: \_\_\_\_\_

Program Name: HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial

Project ID-Activity ID: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                   | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|--------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Syringe Disposal Service Weeks | 52                         | N/A |                                 |     |                             |     |                      |     | 52                               | N/A |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|   | BUDGET         | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|----------------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   | \$5,878        |                         |                     |                | \$5,878.00           |
| Fringe Benefits   |                |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   | <b>\$5,878</b> |                         |                     |                | <b>\$5,878.00</b>    |
| Operating Expenses:   |                |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) |                |                         |                     |                |                      |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$154          |                         |                     |                | \$154.00             |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          |                |                         |                     |                |                      |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |                |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   |                |                         |                     |                |                      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |                |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | <b>\$154</b>   |                         |                     |                | <b>\$154.00</b>      |
| <b>Capital Expenditures</b>   |                |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | <b>\$6,032</b> |                         |                     |                | <b>\$6,032.00</b>    |
| Indirect Expenses   | \$905          |                         |                     |                | \$905.00             |
| <b>TOTAL EXPENSES</b>   | <b>\$6,937</b> |                         |                     |                | <b>\$6,937.00</b>    |
| <b>LESS: Initial Payment Recovery</b>   |                |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |                |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |                |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |                            |       |       |       |
|----------|---|----------------------------|-------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 403<br>San Francisco, CA 94103<br>Attn: Contract Payments | By:                        | _____ | Date: | _____ |
|          |   | (DPH Authorized Signatory) |       |       |       |

APPENDIX F-5e  
07/01/2024 - 06/30/2025  
PAGE B

Invoice Number  
A-5JUL24

Contract Purchase Order No: 

Fund Source: Work Order

Department ID-Authority ID: 

**Program Name: HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial**

Project ID-Activity ID: 

ACE Control #:

**Invoice Period:** 07/1/24 - 07/31/24

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-5f  
07/01/2025 - 06/30/2026  
PAGE A

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

Contract ID #  
**1000002634**

Invoice Number  
**A-5JUL25**

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

**CHEP**

Contract Purchase Order No: \_\_\_\_\_

Funding Source: **Work Order**

Department ID-Authority ID: \_\_\_\_\_

Program Name: **HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial**

Project ID-Activity ID: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Invoice Period: **07/1/25 - 07/31/25**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES                   | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|--------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Syringe Disposal Service Weeks | 52                         | N/A |                                 |     |                             |     |                      |     | 52                               | N/A |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES  | BUDGET         | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|----------------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   | \$5,878        |                         |                     |                | \$5,878.00           |
| Fringe Benefits   |                |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   | <b>\$5,878</b> |                         |                     |                | <b>\$5,878.00</b>    |
| Operating Expenses:   |                |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) |                |                         |                     |                |                      |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | <b>\$154</b>   |                         |                     |                | <b>\$154.00</b>      |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          |                |                         |                     |                |                      |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |                |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   |                |                         |                     |                |                      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |                |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | <b>\$154</b>   |                         |                     |                | <b>\$154.00</b>      |
| <b>Capital Expenditures</b>   |                |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | <b>\$6,032</b> |                         |                     |                | <b>\$6,032.00</b>    |
| Indirect Expenses   | \$905          |                         |                     |                | \$905.00             |
| <b>TOTAL EXPENSES</b>   | <b>\$6,937</b> |                         |                     |                | <b>\$6,937.00</b>    |
| <b>LESS: Initial Payment Recovery</b>   |                |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |                |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |                |                         |                     |                |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 403  
San Francisco, CA 94103  
Attn: **Contract Payments**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-5f  
07/01/2025 - 06/30/2026  
PAGE B

Invoice Number  
A-5JUL25

Contract Purchase Order No: 

Fund Source: Work Order

Department ID-Authority ID: 

**Program Name: HIV Syringe Access and Disposal Services - Syringe Sweeps War Memorial**

Project ID-Activity ID: 

ACE Control #:

**Invoice Period:** 07/1/25 - 07/31/25

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_



# 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).

|   |  |                        |
|---|--|------------------------|
| <b>PRODUCER</b><br>CalNonprofits Insurance Services<br>1500 41st Avenue<br>Suite 280<br>Capitola CA 95010 | <b>CONTACT NAME:</b> Kim Strehl<br><b>PHONE</b> (A/C No, Ext): 888-427-5224<br><b>E-MAIL</b> ADDRESS: kims@cal-insurance.org<br><b>FAX</b> (A/C No):<br><b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Nonprofits Insurance Alliance of California<br><b>INSURER B:</b> Berkshire Hathaway Homestate Insurance Company<br><b>INSURER C:</b> Lloyds Syndicate<br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> | <b>NAIC #</b><br>10023 |
|---|--|------------------------|

**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.

| INSR LTR | TYPE OF INSURANCE   | ADDL SUBR INSD WVD                  | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-------------------------------------|-----------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER:   | Y                                   | 2019-00950      | 4/1/2019                | 4/1/2020                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 20,000<br>PERSONAL & ADV INJURY \$ 3,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y                                   | 2019-00950      | 4/1/2019                | 4/1/2020                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |                                     | 2019-00950-UMB  | 4/1/2019                | 4/1/2020                | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000<br>\$  |
| B        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> N/A | SAWC033700      | 7/1/2019                | 7/1/2020                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |
| A        | Fine Arts on loan to display  |                                     | 2019-00950-PROP | 4/1/2019                | 4/1/2020                | Floater - Limit \$12,000  |
| A        | Fine Arts on loan to display  |                                     | 2019-00950-PROP | 4/1/2019                | 4/1/2020                | Floater - Deductible \$1,000  |
| C        | Cyber Liability   |                                     | EVO-PNP-386-234 | 4/1/2019                | 4/1/2020                | Overall Policy Agg. \$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 favor of the City and County of San Francisco with respects to Workers Compensation as permitted by law.

## CERTIFICATE HOLDER

## 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 Strehl*

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*A Head for Insurance. A Heart for Nonprofits.*

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### **ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE ONLY**

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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.



**BUSINESS AUTO COVERAGE  
ADDITIONAL INSURED/LOSS PAYEE EXTENSION**

**POLICY NUMBER:** 2019-00950-NPO

**Schedule AI**

**Page 1**

**NAME OF INSURED:** San Francisco AIDS Foundation; Stonewall; Magnet

**ADDITIONAL INSURED /  
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

*Pamela C. R.*

(AUTHORIZED REPRESENTATIVE)



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



**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
- 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

## **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](http://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 of 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                                   | 11.10   | Compliance with Laws  |
| 8.1.6     | Payment Obligation                                 | 11.11   | 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](http://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.

**10.4.3 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.

## **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 Sections 12B.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>. 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<br>Department of Public Health<br>101 Grove Street, Room 402<br>San Francisco, California 94102 | FAX: (415) 554-1100<br>e-mail: Irene.carmona@sfdph.org |
| And:           | Tracey Packer<br>CHEP<br>25 VAN NESS SUITE 500<br>SAN FRANCISCO, CA 94102  | e-mail: Tracey.packer@sfdph.org                        |
| To CONTRACTOR: | SAN FRANCISCO AIDS FOUNDATION<br>1035 MARKET ST. SUITE400<br>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**

Recommended by:



Date:

7/14/16

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

**CONTRACTOR**

San Francisco AIDS Foundation

  
Joe Hollendomer  
CEO

Date:

7/13/14

City vendor number: 16252

Approved as to Form:

Dennis J. Herrera  
City Attorney

By:

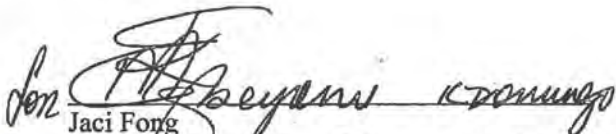


Date:

7/14/16

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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## **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:

- 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.

**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.



## SUMMARY

|                                |   |                                   |                     |
|--------------------------------|---|-----------------------------------|---------------------|
| <b>Service Provider(s):</b>    | San Francisco AIDS Foundation   |                                   |                     |
| <b>Fiscal Agency:</b>          | San Francisco AIDS Foundation   |                                   |                     |
| <b>Total Contract Amount:</b>  | \$4,443,598   |                                   |                     |
| <b>Funding Source:</b>         | General Fund, CDC   |                                   |                     |
| <b>System of Care:</b>         | HIV Prevention Section (HPS)  |                                   |                     |
| <b>Provider Address:</b>       | 1035 Market Street, Suite 400, San Francisco, CA 94103  |                                   |                     |
| <b>Provider Phone:</b>         | 415-487-3000  | <b>Provider Fax:</b> 415-487-3094 |                     |
| <b>Contact Person:</b>         | Richard Hill, Director, Government Contracts  |                                   |                     |
|                                | <b>Direct Phone #:</b> 415- 487-8042  |                                   |                     |
|                                | <b>email:</b> <a href="mailto:rhill@sfaf.org">rhill@sfaf.org</a>  |                                   |                     |
|                                |   |                                   |                     |
| <b>Program Name:</b>           | <b>Appendix A-1</b>   |                                   |                     |
| <b>Amount:</b>                 | <b>YEAR ONE</b>   |                                   |                     |
| <b>Term:</b>                   | Syringe Access Services   | <b>Appendix B-1; B-1a; B-1b</b>   |                     |
| <b>Definition of UOS:</b>      | \$2,064,945   |                                   |                     |
|                                | 07.01.16 – 6.30.17  |                                   |                     |
| <b>UOS and UDC/NOC:</b>        | A Unit of Service (UOS) is equivalent to 1 hour of service/activity or 1 month of Program Coordination.   |                                   |                     |
|                                | <u>Modality</u>   | <u># of UOS</u>                   | <u># of UDC/NOC</u> |
|                                | Syringe Access & Disposal Services  | 3,614                             | 44,300              |
|                                | Citywide Syringe Sweeps   | 2,028                             | N/A                 |
|                                | Community-Based Sweeps Events   | 264                               | N/A                 |
|                                | Program Coordination  | 12                                | N/A                 |
|                                |   |                                   |                     |
| <b>Program Name:</b>           | <b>YEAR TWO</b>   |                                   |                     |
| <b>Amount:</b>                 | Syringe Access Services   | <b>Appendix B-1c; B-1d; B-1e</b>  |                     |
| <b>Term:</b>                   | 2,064,945   |                                   |                     |
| <b>Definition of UOS:</b>      | 07.01.17 – 6.30.18  |                                   |                     |
|                                | A Unit of Service (UOS) is equivalent to 1 hour of service/activity or 1 month of Program Coordination.   |                                   |                     |
| <b>UOS and UDC/NOC:</b>        | <u>Modality</u>   | <u># of UOS</u>                   | <u># of UDC/NOC</u> |
|                                | Syringe Access & Disposal Services  | 3,614                             | 44,300              |
|                                | Citywide Syringe Sweeps   | 2,028                             | N/A                 |
|                                | Community-Based Sweeps Events   | 264                               | N/A                 |
|                                | Program Coordination  | 12                                | N/A                 |
|                                |   |                                   |                     |
| <b>Target Population:</b>      | Intravenous drug users (IDUs) throughout San Francisco  |                                   |                     |
| <b>Description of Service:</b> | 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.  |                 |                     |
| <b>Program Name:</b>           | <b>Appendix A-2</b>   |                 |                     |
| <b>Amount:</b>                 | <b>YEAR ONE</b>   |                 |                     |
| <b>Term:</b>                   | Homeless Youth Alliance   |                 |                     |
| <b>Definition of UOS:</b>      | \$156,854 <b>Appendix B-2</b>   |                 |                     |
| <b>UOS and UDC/NOC:</b>        | 07.01.16 – 6.30.17  |                 |                     |
|                                | A Unit of Service (UOS) is equivalent to 1 month of activities associated with the administration of these funds.   |                 |                     |
|                                | <u>Modality</u>   | <u># of UOS</u> | <u># of UDC/NOC</u> |
|                                | HYA Personnel and Operating Exp.  | 12              | N/A                 |
|                                | HYA Disposal Services   | 12              | N/A                 |
| <b>Program Name:</b>           | <b>YEAR TWO</b>   |                 |                     |
| <b>Amount:</b>                 | Homeless Youth Alliance   |                 |                     |
| <b>Term:</b>                   | \$156,854 <b>Appendix B-2a</b>  |                 |                     |
| <b>Definition of UOS:</b>      | 07.01.17 – 6.30.18  |                 |                     |
| <b>UOS and UDC/NO</b>          | A Unit of Service (UOS) is equivalent to 1 month of activities associated with the administration of these funds.   |                 |                     |
|                                | <u>Modality</u>   | <u># of UOS</u> | <u># of UDC/NOC</u> |
|                                | HYA Personnel and Operating Exp.  | 12              | N/A                 |
|                                | HYA Disposal Services   | 12              | N/A                 |
| <b>Target Population:</b>      | Young adults aged 13-29 living on the street in the Haight and female identified IDUs in the Mission.   |                 |                     |
| <b>Description of Service:</b> | 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.<br>Funds are to be used for various personnel and operating expenses and for syringe disposal services. |                 |                     |

Contractor: San Francisco AIDS Foundation  
Fiscal Year: 2016-2017  
2017-2018

Appendix A-1  
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  
**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](http://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](mailto:tmorris@sfaf.org)

**2. Nature of Document:**

☒ New      ☐ Renewal      ☐ Modification

**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.

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) |
|---|------------------------|---------------------|
| <b>Syringe Access and Disposal Service Hours</b><br><br><b>Syringe Access and Disposal Service Hours</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>69.5 hours of syringe access and disposal services per week * 52 weeks = <b>3,614 UOS</b><br>12.26 clients per hour * 3,614 hours = 44,300 NOC<br><b>Citywide Syringe Sweeps</b><br>One UOS = one hour of Citywide Sweeps<br>39 hours of sweeps per week * 52 weeks = <b>2,028 UOS</b><br><b>Community-Based Sweeps Events</b><br>One UOS = one Community-Based Sweep Event<br>264 events = 264 UOS | 5,906                  | 44,300              |
| <b>Syringe Access and Disposal Coordination &amp; Bulk Purchasing</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = <b>12 UOS</b>   | 12                     | N/A                 |
| <b>Total Services Delivered</b>   | <b>5,918</b>           | <b>44,300</b>       |

Year Two: July 1, 2017 – June 30, 2018

| Units of Service (UOS) Description  | Units of Service (UOS) | # of Contacts (NOC) |
|---|------------------------|---------------------|
| <b>Syringe Access and Disposal Service Hours</b><br><br><b>Syringe Access and Disposal Service Hours</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>69.5 hours of syringe access and disposal services per week * 52 weeks = <b>3,614 UOS</b><br>12.26 clients per hour * 3,614 hours = 44,300 NOC<br><b>Citywide Syringe Sweeps</b><br>One UOS = one hour of Citywide Sweeps<br>39 hours of sweeps per week * 52 weeks = <b>2,028 UOS</b><br><b>Community-Based Sweeps Events</b><br>One UOS = one Community-Based Sweep Event<br>264 events = 264 UOS | 5,906                  | 44,300              |
| <b>Syringe Access and Disposal Coordination &amp; Bulk Purchasing</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = <b>12 UOS</b>   | 12                     | N/A                 |
| <b>Total Services Delivered</b>   | <b>5,918</b>           | <b>44,300</b>       |

## 6. Methodology:

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

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

- 1. Provision of sterile injection equipment to clients.** SAC partners will provide sterile injection equipment at mobile van based sites, through street outreach, camp outreach, secondary exchange programming, private syringe exchange, fixed site, and multi-service drop in center sites.
- 2. Distribution of syringe disposal supplies, (fitpacks, small bio-bins).** Every participant will be offered a disposal container when picking up supplies. SAC staff members will provide encouragement and positive reinforcement to participants who bring in returns. Additionally, disposal sweep community outreach workers will make sharps containers available to people they engage during sweeps and to residents and business owners who would like to join the cause.
- 3. Collection of disposed injection equipment, including disposal at sites and sweep programs, and in collaboration with the SFDPH Rapid Response Team as needed.** SAC staff members and volunteers will sweep mapped routes (see attachments) in documented hot spot areas. SAC staff members will provide training on safe handling to all volunteers and staff assisting with sweeps. SAC staff members will properly close and lock sharps containers.
- 4. Provision of safer sex supplies, health education on subjects such as safer injection practices, appropriate disposal procedures and overdose prevention as well as health promotion.** Safer sex supplies will be made available at all SAC sites, and SAC members will engage participants around overdose prevention and provide DOPE Trainings, safer disposal and proper use of sharps containers, and engage with participants about safer injection, vein care, and self care.
- 5. Referral and linkage to medical care, case management, treatment services and other ancillary services.** All SAC staff members will provide referrals (and when feasible) offer warm hand offs to services including medical care, the broad spectrum of substance use treatment services available in San Francisco, food, shelter, mental health counseling, and benefits.
- 6. Linkage to HIV/HCV testing.** All SAC members will offer participants linkage to on-site HIV/HCV testing or referrals to HIV/HCV testing.

**B. Syringe Access and Disposal Coordination** includes the following non-direct client services:

- 1. Overall coordination and responsibility for any agencies subcontracted to perform syringe access or disposal services or to reach the target populations.** SFAF, the SAC Lead Coordinating agency, will monitor subcontractor performance, supply budget, syringe returns, ensure that work is documented and reported, and in collaboration with SAC membership problem solve, innovate, and deepen our relationships and coordinate our services.
- 2. Participate in meetings of any subcontractors and SFDPH Rapid Response Clean Team engaged in disposal efforts (including sweeps) to ensure consistency of service delivery and ensure complementary and non-duplicative efforts.** SFAF will participate in disposal team



meetings and assess and re-assess sweep mapped routes to avoid duplicating services and adjusting service areas to heavy need areas and to respond to community concerns.

3. **Provide leadership to and training for any subcontractors.** SAC Coordinating agency will arrange for trainings on subjects of interest to subcontractors and invite SAC members to SAS upcoming staff development trainings on boundaries, HCV medical care and linkage, safer injecting/vein care harm reduction counseling, and referral resources.
  4. **In partnership with DPH, act as a "Good Neighbor"/Community Partner and actively establish and maintain positive relationships with neighbors, police, and other stakeholders in the community. In areas around syringe sites, syringe providers must respond collaboratively to residents, and adhere to all city requirements. When requested, attend community and/or police meetings with DPH to present information about the syringe access and disposal program.** SAC Coordinating agency SFAF will be a good neighbor, build community ties, alliances, and respectfully engage with people opposed to harm reduction services in their neighborhoods. SAC staff will make every effort – dependent on staffing schedules and availability – to attend community and/or police meetings with DPH to present information about the syringe access and disposal program.
- C. **Bulk Purchasing and Distribution** includes the following support services for any subcontractors:
1. **Order, purchase, and distribute syringes and safer injection equipment for the lead agency, any subcontracted agencies.**
- D. **Citywide Syringe Sweeps:** A coordinated effort of at least two people whose sole purpose it is to search for, collect, and report on improperly discarded syringes, particularly on the streets and sidewalk within a specific geographic area. Sweeps must be complementary to other disposal efforts provided by the applicant and in collaboration with the SFDPH Rapid Response Clean Team. Requirements include:
1. **Development of sweep schedules, focusing on hot spots, i.e., locations where improperly discarded syringes historically have appeared frequently.** See attached maps and sweep schedule.
  2. **Ability to respond to DPH requests to increase sweeps in specific areas as needed.** Sweep schedules may be adjusted to meet the needs of the community.
  3. **Ability to incorporate other new methods of responding to sweep requests in real-time such as cell phone, text, mobile phone application.**
  4. **Providing education to community about safe disposal options.** All SAC members will share in development of safe disposal materials and outreach strategies to build community support for harm reduction and syringe access and safer disposal efforts.
- E. **Coordination of Community-Based Sweeps Events:** SFAF will coordinate neighborhood-wide sweep events that mobilize residents and staff of agencies working in areas where sweeps are necessary to create visibility, a sense of community and common purpose while providing a service.
- F. **Data Collection and Reporting:** Documentation of services must include logs of distribution of sterile injection equipment and supplies, collection and disposal of discarded syringes including:
1. **Reporting of sterile injection equipment distribution by site,**

Syringes in and Syringes out will be collected by all SAC agencies. Data by site will be requested (as opposed to aggregate monthly data).

2. **Submission of collected needle data on a quarterly basis,**  
Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected.
3. **Reporting of sweep data monthly to DPH, Records of education and outreach efforts to community about safe disposal options.**  
Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected. SAC members will track: # of Syringes collected, # of sharps containers distributed, the disposal sweep route, and provide a narrative after each sweep documenting community relationship building, education and outreach efforts, and contacts for follow up.
4. **Distribution of syringe disposal supplies.(fitpacks, small bio-bins, tongs)**  
SAC lead agency will track syringe disposal container and tong purchases and provide data on supplies ordered by each agency.

## **7. Objectives and Measurements:**

### **A. Individualized Objectives**

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

1. **Staff Issues:** SFAF's SAS Program Manager, in collaboration with the Director or Behavioral Health Services and the Senior Director of Programs and Services, will review monthly SAC UOS, coordinate client satisfaction survey, ensure that site data and sweep data are recorded and submitted.

2. **Data Collection Tools** will include: syringe access site data log, syringe disposal sweep log, volunteer sign in sheets, condom purchase invoices

3. **Data:**

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

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

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

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

## **8. Continuous Quality Improvement (CQI):**

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

### **a) Staff assigned to program evaluation.**

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

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

### **b) How you will review and assess the extent to which your program is meeting its objectives.**

Monthly review of contract UOS versus performance, reading client satisfaction surveys, conversations with participants about their experiences at our services, surveys.

### **c) What you will do if you learn the program is not meeting its objectives.**

Meet with the Syringe Access Collaborative and strategize, seek counsel from SFDPH, identify problems and adjust services to solve them.

### **d) How you will use data/evaluation findings to change the program.**

Looking at demographic data, attendance patterns, service utilization, and reading client satisfaction surveys can highlight areas that need adjusting to improve the program.

## **9. Required Language:**

None required.

**1. Identifiers:**

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

**2. Nature of Document:**

☒ New ☐ Renewal ☐ Modification

**Appendix Terms:**

|                                    |                                    |
|------------------------------------|------------------------------------|
| Appendix #: A-2                    | Appendix #: A-2                    |
| 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:**

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) |
|--|------------------------|--------------------------|
| <b>HYA Personnel and Operating Expenses</b><br>One UOS = one month of personnel and operating expenses | 12                     | N/A                      |
| <b>HYA Disposal Efforts</b><br>One UOS = one month of disposal services                                | 12                     | N/A                      |
| <b>Total Services Delivered</b>  | <b>12</b>              | <b>N/A</b>               |



**Year Two: July 1, 2017 – June 30, 2018**

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

**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.

#### 2. 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:

|                           | <b>Term</b>                 | <b>Funding Source</b> | <b>Amount</b>                             |
|---------------------------|-----------------------------|-----------------------|---|
| <b>Original Agreement</b> | <b>7/01/2016-6/30/2017</b>  | <b>General Fund</b>   | <b>\$2,216,799</b>                        |
| <b>Original Agreement</b> | <b>7/01/2016-12/31/2016</b> | <b>Federal CDC</b>    | <b>\$5,000</b>                            |
| <b>Original Agreement</b> | <b>7/01/2017-6/30/2018</b>  | <b>General Fund</b>   | <b>\$2,216,799</b>                        |
| <b>Original Agreement</b> | <b>7/01/2017-12/31/2017</b> | <b>Federal CDC</b>    | <b>\$5,000</b>                            |
|                           |                             |                       | <b>Contingency <u>\$533,232</u></b>       |
|                           |                             |                       | <b>(This equals the total \$4,976,830</b> |
|                           |                             |                       | <b>NTE)Total</b>                          |

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.

## Appendix B - Budget Document

|    | A   | B                              | C                              | D                              | E                              | F                                   | G                              | H                              | I                              | J                   |
|----|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------|
| 1  | <b>DPH 1: Department of Public Health Contract Budget Summary by Program</b>  |                                |                                |                                |                                |                                     |                                |                                |                                |                     |
| 2  | <b>CMS # 7774</b>   |                                |                                |                                |                                | <b>Appendix # B</b>                 |                                |                                | <b>Page # 3</b>                |                     |
| 3  | <b>DPH Section</b>  |                                |                                |                                |                                |                                     |                                |                                |                                |                     |
| 4  | Check one: <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification |                                |                                |                                |                                | Contract Term (7/1/16-6/30/18)      |                                |                                | Fiscal Year(s) 16-18           |                     |
| 5  | Agency/Organization Name San Francisco AIDS Foundation  |                                |                                |                                |                                | Funding Notification Date 6/10/2016 |                                |                                |                                |                     |
| 6  | Contractor Name (may be same as above) San Francisco AIDS Foundation  |                                |                                |                                |                                |                                     |                                |                                |                                |                     |
| 7  | <b>Program/Provider Name Syringe Access and Disposal Services</b>   |                                |                                |                                |                                |                                     |                                |                                |                                |                     |
| 8  | <b>Appendix Number</b>  | <b>A-1/B-1</b>                 | <b>A-1/B-1a</b>                | <b>A-1/B-b</b>                 | <b>A-2/B-2</b>                 | <b>A-1/B-1c</b>                     | <b>A-1/B-1d</b>                | <b>A-1/B-1e</b>                | <b>A-2/B-2a</b>                | <b>TOTALS</b>       |
| 9  | <b>Appendix Term (mm/dd/yy-mm/dd/yy)</b>  | 7.01.16-6.30.17                | 7.01.16-6.30.17                | 7.01.16-12.31.16               | 7.01.16-6.30.17                | 7.01.17-6.30.18                     | 7.01.17-6.30.18                | 7.01.17-12.31.17               | 7.01.17-6.30.18                |                     |
| 10 | <b>EXPENSES</b>   |                                |                                |                                |                                |                                     |                                |                                |                                |                     |
| 11 | Salaries  | \$ 254,725                     | \$ -                           | \$ -                           | \$ -                           | \$ 254,725                          | \$ -                           | \$ -                           | \$ -                           | \$ 509,450          |
| 12 | Employee Benefits   | \$ 63,681                      | \$ -                           | \$ -                           | \$ -                           | \$ 63,681                           | \$ -                           | \$ -                           | \$ -                           | \$ 127,362          |
| 13 | Total Personnel Expenses  | \$ 318,406                     | \$ -                           | \$ -                           | \$ -                           | \$ 318,406                          | \$ -                           | \$ -                           | \$ -                           | \$ 636,812          |
| 14 | Operating Expense   | \$ 1,375,441                   | \$ 178,830                     | \$ 4,545                       | \$ 142,595                     | \$ 1,375,441                        | \$ 178,830                     | \$ 4,545                       | \$ 142,595                     | \$ 3,402,822        |
| 15 | Capital Expense (\$5,000 and over)  | \$ -                           | \$ -                           | \$ -                           | \$ -                           | \$ -                                | \$ -                           | \$ -                           | \$ -                           | \$ -                |
| 16 | <b>Subtotal Direct Costs</b>  | <b>\$ 1,693,847</b>            | <b>\$ 178,830</b>              | <b>\$ 4,545</b>                | <b>\$ 142,595</b>              | <b>\$ 1,693,847</b>                 | <b>\$ 178,830</b>              | <b>\$ 4,545</b>                | <b>\$ 142,595</b>              | <b>\$ 4,039,634</b> |
| 17 | Indirect Cost Amount  | \$ 169,385                     | \$ 17,883                      | \$ 455                         | \$ 14,259                      | \$ 169,385                          | \$ 17,883                      | \$ 455                         | \$ 14,259                      | \$ 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 | <b>Total Expenses</b>   | <b>\$ 1,863,232</b>            | <b>\$ 196,713</b>              | <b>\$ 5,000</b>                | <b>\$ 156,854</b>              | <b>\$ 1,863,232</b>                 | <b>\$ 196,713</b>              | <b>\$ 5,000</b>                | <b>\$ 156,854</b>              | <b>\$ 4,443,598</b> |
| 20 | <b>REVENUES &amp; FUNDING SOURCES</b>   |                                |                                |                                |                                |                                     |                                |                                |                                |                     |
| 21 | <b>DPH Funding Sources (select from drop-down list)</b>   |                                |                                |                                |                                |                                     |                                |                                |                                |                     |
| 22 | HPS COUNTY HPS GF   | 1,863,232                      |                                |                                |                                | 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                          |                                |                                     |                                | 5,000                          |                                | 10,000              |
| 25 | HPS COUNTY HPS GF   |                                |                                |                                | 156,854                        |                                     |                                |                                | 156,854                        | 313,708             |
| 26 |   |                                |                                |                                |                                |                                     |                                |                                |                                | -                   |
| 27 |   |                                |                                |                                |                                |                                     |                                |                                |                                | -                   |
| 28 |   |                                |                                |                                |                                |                                     |                                |                                |                                | -                   |
| 29 |   |                                |                                |                                |                                |                                     |                                |                                |                                | -                   |
| 30 |   |                                |                                |                                |                                |                                     |                                |                                |                                | -                   |
| 31 | This row left blank for funding sources not in drop-down list   |                                |                                |                                |                                |                                     |                                |                                |                                |                     |
| 32 | <b>Total DPH Revenues</b>   | <b>1,863,232</b>               | <b>196,713</b>                 | <b>5,000</b>                   | <b>156,854</b>                 | <b>1,863,232</b>                    | <b>196,713</b>                 | <b>5,000</b>                   | <b>156,854</b>                 | <b>4,443,598</b>    |
| 33 | <b>Non-DPH Funding Sources (select from drop-down list)</b>   |                                |                                |                                |                                |                                     |                                |                                |                                |                     |
| 34 |   |                                |                                |                                |                                |                                     |                                |                                |                                | -                   |
| 35 |   |                                |                                |                                |                                |                                     |                                |                                |                                | -                   |
| 36 |   |                                |                                |                                |                                |                                     |                                |                                |                                | -                   |
| 37 | This row left blank for funding sources not in drop-down list   |                                |                                |                                |                                |                                     |                                |                                |                                |                     |
| 38 | <b>Total Non-DPH Revenues</b>   | <b>-</b>                       | <b>-</b>                       | <b>-</b>                       | <b>-</b>                       | <b>-</b>                            | <b>-</b>                       | <b>-</b>                       | <b>-</b>                       | <b>-</b>            |
| 39 | <b>Total Revenues (DPH and Non-DPH)</b>   | <b>1,863,232</b>               | <b>196,713</b>                 | <b>5,000</b>                   | <b>156,854</b>                 | <b>1,863,232</b>                    | <b>196,713</b>                 | <b>5,000</b>                   | <b>156,854</b>                 | <b>4,443,598</b>    |
| 40 | <b>Payment Method</b>   | <b>Cost Reimbursement (CR)</b> | <b>Cost Reimbursement (CR)</b> | <b>Cost Reimbursement (CR)</b> | <b>Cost Reimbursement (CR)</b> | <b>Cost Reimbursement (CR)</b>      | <b>Cost Reimbursement (CR)</b> | <b>Cost Reimbursement (CR)</b> | <b>Cost Reimbursement (CR)</b> |                     |
| 41 | Prepared By Larry Zapatka   |                                |                                |                                |                                | Phone # 415-487-3055                |                                |                                |                                |                     |
| 42 |   |                                |                                |                                |                                |                                     |                                |                                |                                |                     |

|    | A  | B     | C                       | D     | E                                | F     | G                         | H     | I              |
|----|--|-------|-------------------------|-------|----------------------------------|-------|---------------------------|-------|----------------|
| 1  | Contractor Name: San Francisco AIDS Foundation |       |                         |       |                                  |       | Appendix #                |       | B-1            |
| 2  | Contract Term: 7/1/16-6/30/18                  |       |                         |       |                                  |       | Page #                    |       | 1              |
| 3  | Funding Source: General Fund                   |       |                         |       |                                  |       | Fiscal Year(s)            |       | 16-17          |
| 4  |  |       |                         |       |                                  |       | Funding Notification Date |       | 6/10/2016      |
| 5  | UOS COST ALLOCATION BY SERVICE MODE            |       |                         |       |                                  |       |                           |       |                |
| 6  |  |       |                         |       |                                  |       |                           |       |                |
| 7  |  |       |                         |       |                                  |       |                           |       |                |
| 8  | Personnel Expenses                             |       | SERVICE MODES           |       |                                  |       |                           |       |                |
|    |  |       | Syringe Access Services |       | Pgm Coordination/Bulk Purchasing |       |                           |       |                |
| 9  | Position Titles                                | FTE   | Salaries                | % FTE | Salaries                         | % FTE | Salaries                  | % FTE | Contract Total |
| 10 | Prgms & Ops Director                           | 0.05  | 4,250                   | 100%  |                                  | 0%    |                           |       | 4,250          |
| 11 | Dir. Behavioral Health Svc                     | 0.05  | 4,100                   | 82%   | 900                              | 18%   |                           |       | 5,000          |
| 12 | Dir. Gov't Contracts                           | 0.05  | 4,500                   | 100%  |                                  | 0%    |                           |       | 4,500          |
| 13 | Evaluation Assoc.                              | 0.05  | 3,250                   | 100%  |                                  | 0%    |                           |       | 3,250          |
| 14 | Budget & Contracts Mgr                         | 0.05  | 4,250                   | 100%  |                                  | 0%    |                           |       | 4,250          |
| 15 | SAS Mgr  | 0.75  | 40,737                  | 85%   | 7,188                            | 15%   |                           |       | 47,925         |
| 16 | Logistics Associates                           | 3.00  | 104,850                 | 75%   | 34,950                           | 25%   |                           |       | 139,800        |
| 17 | SSE/Vol Coordinator                            | 0.75  | 34,500                  | 100%  | -                                | 0%    |                           |       | 34,500         |
| 18 | Comm. Engagement & Kit Packing Assoc           | 0.25  | 11,250                  | 100%  | -                                | 0%    |                           |       | 11,250         |
| 19 |  |       | -                       | 0%    | -                                | 0%    |                           |       | -              |
| 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 |  |       |                         |       |                                  |       |                           |       |                |
| 24 | Operating Expenses                             |       | Expenditure             | %     | Expenditure                      | %     | Expenditure               | %     | Contract Total |
| 25 | Total Occupancy                                |       | 70,437                  | 100%  | -                                | 0%    |                           |       | 70,437         |
| 26 | Total Materials and Supplies                   |       | 305,470                 | 42%   | 415,589                          | 58%   |                           |       | 721,059        |
| 27 | Total General Operating                        |       | 64,704                  | 84%   | 12,500                           | 16%   |                           |       | 77,204         |
| 28 | Total Staff Travel                             |       | -                       | 0%    | -                                | 0%    |                           |       | -              |
| 29 | Consultants/Subcontractor:                     |       | 506,731                 | 100%  | -                                | 0%    |                           |       | 506,731        |
| 30 | Other (specify):                               |       | -                       | 0%    | -                                | 0%    |                           |       | -              |
| 31 |  |       |                         |       |                                  |       |                           |       | -              |
| 32 |  |       |                         |       |                                  |       |                           |       | -              |
| 33 |  |       |                         |       |                                  |       |                           |       | -              |
| 34 |  |       |                         |       |                                  |       |                           |       | -              |
| 35 |  |       |                         |       |                                  |       |                           |       | -              |
| 36 | Total Operating Expenses                       |       | 947,342                 | 69%   | 428,089                          | 31%   |                           |       | 1,375,441      |
| 37 |  |       |                         |       |                                  |       |                           |       |                |
| 38 | Capital Expenses                               |       | Expenditure             | %     | Expenditure                      | %     | Expenditure               | %     | Contract Total |
| 39 | Capital Expenditure 1                          |       | -                       | 0%    | -                                | 0%    |                           |       | -              |
| 40 | Capital Expenditure 2                          |       |                         | 0%    |                                  | 0%    |                           |       | -              |
| 41 | Total Capital Expenses                         |       | -                       | 0%    | -                                | 0%    |                           |       | -              |
| 42 |  |       |                         |       |                                  |       |                           |       |                |
| 43 | Total Direct Expenses                          |       | 1,211,951               | 72%   | 481,886                          | 28%   |                           |       | 1,693,847      |
| 44 | Indirect Expenses                              |       | 121,195                 | 72%   | 48,190                           | 28%   |                           |       | 169,385        |
| 45 | TOTAL EXPENSES                                 |       | 1,333,146               | 72%   | 530,086                          | 28%   |                           |       | 1,863,232      |
| 46 |  |       |                         |       |                                  |       |                           |       |                |
| 47 | Units of Service (UOS) per Service Mode        |       | 5,906                   |       | 12                               |       | -                         |       | 5,918          |
| 48 | Cost Per Unit of Service by Service Mode       |       | 225.73                  |       | 44,173.80                        |       | -                         |       |                |
| 49 | Unduplicated Clients (UDC) per Service Mode    |       | 44,300                  |       | N/A                              |       |                           |       |                |
| 50 |  |       |                         |       |                                  |       |                           |       |                |
| 51 |  |       |                         |       |                                  |       |                           |       |                |

Rev. 07/15

Rev. 07/15



## **BUDGET JUSTIFICATION**

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

Appendix #: **B-1**  
 Fiscal Year: **16-17**

### **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 information collection; coordinates program monitoring, evaluation and quality assurance |        |                    |                                      |          |
| Brief description of job duties: Information collection; coordinates program monitoring, evaluation and quality assurance   |        |                    |                                      |          |
| Minimum qualifications: Masters In Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$85,000.00   | 0.05   | 12                 | 1                                    | \$ 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 needs of gay and bisexual men. |        |                    |                                      |          |
| Brief description of job duties: needs of gay and bisexual men.  |        |                    |                                      |          |
| Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$100,000.00   | 0.05   | 12                 | 1                                    | \$ 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 integrity of the service database by overseeing database quality assurance activities. |        |                    |                                      |          |
| Brief description of job duties: integrity of the service database by overseeing database quality assurance activities.  |        |                    |                                      |          |
| Minimum qualifications: Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$90,000.00  | 0.05   | 12                 | 1                                    | \$ 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 database entry of all data collected from clients as well as data analysis to meet programmatic and |        |                    |                                      |          |
| Brief description of job duties: database entry of all data collected from clients as well as data analysis to meet programmatic and   |        |                    |                                      |          |
| Minimum qualifications: Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$65,000.00  | 0.05   | 12                 | 1                                    | \$ 3,250 |

| Staff Position 5: Budget & Contracts Mgr   |  |  |  |  |
|--|--|--|--|--|
| Budget & Contracts Mgr - Prepares monthly contract invoices, records contract accruals into financial management system, prepares budgets for contract proposals, modifications, and revisions. Prepares reports for contract financial information and maintains databases related to |  |  |  |  |
| Brief description of job duties: revisions. Prepares reports for contract financial information and maintains databases related to   |  |  |  |  |
| Minimum qualifications: Bachelor's degree in Finance or related field or equivalent experience in accounting, budgeting and contract management. Two years demonstrated experience in a finance/contract   |  |  |  |  |



| 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**

|                                  |  |  |  |  |
|----------------------------------|--|--|--|--|
| Brief description of job duties: | 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 and coordinates removal with waste removal company, prepare reports for compliance and |  |  |  |
| Minimum qualifications:          | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.   |  |  |  |

| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
|----------------|--------|--------------------|--------------------------------------|-----------|
| \$63,900.00    | 0.75   | 12                 | 1                                    | \$ 47,925 |

**Staff Position 7: Logistics Associates**

|                                  |   |  |  |  |
|----------------------------------|---|--|--|--|
| Brief description of job duties: | Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.  |  |  |  |
| Minimum qualifications:          | Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds. |  |  |  |

| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
|----------------|--------|--------------------|--------------------------------------|------------|
| \$46,600.00    | 3.00   | 12                 | 1                                    | \$ 139,800 |

**Staff Position 8: SSE/Volunteer Coordinator**

|                                  |  |  |  |  |
|----------------------------------|--|--|--|--|
| Brief description of job duties: | Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary exchangers willing to become peer educators. Develops curriculum for these trainings and helps develop training materials, including specific materials relevant to MSM-IDU speed users. Schedules and manages the site volunteers and supervises exchange sites. |  |  |  |
| Minimum qualifications:          | High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |  |  |  |

| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
|----------------|--------|--------------------|--------------------------------------|-----------|
| \$46,000.00    | 0.75   | 12                 | 1                                    | \$ 34,500 |

**Staff Position 9: Community Engagement & Kit Packing Associate**

|                                  |  |  |  |  |
|----------------------------------|--|--|--|--|
| Brief description of job duties: | The Community Engagement and Kit Packing Associate is responsible for outreach and engagement with people who inject drugs (PWID), organizing harm reduction kit packing events, recruiting and coordinating SAS participant volunteers (PWID) and other volunteers to assist with |  |  |  |
| Minimum qualifications:          | High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.  |  |  |  |

| Annual Salary: | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
|----------------|--------|--------------------|--------------------------------------|-----------|
| \$45,000.00    | 0.25   | 12                 | 1                                    | \$ 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   |
| <b>Total Fringe Benefit:</b> | <b>63,681</b> |

**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 mo | \$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      |
|                         |  |               |               |
| <b>Total Occupancy:</b> |  |               | <b>70,437</b> |

**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 Supplies                          | Brillo, Vitaimn C tabs, etc \$1,000/mo          | \$1,000.00 | 12,000         |
|  |   |            |                |
| <b>Total Materials &amp; Supplies:</b> |   |            | <b>721,069</b> |

**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        |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>77,204</b> |

**Staff Travel:**

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

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name     | Service Description                             | Rate         | Cost    |
|-----------------------------------|---|--------------|---------|
| Glide                             | Operational expenses; staffing, office, IT, etc | \$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 |
| Total Consultants/Subcontractors: |   |              | 506,731 |

**Other:**

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

**TOTAL OPERATING EXPENSES: 1,375,441**

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

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
|                          |                   | -    |
|                          |                   |      |

**TOTAL CAPITAL EXPENDITURES: -**

**TOTAL DIRECT COSTS: 1,693,847**

**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. | 169,385 |
|   |         |
|   |         |

Indirect Rate: 10%

**TOTAL INDIRECT COSTS: 169,385**

**TOTAL EXPENSES: 1,863,232**

|    | A  | B         | C  | D     | E           | F     | G           | H                         | I               |
|----|--|-----------|--|-------|-------------|-------|-------------|---------------------------|-----------------|
| 1  | Contractor Name: San Francisco AIDS Foundation |           |  |       |             |       |             | Appendix #                | B-1a            |
| 2  | Contract Term: 7/1/16-6/30/18                  |           |  |       |             |       |             | Page #                    | 1               |
| 3  | Funding Source: General Fund                   |           |  |       |             |       |             | Fiscal Year(s)            | 16-17           |
| 4  |  |           |  |       |             |       |             | Funding Notification Date | 6/10/2016       |
| 5  | <b>UOS COST ALLOCATION BY SERVICE MODE</b>     |           |  |       |             |       |             |                           |                 |
| 6  |  |           |  |       |             |       |             |                           |                 |
| 7  |  |           |  |       |             |       |             |                           |                 |
| 8  | <b>SERVICE MODES</b>                           |           |  |       |             |       |             |                           |                 |
|    |  |           | Program<br>Coordination/Bulk<br>Purchasing |       |             |       |             |                           |                 |
| 9  | Personnel Expenses                             |           |  |       |             |       |             |                           |                 |
|    |  |           |  |       |             |       |             |                           |                 |
| 9  | Position Titles                                | FTE       | Salaries                                   | % FTE | Salaries    | % FTE | Salaries    | % FTE                     | Contract Totals |
| 10 | 0  | -         |  | 0%    |             | 0%    |             | 0%                        | -               |
| 11 | 0  | -         | -  | 0%    | -           | 0%    | -           | 0%                        | -               |
| 12 | 0  | -         | -  | 0%    | -           | 0%    | -           | 0%                        | -               |
| 13 | 0  | -         | -  | 0%    | -           | 0%    | -           | 0%                        | -               |
| 14 | 0  | -         | -  | 0%    | -           | 0%    | -           | 0%                        | -               |
| 15 | 0  | -         | -  | 0%    | -           | 0%    | -           | 0%                        | -               |
| 16 | Total FTE & Total Salaries                     | -         | -  | 0%    | -           | 0%    | -           | 0%                        | -               |
| 17 | Fringe Benefits                                | 0%        | -  | 0%    | -           | 0%    | -           | 0%                        | -               |
| 18 | Total Personnel Expenses                       |           | -  | 0%    | -           | 0%    | -           | 0%                        | -               |
| 19 |  |           |  |       |             |       |             |                           |                 |
| 20 | Operating Expenses                             |           | Expenditure                                | %     | Expenditure | %     | Expenditure | %                         | Contract Total  |
| 21 | Total Occupancy                                |           | -  | 0%    | -           | 0%    | -           | 0%                        | -               |
| 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                             |           | -  | 0%    | -           | 0%    | -           | 0%                        | -               |
| 25 | Consultants/Subcontractor:                     |           | -  | 0%    | -           | 0%    | -           | 0%                        | -               |
| 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                       |           | 178,830                                    | 100%  | -           | 0%    | -           | 0%                        | 178,830         |
| 33 |  |           |  |       |             |       |             |                           |                 |
| 34 | Capital Expenses                               |           | Expenditure                                | %     | Expenditure | %     | Expenditure | %                         | 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                          |           | 178,830                                    | 100%  | -           | 0%    | -           | 0%                        | 178,830         |
| 40 | Indirect Expenses                              |           | 17,883                                     | 100%  |             | 0%    |             | 0%                        | 17,883          |
| 41 | TOTAL EXPENSES                                 |           | 196,713                                    | 100%  | -           | 0%    | -           | 0%                        | 196,713         |
| 42 |  |           |  |       |             |       |             |                           |                 |
| 43 | Units of Service (UOS) per Service Mode        | 12        |  |       | -           |       | -           |                           | 12              |
| 44 | Cost Per Unit of Service by Service Mode       | 16,392.75 |  |       | -           |       | -           |                           |                 |
| 45 | Unduplicated Clients (UDC) per Service Mode    | N/A       |  |       |             |       |             |                           |                 |
| 46 |  |           |  |       |             |       |             |                           |                 |
| 47 | Rev. 07/15                                     |           |  |       |             |       |             |                           |                 |

**BUDGET JUSTIFICATION**

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

Appendix #: B-1a  
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): | Total |
|                                  |        |                    | 0                                    | \$ -  |

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

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

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

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

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

Total FTE: -

Total Salaries: \$ -



**1b) EMPLOYEE FRINGE BENEFITS:**

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

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

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item     | Brief Description | Rate | Cost |
|------------------|-------------------|------|------|
|                  |                   |      |      |
|                  |                   |      |      |
|                  |                   |      |      |
|                  |                   |      |      |
| Total Occupancy: |                   |      | -    |

**Materials & Supplies:**

| Expense Item                | Brief Description                       | Rate     | Cost    |
|-----------------------------|---|----------|---------|
| Syringes                    | Syringes \$.15 each x 591,213           | \$0.15   | 88,682  |
| Bio Buckets                 | 18/19 gallon buckets - 1,026 x \$25.006 | \$25.006 | 25,656  |
| Bio Buckets                 | 2 gallon - 7,995 x \$2.75               | \$2.75   | 21,986  |
| Sterile Water               | 154 Cases x \$81.205/case               | \$81.205 | 12,506  |
| Total Materials & Supplies: |   |          | 148,830 |

**General Operating:**

| Expense Item             | Brief Description                                 | Rate       | Cost   |
|--------------------------|---|------------|--------|
| Bio hazard Disposal      | Monthly disposal costs per ton of waste -7.2 tons | \$4,166.67 | 30,000 |
|                          |   |            |        |
|                          |   |            |        |
|                          |   |            |        |
| Total General Operating: |   |            | 30,000 |

**Staff Travel:**

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

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name | Service Description | Rate | Cost |
|-------------------------------|---------------------|------|------|
|                               |                     |      |      |
|                               |                     |      |      |
|                               |                     |      |      |

**Total Consultants/Subcontractors:** -

**Other:**

| Expense Item | Brief Description | Rate | Cost |
|--------------|-------------------|------|------|
|              |                   |      |      |
|              |                   |      |      |

**Total Other:** -

**TOTAL OPERATING EXPENSES: 178,830**

**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: 178,830**

**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. | 17,883 |
|   |        |
|   |        |

**Indirect Rate: 10%**

**TOTAL INDIRECT COSTS: 17,883**

**TOTAL EXPENSES: 196,713**

|    | A  | B      | C                                    | D     | E           | F     | G           | H                         | I               |
|----|--|--------|--------------------------------------|-------|-------------|-------|-------------|---------------------------|-----------------|
| 1  | Contractor Name: San Francisco AIDS Foundation |        |                                      |       |             |       |             | Appendix #                | B-1b            |
| 2  | Contract Term: 7/1/16-6/30/18                  |        |                                      |       |             |       |             | Page #                    | 1               |
| 3  | Funding Source: CDC                            |        |                                      |       |             |       |             | Fiscal Year(s)            | 16-17           |
| 4  |  |        |                                      |       |             |       |             | Funding Notification Date | 6/10/2016       |
| 5  | <b>UOS COST ALLOCATION BY SERVICE MODE</b>     |        |                                      |       |             |       |             |                           |                 |
| 6  |  |        |                                      |       |             |       |             |                           |                 |
| 7  | <b>SERVICE MODES</b>                           |        |                                      |       |             |       |             |                           |                 |
| 8  | Personnel Expenses                             |        | Program Coordination/Bulk Purchasing |       |             |       |             |                           |                 |
| 9  | Position Titles                                | FTE    | Salaries                             | % FTE | Salaries    | % FTE | Salaries    | % FTE                     | Contract Totals |
| 10 | 0  | -      |                                      | 0%    |             | 0%    |             | 0%                        | -               |
| 11 | 0  | -      | -                                    | 0%    | -           | 0%    | -           | 0%                        | -               |
| 12 | 0  | -      | -                                    | 0%    | -           | 0%    | -           | 0%                        | -               |
| 13 | 0  | -      | -                                    | 0%    | -           | 0%    | -           | 0%                        | -               |
| 14 | 0  | -      | -                                    | 0%    | -           | 0%    | -           | 0%                        | -               |
| 15 | 0  | -      | -                                    | 0%    | -           | 0%    | -           | 0%                        | -               |
| 16 | Total FTE & Total Salaries                     | -      | -                                    | 0%    | -           | 0%    | -           | 0%                        | -               |
| 17 | Fringe Benefits                                | 0%     | -                                    | 0%    | -           | 0%    | -           | 0%                        | -               |
| 18 | Total Personnel Expenses                       |        | -                                    | 0%    | -           | 0%    | -           | 0%                        | -               |
| 19 |  |        |                                      |       |             |       |             |                           |                 |
| 20 | Operating Expenses                             |        | Expenditure                          | %     | Expenditure | %     | Expenditure | %                         | Contract Total  |
| 21 | Total Occupancy                                |        | -                                    | 0%    | -           | 0%    | -           | 0%                        | -               |
| 22 | Total Materials and Supplies                   |        | 4,545                                | 100%  | -           | 0%    | -           | 0%                        | 4,545           |
| 23 | Total General Operating                        |        | -                                    | 0%    | -           | 0%    | -           | 0%                        | -               |
| 24 | Total Staff Travel                             |        | -                                    | 0%    | -           | 0%    | -           | 0%                        | -               |
| 25 | Consultants/Subcontractor:                     |        | -                                    | 0%    | -           | 0%    | -           | 0%                        | -               |
| 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                       |        | 4,545                                | 100%  | -           | 0%    | -           | 0%                        | 4,545           |
| 33 |  |        |                                      |       |             |       |             |                           |                 |
| 34 | Capital Expenses                               |        | Expenditure                          | %     | Expenditure | %     | Expenditure | %                         | 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 |  |        |                                      |       |             |       |             |                           |                 |
| 43 | Units of Service (UOS) per Service Mode        | 6      |                                      |       | -           |       | -           |                           | 6               |
| 44 | Cost Per Unit of Service by Service Mode       | 833.33 |                                      |       | -           |       | -           |                           |                 |
| 45 | Unduplicated Clients (UDC) per Service Mode    | N/A    |                                      |       |             |       |             |                           |                 |
| 46 |  |        |                                      |       |             |       |             |                           |                 |
| 47 | Rev. 07/15                                     |        |                                      |       |             |       |             |                           |                 |

**BUDGET JUSTIFICATION**

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

Appendix #: B-1b  
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): | Total |
|                                  |        |                    | 0                                    | \$ -  |

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

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

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

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

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

Total FTE: -

Total Salaries: \$ -

**1b) EMPLOYEE FRINGE BENEFITS:**

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

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

Total Fringe Benefit: -

Fringe Benefit %: 0%

|   |          |
|---|----------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>-</b> |
|---|----------|

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item     | Brief Description | Rate | Cost |
|------------------|-------------------|------|------|
|                  |                   |      |      |
|                  |                   |      |      |
|                  |                   |      |      |
|                  |                   |      |      |
| Total Occupancy: |                   |      | -    |

**Materials & Supplies:**

| Expense Item                | Brief Description       | Rate    | Cost  |
|-----------------------------|-------------------------|---------|-------|
| Condoms                     | 60 cases x \$75.75/case | \$75.75 | 4,545 |
|                             |                         |         |       |
|                             |                         |         |       |
|                             |                         |         |       |
| Total Materials & Supplies: |                         |         | 4,545 |

**General Operating:**

| Expense Item             | Brief Description | Rate | Cost |
|--------------------------|-------------------|------|------|
|                          |                   |      |      |
|                          |                   |      |      |
|                          |                   |      |      |
|                          |                   |      |      |
| Total General Operating: |                   |      | -    |

**Staff Travel:**

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



**Consultants/Subcontractors:**

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

**Other:**

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

|                                  |              |
|----------------------------------|--------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>4,545</b> |
|----------------------------------|--------------|

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

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
|                          |                   |      |
|                          |                   |      |

|                                    |          |
|------------------------------------|----------|
| <b>TOTAL CAPITAL EXPENDITURES:</b> | <b>-</b> |
|------------------------------------|----------|

|                            |              |
|----------------------------|--------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>4,545</b> |
|----------------------------|--------------|

**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. | 455 |
|   |     |
|   |     |

|                |     |
|----------------|-----|
| Indirect Rate: | 10% |
|----------------|-----|

|                              |            |
|------------------------------|------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>455</b> |
|------------------------------|------------|

|                        |              |
|------------------------|--------------|
| <b>TOTAL EXPENSES:</b> | <b>5,000</b> |
|------------------------|--------------|

|    | A  | B            | C                       | D            | E                                | F            | G                  | H                         | I                      |
|----|--|--------------|-------------------------|--------------|----------------------------------|--------------|--------------------|---------------------------|------------------------|
| 1  | Contractor Name: San Francisco AIDS Foundation     |              |                         |              |                                  |              |                    | Appendix #                | B-1c                   |
| 2  | Contract Term: 7/1/16-6/30/18                      |              |                         |              |                                  |              |                    | Page #                    | 1                      |
| 3  | Funding Source: General Fund                       |              |                         |              |                                  |              |                    | Fiscal Year(s)            | 17-18                  |
| 4  |  |              |                         |              |                                  |              |                    | Funding Notification Date | 6/10/2016              |
| 5  | <b>UOS COST ALLOCATION BY SERVICE MODE</b>         |              |                         |              |                                  |              |                    |                           |                        |
| 6  |  |              |                         |              |                                  |              |                    |                           |                        |
| 7  |  |              |                         |              |                                  |              |                    |                           |                        |
| 8  | <b>SERVICE MODES</b>                               |              |                         |              |                                  |              |                    |                           |                        |
| 9  | <b>Personnel Expenses</b>                          |              | Syringe Access Services |              | Pgm Coordination/Bulk Purchasing |              |                    |                           | <b>Contract Totals</b> |
| 10 | <b>Position Titles</b>                             | <b>FTE</b>   | <b>Salaries</b>         | <b>% FTE</b> | <b>Salaries</b>                  | <b>% FTE</b> | <b>Salaries</b>    | <b>% FTE</b>              |                        |
| 11 | Pgms & Ops Director                                | 0.05         | 4,250                   | 100%         |                                  | 0%           |                    |                           | 4,250                  |
| 12 | Dir. Behavioral Health Svc                         | 0.05         | 4,100                   | 82%          | 900                              | 18%          |                    |                           | 5,000                  |
| 13 | Dir. Gov't Contracts                               | 0.05         | 4,500                   | 100%         |                                  | 0%           |                    |                           | 4,500                  |
| 14 | Evaluation Assoc.                                  | 0.05         | 3,250                   | 100%         |                                  | 0%           |                    |                           | 3,250                  |
| 15 | Budget & Contracts Mgr                             | 0.05         | 4,250                   | 100%         |                                  | 0%           |                    |                           | 4,250                  |
| 16 | SAS Mgr  | 0.75         | 40,737                  | 85%          | 7,188                            | 15%          |                    |                           | 47,925                 |
| 17 | Logistics Associates                               | 3.00         | 104,850                 | 75%          | 34,950                           | 25%          |                    |                           | 139,800                |
| 18 | SSE/Vol Coordinator                                | 0.75         | 34,500                  | 100%         | -                                | 0%           |                    |                           | 34,500                 |
| 19 | Comm. Engagement & Kit Packing Assoc               | 0.25         | 11,250                  | 100%         | -                                | 0%           |                    |                           | 11,250                 |
| 20 |  |              | -                       | 0%           | -                                | 0%           |                    |                           | -                      |
| 21 | <b>Total FTE &amp; Total Salaries</b>              | <b>5.00</b>  | <b>211,687</b>          | <b>83%</b>   | <b>43,038</b>                    | <b>17%</b>   |                    |                           | <b>254,725</b>         |
| 22 | <b>Fringe Benefits</b>                             | <b>25.0%</b> | <b>52,922</b>           | <b>83%</b>   | <b>10,759</b>                    | <b>17%</b>   |                    |                           | <b>63,681</b>          |
| 23 | <b>Total Personnel Expenses</b>                    |              | <b>264,609</b>          | <b>83%</b>   | <b>53,797</b>                    | <b>17%</b>   |                    |                           | <b>318,406</b>         |
| 24 | <b>Operating Expenses</b>                          |              | <b>Expenditure</b>      | <b>%</b>     | <b>Expenditure</b>               | <b>%</b>     | <b>Expenditure</b> |                           | <b>Contract Total</b>  |
| 25 | Total Occupancy                                    |              | 70,437                  | 100%         | -                                | 0%           |                    |                           | 70,437                 |
| 26 | Total Materials and Supplies                       |              | 305,470                 | 42%          | 415,599                          | 58%          |                    |                           | 721,069                |
| 27 | Total General Operating                            |              | 64,704                  | 84%          | 12,500                           | 16%          |                    |                           | 77,204                 |
| 28 | Total Staff Travel                                 |              | -                       | 0%           | -                                | 0%           |                    |                           | -                      |
| 29 | Consultants/Subcontractor:                         |              | 506,731                 | 100%         | -                                | 0%           |                    |                           | 506,731                |
| 30 | Other (specify):                                   |              | -                       | 0%           | -                                | 0%           |                    |                           | -                      |
| 31 |  |              |                         |              |                                  |              |                    |                           | -                      |
| 32 |  |              |                         |              |                                  |              |                    |                           | -                      |
| 33 |  |              |                         |              |                                  |              |                    |                           | -                      |
| 34 |  |              |                         |              |                                  |              |                    |                           | -                      |
| 35 |  |              |                         |              |                                  |              |                    |                           | -                      |
| 36 | <b>Total Operating Expenses</b>                    |              | <b>947,342</b>          | <b>69%</b>   | <b>428,099</b>                   | <b>31%</b>   |                    |                           | <b>1,375,441</b>       |
| 37 |  |              |                         |              |                                  |              |                    |                           |                        |
| 38 | <b>Capital Expenses</b>                            |              | <b>Expenditure</b>      | <b>%</b>     | <b>Expenditure</b>               | <b>%</b>     | <b>Expenditure</b> | <b>%</b>                  | <b>Contract Total</b>  |
| 39 | Capital Expenditure 1                              |              | -                       | 0%           | -                                | 0%           |                    |                           | -                      |
| 40 | Capital Expenditure 2                              |              |                         | 0%           |                                  | 0%           |                    |                           | -                      |
| 41 | <b>Total Capital Expenses</b>                      |              | <b>-</b>                | <b>0%</b>    | <b>-</b>                         | <b>0%</b>    |                    |                           | <b>-</b>               |
| 42 |  |              |                         |              |                                  |              |                    |                           |                        |
| 43 | <b>Total Direct Expenses</b>                       |              | <b>1,211,951</b>        | <b>72%</b>   | <b>481,896</b>                   | <b>28%</b>   |                    |                           | <b>1,693,847</b>       |
| 44 | <b>Indirect Expenses</b>                           |              | <b>121,195</b>          | <b>72%</b>   | <b>48,190</b>                    | <b>28%</b>   |                    |                           | <b>169,385</b>         |
| 45 | <b>TOTAL EXPENSES</b>                              |              | <b>1,333,146</b>        | <b>72%</b>   | <b>530,086</b>                   | <b>28%</b>   |                    |                           | <b>1,863,232</b>       |
| 46 |  |              |                         |              |                                  |              |                    |                           |                        |
| 47 | <b>Units of Service (UOS) per Service Mode</b>     |              | <b>5,906</b>            |              | <b>12</b>                        |              | <b>-</b>           |                           | <b>5,918</b>           |
| 48 | <b>Cost Per Unit of Service by Service Mode</b>    |              | <b>225.73</b>           |              | <b>44,173.80</b>                 |              | <b>-</b>           |                           |                        |
| 49 | <b>Unduplicated Clients (UDC) per Service Mode</b> |              | <b>44,300</b>           |              | <b>N/A</b>                       |              |                    |                           |                        |
| 50 |  |              |                         |              |                                  |              |                    |                           |                        |
| 51 | Rev. 07/15   |              |                         |              |                                  |              |                    |                           |                        |

## BUDGET JUSTIFICATION

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

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

### 1a) SALARIES

|   |               |                           |   |              |
|---|---------------|---------------------------|---|--------------|
| <b>Staff Position 1: Programs &amp; Operations Director</b>   |               |                           |   |              |
| Oversees creation and maintenance of an evaluation plan that assures monitoring tools are integrated with all activities and that all required data is reported; works with partner agencies and program staff on program adaptation and refinement; coordinates current and emerging health information collection; coordinates program monitoring, evaluation and quality assurance |               |                           |   |              |
| Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.  |               |                           |   |              |
|   |               |                           |   |              |
| <b>Annual Salary:</b>   | <b>x FTE:</b> | <b>x Months per Year:</b> | <b>Annualized (if less than 12 months):</b> | <b>Total</b> |
| \$85,000.00   | 0.05          | 12                        | 1   | \$ 4,250     |

|  |               |                           |   |              |
|--|---------------|---------------------------|---|--------------|
| <b>Staff Position 2: Director, Behavioral Health Services</b>  |               |                           |   |              |
| Director, Behavioral Health Svc - Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |               |                           |   |              |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience   |               |                           |   |              |
|  |               |                           |   |              |
| <b>Annual Salary:</b>  | <b>x FTE:</b> | <b>x Months per Year:</b> | <b>Annualized (if less than 12 months):</b> | <b>Total</b> |
| \$100,000.00   | 0.05          | 12                        | 1   | \$ 5,000     |

|  |               |                           |   |              |
|--|---------------|---------------------------|---|--------------|
| <b>Staff Position 3: Dir. Gov't Grants</b>   |               |                           |   |              |
| Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities. |               |                           |   |              |
| Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.   |               |                           |   |              |
|  |               |                           |   |              |
| <b>Annual Salary:</b>  | <b>x FTE:</b> | <b>x Months per Year:</b> | <b>Annualized (if less than 12 months):</b> | <b>Total</b> |
| \$90,000.00  | 0.05          | 12                        | 1   | \$ 4,500     |

|  |               |                           |   |              |
|--|---------------|---------------------------|---|--------------|
| <b>Staff Position 4: Evaluation Associate</b>  |               |                           |   |              |
| 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 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 or 5 years equivalent experience required.   |               |                           |   |              |
|  |               |                           |   |              |
| <b>Annual Salary:</b>  | <b>x FTE:</b> | <b>x Months per Year:</b> | <b>Annualized (if less than 12 months):</b> | <b>Total</b> |
| \$65,000.00  | 0.05          | 12                        | 1   | \$ 3,250     |

|   |               |                           |   |              |
|---|---------------|---------------------------|---|--------------|
| <b>Staff Position 5: Budget &amp; Contracts Mgr</b>   |               |                           |   |              |
| 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 |               |                           |   |              |
|   |               |                           |   |              |
| <b>Annual Salary:</b>   | <b>x FTE:</b> | <b>x Months per Year:</b> | <b>Annualized (if less than 12 months):</b> | <b>Total</b> |
|   |               |                           |   |              |

|             |      |    |   |          |
|-------------|------|----|---|----------|
| \$85,000.00 | 0.05 | 12 | 1 | \$ 4,250 |
|-------------|------|----|---|----------|

|  |        |                    |                                      |              |
|--|--------|--------------------|--------------------------------------|--------------|
| <b>Staff Position 6: SAS Manager</b>   |        |                    |                                      |              |
| Brief description of job duties: SAS Program Mgr - Provides oversight and management of 11 exchange sites. Develops annual |        |                    |                                      |              |
| Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with      |        |                    |                                      |              |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | <b>Total</b> |
| \$63,900.00  | 0.75   | 12                 | 1                                    | \$ 47,925    |

|   |
|---|
| <b>Staff Position 7: Logistics Associates</b> |
|---|

|   |        |                    |                                      |            |
|---|--------|--------------------|--------------------------------------|------------|
| Brief description of job duties: Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports |        |                    |                                      |            |
| Minimum qualifications: Experience working as a volunteer or paid staff in a human service organization. Bilingual in           |        |                    |                                      |            |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$46,600.00   | 3.00   | 12                 | 1                                    | \$ 139,800 |

|   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 8: SSE/Volunteer Coordinator</b>  |        |                    |                                      |           |
| Brief description of job duties: Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary   |        |                    |                                      |           |
| Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$46,000.00   | 0.75   | 12                 | 1                                    | \$ 34,500 |

|  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 9: Community Engagement &amp; Kit Packing Associate</b>  |        |                    |                                      |           |
| Brief description of job duties: The Community Engagement and Kit Packing Associate is responsible for outreach and    |        |                    |                                      |           |
| Minimum qualifications: High school diploma or equivalency; 1 year of experience working with injection drug users and |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$45,000.00  | 0.25   | 12                 | 1                                    | \$ 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   |
| <b>Total Fringe Benefit:</b> | <b>63,681</b> |

**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 mo | \$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      |
|                         |  |               |               |
| <b>Total Occupancy:</b> |  |               | <b>70,437</b> |

##### 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 Supplies            | Brillo, Vitamn 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 |
|-------------------|----------|--------------|------|------|
|                   |          |              |      |      |
|                   |          |              |      |      |
|                   |          |              |      |      |
|                   |          |              |      |      |

**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 |

**Total Consultants/Subcontractors: 506,731**

|    |  |            |  |              |                    |              |                    |                           |                        |
|----|--|------------|--|--------------|--------------------|--------------|--------------------|---------------------------|------------------------|
|    | A  | B          | C  | D            | E                  | F            | G                  | H                         | I                      |
| 1  | Contractor Name: San Francisco AIDS Foundation |            |  |              |                    |              |                    | Appendix #                | B-1d                   |
| 2  | Contract Term: 7/1/16-6/30/18                  |            |  |              |                    |              |                    | Page #                    | 1                      |
| 3  | Funding Source: General Fund                   |            |  |              |                    |              |                    | Fiscal Year(s)            | 17-18                  |
| 4  |  |            |  |              |                    |              |                    | Funding Notification Date | 6/10/2016              |
| 5  | <b>UOS COST ALLOCATION BY SERVICE MODE</b>     |            |  |              |                    |              |                    |                           |                        |
| 6  |  |            |  |              |                    |              |                    |                           |                        |
| 7  |  |            |  |              |                    |              |                    |                           |                        |
| 8  | <b>Personnel Expenses</b>                      |            | <b>SERVICE MODES</b>                       |              |                    |              |                    |                           |                        |
|    |  |            | Program<br>Coordination/Bulk<br>Purchasing |              |                    |              |                    |                           |                        |
| 9  | <b>Position Titles</b>                         | <b>FTE</b> | <b>Salaries</b>                            | <b>% FTE</b> | <b>Salaries</b>    | <b>% FTE</b> | <b>Salaries</b>    | <b>% FTE</b>              | <b>Contract Totals</b> |
| 10 | 0  | -          |  | 0%           |                    | 0%           |                    | 0%                        | -                      |
| 11 | 0  | -          | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 12 | 0  | -          | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 13 | 0  | -          | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 14 | 0  | -          | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 15 | 0  | -          | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 16 | <b>Total FTE &amp; Total Salaries</b>          |            | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 17 | Fringe Benefits                                |            | 0%   | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 18 | <b>Total Personnel Expenses</b>                |            | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 19 |  |            |  |              |                    |              |                    |                           |                        |
| 20 | <b>Operating Expenses</b>                      |            | <b>Expenditure</b>                         | <b>%</b>     | <b>Expenditure</b> | <b>%</b>     | <b>Expenditure</b> | <b>%</b>                  | <b>Contract Total</b>  |
| 21 | Total Occupancy                                |            | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 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                             |            | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 25 | Consultants/Subcontractor:                     |            | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 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 | <b>Total Operating Expenses</b>                |            | <b>178,830</b>                             | <b>100%</b>  | -                  | 0%           | -                  | 0%                        | <b>178,830</b>         |
| 33 |  |            |  |              |                    |              |                    |                           |                        |
| 34 | <b>Capital Expenses</b>                        |            | <b>Expenditure</b>                         | <b>%</b>     | <b>Expenditure</b> | <b>%</b>     | <b>Expenditure</b> | <b>%</b>                  | <b>Contract Total</b>  |
| 35 | Capital Expenditure 1                          |            | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 36 | Capital Expenditure 2                          |            |  | 0%           |                    | 0%           |                    | 0%                        | -                      |
| 37 | <b>Total Capital Expenses</b>                  |            | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 38 |  |            |  |              |                    |              |                    |                           |                        |
| 39 | <b>Total Direct Expenses</b>                   |            | <b>178,830</b>                             | <b>100%</b>  | -                  | 0%           | -                  | 0%                        | <b>178,830</b>         |
| 40 | Indirect Expenses                              |            | 17,883                                     | 100%         |                    | 0%           |                    | 0%                        | 17,883                 |
| 41 | <b>TOTAL EXPENSES</b>                          |            | <b>196,713</b>                             | <b>100%</b>  | -                  | 0%           | -                  | 0%                        | <b>196,713</b>         |
| 42 |  |            |  |              |                    |              |                    |                           |                        |
| 43 | Units of Service (UOS) per Service Mode        |            | 12   |              | -                  |              | -                  |                           | 12                     |
| 44 | Cost Per Unit of Service by Service Mode       |            | 16,392.75                                  |              | -                  |              | -                  |                           |                        |
| 45 | Unduplicated Clients (UDC) per Service Mode    |            | N/A  |              |                    |              |                    |                           |                        |
| 46 |  |            |  |              |                    |              |                    |                           |                        |
| 47 |  |            |  |              |                    |              |                    |                           |                        |

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**BUDGET JUSTIFICATION**

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

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

**1a) SALARIES**

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

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

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

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

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

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

**Total FTE:** -

**Total Salaries:** \$ -

**1b) EMPLOYEE FRINGE BENEFITS:**

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

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

|   |   |
|---|---|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | - |
|---|---|

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description | Rate | Cost |
|-------------------------|-------------------|------|------|
|                         |                   |      |      |
|                         |                   |      |      |
|                         |                   |      |      |
|                         |                   |      |      |
| <b>Total Occupancy:</b> |                   |      | -    |

**Materials & Supplies:**

| Expense Item                           | Brief Description                       | Rate     | Cost    |
|--|---|----------|---------|
| Syringes                               | Syringes \$.15 each x 591,213           | \$0.15   | 88,682  |
| Bio Buckets                            | 18/19 gallon buckets - 1,026 x \$25.006 | \$25.006 | 25,656  |
| Bio Buckets                            | 2 gallon - 7,995 x \$2.75               | \$2.75   | 21,986  |
| Sterile Water                          | 154 Cases x \$81.205/case               | \$81.205 | 12,506  |
| <b>Total Materials &amp; Supplies:</b> |   |          | 148,830 |

**General Operating:**

| Expense Item                    | Brief Description                                 | Rate       | Cost   |
|---------------------------------|---|------------|--------|
| Bio hazard Disposal             | Monthly disposal costs per ton of waste -7.2 tons | \$4,166.67 | 30,000 |
|                                 |   |            |        |
|                                 |   |            |        |
|                                 |   |            |        |
| <b>Total General Operating:</b> |   |            | 30,000 |

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost |
|----------------------------|----------|--------------|------|------|
|                            |          |              |      |      |
|                            |          |              |      |      |
|                            |          |              |      |      |
| <b>Total Staff Travel:</b> |          |              |      | -    |

**Consultants/Subcontractors:**

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

Other: \_\_\_\_\_

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

**TOTAL OPERATING EXPENSES: 178,830**

**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: 178,830**

**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. | 17,883 |
|   |        |
|   |        |

Indirect Rate: 10%

**TOTAL INDIRECT COSTS: 17,883**

**TOTAL EXPENSES: 196,713**



|    | A  | B          | C  | D            | E                  | F            | G                  | H                         | I                      |
|----|--|------------|--|--------------|--------------------|--------------|--------------------|---------------------------|------------------------|
| 1  | Contractor Name: San Francisco AIDS Foundation     |            |  |              |                    |              |                    | Appendix #                | B-1e                   |
| 2  | Contract Term: 7/1/16-6/30/18                      |            |  |              |                    |              |                    | Page #                    | 1                      |
| 3  | Funding Source: CDC                                |            |  |              |                    |              |                    | Fiscal Year(s)            | 17-18                  |
| 4  |  |            |  |              |                    |              |                    | Funding Notification Date | 6/10/2016              |
| 5  | <b>UOS COST ALLOCATION BY SERVICE MODE</b>         |            |  |              |                    |              |                    |                           |                        |
| 6  |  |            |  |              |                    |              |                    |                           |                        |
| 7  |  |            |  |              |                    |              |                    |                           |                        |
| 8  | <b>Personnel Expenses</b>                          |            | <b>SERVICE MODES</b>                       |              |                    |              |                    |                           |                        |
|    |  |            | Program<br>Coordination/Bulk<br>Purchasing |              |                    |              |                    |                           |                        |
| 9  | <b>Position Titles</b>                             | <b>FTE</b> | <b>Salaries</b>                            | <b>% FTE</b> | <b>Salaries</b>    | <b>% FTE</b> | <b>Salaries</b>    | <b>% FTE</b>              | <b>Contract Totals</b> |
| 10 | 0  | -          |  | 0%           |                    | 0%           |                    | 0%                        | -                      |
| 11 | 0  | -          | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 12 | 0  | -          | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 13 | 0  | -          | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 14 | 0  | -          | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 15 | 0  | -          | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 16 | <b>Total FTE &amp; Total Salaries</b>              |            | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 17 | Fringe Benefits                                    |            | 0%   | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 18 | <b>Total Personnel Expenses</b>                    |            | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 19 |  |            |  |              |                    |              |                    |                           |                        |
| 20 | <b>Operating Expenses</b>                          |            | <b>Expenditure</b>                         | <b>%</b>     | <b>Expenditure</b> | <b>%</b>     | <b>Expenditure</b> | <b>%</b>                  | <b>Contract Total</b>  |
| 21 | Total Occupancy                                    |            | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 22 | Total Materials and Supplies                       |            | 4,545                                      | 100%         | -                  | 0%           | -                  | 0%                        | 4,545                  |
| 23 | Total General Operating                            |            | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 24 | Total Staff Travel                                 |            | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 25 | Consultants/Subcontractor:                         |            | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 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 | <b>Total Operating Expenses</b>                    |            | <b>4,545</b>                               | <b>100%</b>  | <b>-</b>           | <b>0%</b>    | <b>-</b>           | <b>0%</b>                 | <b>4,545</b>           |
| 33 |  |            |  |              |                    |              |                    |                           |                        |
| 34 | <b>Capital Expenses</b>                            |            | <b>Expenditure</b>                         | <b>%</b>     | <b>Expenditure</b> | <b>%</b>     | <b>Expenditure</b> | <b>%</b>                  | <b>Contract Total</b>  |
| 35 | Capital Expenditure 1                              |            | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 36 | Capital Expenditure 2                              |            | -  | 0%           | -                  | 0%           | -                  | 0%                        | -                      |
| 37 | <b>Total Capital Expenses</b>                      |            | <b>-</b>                                   | <b>0%</b>    | <b>-</b>           | <b>0%</b>    | <b>-</b>           | <b>0%</b>                 | <b>-</b>               |
| 38 |  |            |  |              |                    |              |                    |                           |                        |
| 39 | <b>Total Direct Expenses</b>                       |            | <b>4,545</b>                               | <b>100%</b>  | <b>-</b>           | <b>0%</b>    | <b>-</b>           | <b>0%</b>                 | <b>4,545</b>           |
| 40 | <b>Indirect Expenses</b>                           |            | <b>455</b>                                 | <b>100%</b>  |                    | 0%           |                    | 0%                        | <b>455</b>             |
| 41 | <b>TOTAL EXPENSES</b>                              |            | <b>5,000</b>                               | <b>100%</b>  | <b>-</b>           | <b>0%</b>    | <b>-</b>           | <b>0%</b>                 | <b>5,000</b>           |
| 42 |  |            |  |              |                    |              |                    |                           |                        |
| 43 | <b>Units of Service (UOS) per Service Mode</b>     |            | <b>6</b>                                   |              | <b>-</b>           |              | <b>-</b>           |                           | <b>6</b>               |
| 44 | <b>Cost Per Unit of Service by Service Mode</b>    |            | <b>833.33</b>                              |              | <b>-</b>           |              | <b>-</b>           |                           |                        |
| 45 | <b>Unduplicated Clients (UDC) per Service Mode</b> |            | <b>N/A</b>                                 |              |                    |              |                    |                           |                        |
| 46 |  |            |  |              |                    |              |                    |                           |                        |
| 47 |  |            |  |              |                    |              |                    |                           |                        |

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**BUDGET JUSTIFICATION**

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

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

**1a) SALARIES**

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

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

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

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

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

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

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

**1b) EMPLOYEE FRINGE BENEFITS:**

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

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

|   |   |
|---|---|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | - |
|---|---|

**2) OPERATING EXPENSES:**Occupancy:

| Expense Item            | Brief Description | Rate | Cost |
|-------------------------|-------------------|------|------|
|                         |                   |      |      |
|                         |                   |      |      |
|                         |                   |      |      |
|                         |                   |      |      |
| <b>Total Occupancy:</b> |                   |      | -    |

Materials & Supplies:

| Expense Item                           | Brief Description       | Rate    | Cost  |
|--|-------------------------|---------|-------|
| Condoms                                | 60 cases x \$75.75/case | \$75.75 | 4,545 |
|  |                         |         |       |
|  |                         |         |       |
|  |                         |         |       |
| <b>Total Materials &amp; Supplies:</b> |                         |         | 4,545 |

General Operating:

| Expense Item                    | Brief Description | Rate | Cost |
|---------------------------------|-------------------|------|------|
|                                 |                   |      |      |
|                                 |                   |      |      |
|                                 |                   |      |      |
|                                 |                   |      |      |
| <b>Total General Operating:</b> |                   |      | -    |

Staff Travel:

| Purpose of Travel          | Location | Expense Item | Rate | Cost |
|----------------------------|----------|--------------|------|------|
|                            |          |              |      |      |
|                            |          |              |      |      |
|                            |          |              |      |      |
|                            |          |              |      |      |
| <b>Total Staff Travel:</b> |          |              |      | -    |

Consultants/Subcontractors:

| Consultant/Subcontractor Name | Service Description | Rate | Cost |
|-------------------------------|---------------------|------|------|
|                               |                     |      |      |
|                               |                     |      |      |
|                               |                     |      |      |

|                                   |  |  |   |
|-----------------------------------|--|--|---|
|                                   |  |  |   |
| Total Consultants/Subcontractors: |  |  | - |

Other: \_\_\_\_\_

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

**TOTAL OPERATING EXPENSES: 4,545**

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

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
|                          |                   |      |

**TOTAL CAPITAL EXPENDITURES: -**

**TOTAL DIRECT COSTS: 4,545**

**4) INDIRECT COSTS**

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

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

**TOTAL EXPENSES: 5,000**

|    | A  | B   | C                          | D     | E           | F     | G           | H                         | I               |
|----|--|-----|----------------------------|-------|-------------|-------|-------------|---------------------------|-----------------|
| 1  | Contractor Name: San Francisco AIDS Foundation |     |                            |       |             |       |             | Appendix #                | B-2             |
| 2  | Contract Term: 7/1/16-6/30/18                  |     |                            |       |             |       |             | Page #                    | 1               |
| 3  | Funding Source: 7/1/16-6/30/18                 |     |                            |       |             |       |             | Fiscal Year(s)            | 16-17           |
| 4  |  |     |                            |       |             |       |             | Funding Notification Date | 6/10/2016       |
| 5  | UOS COST ALLOCATION BY SERVICE MODE            |     |                            |       |             |       |             |                           |                 |
| 6  |  |     |                            |       |             |       |             |                           |                 |
| 7  |  |     |                            |       |             |       |             |                           |                 |
| 8  | Personnel Expenses                             |     | SERVICE MODES              |       |             |       |             |                           | Contract Totals |
| 9  | Position Titles                                | FTE | HYA Wrap Around & Disposal |       |             |       |             |                           |                 |
| 10 |  |     | Salaries                   | % FTE | Salaries    | % FTE | Salaries    | % FTE                     |                 |
| 11 |  |     |                            |       |             |       |             |                           |                 |
| 12 |  |     |                            |       |             |       |             |                           |                 |
| 13 |  |     |                            |       |             |       |             |                           |                 |
| 14 |  |     |                            |       |             |       |             |                           |                 |
| 15 |  |     |                            |       |             |       |             |                           |                 |
| 16 | Total FTE & Total Salaries                     |     |                            |       |             |       |             |                           |                 |
| 17 | Fringe Benefits                                |     |                            |       |             |       |             |                           |                 |
| 18 | Total Personnel Expenses                       |     |                            |       |             |       |             |                           |                 |
| 19 |  |     |                            |       |             |       |             |                           |                 |
| 20 | Operating Expenses                             |     | Expenditure                | %     | Expenditure | %     | Expenditure | %                         | Contract Total  |
| 21 | Total Occupancy                                |     |                            |       |             |       |             |                           |                 |
| 22 | Total Materials and Supplies                   |     |                            |       |             |       |             |                           |                 |
| 23 | Total General Operating                        |     |                            |       |             |       |             |                           |                 |
| 24 | Total Staff Travel                             |     |                            |       |             |       |             |                           |                 |
| 25 | Consultants/Subcontractor:                     |     |                            |       |             |       |             |                           |                 |
| 26 | Other (specify):                               |     |                            |       |             |       |             |                           |                 |
| 27 |  |     |                            |       |             |       |             |                           |                 |
| 28 |  |     |                            |       |             |       |             |                           |                 |
| 29 |  |     |                            |       |             |       |             |                           |                 |
| 30 |  |     |                            |       |             |       |             |                           |                 |
| 31 |  |     |                            |       |             |       |             |                           |                 |
| 32 | Total Operating Expenses                       |     |                            |       |             |       |             |                           |                 |
| 33 |  |     |                            |       |             |       |             |                           |                 |
| 34 | Capital Expenses                               |     | Expenditure                | %     | Expenditure | %     | Expenditure | %                         | Contract Total  |
| 35 | Capital Expenditure 1                          |     |                            |       |             |       |             |                           |                 |
| 36 | Capital Expenditure 2                          |     |                            |       |             |       |             |                           |                 |
| 37 | Total Capital Expenses                         |     |                            |       |             |       |             |                           |                 |
| 38 |  |     |                            |       |             |       |             |                           |                 |
| 39 | Total Direct Expenses                          |     |                            |       |             |       |             |                           |                 |
| 40 | Indirect Expenses                              |     |                            |       |             |       |             |                           |                 |
| 41 | TOTAL EXPENSES                                 |     |                            |       |             |       |             |                           |                 |
| 42 |  |     |                            |       |             |       |             |                           |                 |
| 43 | Units of Service (UOS) per Service Mode        |     |                            |       |             |       |             |                           |                 |
| 44 | Cost Per Unit of Service by Service Mode       |     |                            |       |             |       |             |                           |                 |
| 45 | nduplicated Clients (UDC) per Service Mode     |     |                            |       |             |       |             |                           |                 |
| 46 |  |     |                            |       |             |       |             |                           |                 |
| 47 |  |     |                            |       |             |       |             |                           |                 |

Rev. 07/15

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**BUDGET JUSTIFICATION**

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

Appendix #: B-2  
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): | Total |
|                                  |        |                    | 0                                    | \$ -  |

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

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

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

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

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

Total FTE: -

Total Salaries: \$ -

**1b) EMPLOYEE FRINGE BENEFITS:**

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

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

Total Fringe Benefit: -

Fringe Benefit %: 0%

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: -****2) OPERATING EXPENSES:****Occupancy:**

| Expense Item     | Brief Description | Rate | Cost |
|------------------|-------------------|------|------|
|                  |                   |      |      |
|                  |                   |      |      |
|                  |                   |      |      |
|                  |                   |      |      |
| Total Occupancy: |                   |      | -    |

**Materials & Supplies:**

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

**General Operating:**

| Expense Item             | Brief Description | Rate | Cost |
|--------------------------|-------------------|------|------|
|                          |                   |      |      |
|                          |                   |      |      |
|                          |                   |      |      |
|                          |                   |      |      |
| Total General Operating: |                   |      | -    |

**Staff Travel:**

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

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name     | Service Description               | Rate      | Cost    |
|-----------------------------------|-----------------------------------|-----------|---------|
| Homeless Youth Alliance           | Wrap around and disposal services | \$142,595 | 142,595 |
|                                   |                                   |           |         |
|                                   |                                   |           |         |
| Total Consultants/Subcontractors: |                                   |           | 142,595 |

Other:

| Expense Item | Brief Description | 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: -**

**TOTAL DIRECT COSTS: 142,595**

**4) INDIRECT COSTS**

| Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)  | Amount |
|---|--------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 14,259 |
|   |        |
|   |        |

Indirect Rate: 10%

**TOTAL INDIRECT COSTS: 14,259**

**TOTAL EXPENSES: 156,854**

|    | A  | B                  | C                          | D                  | E                    | F                  | G               | H                         | I                      |
|----|--|--------------------|----------------------------|--------------------|----------------------|--------------------|-----------------|---------------------------|------------------------|
| 1  | Contractor Name: San Francisco AIDS Foundation     |                    |                            |                    |                      |                    |                 | Appendix #                | B-2a                   |
| 2  | Contract Term: 7/1/16-6/30/18                      |                    |                            |                    |                      |                    |                 | Page #                    | 1                      |
| 3  | Funding Source: General Fund                       |                    |                            |                    |                      |                    |                 | Fiscal Year(s)            | 17-18                  |
| 4  |  |                    |                            |                    |                      |                    |                 | Funding Notification Date | 6/10/2016              |
| 5  | <b>UOS COST ALLOCATION BY SERVICE MODE</b>         |                    |                            |                    |                      |                    |                 |                           |                        |
| 6  |  |                    |                            |                    |                      |                    |                 |                           |                        |
| 7  |  |                    |                            |                    |                      |                    |                 |                           |                        |
| 8  | <b>Personnel Expenses</b>                          |                    | HYA Wrap Around & Disposal |                    | <b>SERVICE MODES</b> |                    |                 |                           | <b>Contract Totals</b> |
| 9  | <b>Position Titles</b>                             | <b>FTE</b>         | <b>Salaries</b>            | <b>% FTE</b>       | <b>Salaries</b>      | <b>% FTE</b>       | <b>Salaries</b> | <b>% FTE</b>              |                        |
| 10 |  | 0                  | -                          | 0%                 |                      | 0%                 |                 | 0%                        | -                      |
| 11 |  | 0                  | -                          | 0%                 | -                    | 0%                 | -               | 0%                        | -                      |
| 12 |  | 0                  | -                          | 0%                 | -                    | 0%                 | -               | 0%                        | -                      |
| 13 |  | 0                  | -                          | 0%                 | -                    | 0%                 | -               | 0%                        | -                      |
| 14 |  | 0                  | -                          | 0%                 | -                    | 0%                 | -               | 0%                        | -                      |
| 15 |  | 0                  | -                          | 0%                 | -                    | 0%                 | -               | 0%                        | -                      |
| 16 | <b>Total FTE &amp; Total Salaries</b>              | -                  | -                          | 0%                 | -                    | 0%                 | -               | 0%                        | -                      |
| 17 | <b>Fringe Benefits</b>                             | 0%                 | -                          | 0%                 | -                    | 0%                 | -               | 0%                        | -                      |
| 18 | <b>Total Personnel Expenses</b>                    |                    | -                          | 0%                 | -                    | 0%                 | -               | 0%                        | -                      |
| 19 |  |                    |                            |                    |                      |                    |                 |                           |                        |
| 20 | <b>Operating Expenses</b>                          | <b>Expenditure</b> | <b>%</b>                   | <b>Expenditure</b> | <b>%</b>             | <b>Expenditure</b> | <b>%</b>        | <b>Contract Total</b>     |                        |
| 21 | Total Occupancy                                    | -                  | 0%                         | -                  | 0%                   | -                  | 0%              | -                         |                        |
| 22 | Total Materials and Supplies                       | -                  | 0%                         | -                  | 0%                   | -                  | 0%              | -                         |                        |
| 23 | Total General Operating                            | -                  | 0%                         | -                  | 0%                   | -                  | 0%              | -                         |                        |
| 24 | Total Staff Travel                                 | -                  | 0%                         | -                  | 0%                   | -                  | 0%              | -                         |                        |
| 25 | Consultants/Subcontractor:                         | 142,595            | 100%                       | -                  | 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 | <b>Total Operating Expenses</b>                    | <b>142,595</b>     | <b>100%</b>                | -                  | 0%                   | -                  | 0%              | <b>142,595</b>            |                        |
| 33 |  |                    |                            |                    |                      |                    |                 |                           |                        |
| 34 | <b>Capital Expenses</b>                            | <b>Expenditure</b> | <b>%</b>                   | <b>Expenditure</b> | <b>%</b>             | <b>Expenditure</b> | <b>%</b>        | <b>Contract Total</b>     |                        |
| 35 | Capital Expenditure 1                              | -                  | 0%                         | -                  | 0%                   | -                  | 0%              | -                         |                        |
| 36 | Capital Expenditure 2                              |                    | 0%                         |                    | 0%                   |                    | 0%              | -                         |                        |
| 37 | <b>Total Capital Expenses</b>                      | -                  | 0%                         | -                  | 0%                   | -                  | 0%              | -                         |                        |
| 38 |  |                    |                            |                    |                      |                    |                 |                           |                        |
| 39 | <b>Total Direct Expenses</b>                       | <b>142,595</b>     | <b>100%</b>                | -                  | 0%                   | -                  | 0%              | <b>142,595</b>            |                        |
| 40 | <b>Indirect Expenses</b>                           | <b>14,259</b>      | <b>100%</b>                |                    | 0%                   |                    | 0%              | <b>14,259</b>             |                        |
| 41 | <b>TOTAL EXPENSES</b>                              | <b>156,854</b>     | <b>100%</b>                | -                  | 0%                   | -                  | 0%              | <b>156,854</b>            |                        |
| 42 |  |                    |                            |                    |                      |                    |                 |                           |                        |
| 43 | <b>Units of Service (UOS) per Service Mode</b>     | <b>12</b>          |                            | -                  |                      | -                  |                 | <b>12</b>                 |                        |
| 44 | <b>Cost Per Unit of Service by Service Mode</b>    | <b>13,071.17</b>   |                            | -                  |                      | -                  |                 |                           |                        |
| 45 | <b>Unduplicated Clients (UDC) per Service Mode</b> | <b>N/A</b>         |                            |                    |                      |                    |                 |                           |                        |
| 46 |  |                    |                            |                    |                      |                    |                 |                           |                        |
| 47 | Rev. 07/15   |                    |                            |                    |                      |                    |                 |                           |                        |

**BUDGET JUSTIFICATION**

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

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

**1a) SALARIES**

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

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

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

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

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

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

Total FTE: -

Total Salaries: \$ -

**1b) EMPLOYEE FRINGE BENEFITS:**

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

| Component       | Cost |
|-----------------|------|
| Social Security |      |
| Retirement      |      |
| Medical         |      |
| Dental          |      |



|                        |  |
|------------------------|--|
| Unemployment Insurance |  |
| Disability Insurance   |  |
| Paid Time Off          |  |
| Other (specify):       |  |

Total Fringe Benefit: -

Fringe Benefit %: 0%

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: -**

## 2) OPERATING EXPENSES:

### Occupancy:

| Expense Item | Brief Description | Rate | Cost |
|--------------|-------------------|------|------|
|              |                   |      |      |
|              |                   |      |      |
|              |                   |      |      |
|              |                   |      |      |

Total Occupancy: -

### Materials & Supplies:

| Expense Item | Brief Description | Rate | Cost |
|--------------|-------------------|------|------|
|              |                   |      |      |
|              |                   |      |      |
|              |                   |      |      |
|              |                   |      |      |

Total Materials & Supplies: -

### General Operating:

| Expense Item | Brief Description | Rate | Cost |
|--------------|-------------------|------|------|
|              |                   |      |      |
|              |                   |      |      |
|              |                   |      |      |
|              |                   |      |      |

Total General Operating: -

### Staff Travel:

| Purpose of Travel | Location | Expense Item | Rate | Cost |
|-------------------|----------|--------------|------|------|
|                   |          |              |      |      |
|                   |          |              |      |      |
|                   |          |              |      |      |

Total Staff Travel: -

### Consultants/Subcontractors:

| Consultant/Subcontractor Name | Service Description               | Rate      | Cost    |
|-------------------------------|-----------------------------------|-----------|---------|
| Homeless Youth Alliance       | Wrap around and disposal services | \$142,595 | 142,595 |
|                               |                                   |           |         |
|                               |                                   |           |         |

Total Consultants/Subcontractors: 142,595

### Other:

| Expense Item | Brief Description | Rate | Cost |
|--------------|-------------------|------|------|
|              |                   |      |      |

|  |  |  |                |
|--|--|--|----------------|
|  |  |  |                |
|  |  |  | Total Other: - |

|                                  |                |
|----------------------------------|----------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>142,595</b> |
|----------------------------------|----------------|

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

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
|                          |                   |      |
|                          |                   |      |

|                                    |          |
|------------------------------------|----------|
| <b>TOTAL CAPITAL EXPENDITURES:</b> | <b>-</b> |
|------------------------------------|----------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>142,595</b> |
|----------------------------|----------------|

**4) INDIRECT COSTS**

| Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)  | Amount |
|---|--------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 14,259 |
|   |        |
|   |        |

|                |     |
|----------------|-----|
| Indirect Rate: | 10% |
|----------------|-----|

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>14,259</b> |
|------------------------------|---------------|

|                        |                |
|------------------------|----------------|
| <b>TOTAL EXPENSES:</b> | <b>156,854</b> |
|------------------------|----------------|

**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:

- ☒ 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 is required 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 not 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.



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Business Associate Agreement  
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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.**





San Francisco Department of Public Health  
Business Associate Agreement  
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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



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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.

**l. 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



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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 164.502, 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 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





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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





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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.

**l. 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



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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



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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](mailto:compliance.privacy@sfdph.org)  
Hotline (Toll-Free): 1-855-729-6040

|                    |  |                 |  |
|--------------------|--|-----------------|--|
| Organization Name: |  | Contractor City |  |
|                    |  | Vendor ID       |  |

**SFDPH PRIVACY ATTESTATION**

This Attestation is to be completed by Contractors and Data Trading Partners that are required to abide by the SFDPH Business Associates Agreement (BAA) in compliance with the Health Information Portability and Accountability Act (HIPAA) and other patient confidentiality laws and regulations. **INSTRUCTIONS:** File and retain completed Attestations for a period of 7 years. Please be prepared to submit your completed Attestations, along with evidence of the following, when and if requested to do so.

|   | Yes | No* | DOES YOUR ORGANIZATION...   |
|---|-----|-----|---|
| A |     |     | Have formal Privacy Policies? (use of <u>SFDPH Privacy Policies</u> will suffice for "yes")   |
| B |     |     | Have a designated Privacy Officer? The Privacy Officer is your organization's designated person who will authorize your employee's "Systems Access Request (SAR) Form". [Note: SARs will NOT be processed by SFDPH without this person's signature.]      |
|   |     |     | If yes: Privacy Officer Name _____ Phone # _____ Email: _____   |
| C |     |     | Require Privacy Training for all employees who have access to PHI upon hire and annually thereafter? (Use of <u>SFDPH Privacy/Data Security Training</u> will suffice for "yes"). [Beginning in FY1516, DPH will require document retention for 7 years.] |
| D |     |     | Have proof that employees upon hire, and annually thereafter, have signed the SFDPH " <u>User Confidentiality, Security, and Electronic Signature Form</u> "? [Beginning in FY1516, DPH will require document retention for 7 years.]                     |
| E |     |     | Have evidence that SFDPH was notified to de-provision employees who have access to SFDPH PHI within 2 business days for regular terminations and within 24 hours for terminations due to cause?   |
| F |     |     | Assure that staff who download, create, or transfer PHI offsite (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so AND that PHI is only transferred or created on devices that are encrypted?                       |
| G |     |     | Have (or will have if/when applicable) <u>BAAs</u> with subcontractors or vendors who create, receive, maintain or transmit SFDPH PHI.  |

Does your organization serve patients/clients for or on behalf of DPH? If YES, answer h-k. If NO, these questions are not applicable, please go directly to ATTEST.

|   | Yes | No* | DOES YOUR ORGANIZATION...   |
|---|-----|-----|---|
| H |     |     | Have evidence in each patient's/client's chart or electronic file that the <u>Privacy Notice</u> was provided in the patient's language (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms are available from SFDPH). |
| I |     |     | Have visibly posted the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?   |
| J |     |     | Have documented each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations?  |
| K |     |     | When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Federal Privacy Rule) are obtained PRIOR to releasing a patient's/clients health information?              |

**ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct.**

|  |              |  |           |  |      |  |
|--|--------------|--|-----------|--|------|--|
| ATTESTED by Privacy Officer                      | Name (print) |  | Signature |  | Date |  |
| ATTESTED by CEO / Exec Director                  | Name (print) |  | Signature |  | Date |  |
| ATTESTED by Chair, Board of Directors / Trustees | Name (print) |  | Signature |  | Date |  |

\* **EXCEPTIONS:** If you have answered "NO" to any question in A-G or H-K (if applicable), please contact OCPA at [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) or call 1-855-729-6040 for a consultation. Any "No" answers will need to be reviewed and approved as exceptions by OCPA.

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



|                    |  |                              |  |
|--------------------|--|------------------------------|--|
| Organization Name: |  | Contractor City<br>Vendor ID |  |
|--------------------|--|------------------------------|--|

**SFDPH DATA SECURITY ATTESTATION**

This Attestation is to be completed by Contractors and Data Trading Partners that are required to abide by the SFDPH Business Associates Agreement in compliance with the Health Information Portability and Accountability Act (HIPAA, ADMINISTRATIVE 45 CFR 164.308(a)(8)), Health Information Technology for Economic and Clinical Health Act (HITECH), and the American Institute of Certified Public Accountants (AICPA) requirements. **INSTRUCTIONS:** File and retain completed Attestations for a period of 7 years. Please be prepared to submit your completed Attestations, along with evidence of the following, when and if requested to do so.

|   | YES | NO* | DOES YOUR ORGANIZATION...  |
|---|-----|-----|--|
| A |     |     | Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/ HITECH at least every two years? [Beginning in FY1516, DPH will require document retention for 7 years.] |
| B |     |     | Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?<br>Date of last Data Security Risk Assessment/Audit<br>Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report  |
| C |     |     | Have a formal Data Security Awareness Program?   |
| D |     |     | Have a designated Security Officer?<br>If yes: IT Security Officer Phone # Email:  |
| E |     |     | Require Data Security training for all employees who have access to PHI upon hire and annually thereafter? (Use of <u>SFDPH Privacy/Data Security Training</u> will suffice for "yes".) [Beginning in FY1516, DPH will require document retention for 7 years.]        |
| F |     |     | Have policies and procedures to detect, contain, and correct security violations? (Use of <u>SFDPH Privacy Policies</u> will suffice for "yes".)   |
| G |     |     | Have (or will have if/when applicable) <u>Business Associate Agreements</u> with subcontractors or vendors who create, receive, maintain or transmit SFDPH PHI.  |
| H |     |     | Have (or will have if/when applicable) a diagram (of how SFDPH data flows between your organization and this downstream or 3rd party entity (including named users, access methods, on-premise data hosts, processing systems, etc.)?                                  |

**ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct.**

|  |              |  |           |  |      |  |
|--|--------------|--|-----------|--|------|--|
| ATTESTED by Data Security Officer                | Name (print) |  | Signature |  | Date |  |
| ATTESTED by CEO / Exec Director                  | Name (print) |  | Signature |  | Date |  |
| ATTESTED by Chair, Board of Directors / Trustees | Name (print) |  | Signature |  | Date |  |

\* **EXCEPTIONS:** If you have answered "NO" to any question, please contact OCPA at [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) or call 1-855-729-6040 for a consultation. Any "No" answers will need to be reviewed and approved as exceptions by OCPA.

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



|                    |  |                              |  |
|--------------------|--|------------------------------|--|
| Organization Name: |  | Contractor City<br>Vendor ID |  |
|--------------------|--|------------------------------|--|

**SFDPH COMPLIANCE ATTESTATION**

This Attestation is to be completed by Contractors and Data Trading Partners that are required to abide by the SFDPH Business Associates Agreement in compliance with Medicare/Medicaid Conditions of Participation, False Claims Act and other ethics/compliance laws and regulations. **INSTRUCTIONS:** File and retain completed Attestations for a period of 7 years. Please be prepared to submit your completed Attestations, along with evidence of the following, when and if requested to do so.

| YES     | NO*                     | DOES YOUR ORGANIZATION...   |         |                         |         |        |
|---------|-------------------------|---|---------|-------------------------|---------|--------|
| A       |                         | Have a formal Compliance Program?   |         |                         |         |        |
| B       |                         | Have a designated Compliance Officer?   |         |                         |         |        |
|         |                         | <table border="1"> <tr> <td>If yes:</td> <td>Compliance Officer Name</td> <td>Phone #</td> <td>Email:</td> </tr> </table>   | If yes: | Compliance Officer Name | Phone # | Email: |
| If yes: | Compliance Officer Name | Phone #   | Email:  |                         |         |        |
| C       |                         | Require all employees who have access to SFDPH Systems or PHI to take Compliance training upon hire and annually thereafter? (Use of SFDPH <u>compliance training</u> will suffice for "yes".) [Beginning in FY1516, DPH will require you to retain these records for 7 years.]   |         |                         |         |        |
| D       |                         | Have proof that employees upon hire, and annually thereafter, have signed agreement to the SFDPH "Code of Conduct"? [Beginning in FY1516, DPH will require document retention for 7 years.]   |         |                         |         |        |
| E       |                         | Have mechanisms in place to identify and promptly respond to compliance deficiencies and report to the SFDPH all identified compliance deficiencies related to services that were billed by SFDPH or that could jeopardize your organization's continued participation in government health care programs, including Medicare or Medi-Cal funded programs?  |         |                         |         |        |
| F       |                         | Publicize and promote the SFDPH Compliance and Privacy Hotline number (1-855-729-6040) or the <u>City's Whistleblower Program</u> including posting a <u>notice</u> of whistleblower protections in staff areas where it can be seen?   |         |                         |         |        |
| G       |                         | Have a Code of Conduct or Ethics policy that includes a mechanism for staff to confidentially and anonymously report potential compliance concerns as well as a strict non-retaliation policy (Use of SFDPH <u>Compliance policies</u> will suffice for "yes".)?  |         |                         |         |        |
| H       |                         | Have mechanisms in place to review the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) exclusion lists upon initial hire and monthly thereafter to ensure that no employee, temporary employee, volunteer, consultant, or governing body member responsible for administering or delivering Federal Healthcare Program services is excluded from (may not work in) a federal health care program? [False Claims Act] |         |                         |         |        |
| I       |                         | Require (or will require, if/when applicable) subcontractors/vendors to comply with all requirements in this Attestation?   |         |                         |         |        |

**ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct.**

|  |              |           |      |
|--|--------------|-----------|------|
| ATTESTED by Compliance Officer                   | Name (print) | Signature | Date |
| ATTESTED by CEO / Exec Director                  | Name (print) | Signature | Date |
| ATTESTED by Chair, Board of Directors / Trustees | Name (print) | Signature | Date |

**\* EXCEPTIONS:** If you have answered "NO" to any question, please contact OCPA at [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) or call 1-855-729-6040 for a consultation. Any "No" answers will need to be reviewed and approved as exceptions by OCPA.

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

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1  
7/01/16-6/30/17  
PAGE A

|   |   |   |
|---|---|---|
| <b>Contractor:</b> San Francisco AIDS Foundation<br><b>Address:</b> P. O. Box 426182<br>San Francisco, CA 94142-6182<br><br><b>Telephone:</b> (415) 487-3000<br><b>Fax:</b> (415) 487-3009<br><br><b>Program Name:</b> Syringe Access Services<br><br><b>ACE Control #:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span> | <div style="border:1px solid black; padding:10px; width:50px; margin:auto;">HPS</div> | <b>CMS #</b><br><div style="border:1px solid black; padding:2px; text-align:center;">7774</div><br><br><b>Invoice Number</b><br><div style="border:1px solid black; padding:2px; text-align:center;">A-1JUL16</div><br><br><b>Contract Purchase Order No:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span><br><br><b>Funding Source:</b> <span style="border:1px solid black; padding:2px;">General Fund</span><br><br><b>Grant Code/Detail:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span><br><br><b>Project Code/Detail:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span><br><br><b>Invoice Period:</b> <span style="border:1px solid black; padding:2px;">07/1/16 - 07/31/16</span><br><br><b>FINAL Invoice</b> <span style="border:1px solid black; display:inline-block; width:50px; height:15px;"></span> (check if Yes) |
|---|---|---|

| DELIVERABLES      | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|-------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                   | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Access    | 5,906            |     |                       |     |                   |     |            |     | 5,906                  |     |
| Prgr Coordination | 12               |     |                       |     |                   |     |            |     | 12                     |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |

|                                   |     |     |     |     |     |
|-----------------------------------|-----|-----|-----|-----|-----|
|                                   | NOC | NOC | NOC | NOC | NOC |
| Unduplicated Clients for Appendix |     |     |     |     |     |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$254,725          |                      |                  |             | \$254,725.00          |
| Fringe Benefits  | \$63,681           |                      |                  |             | \$63,681.00           |
| <b>Total Personnel Expenses</b>  | <b>\$318,406</b>   |                      |                  |             | <b>\$318,406.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$70,437           |                      |                  |             | \$70,437.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$721,069          |                      |                  |             | \$721,069.00          |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$77,204           |                      |                  |             | \$77,204.00           |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   | \$506,731          |                      |                  |             | \$506,731.00          |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,375,441</b> |                      |                  |             | <b>\$1,375,441.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,693,847</b> |                      |                  |             | <b>\$1,693,847.00</b> |
| Indirect Expenses  | \$169,385          |                      |                  |             | \$169,385.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$1,863,232</b> |                      |                  |             | <b>\$1,863,232.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

|   |   |             |
|---|---|-------------|
| Send to: SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|---|---|-------------|

APPENDIX F-1  
7/01/16-8/30/17  
PAGE B

Program Name: Syringe Access Services

ACE Control #:

[illegible]

Date: \_\_\_\_\_

APPENDIX F-1a  
7/01/16-6/30/17  
PAGE A

A-1JUL16

FINAL Invoice ☐ (check if Yes)

**ACE Control #:**

7/01/2016

APPENDIX F-1a  
7/01/16-6/30/17  
PAGE B

|                             |   |
|-----------------------------|---|
| Invoice Number              | A-1JUL16                                |
| Contract Purchase Order No: |   |
| Fund Source:                | General Fund                            |
| Grant Code/Detail:          |   |
| Project Code/Detail:        |   |
| Invoice Period:             | 07/1/16 - 07/31/16                      |
| FINAL Invoice               | <input type="checkbox"/> (check if Yes) |

ACE Control #:

[illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1b  
7/01/16-12/31/16  
PAGE A

|   |   |   |
|---|---|---|
| <b>Contractor:</b> San Francisco AIDS Foundation<br><b>Address:</b> P. O. Box 426182<br>San Francisco, CA 94142-6182<br><br><b>Telephone:</b> (415) 487-3000<br><b>Fax:</b> (415) 487-3009<br><br><b>Program Name:</b> Syringe Access Services<br><br><b>ACE Control #:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span> | <div style="border:1px solid black; padding:5px; width:50px; margin:auto;"><b>HPS</b></div> | <b>CMS #</b><br><div style="border:1px solid black; padding:2px; display:inline-block;">7774</div><br><br><b>Invoice Number</b><br><div style="border:1px solid black; padding:2px; display:inline-block;">A-1JUL16</div><br><br><b>Contract Purchase Order No:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span><br><br><b>Funding Source:</b> <span style="border:1px solid black; padding:2px; display:inline-block;">CDC</span><br><br><b>Grant Code/Detail:</b> <span style="border:1px solid black; padding:2px; display:inline-block;">HCHIVPREVNGR</span><br><br><b>Project Code/Detail:</b> <span style="border:1px solid black; padding:2px; display:inline-block;">HCPD90</span><br><br><b>Invoice Period:</b> <span style="border:1px solid black; padding:2px; display:inline-block;">07/1/16 - 07/31/16</span><br><br><b>FINAL Invoice</b> <span style="border:1px solid black; padding:2px; display:inline-block; width:30px; height:15px;"></span> (check if Yes) |
|---|---|---|

| DELIVERABLES      | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|-------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                   | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Peer Coordination | 6                |     |                       |     |                   |     |            |     | 6                      |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |

|                                   | NOC | NOC | NOC | NOC | NOC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix |     |     |     |     |     |

| EXPENDITURES   | BUDGET  | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|---------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |         |                      |                  |             |                   |
| Fringe Benefits  |         |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |         |                      |                  |             |                   |
| 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)      | \$4,545 |                      |                  |             | \$4,545.00        |
| 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, Stipends, Facilitators)                       |         |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$4,545 |                      |                  |             | \$4,545.00        |
| <b>Capital Expenditures</b>  |         |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$4,545 |                      |                  |             | \$4,545.00        |
| Indirect Expenses  | \$455   |                      |                  |             | \$455.00          |
| <b>TOTAL EXPENSES</b>  | \$5,000 |                      |                  |             | \$5,000.00        |
| <b>LESS: Initial Payment Recovery</b>  |         |                      |                  |             |                   |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                               |         |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |         |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

|   |   |             |
|---|---|-------------|
| Send to: SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|---|---|-------------|

APPENDIX F-1b  
7/01/16-12/31/16  
PAGE B

|                             |                    |
|-----------------------------|--------------------|
| Invoice Number              | A-1JUL16           |
| Contract Purchase Order No: |                    |
| Fund Source:                | CDC                |
| Grant Code/Detail:          | HCHIVPREVNGR       |
| Project Code/Detail:        | HCPD90             |
| Invoice Period:             | 07/1/16 - 07/31/16 |
| FINAL Invoice               | (check if Yes)     |

ACE Control #: [illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

7/01/2016

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1c  
7/01/17-6/30/18  
PAGE A

Contractor: **San Francisco AIDS Foundation**  
Address: **P. O. Box 426182**  
**San Francisco, CA 94142-6182**

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

Program Name: **Syringe Access Services**

ACE Control #:

**HPS**

CMS #

**7774**

Invoice Number

**A-1JUL17**

Contract Purchase Order No:

Funding Source: **General Fund**

Grant Code/Detail:

Project Code/Detail:

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

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES         | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|----------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                      | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Access       | 5,906            |     |                       |     |                   |     |            |     | 5,906                  |     |
| Program Coordination | 12               |     |                       |     |                   |     |            |     | 12                     |     |
|                      |                  |     |                       |     |                   |     |            |     |                        |     |
|                      |                  |     |                       |     |                   |     |            |     |                        |     |
|                      |                  |     |                       |     |                   |     |            |     |                        |     |
|                      |                  |     |                       |     |                   |     |            |     |                        |     |

|                                   | NOC | NOC | NOC | NOC | NOC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix |     |     |     |     |     |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$254,725          |                      |                  |             | \$254,725.00          |
| Fringe Benefits  |                    |                      |                  |             | \$63,681.00           |
| <b>Total Personnel Expenses</b>  | <b>\$318,406</b>   |                      |                  |             | <b>\$318,406.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$70,437           |                      |                  |             | \$70,437.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$721,069          |                      |                  |             | \$721,069.00          |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$77,204           |                      |                  |             | \$77,204.00           |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   | \$506,731          |                      |                  |             | \$506,731.00          |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,375,441</b> |                      |                  |             | <b>\$1,375,441.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,693,847</b> |                      |                  |             | <b>\$1,693,847.00</b> |
| Indirect Expenses  | \$169,385          |                      |                  |             | \$169,385.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$1,863,232</b> |                      |                  |             | <b>\$1,863,232.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-1c  
7/01/17-6/30/18  
PAGE B

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

ACE Control #: [illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

7/01/2016

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1d  
7/01/17-6/30/18  
PAGE A

|   |   |   |  |  |
|---|---|---|--|--|
| <b>Contractor:</b> San Francisco AIDS Foundation<br><b>Address:</b> P. O. Box 426182<br>San Francisco, CA 94142-6182<br><br><b>Telephone:</b> (415) 487-3000<br><b>Fax:</b> (415) 487-3009<br><br><b>Program Name:</b> Syringe Access Services<br><br><b>ACE Control #:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span> | <div style="border:2px solid black; padding:10px; width:50px; margin:auto;">HPS</div> | <b>CMS #</b><br><div style="border:1px solid black; padding:2px; text-align:center;">7774</div> | <b>Invoice Number</b><br><div style="border:1px solid black; padding:2px; text-align:center;">A-1JUL17</div> | <b>Contract Purchase Order No:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span><br><br><b>Funding Source:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px; text-align:center;">General Fund</span><br><br><b>Grant Code/Detail:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span><br><br><b>Project Code/Detail:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span><br><br><b>Invoice Period:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px; text-align:center;">07/1/17 - 07/31/17</span><br><br><b>FINAL Invoice</b> <span style="border:1px solid black; display:inline-block; width:50px; height:15px;"></span> (check if Yes) |
|---|---|---|--|--|

| DELIVERABLES    | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|-----------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                 | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Plasma Infusion | 12               |     |                       |     |                   |     |            |     | 12                     |     |
|                 |                  |     |                       |     |                   |     |            |     |                        |     |
|                 |                  |     |                       |     |                   |     |            |     |                        |     |
|                 |                  |     |                       |     |                   |     |            |     |                        |     |
|                 |                  |     |                       |     |                   |     |            |     |                        |     |

|                                   |     |     |     |     |     |
|-----------------------------------|-----|-----|-----|-----|-----|
|                                   | NOC | NOC | NOC | NOC | NOC |
| Unduplicated Clients for Appendix |     |     |     |     |     |

| EXPENDITURES  | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)   |           |                      |                  |             |                   |
| Fringe Benefits   |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>   |           |                      |                  |             |                   |
| Operating Expenses:   |           |                      |                  |             |                   |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)    |           |                      |                  |             |                   |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies) |           |                      |                  |             | \$148,830.00      |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)     | \$30,000  |                      |                  |             | \$30,000.00       |
| Staff Travel - (e.g., Local & Out of Town)  |           |                      |                  |             |                   |
| Consultant/Subcontractor  |           |                      |                  |             |                   |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                          |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>   | \$178,830 |                      |                  |             | \$178,830.00      |
| <b>Capital Expenditures</b>   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>  | \$178,830 |                      |                  |             | \$178,830.00      |
| Indirect Expenses   | \$17,883  |                      |                  |             | \$17,883.00       |
| <b>TOTAL EXPENSES</b>   | \$196,713 |                      |                  |             | \$196,713.00      |
| LESS: Initial Payment Recovery  |           |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)   |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>  |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

|   |   |             |
|---|---|-------------|
| Send to: SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|---|---|-------------|



APPENDIX F-1d  
7/01/17-6/30/18  
PAGE B

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

Program Name: Syringe Access Services

ACE Control #:

[illegible]

Date: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1a  
7/01/17-12/31/17  
PAGE A

Contractor: San Francisco AIDS Foundation  
Address: P. O. Box 426182  
San Francisco, CA 94142-6182

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

Program Name: Syringe Access Services

ACE Control #:

**HPS**

CMS #

7774

Invoice Number

A-1JUL17

Contract Purchase Order No:

Funding Source:  CDC

Grant Code/Detail:  HCHIVPREVNGR

Project Code/Detail:  HCPD90

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

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES              | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|---------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| <b>Total Deliverables</b> | 6                          |     |                                 |     |                             |     |                      |     | 6                                |     |
|                           |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                           |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                           |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                           |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                   |     |     |     |     |     |
|-----------------------------------|-----|-----|-----|-----|-----|
|                                   | NOC | NOC | NOC | NOC | NOC |
| Unduplicated Clients for Appendix |     |     |     |     |     |

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

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-1e  
7/01/17-12/31/17  
PAGE B

Invoice Number  
A-1JUL17

Contract Purchase Order No: 

Fund Source: CDC

Grant Code/Detail: HCHIVPREVNGR

Project Code/Detail: HCPD90

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

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2  
7/01/16-6/30/17  
PAGE A

|   |   |   |
|---|---|---|
| <b>Contractor:</b> San Francisco AIDS Foundation<br><b>Address:</b> P. O. Box 426182<br>San Francisco, CA 94142-6182<br><br><b>Telephone:</b> (415) 487-3000<br><b>Fax:</b> (415) 487-3009<br><br><b>Program Name:</b> Syringe Access Services<br><br><b>ACE Control #:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span> | <div style="border:1px solid black; padding:10px; width:50px; margin:auto;">HPS</div> | <b>CMS #</b><br><div style="border:1px solid black; padding:2px; text-align:center;">7774</div><br><br><b>Contract Purchase Order No:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span><br><br><b>Funding Source:</b> <span style="border:1px solid black; padding:2px;">General Fund</span><br><br><b>Grant Code/Detail:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span><br><br><b>Project Code/Detail:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span><br><br><b>Invoice Period:</b> <span style="border:1px solid black; padding:2px;">07/1/16 - 07/31/16</span><br><br><b>FINAL Invoice</b> <span style="border:1px solid black; display:inline-block; width:30px; height:15px;"></span> (check if Yes) |
|---|---|---|

| DELIVERABLES      | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|-------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                   | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Team Coordination | 12               |     |                       |     |                   |     |            |     | 12                     |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |
|                   |                  |     |                       |     |                   |     |            |     |                        |     |

|                                   | NOC | NOC | NOC | NOC | NOC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix |     |     |     |     |     |

| EXPENDITURES   | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) |           |                      |                  |             |                   |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      |           |                      |                  |             |                   |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          |           |                      |                  |             |                   |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |           |                      |                  |             |                   |
| <b>Consultant/Subcontractor</b>  | \$142,595 |                      |                  |             | \$142,595.00      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$142,595 |                      |                  |             | \$142,595.00      |
| <b>Capital Expenditures</b>  |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$142,595 |                      |                  |             | \$142,595.00      |
| Indirect Expenses  | \$14,259  |                      |                  |             | \$14,259.00       |
| <b>TOTAL EXPENSES</b>  | \$156,854 |                      |                  |             | \$156,854.00      |
| <b>LESS: Initial Payment Recovery</b>  |           |                      |                  |             |                   |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

|   |   |             |
|---|---|-------------|
| Send to: SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|---|---|-------------|

APPENDIX F-2  
7/01/16-6/30/17  
PAGE B

A-1JUL16

**FINAL Invoice** ☐ (check if Yes)

[illegible]

**Title:** \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

aAPPENDIX F-2  
7/01/17-6/30/18  
PAGE A

|   |  |   |  |  |
|---|--|---|--|--|
| <b>Contractor:</b> San Francisco AIDS Foundation<br><b>Address:</b> P. O. Box 426182<br>San Francisco, CA 94142-6182<br><br><b>Telephone:</b> (415) 487-3000<br><b>Fax:</b> (415) 487-3009<br><br><b>Program Name:</b> Syringe Access Services<br><br><b>ACE Control #:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span> | <div style="border:1px solid black; padding:5px; width:50px; margin:auto;">HPS</div> | <b>CMS #</b><br><div style="border:1px solid black; padding:2px; text-align:center;">7774</div> | <b>Invoice Number</b><br><div style="border:1px solid black; padding:2px; text-align:center;">A-1JUL17</div> | <b>Contract Purchase Order No:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span><br><br><b>Funding Source:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px; text-align:center;">General Fund</span><br><br><b>Grant Code/Detail:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span><br><br><b>Project Code/Detail:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px;"></span><br><br><b>Invoice Period:</b> <span style="border:1px solid black; display:inline-block; width:150px; height:15px; text-align:center;">07/1/17 - 07/31/17</span><br><br><b>FINAL Invoice</b> <span style="border:1px solid black; display:inline-block; width:50px; height:15px;"></span> (check if Yes) |
|---|--|---|--|--|

| DELIVERABLES         | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|----------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                      | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Program Coordination | 12               |     |                       |     |                   |     |            |     | 12                     |     |
|                      |                  |     |                       |     |                   |     |            |     |                        |     |
|                      |                  |     |                       |     |                   |     |            |     |                        |     |
|                      |                  |     |                       |     |                   |     |            |     |                        |     |
|                      |                  |     |                       |     |                   |     |            |     |                        |     |
|                      |                  |     |                       |     |                   |     |            |     |                        |     |

|                                   | NOC | NOC | NOC | NOC | NOC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix |     |     |     |     |     |

| EXPENDITURES  | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)   |           |                      |                  |             |                   |
| Fringe Benefits   |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>   |           |                      |                  |             |                   |
| Operating Expenses:   |           |                      |                  |             |                   |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)    |           |                      |                  |             |                   |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies) |           |                      |                  |             |                   |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)     |           |                      |                  |             |                   |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |           |                      |                  |             |                   |
| <b>Consultant/Subcontractor</b>   | \$142,595 |                      |                  |             | \$142,595.00      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                   |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>   | \$142,595 |                      |                  |             | \$142,595.00      |
| <b>Capital Expenditures</b>   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>  | \$142,595 |                      |                  |             | \$142,595.00      |
| Indirect Expenses   | \$14,259  |                      |                  |             | \$14,259.00       |
| <b>TOTAL EXPENSES</b>   | \$156,854 |                      |                  |             | \$156,854.00      |
| <b>LESS: Initial Payment Recovery</b>   |           |                      |                  |             |                   |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                  |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>  |           |                      |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

|   |  |                    |
|---|--|--------------------|
| <b>Send to:</b> SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor<br>San Francisco, CA 94103<br><b>Attn:</b> Contract Payments | <b>By:</b> _____<br>(DPH Authorized Signatory) | <b>Date:</b> _____ |
|---|--|--------------------|

aAPPENDIX F-2  
7/01/17-6/30/18  
PAGE B

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

Program Name: Syringe Access Services

ACE Control #:

[illegible]

Date: \_\_\_\_\_

## 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](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 or concerns about this Dispute Resolution Procedure should be addressed to [purchasing@sfgov.org](mailto: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 disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. 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](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](mailto: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.



# CERTIFICATE OF LIABILITY INSURANCE

SANFRAN-02

POBAR1

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0H81923  
G2 Insurance Services, LLC  
140 New Montgomery, 21st Floor  
San Francisco, CA 94105

**CONTACT**

NAME:

PHONE (A/C, No, Ext): (415) 426-6600

FAX

(A/C, No): (415) 426-6601

E-MAIL

ADDRESS:

**INSURER(S) AFFORDING COVERAGE**

NAIC #

INSURER A : Nonprofits' Insurance Alliance of California (NIAC)

INSURER B : Berkshire Hathaway Homestate Insurance Company

20044

INSURER C : North American Elite Insurance Company

29700

INSURER D :

INSURER E :

INSURER F :

**INSURED**

San Francisco AIDS Foundation  
1035 Market Street, Ste. 400  
San Francisco, CA 94103

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

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

| INSR LTR | TYPE OF INSURANCE   | ADDL SUBR INSD WVD                  | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-------------------------------------|----------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Social Services Prof<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X                                   | 201600950NPO   | 04/01/2016              | 04/01/2017              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 20,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000<br>LIQUOR LIABILITY \$ 1,000,000 |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   | X                                   | 201600950NPO   | 04/01/2016              | 04/01/2017              | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$ 1,000,000<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |                                     | 201600950UMBPO | 04/01/2016              | 04/01/2017              | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$<br>General Aggregate \$ 10,000,000   |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> N/A | SAWC712175     | 07/01/2016              | 07/01/2017              | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |
| C        | Business Pers Prop  |                                     | CWB001009205   | 04/01/2016              | 04/01/2017              | 6,195,000  |

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 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.

**CERTIFICATE HOLDER****CANCELLATION**

City and County of San Francisco - SFDPH  
101 Grove Street  
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

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**Nonprofits' Insurance  
Alliance of California**

A HEART FOR SURVIVANCE... A HEART FOR NONPROFITS

Policy Number: 201600950NPO

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.



**Nonprofits' Insurance  
Alliance of California**  
A HEAD FOR INSURANCE... A HEART FOR NON-PROFITS

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 **1<sup>st</sup> 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 1<sup>st</sup>, 2016 (CID# 1000002634)**, between Contractor and City, as amended by the:

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

## **Article 2      Modifications to the Agreement**

The Agreement is hereby modified as follows:

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

### **Article 2      Term of the Agreement**

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

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

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

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

### **Article 2      Term of the Agreement**

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

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

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

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

### **Article 3 Financial Matters**

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

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

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

### **3.3 Compensation.**

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

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



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

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

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

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

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

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

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

**3.3.7 Grant Funded Contracts.**

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

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

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

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

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

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

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

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

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

### **Article 3 Financial Matters**

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

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

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

#### **3.3 Compensation.**

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

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



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

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

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

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

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

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

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

**3.3.7 Grant Funded Contracts.**

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

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

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

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

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

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

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

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

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

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



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

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

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

**Article 4 Services and Resources**

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

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

**4.3 Subcontracting.**

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

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

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

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

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

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

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

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

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

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

## **Article 5 Insurance and Indemnity**

### **5.1 Insurance.**

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

## **Article 8 Termination and Default**

### **8.1 Termination for Convenience**

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

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

- (a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.
- (b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.
- (c) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- (d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- (e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.
- (f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

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



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

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

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

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

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

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

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

## **8.2 Termination for Default; Remedies.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **Article 10 Additional Requirements Incorporated by Reference**

10.1 **Laws Incorporated by Reference.** The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at [http://www.amlegal.com/codes/client/san-francisco\\_ca/](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 Sections 12B.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<br>Department of Public Health<br>101 Grove Street, Room 402<br>San Francisco, California 94102 | e-mail: | Nora.macias@sfdph.org  |
| And:           | TOMAS ARAGON, MD, MPH<br>CHEP<br>101 GROVE STREET, ROOM 308<br>SAN FRANCISCO, CA 94102   | e-mail: | Tomas.aragon@sfdph.org |
| To CONTRACTOR: | SAN FRANCISCO AIDS FOUNDATION<br>1035 MARKET STREET, SUITE 400<br>SAN FRANCISCO, CA 94103  | e-mail: | jhollendoner@sfaf.org  |

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

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

### **11.3 Reserved.**

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

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

### **11.6 Dispute Resolution Procedure.**

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

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

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

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

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

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

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

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

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

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

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

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

## **Article 12 Department Specific Terms**

### **12.1 Third Party Beneficiaries.**

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

### **12.2 Certification Regarding Lobbying.**

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

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

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

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

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



### **12.3 Materials Review.**

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

### **12.4 Emergency Response.**

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

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

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

## **Article 13 Data and Security**

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

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

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



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

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

**13.3 Business Associate Agreement.**

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

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

1. ☒ **CONTRACTOR will create, receive, maintain, transmit, or access SFDPH PHI And is a Covered Entity<sup>1</sup> as defined under HIPAA;**  
Complete the following attached documents:
  - a. Appendix E SFDPH Protected Information Privacy & Security Agreement (PSA) (06-21-2017)
  - b. SFDPH Attestation 1 PRIVACY (06-07-2017)
  - c. SFDPH Attestation 2 DATA SECURITY (06-07-2017)
  - d. SFDPH Attestation 3 COMPLIANCE (06-07-2017)
  
2. ☐ **CONTRACTOR will create, receive, maintain, transmit, or access SFDPH PHI And is NOT a Covered Entity<sup>1</sup> as defined under HIPAA;**  
Complete the following attached documents:
  - a. Appendix E SFDPH Business Associates Agreement (BAA) (08-04-2017)
  - b. SFDPH Attestation 1 PRIVACY (06-07-2017)
  - c. SFDPH Attestation 2 DATA SECURITY (06-07-2017)
  
3. ☐ **CONTRACTOR will NOT create, receive, maintain, transmit, or access SFDPH PHI;**  
Appendix E and attestations are not required.  
**This option requires review and approval from the Office of Compliance and Privacy Affairs.**

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<sup>1</sup> A Covered Entity is defined under HIPAA as one of the following:

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

**Source:** <https://www.hhs.gov/hipaa/for-professionals/covered-entities/index.html>

[https://privacyruleandresearch.nih.gov/pr\\_06.asp](https://privacyruleandresearch.nih.gov/pr_06.asp)

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

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

#### **Article 14 MacBride And Signature**

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

**The Appendices listed below are Amended as follows:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Article 3      Effective Date**

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



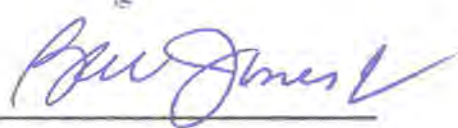

**Article 4      Legal Effect**

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

**[SIGNATURES ON FOLLOWING PAGE]**



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

|   |   |
|---|---|
| <b>CITY</b><br>Recommended by:<br><br><br>_____<br>Barbara A. Garcia, MPA<br>Director of Health<br>Department of Public Health<br><br>Approved as to Form:<br><br>Dennis J. Herrera<br>City Attorney<br><br>By: <br>_____<br>Deputy City Attorney<br><br>Approved:<br><br><br>_____<br>Jaci Fong<br>Director of the Office of Contract<br>Administration, and<br>Purchaser | <b>CONTRACTOR</b><br><b>SAN FRANCISCO AIDS FOUNDATION</b><br><br><br>_____<br>Joe Hollendonner<br>Chief Executive Officer<br>1035 Market Street, Suite 400<br>San Francisco, CA 94103<br><br>Supplier ID number: 0000011638 |
|---|---|



## **Appendix A Scope of Services**

### **1. Terms**

#### **A. Contract Administrator:**

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

#### **B. Reports:**

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

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

#### **C. Evaluation:**

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

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

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

#### **D. Possession of Licenses/Permits:**

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

#### **E. Adequate Resources:**

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

F. Admission Policy:

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

G. Grievance Procedure:

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

H. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

I. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

J. Acknowledgment of Funding:

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

K. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

L. Under-Utilization Reports:

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

M. Quality Assurance:

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

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



N. Compliance With Grant Award Notices:

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

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

**2. Description of Services**

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1 – HIV Syringe Access and Disposal Services

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

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

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

## CONTRACT SUMMARY

**Service Provider(s):** San Francisco AIDS Foundation  
**Fiscal Agency:** San Francisco AIDS Foundation  
**Total Contract Amount:** \$9,060,163  
**Funding Source:** HPS General Fund/CDC  
**Program Name:** Syringe Access and Disposal Services  
**System of Care:** Population Health - HIV Prevention Services (HPS)  
**Program Code:** N/A

**Provider Address:** 1035 Market Street, Suite 400 - SF CA 94103

**Provider Phone:** 415-487-3000

**Contact Person:** Richard Hill, Director of Government Contracts Direct Phone Number: 415-487-8042 Email: rhill@sfa.org

**Provider Fax:** 415-487-3094

**RFP#:** 3-2016

**Appendix A:**

**Appendix B:**

**Funding Source**

**Funding Amount:**

**Funding Term:**

**Number of UOS:**

**Number of**

**UDC/NOC:**

**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

Syringe Access & Disposal Services Hrs.  
Disposal Coordination & Bulk Purchasing  
Citywide Syringe Sweeps  
Community-Based Sweeps Events

Syringe Access & Disposal Services Hrs.  
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            |
| 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            | N/A            | 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                                  | N/A            | 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            |                |                |                 |
| GF                                   | GF             | CDC             |                |                |                 |
| \$1,956,679                          | \$206,672      | \$5,000         |                |                |                 |
| 7.1.18-6.30.19                       | 7.1.18-6.30.19 | 1.1.18-12.31.18 |                |                |                 |
| UOS                                  | UOS            | UOS             |                |                |                 |
| 3,614                                | N/A            | N/A             |                |                |                 |
| 12                                   | 12             | 12              |                |                |                 |
| 2,028                                | N/A            | N/A             |                |                |                 |
| 264                                  | N/A            | N/A             |                |                |                 |

| <b>Number of UDC/NOC:</b>               |   | <table> <tr> <th>NOC</th><th>NOC</th><th>NOC</th></tr> <tr> <td>Syringe Access &amp; Disposal Services Hrs.</td><td>44,300</td><td>N/A</td></tr> <tr> <td>Disposal Coordination &amp; Bulk Purchasing</td><td>N/A</td><td>N/A</td></tr> <tr> <td>Citywide Syringe Sweeps</td><td>N/A</td><td>N/A</td></tr> <tr> <td>Community-Based Sweeps Events</td><td>N/A</td><td>N/A</td></tr> </table> | NOC | NOC | NOC | Syringe Access & Disposal Services Hrs. | 44,300 | N/A | Disposal Coordination & Bulk Purchasing | N/A | N/A | Citywide Syringe Sweeps | N/A | N/A | Community-Based Sweeps Events | N/A | N/A |
|---|---|--|-----|-----|-----|---|--------|-----|---|-----|-----|-------------------------|-----|-----|-------------------------------|-----|-----|
| NOC                                     | NOC   | NOC  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| Syringe Access & Disposal Services Hrs. | 44,300  | N/A  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| Disposal Coordination & Bulk Purchasing | N/A   | N/A  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| Citywide Syringe Sweeps                 | N/A   | N/A  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| Community-Based Sweeps Events           | N/A   | N/A  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| <b>Definition and # of UOS:</b>         | A Unit of Service (UOS) is equivalent to 1 hour of service/activity or 1 month of Program Coordination.   |  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| <b>Target Population:</b>               | Intravenous drug users (IDUs) throughout San Francisco.   |  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| <b>Description of Services:</b>         | 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 |  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| <b>Appendix A:</b>                      |   |  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| <b>Appendix B:</b>                      |   |  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| <b>Funding Source</b>                   |   |  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| <b>Funding Amount:</b>                  |   |  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| <b>Funding Term:</b>                    |   |  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| <b>Number of UOS:</b>                   |   |  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| <b>Number of UDC/NOC:</b>               |   |  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| <b>Definition and # of UOS:</b>         |   |  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| <b>Target Population:</b>               |   |  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |
| <b>Target Population:</b>               |   |  |     |     |     |   |        |     |   |     |     |                         |     |     |                               |     |     |

| Appendix A-2 Homeless Youth Alliance |                |                |
|--------------------------------------|----------------|----------------|
| B-2                                  | B-2a           | B-2b           |
| GF                                   | GF             | GF             |
| \$156,854                            | \$160,775      | \$164,794      |
| 7.1.16-6.30.17                       | 7.1.17-6.30.18 | 7.1.18-6.30.19 |
| UOS                                  | UOS            | UOS            |
| 12                                   | 12             | 12             |
| NOC                                  | NOC            | NOC            |
| N/A                                  | N/A            | N/A            |

HYA Wrap Around & Disposal

HYA Wrap Around & Disposal

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

Young adults aged 13-29 living on the street 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. Funds are to be used for various personnel and operating expenses and for syringe disposal services.

|                            |   |   |                       |                       |
|----------------------------|---|---|-----------------------|-----------------------|
| <b>Appendix A:</b>         |   | <b>Appendix A-3 6th Street Harm Reduction Ct.</b> |                       |                       |
| <b>Appendix B:</b>         |   | <b>B-3</b>  | <b>B-3a</b>           | <b>B-3b</b>           |
| <b>Funding Source</b>      |   | <b>GF</b>   | <b>GF</b>             | <b>GF</b>             |
| <b>Funding Amount:</b>     |   | <b>\$344,000</b>                                  | <b>\$884,000</b>      | <b>\$1,000,000</b>    |
| <b>Funding Term:</b>       |   | <b>11.1.16-6.30.17</b>                            | <b>7.1.17-6.30.18</b> | <b>7.1.18-6.30.19</b> |
|                            |   | <b>UOS</b>  | <b>UOS</b>            | <b>UOS</b>            |
| <b>Number of UOS:</b>      | Harm Reduction Center Services Hrs.   | <b>8</b>  | <b>12</b>             | <b>12</b>             |
| <b>Number of</b>           |   | <b>NOC</b>  | <b>NOC</b>            | <b>NOC</b>            |
| <b>UDC/NOC:</b>            | Harm Reduction Center Services Hrs.   | <b>18,400</b>                                     | <b>35,343</b>         | <b>36,960</b>         |
| <b>Definition and # of</b> | A Unit of Service (UOS) is equivalent to 1 Month of Harm Reduction Center Services.   |   |                       |                       |
| <b>UOS:</b>                |   |   |                       |                       |
| <b>Target Population:</b>  | Intravenous drug users (IDUs) throughout San Francisco.   |   |                       |                       |
| <b>Description of</b>      | Services available at the Harm Reduction Center include:  |   |                       |                       |
| <b>Services:</b>           | <ul style="list-style-type: none"><li>• 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;</li><li>• engagement in and linkage to HIV and HCV testing and care;</li><li>• peer-based activities and education on topics such as overdose prevention, vein care, harm reduction counseling;</li><li>• crisis intervention;</li><li>• syringe access services, including access to syringes and supplies as well as disposal for used syringes;</li><li>• food and snacks;</li><li>• a breakfast club adherence program;</li><li>• secure lockers for clients to store HIV and HCV medications.</li></ul> |   |                       |                       |

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](http://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](mailto:tmorris@sfaf.org)

**2. Nature of Document:**

☐ New ☐ Renewal ☒ Modification

**Appendix Terms:**

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

**3. Goal Statement:**

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

**4. Target Population:**

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



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

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

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

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

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

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

|  |    |     |
|--|----|-----|
| <b>Syringe Access and Disposal Coordination &amp; Bulk Purchasing</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 12 | N/A |

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

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

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

|  |    |     |
|--|----|-----|
| <b>Syringe Access and Disposal Coordination &amp; Bulk Purchasing</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 12 | N/A |

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

|  |    |     |
|--|----|-----|
| <b>Syringe Access and Disposal Coordination &amp; Bulk Purchasing</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 12 | N/A |

**6. Methodology:**

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

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

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

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



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



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

## 7. Objectives and Measurements:

### A. Individualized Objectives

- 1) By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will provide at least 3,500,000 syringes annually to 44,300 people as documented by syringe access logs.
  - 2) By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will provide at least 200,000 condoms annually to 16,500 people as documented by condom cases ordered.
  - 3) By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will collect at least 10,500 syringes annually as documented by disposal sweep logs .
  - 4) By the end of each program year, Syringe Access Collaborative/San Francisco AIDS Foundation will conduct at least 264 community clean-up events annually to 900 people as documented by volunteer sign in sheets and sweep logs.
1. **Staff Issues:** SFAF's SAS Program Manager, in collaboration with the Director or Behavioral Health Services and the Senior Director of Programs and Services, will review monthly SAC UOS, coordinate client satisfaction survey, ensure that site data and sweep data are recorded and submitted.
  2. **Data Collection Tools** will include: syringe access site data log, syringe disposal sweep log, volunteer sign in sheets, condom purchase invoices
  3. **Data:**  
All SAC members will collect the following data by individual site:
    - syringes returned
    - syringes distributed
    - Number of contacts and apparent demographics
    - Syringes swept
    - Mapped route of sweeps
    - Narrative of community encounters/conversations/items for follow upIn addition, SFAF collects more comprehensive data on participants through an annual anonymous survey. These voluntary surveys assess demographic data, health status (such as HIV status, linkage to care, medication adherence, etc.), risk behaviors, and client satisfaction.
  4. **Frequency:** Site data will be collected at every site, entered into an excel spreadsheet, and analyzed on a monthly basis. Sweep data will be collected at every sweep, entered into an excel spreadsheet, and analyzed on a monthly basis.
  5. **Data Reporting:** The SAS Program Manager and the Logistics Coordinator will receive and analyze these data, in coordination with the Government Contracts Director. The evaluation data will be used to measure whether sites have adequate staffing levels, if the site is well utilized or needs outreach to make it successfully reach people, to track our disposal rate and use it to motivate staff and participants to increase returns, and to assess whether our level of service meets the needs of the community.

## **8. Continuous Quality Improvement (CQI):**

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

### **a) Staff assigned to program evaluation.**

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

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

### **b) How you will review and assess the extent to which your program is meeting its objectives.**

Monthly review of contract UOS versus performance, reading client satisfaction surveys, conversations with participants about their experiences at our services, surveys.

### **c) What you will do if you learn the program is not meeting its objectives.**

Meet with the Syringe Access Collaborative and strategize, seek counsel from SFDPH, identify problems and adjust services to solve them.

### **d) How you will use data/evaluation findings to change the program.**

Looking at demographic data, attendance patterns, service utilization, and reading client satisfaction surveys can highlight areas that need adjusting to improve the program.

## **9. Required Language:**

None required.

Contractor: San Francisco AIDS Foundation  
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

**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](http://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](mailto:tmorris@sfaf.org)

**2. Nature of Document:**

☐ New ☐ Renewal ☒ Modification

**Appendix Terms:**

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

**3. Goal Statement:**

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

**4. Target Population:**

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

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

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

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

Contractor: San Francisco AIDS Foundation  
 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

**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<br>a) Personnel and Operating Expenses<br>b) HYA Disposal Efforts<br>One UOS = one month of personnel/operating expenses & disposal services | 12                     | N/A                      |
| <b>Total Services Delivered</b>   | <b>12</b>              | <b>N/A</b>               |

**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<br>a) Personnel and Operating Expenses<br>b) HYA Disposal Efforts<br>One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses | 12                     | N/A                      |
| <b>Total Services Delivered</b>   | <b>12</b>              | <b>N/A</b>               |

## 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

Contractor: San Francisco AIDS Foundation  
Fiscal Year: 2016-2017  
2017-2018  
2018-2019

Appendix A-3  
Contract Term: 11.01.16 through 06.30.19  
Funding Sources: General Fund

**1. Identifiers:**

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

**Contractor Address:** same as above

**City, State, Zip Code:**

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

**Telephone:** (415) 487-8042

**Email Address:** rhill@sfaf.org

**2. Nature of Document:**

Check one ☐ New ☐ Renewal ☒ **Modification**

**Appendix Terms:**

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

**3. Goal Statement:**

See Appendix A-1.

**4. Target Population:**

See Appendix A-1.

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

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

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



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

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

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

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

**6. Methodology:**

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

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

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

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

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

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

**7. Objectives and Measurements:**

- a) By 06/30/2017 San Francisco AIDS Foundation will increase the hours of the Harm Reduction Center by 30 hours to 44 hours.  
(The actual current hours of operation of the HRC are 44 hours per week; however, 14 of these weekly hours are already included in the services provided in Appendix A-1 of this contract.)
- b) By 06/30/2017 San Francisco AIDS Foundation will increase the number of contacts by clients seen at the Harm Reduction Center by 2,300 to 3,400.  
(The HRC will provide 3,400 client contacts per month. This number has been pro-rated between Appendices A-1 and A-3 based on the percentage of hours (UOS) allocated to each Appendix.)
- c) By 06/30/2017 San Francisco AIDS Foundation will increase the number of staff at the Harm Reduction Center by 6 FTE.

**8. Continuous Quality Improvement (CQI):**

See Appendix A-1.

**9. Required Language:**

None required.

**Appendix B**  
**Calculation of Charges**

**1. Method of Payment**

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

**2. Program Budgets and Final Invoice**

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

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

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

|                               | <u>Term</u>                | <u>Funding Source</u> | <u>Amount</u>   |
|-------------------------------|----------------------------|-----------------------|-----------------|
| 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       |
| <b>Amendment #1</b>           | <b>07/01/17 – 12/31/17</b> | <b>CDC</b>            | <b>-\$5,000</b> |
| <b>Amendment #1</b>           | <b>01/01/17 – 12/31/17</b> | <b>CDC</b>            | <b>\$5,000</b>  |

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

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

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

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

| DPH 1: Department of Public Health Contract Budget Summary by Program   |                         |                         |                         |                                     |                         |                         |                         |                         |                         |                |
|---|-------------------------|-------------------------|-------------------------|-------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|----------------|
| CMS # 7774  |                         |                         |                         | Appendix # B                        |                         |                         |                         | Page # 3                |                         |                |
| DPH Section   |                         |                         |                         |                                     |                         |                         |                         |                         |                         |                |
| Check one: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification |                         |                         |                         | Contract Term (7/1/16-6/30/19)      |                         |                         |                         | Fiscal Year(s) 16-19    |                         |                |
| Agency/Organization Name San Francisco AIDS Foundation  |                         |                         |                         | Funding Notification Date 6/27/2017 |                         |                         |                         |                         |                         |                |
| Contractor Name (may be same as above) San Francisco AIDS Foundation  |                         |                         |                         |                                     |                         |                         |                         |                         |                         |                |
| Syringe Access & Disposal Services  |                         |                         |                         |                                     |                         |                         |                         |                         |                         |                |
| Program/Provider Name   | A-1/B-1                 | A-1/B-1a                | A-1/B-1b                | A-2/B-2                             | A-3/B-3                 | A-4/B-4                 | A-5/B-5                 | A-6/B-6                 | A-7/B-7                 | TOTAL - Page 3 |
| Appendix Number   |                         |                         |                         |                                     |                         |                         |                         |                         |                         |                |
| 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                      | 7.1.16-6.30.17          | 7.1.17-6.30.18          | 7.1.17-6.30.18          | 7.1.17-6.30.18          | 7.1.17-6.30.18          |                |
| <b>EXPENSES</b>   |                         |                         |                         |                                     |                         |                         |                         |                         |                         |                |
| Salaries  | \$ 271,038              | \$ -                    | \$ -                    | \$ -                                | \$ 174,282              | \$ 415,150              | \$ -                    | \$ -                    | \$ -                    | \$ 860,470     |
| Employee Benefits   | \$ 67,760               | \$ -                    | \$ -                    | \$ -                                | \$ 43,569               | \$ 103,788              | \$ -                    | \$ -                    | \$ -                    | \$ 215,117     |
| Total Personnel Expenses  | \$ 338,798              | \$ -                    | \$ -                    | \$ -                                | \$ 217,851              | \$ 518,938              | \$ -                    | \$ -                    | \$ -                    | \$ 1,075,587   |
| Operating Expense   | \$ 1,355,049            | \$ 178,830              | \$ 4,545                | \$ 142,595                          | \$ 94,876               | \$ 1,217,256            | \$ 183,301              | \$ 4,545                | \$ 146,160              | \$ 3,327,157   |
| Capital Expense (\$5,000 and over)  | \$ -                    | \$ -                    | \$ -                    | \$ -                                | \$ -                    | \$ -                    | \$ -                    | \$ -                    | \$ -                    | \$ -           |
| Subtotal Direct Costs   | \$ 1,693,847            | \$ 178,830              | \$ 4,545                | \$ 142,595                          | \$ 312,727              | \$ 1,736,194            | \$ 183,301              | \$ 4,545                | \$ 146,160              | \$ 4,402,744   |
| Indirect Cost Amount  | \$ 169,385              | \$ 17,883               | \$ 455                  | \$ 14,259                           | \$ 31,273               | \$ 173,619              | \$ 18,330               | \$ 455                  | \$ 14,615               | \$ 440,274     |
| Indirect Cost Rate (%)  | 10.0%                   | 10.0%                   | 10.0%                   | 10.0%                               | 10.0%                   | 10.0%                   | 10.0%                   | 10.0%                   | 10.0%                   |                |
| Total Expenses  | \$ 1,863,232            | \$ 196,713              | \$ 5,000                | \$ 156,854                          | \$ 344,000              | \$ 1,909,813            | \$ 201,631              | \$ 5,000                | \$ 160,775              | \$ 4,843,018   |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |                         |                         |                         |                                     |                         |                         |                         |                         |                         |                |
| DPH Funding Sources (select from drop-down list)  |                         |                         |                         |                                     |                         |                         |                         |                         |                         |                |
| HPS COUNTY HPS GF   | 1,863,232               |                         |                         |                                     |                         | 1,909,813               |                         |                         |                         | 3,773,045      |
| HPS COUNTY GF Children's Fund   |                         | 196,713                 |                         |                                     |                         |                         | 201,631                 |                         |                         | 398,344        |
| HPS FED CDC - PD90, CFDA #93.940  |                         |                         | 5,000                   |                                     |                         |                         |                         | 5,000                   |                         | 10,000         |
| HPS COUNTY HPS GF   |                         |                         |                         | 156,854                             |                         |                         |                         |                         | 160,775                 | 317,629        |
| HHS COUNTY GF   |                         |                         |                         |                                     | 344,000                 |                         |                         |                         |                         | 344,000        |
|   |                         |                         |                         |                                     |                         |                         |                         |                         |                         | -              |
|   |                         |                         |                         |                                     |                         |                         |                         |                         |                         | -              |
|   |                         |                         |                         |                                     |                         |                         |                         |                         |                         | -              |
| This row left blank for funding sources not in drop-down list   |                         |                         |                         |                                     |                         |                         |                         |                         |                         | -              |
| Total DPH Revenues  | 1,863,232               | 196,713                 | 5,000                   | 156,854                             | 344,000                 | 1,909,813               | 201,631                 | 5,000                   | 160,775                 | 4,843,018      |
| Non-DPH Funding Sources (select from drop-down list)  |                         |                         |                         |                                     |                         |                         |                         |                         |                         |                |
|   |                         |                         |                         |                                     |                         |                         |                         |                         |                         | -              |
|   |                         |                         |                         |                                     |                         |                         |                         |                         |                         | -              |
|   |                         |                         |                         |                                     |                         |                         |                         |                         |                         | -              |
| This row left blank for funding sources not in drop-down list   |                         |                         |                         |                                     |                         |                         |                         |                         |                         | -              |
| Total Non-DPH Revenues  | -                       | -                       | -                       | -                                   | -                       | -                       | -                       | -                       | -                       | -              |
| Total Revenues (DPH and Non-DPH)  | 1,863,232               | 196,713                 | 5,000                   | 156,854                             | 344,000                 | 1,909,813               | 201,631                 | 5,000                   | 160,775                 | 4,843,018      |
| Payment Method  | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR)             | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) |                |
| Prepared By Larry Zapatka   |                         |                         |                         |                                     | Phone #                 | 415-487-3055            |                         |                         |                         |                |



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

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

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

**UOS COST ALLOCATION BY SERVICE MODE**

|   |      | SERVICE MODES           |         |                                    |         |             |       |                 |
|---|------|-------------------------|---------|------------------------------------|---------|-------------|-------|-----------------|
| Personnel Expenses                        |      | Syringe Access Services |         | Prgrm Coordination/Bulk Purchasing |         |             |       |                 |
| Position Titles                           | FTE  | Salaries                | % FTE   | Salaries                           | % FTE   | Salaries    | % FTE | Contract Totals |
| Prgrms & Ops Director                     | 0.05 | 5,250                   | 100%    |                                    | 0%      |             |       | 5,250           |
| Dir. Behavioral Health Svc                | 0.05 | 5,100                   | 85%     | 900                                | 15%     |             |       | 6,000           |
| Dir. Gov't Contracts                      | 0.05 | 4,900                   | 100%    |                                    | 0%      |             |       | 4,900           |
| Data Manager                              | 0.05 | 3,750                   | 100%    |                                    | 0%      |             |       | 3,750           |
| SAS Director                              | 0.75 | 60,075                  | 89%     | 7,425                              | 11%     |             |       | 67,500          |
| Logistice Inventory Mgr                   | 1.00 | 15,500                  | 25%     | 46,500                             | 75%     |             |       | 62,000          |
| Logistics Associates                      | 2.00 | 27,500                  | 25%     | 82,500                             | 75%     |             |       | 110,000         |
| SSE/Vol Coordinator                       | 0.75 | 46,500                  | 100%    | -                                  | 0%      |             |       | 46,500          |
| Health Educator                           | 1.75 | 96,250                  |         | -                                  | 0%      |             |       | 96,250          |
| Comm. Engagement & Kit Packing Assoc      | 0.25 | 13,000                  | 100%    | -                                  | 0%      |             |       | 13,000          |
|   |      | -                       | 0%      | -                                  | 0%      |             |       | -               |
| Total FTE & Total Salaries                | 8.70 | 277,825                 | 66.922% | 137,325                            | 33.078% |             |       | 415,150         |
| Fringe Benefits                           | 25%  | 69,457                  | 66.922% | 34,331                             | 33.078% |             |       | 103,788         |
| Total Personnel Expenses                  |      | 347,282                 | 66.922% | 171,656                            | 33.078% |             |       | 518,938         |
|   |      |                         |         |                                    |         |             |       |                 |
| Operating Expenses                        |      | Expenditure             | %       | Expenditure                        | %       | Expenditure |       | Contract Total  |
| Total Occupancy                           |      | 70,792                  | 100%    | -                                  | 0%      |             |       | 70,792          |
| Total Materials and Supplies              |      | 195,199                 | 36%     | 340,990                            | 64%     |             |       | 536,189         |
| Total General Operating                   |      | 3,518                   | 42%     | 4,857                              | 58%     |             |       | 8,375           |
| Total Staff Travel                        |      | -                       | 0%      | -                                  | 0%      |             |       | -               |
| Consultants/Subcontractor:                |      | 601,900                 | 100%    | -                                  | 0%      |             |       | 601,900         |
| Other (specify):                          |      | -                       | 0%      | -                                  | 0%      |             |       | -               |
|   |      |                         |         |                                    |         |             |       | -               |
|   |      |                         |         |                                    |         |             |       | -               |
|   |      |                         |         |                                    |         |             |       | -               |
|   |      |                         |         |                                    |         |             |       | -               |
| Total Operating Expenses                  |      | 871,409                 | 71.588% | 345,847                            | 28.412% |             |       | 1,217,256       |
|   |      |                         |         |                                    |         |             |       |                 |
| Capital Expenses                          |      | Expenditure             | %       | Expenditure                        | %       | Expenditure | %     | Contract Total  |
| Capital Expenditure 1                     |      | -                       | 0%      | -                                  | 0%      |             |       | -               |
| Capital Expenditure 2                     |      |                         | 0%      |                                    | 0%      |             |       | -               |
| Total Capital Expenses                    |      | -                       | 0%      | -                                  | 0%      |             |       | -               |
|   |      |                         |         |                                    |         |             |       |                 |
| Total Direct Expenses                     |      | 1,218,691               | 70.193% | 517,503                            | 29.807% |             |       | 1,736,194       |
| Indirect Expenses 10%                     |      | 121,869                 | 70.193% | 51,750                             | 29.807% |             |       | 173,619         |
| TOTAL EXPENSES                            |      | 1,340,560               | 70.193% | 569,253                            | 29.807% |             |       | 1,909,813       |
|   |      |                         |         |                                    |         |             |       |                 |
| Units of Service (UOS) per Service Mode   |      | 5,906                   |         | 12                                 |         | -           |       | 5,918           |
| Cost Per Unit of Service by Service Mode  |      | 226.99                  |         | 47,437.78                          |         | -           |       |                 |
| Number of Contacts (NOC) per Service Mode |      | 44,300                  |         | N/A                                |         |             |       |                 |
|   |      |                         |         |                                    |         |             |       |                 |

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## BUDGET JUSTIFICATION

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

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

### 1a) SALARIES

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

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

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

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



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

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

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

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

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





**General Operating:**

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

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost     |
|----------------------------|----------|--------------|------|----------|
|                            |          |              |      |          |
|                            |          |              |      |          |
|                            |          |              |      |          |
|                            |          |              |      |          |
| <b>Total Staff Travel:</b> |          |              |      | <b>-</b> |

**Consultants/Subcontractors:**

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

**Other:**

| Expense Item        | Brief Description | Rate | Cost     |
|---------------------|-------------------|------|----------|
|                     |                   |      |          |
|                     |                   |      |          |
| <b>Total Other:</b> |                   |      | <b>-</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,217,256</b> |
|----------------------------------|------------------|

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

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
|                          |                   | -    |
|                          |                   |      |

|                                    |          |
|------------------------------------|----------|
| <b>TOTAL CAPITAL EXPENDITURES:</b> | <b>-</b> |
|------------------------------------|----------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,736,194</b> |
|----------------------------|------------------|

**4) INDIRECT COSTS**

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

|                       |            |
|-----------------------|------------|
| <b>Indirect Rate:</b> | <b>10%</b> |
|-----------------------|------------|

|                              |                |
|------------------------------|----------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>173,619</b> |
|------------------------------|----------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,909,813</b> |
|------------------------|------------------|

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

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

**UOS COST ALLOCATION BY SERVICE MODE**

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

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**BUDGET JUSTIFICATION**

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

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

**1a) SALARIES**

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

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

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

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

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

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

**Total FTE:** -

**Total Salaries:** \$ -

**1b) EMPLOYEE FRINGE BENEFITS:**

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

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

**Total Fringe Benefit:** -**Fringe Benefit %:** 0%**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:** -**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description                                 | Rate        | Cost          |
|-------------------------|---|-------------|---------------|
| Rent                    | Rent for 6th street location, partial allocation. | 46,201      | 46,201        |
| Bldg Maint              | Allocated amount of bldg maint for 6 th street.   | \$466.67/mo | 5,600         |
| Utilities               | Phone, water, PG&E, allocated for 6th street.     | 833.34/mo   | 10,000        |
|                         |   |             |               |
|                         |   |             |               |
| <b>Total Occupancy:</b> |   |             | <b>61,801</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate      | Cost          |
|--|--|-----------|---------------|
| Blo Buckets                            | 18/19 gallon buckets - 1,026 x \$24.367.                 | \$24.367  | 25,000        |
| Blo Buckets                            | 2 gallon - 5,454 x \$2.7502.                             | \$2.7502  | 15,000        |
| Sterile Water                          | 348 Cases x \$81.321/case.                               | \$81.321  | 28,300        |
| Condoms & Lube                         | 25,000 condoms @ \$.10 each.                             | \$0.100   | 2,500         |
| Group food/snacks                      | \$192.307/week for location snack/group food x 52 weeks. | \$192.307 | 10,000        |
| Incentives                             | 1250 Incentives @ \$10 each.                             | \$10.000  | 12,500        |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>93,300</b> |

**General Operating:**

| Expense Item                    | Brief Description                                      | Rate       | Cost          |
|---------------------------------|--|------------|---------------|
| Repairs and maintenance         | Auto fuel, repairs, maintenance for delivery vehicles. | 366.67/mo  | 4,400         |
| Insurance                       | Allocated amount of liability/umbrella insurance.      | 333.34/mo  | 4,000         |
| Janitorial                      | Prorated janitorial services for 6th street location.  | \$1,650/mo | 19,800        |
|                                 |  |            |               |
| <b>Total General Operating:</b> |  |            | <b>28,200</b> |

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost     |
|----------------------------|----------|--------------|------|----------|
|                            |          |              |      |          |
|                            |          |              |      |          |
|                            |          |              |      |          |
| <b>Total Staff Travel:</b> |          |              |      | <b>-</b> |

Consultants/Subcontractors: \_\_\_\_\_

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

Other: \_\_\_\_\_

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

**TOTAL OPERATING EXPENSES: 183,301**

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

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
|                          |                   |      |
|                          |                   |      |

**TOTAL CAPITAL EXPENDITURES: -**

**TOTAL DIRECT COSTS: 183,301**

#### 4) INDIRECT COSTS

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

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

**TOTAL EXPENSES: 201,631**



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

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

**UOS COST ALLOCATION BY SERVICE MODE**

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

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## BUDGET JUSTIFICATION

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

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

### 1a) SALARIES

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

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

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

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

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

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

Total FTE:                      -

Total Salaries: \$                      -

**1b) EMPLOYEE FRINGE BENEFITS:**

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

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

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description | Rate | Cost |
|-------------------------|-------------------|------|------|
|                         |                   |      |      |
|                         |                   |      |      |
|                         |                   |      |      |
|                         |                   |      |      |
| <b>Total Occupancy:</b> |                   |      | -    |

**Materials & Supplies:**

| Expense Item                           | Brief Description | Rate | Cost |
|--|-------------------|------|------|
|  |                   |      |      |
|  |                   |      |      |
|  |                   |      |      |
|  |                   |      |      |
| <b>Total Materials &amp; Supplies:</b> |                   |      | -    |

**General Operating:**

| Expense Item                    | Brief Description                                     | Rate     | Cost  |
|---------------------------------|---|----------|-------|
| Auto repairs,maintenance & Fuel | Maintenance on program vehicles. \$378.75/mo x 12 mo. | \$378.75 | 4,545 |
|                                 |   |          |       |
|                                 |   |          |       |
|                                 |   |          |       |
| <b>Total General Operating:</b> |   |          | 4,545 |

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost |
|----------------------------|----------|--------------|------|------|
|                            |          |              |      |      |
|                            |          |              |      |      |
|                            |          |              |      |      |
|                            |          |              |      |      |
| <b>Total Staff Travel:</b> |          |              |      | -    |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name | Service Description | Rate | Cost |
|-------------------------------|---------------------|------|------|
|                               |                     |      |      |
|                               |                     |      |      |
|                               |                     |      |      |

**Total Consultants/Subcontractors:** -

**Other:**

| Expense Item | Brief Description | Rate | Cost |
|--------------|-------------------|------|------|
|              |                   |      |      |
|              |                   |      |      |

**Total Other:** -

**TOTAL OPERATING EXPENSES:** 4,545

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

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
|                          |                   |      |
|                          |                   |      |

**TOTAL CAPITAL EXPENDITURES:** -

**TOTAL DIRECT COSTS:** 4,545

**4) INDIRECT COSTS**

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

**Indirect Rate:** 10%

**TOTAL INDIRECT COSTS:** 455

**TOTAL EXPENSES:** 5,000

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

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

**UOS COST ALLOCATION BY SERVICE MODE**

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

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# BUDGET JUSTIFICATION

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

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

## 1a) SALARIES

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

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

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

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

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

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

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

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

| Staff Position 9: Health Educator   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p><b>Brief description of job duties:</b> 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.</p> |        |                    |                                      |           |
| <p><b>Minimum qualifications:</b> High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$55,000.00   | 1.75   | 12                 | 1                                    | \$ 96,250 |

|                   |             |                           |                |
|-------------------|-------------|---------------------------|----------------|
| <b>Total FTE:</b> | <b>7.10</b> | <b>Total Salaries: \$</b> | <b>435,950</b> |
|-------------------|-------------|---------------------------|----------------|

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

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>544,938</b> |
|---|----------------|

## Occupancy: \_\_\_\_\_

|                         |               |
|-------------------------|---------------|
| <b>Total Occupancy:</b> | <b>74,899</b> |
|-------------------------|---------------|

| Expense Item                           | Brief Description                                 | Rate       | Cost           |
|--|---|------------|----------------|
| Office Supplies & Postage              | Office supply & Postage \$51.16/FTE x 7.1 x 12mo. | \$51.16    | 4,359          |
| Volunteer Spt                          | Snacks, T-shirts, etc - \$166.66/mo.              | \$166.66   | 2,000          |
| Syringes                               | Syringes \$.15/each x 2,468,373 syringes.         | \$0.15     | 370,256        |
| Bio Buckets                            | 18/19 gallon buckets - 1,026 x \$24.367.          | \$24.367   | 25,000         |
| Bio Buckets                            | 2 gallon - 9,090 x \$2.75.                        | \$2.7502   | 25,000         |
| Alcohol Wipes                          | 178 cases x \$28/case.                            | \$28.00    | 4,984          |
| Cotton balls and pellets               | 1,040bags x \$16.827/bag.                         | \$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         |
| <b>Total Materials &amp; Supplies:</b> |   |            | <b>532,872</b> |

**General Operating:**

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

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost     |
|----------------------------|----------|--------------|------|----------|
|                            |          |              |      |          |
|                            |          |              |      |          |
|                            |          |              |      |          |
|                            |          |              |      |          |
| <b>Total Staff Travel:</b> |          |              |      | <b>-</b> |

**Consultants/Subcontractors:**

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

**Other:**

| Expense Item        | Brief Description | Rate | Cost     |
|---------------------|-------------------|------|----------|
|                     |                   |      |          |
|                     |                   |      |          |
| <b>Total Other:</b> |                   |      | <b>-</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,233,861</b> |
|----------------------------------|------------------|

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

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
|                          |                   |      |
|                          |                   |      |

|                                    |          |
|------------------------------------|----------|
| <b>TOTAL CAPITAL EXPENDITURES:</b> | <b>-</b> |
|------------------------------------|----------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,778,799</b> |
|----------------------------|------------------|

**4) INDIRECT COSTS**

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

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

Indirect Rate: 10%

|                              |                |
|------------------------------|----------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>177,880</b> |
|------------------------------|----------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,956,679</b> |
|------------------------|------------------|



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

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

**UOS COST ALLOCATION BY SERVICE MODE**

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

Rev. 07/15



**BUDGET JUSTIFICATION**

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

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

**1a) SALARIES**

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

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

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

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

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

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

Total FTE: -

Total Salaries: \$ -

**1b) EMPLOYEE FRINGE BENEFITS:**

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

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

**2) OPERATING EXPENSES:****Occupancy:**

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

**Materials & Supplies:**

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

**General Operating:**

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

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost |
|----------------------------|----------|--------------|------|------|
|                            |          |              |      |      |
|                            |          |              |      |      |
|                            |          |              |      |      |
| <b>Total Staff Travel:</b> |          |              |      | -    |

**Consultants/Subcontractors:**

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

**Other:**

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

|                                  |                |
|----------------------------------|----------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>187,884</b> |
|----------------------------------|----------------|

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

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
|                          |                   |      |
|                          |                   |      |

|                                    |          |
|------------------------------------|----------|
| <b>TOTAL CAPITAL EXPENDITURES:</b> | <b>-</b> |
|------------------------------------|----------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>187,884</b> |
|----------------------------|----------------|

**4) INDIRECT COSTS**

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

Amount

|   |        |
|---|--------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 18,788 |
|   |        |
|   |        |

Indirect Rate: 10%

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>18,788</b> |
|------------------------------|---------------|

|                        |                |
|------------------------|----------------|
| <b>TOTAL EXPENSES:</b> | <b>206,672</b> |
|------------------------|----------------|

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

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

**UOS COST ALLOCATION BY SERVICE MODE**

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

Rev. 07/15

## BUDGET JUSTIFICATION

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

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

### 1a) SALARIES

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

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

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

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

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

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

Total FTE:                      -                      Total Salaries: \$                      -

### 1b) EMPLOYEE FRINGE BENEFITS:

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

| Component       | Cost |
|-----------------|------|
| Social Security |      |
| Retirement      |      |



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

Total Fringe Benefit: -

Fringe Benefit %: 0%

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: -**

## 2) OPERATING EXPENSES:

### Occupancy:

| Expense Item     | Brief Description | Rate | Cost |
|------------------|-------------------|------|------|
|                  |                   |      |      |
|                  |                   |      |      |
|                  |                   |      |      |
|                  |                   |      |      |
| Total Occupancy: |                   |      | -    |

### Materials & Supplies:

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

### General Operating:

| Expense Item                    | Brief Description                                     | Rate     | Cost  |
|---------------------------------|---|----------|-------|
| Auto repairs,maintenance & Fuel | Maintenance on program vehicles. \$378.75/mo x 12 mo. | \$378.75 | 4,545 |
|                                 |   |          |       |
|                                 |   |          |       |
|                                 |   |          |       |
| Total General Operating:        |   |          | 4,545 |

### Staff Travel:

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

### Consultants/Subcontractors:

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

Other: \_\_\_\_\_

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

|                                  |              |
|----------------------------------|--------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>4,545</b> |
|----------------------------------|--------------|

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

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
|                          |                   |      |
|                          |                   |      |

|                                    |          |
|------------------------------------|----------|
| <b>TOTAL CAPITAL EXPENDITURES:</b> | <b>-</b> |
|------------------------------------|----------|

|                            |              |
|----------------------------|--------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>4,545</b> |
|----------------------------|--------------|

**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. | 455    |
|   |        |
|   |        |

|                              |            |
|------------------------------|------------|
| Indirect Rate:               | 10%        |
| <b>TOTAL INDIRECT COSTS:</b> | <b>455</b> |

|                        |              |
|------------------------|--------------|
| <b>TOTAL EXPENSES:</b> | <b>5,000</b> |
|------------------------|--------------|

Contractor Name San Francisco AIDS Foundation  
 Contract Term (mm/dd/yyyy) 7/1/16-8/30/19  
 Funding Source General Fund

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

**UOS COST ALLOCATION BY SERVICE MODE**

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

Rev. 07/15

# BUDGET JUSTIFICATION

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

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

## 1a) SALARIES

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

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

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

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

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

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

Total FTE:

-

Total Salaries: \$

-

**1b) EMPLOYEE FRINGE BENEFITS:**

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

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

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description | Rate | Cost |
|-------------------------|-------------------|------|------|
|                         |                   |      |      |
|                         |                   |      |      |
|                         |                   |      |      |
|                         |                   |      |      |
| <b>Total Occupancy:</b> |                   |      | -    |

**Materials & Supplies:**

| Expense Item                           | Brief Description | Rate | Cost |
|--|-------------------|------|------|
|  |                   |      |      |
|  |                   |      |      |
|  |                   |      |      |
|  |                   |      |      |
| <b>Total Materials &amp; Supplies:</b> |                   |      | -    |

**General Operating:**

| Expense Item                    | Brief Description | Rate | Cost |
|---------------------------------|-------------------|------|------|
|                                 |                   |      |      |
|                                 |                   |      |      |
|                                 |                   |      |      |
|                                 |                   |      |      |
| <b>Total General Operating:</b> |                   |      | -    |

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost |
|----------------------------|----------|--------------|------|------|
|                            |          |              |      |      |
|                            |          |              |      |      |
|                            |          |              |      |      |
|                            |          |              |      |      |
| <b>Total Staff Travel:</b> |          |              |      | -    |



**Consultants/Subcontractors:**

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

**Other:**

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

|                                  |                |
|----------------------------------|----------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>146,160</b> |
|----------------------------------|----------------|

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

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
|                          |                   |      |
|                          |                   |      |

|                                    |          |
|------------------------------------|----------|
| <b>TOTAL CAPITAL EXPENDITURES:</b> | <b>-</b> |
|------------------------------------|----------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>146,160</b> |
|----------------------------|----------------|

**4) INDIRECT COSTS**

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

|                              |               |
|------------------------------|---------------|
| Indirect Rate:               | 10%           |
| <b>TOTAL INDIRECT COSTS:</b> | <b>14,615</b> |

|                        |                |
|------------------------|----------------|
| <b>TOTAL EXPENSES:</b> | <b>160,775</b> |
|------------------------|----------------|

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

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

**UOS COST ALLOCATION BY SERVICE MODE**

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

Rev. 07/15

**BUDGET JUSTIFICATION**

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

Appendix #: B-2b  
 Fiscal Year: 18-19

**1a) SALARIES**

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

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

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

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

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

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

Total FTE: -

Total Salaries: \$ -

**1b) EMPLOYEE FRINGE BENEFITS:**

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

Total Fringe Benefit: -

Fringe Benefit %: 0%

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: -**

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item     | Brief Description | Rate | Cost |
|------------------|-------------------|------|------|
|                  |                   |      |      |
|                  |                   |      |      |
| Total Occupancy: |                   |      | -    |

**Materials & Supplies:**

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

**General Operating:**

| Expense Item             | Brief Description | Rate | Cost |
|--------------------------|-------------------|------|------|
|                          |                   |      |      |
|                          |                   |      |      |
| Total General Operating: |                   |      | -    |

**Staff Travel:**

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

**Consultants/Subcontractors:**

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

**Other:**

| Expense Item | Brief Description | Rate | Cost |
|--------------|-------------------|------|------|
|              |                   |      |      |
|              |                   |      |      |
| Total Other: |                   |      | -    |

|                                  |                |
|----------------------------------|----------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>149,814</b> |
|----------------------------------|----------------|

**3) CAPITAL EXPENDITURES: (If needed. A unit valued at \$5,000 or more)**

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
|                          |                   |      |

|                                    |          |
|------------------------------------|----------|
| <b>TOTAL CAPITAL EXPENDITURES:</b> | <b>-</b> |
|------------------------------------|----------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>149,814</b> |
|----------------------------|----------------|

**4) INDIRECT COSTS**

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)

Amount

|   |        |
|---|--------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 14,980 |
|---|--------|

Indirect Rate: 10%

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>14,980</b> |
|------------------------------|---------------|

|                        |                |
|------------------------|----------------|
| <b>TOTAL EXPENSES:</b> | <b>164,794</b> |
|------------------------|----------------|

Contractor Name San Francisco AIDS Foundation  
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/19  
 Funding Source General Fund

Appendix # B-3a  
 Page # 1  
 Fiscal Year(s) 17-18  
 Funding Notification Date 6/27/2017

**UOS COST ALLOCATION BY SERVICE MODE**

|   |       | Harm Reduction Center |       | SERVICE MODES |       |             |       |                 |
|---|-------|-----------------------|-------|---------------|-------|-------------|-------|-----------------|
| Personnel Expenses                        |       |                       |       |               |       |             |       |                 |
| Position Titles                           | FTE   | Salaries              | % FTE | Salaries      | % FTE | Salaries    | % FTE | Contract Totals |
| V.P Programs & Services                   | 0.10  | 20,300                | 100%  |               | 0%    |             | 0%    | 20,300          |
| Dir. Behavioral Health Services           | 0.05  | 6,000                 | 100%  | -             | 0%    | -           | 0%    | 6,000           |
| Director, SAS                             | 0.20  | 18,000                | 100%  | -             | 0%    | -           | 0%    | 18,000          |
| Associate Director, 6th Street HRC        | 1.00  | 63,000                | 100%  | -             | 0%    | -           | 0%    | 63,000          |
| Health Educator                           | 6.25  | 343,750               | 100%  | -             | 0%    | -           | 0%    | 343,750         |
| Mobile Health Educator                    | 0.50  | 27,500                | 100%  | -             | 0%    | -           | 0%    | 27,500          |
| Health Educator/Inventory Team Lead       | 1.00  | 55,000                | 100%  | -             | 0%    | -           | 0%    | 55,000          |
| Inventory Associate/Health Educator       | 1.00  | 55,000                | 100%  | -             | 0%    | -           | 0%    | 55,000          |
| Total FTE & Total Salaries                | 10.10 | 588,550               | 100%  | -             | 0%    | -           | 0%    | 588,550         |
| Fringe Benefits                           | 25%   | 147,138               | 100%  | -             | 0%    | -           | 0%    | 147,138         |
| Total Personnel Expenses                  |       | 735,688               | 100%  | -             | 0%    | -           | 0%    | 735,688         |
|   |       |                       |       |               |       |             |       |                 |
| Operating Expenses                        |       | Expenditure           | %     | Expenditure   | %     | Expenditure | %     | Contract Total  |
| Total Occupancy                           |       | 32,214                | 100%  | -             | 0%    | -           | 0%    | 32,214          |
| Total Materials and Supplies              |       | 24,234                | 100%  | -             | 0%    | -           | 0%    | 24,234          |
| Total General Operating                   |       | 11,500                | 100%  | -             | 0%    | -           | 0%    | 11,500          |
| Total Staff Travel                        |       | -                     | 0%    | -             | 0%    | -           | 0%    | -               |
| Consultants/Subcontractor:                |       | -                     | 0%    | -             | 0%    | -           | 0%    | -               |
| Other (specify):                          |       | -                     | 0%    | -             | 0%    | -           | 0%    | -               |
|   |       |                       | 0%    |               | 0%    |             | 0%    | -               |
|   |       |                       | 0%    |               | 0%    |             | 0%    | -               |
|   |       |                       | 0%    |               | 0%    |             | 0%    | -               |
|   |       |                       | 0%    |               | 0%    |             | 0%    | -               |
|   |       |                       | 0%    |               | 0%    |             | 0%    | -               |
| Total Operating Expenses                  |       | 67,948                | 100%  | -             | 0%    | -           | 0%    | 67,948          |
|   |       |                       |       |               |       |             |       |                 |
| Capital Expenses                          |       | Expenditure           | %     | Expenditure   | %     | Expenditure | %     | Contract Total  |
| Capital Expenditure 1                     |       | -                     | 0%    | -             | 0%    | -           | 0%    | -               |
| Capital Expenditure 2                     |       | -                     | 0%    | -             | 0%    | -           | 0%    | -               |
| Total Capital Expenses                    |       | -                     | 0%    | -             | 0%    | -           | 0%    | -               |
|   |       |                       |       |               |       |             |       |                 |
| Total Direct Expenses                     |       | 803,636               | 100%  | -             | 0%    | -           | 0%    | 803,636         |
| Indirect Expenses                         | 10%   | 80,364                | 100%  |               | 0%    |             | 0%    | 80,364          |
| TOTAL EXPENSES                            |       | 884,000               | 100%  | -             | 0%    | -           | 0%    | 884,000         |
|   |       |                       |       |               |       |             |       |                 |
| Units of Service (UOS) per Service Mode   |       | 12                    |       | -             |       | -           |       | 12              |
| Cost Per Unit of Service by Service Mode  |       | 73,666.67             |       | -             |       | -           |       |                 |
| Number of Contacts (NOC) per Service Mode |       | 35,343                |       |               |       |             |       |                 |
|   |       |                       |       |               |       |             |       |                 |

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# BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation  
 Program Name: Syringe Access & Disposal Services

Appendix #: B-3a  
 Fiscal Year: 17-18

## 1a) SALARIES

| Staff Position 1: V.P. Programs & Services |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:           |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men. |                                      |           |
| Minimum qualifications:                    |        | Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.                         |                                      |           |
| Annual Salary:                             | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$203,000.00                               | 0.10   | 12   | 1                                    | \$ 20,300 |

| Staff Position 2: Dir. Behavioral Health Services |        |  |                                      |          |
|---|--------|--|--------------------------------------|----------|
| Brief description of job duties:                  |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |                                      |          |
| Minimum qualifications:                           |        | Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience   |                                      |          |
| Annual Salary:                                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total    |
| \$120,000.00                                      | 0.05   | 12   | 1                                    | \$ 6,000 |

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$90,000.00                      | 0.20   | 12  | 1                                    | \$ 18,000 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$63,000.00  | 1.00   | 12   | 1                                    | \$ 63,000 |

| Staff Position 5: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$55,000.00                       | 6.25   | 12   | 1                                    | \$ 343,750 |

| Staff Position 6: Mobile Health Educator |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:         |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                  |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:                           | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$55,000.00                              | 0.50   | 12   | 1                                    | \$ 27,500 |

| Staff Position 7: Health Educator/Inventory Team Lead |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$55,000.00   | 1.00   | 12  | 1                                    | \$ 55,000 |

| Staff Position 8: Inventory Associate/Health Educator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$55,000.00   | 1.00   | 12   | 1                                    | \$ 55,000 |

Total FTE: 10.10

Total Salaries: \$ 588,550

**1b) EMPLOYEE FRINGE BENEFITS:**

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 45,024.00   |
| Retirement                   | \$ 11,242.00   |
| Medical                      | \$ 60,797.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 3,060.00    |
| Disability Insurance         | \$ 23,955.00   |
| Paid Time Off                |                |
| Other (Workers Comp):        | \$ 3,060.00    |
| <b>Total Fringe Benefit:</b> | <b>147,138</b> |

Fringe Benefit %: 25%

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 735,688**

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description                            | Rate   | Cost          |
|-------------------------|--|--------|---------------|
| Rent -Warehouse         | \$1,000/mo x 12 mo.                          | 1000   | 12,000        |
| Rent-6th Street         | Prorated rent @ \$351.17/mo x 12 mo.         | 351.17 | 4,214         |
| Parking                 | Monthly parking for vans, \$1,000/mo x 8 mo. | 1000   | 8,000         |
| Utilities               | \$1,000/mo x 8 mo.                           | 1000   | 8,000         |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>32,214</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate  | Cost          |
|--|--|-------|---------------|
| Supplies                               | General office and program supplies \$519.5/mo.            | 519.5 | 6,234         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each = \$6,000. | 5     | 6,000         |
| Volunteer support                      | snacks, t-shirts, etc \$1,000/mo x 12 mo.                  | 1000  | 12,000        |
|  |  |       |               |
| <b>Total Materials &amp; Supplies:</b> |  |       | <b>24,234</b> |

**General Operating:**

| Expense Item                    | Brief Description                                  | Rate   | Cost          |
|---------------------------------|--|--------|---------------|
| Janitorial                      | Monthly janitorial svc \$750/mo.                   | 750    | 9,000         |
| Insurance                       | Prorated gen liability, hazzard and auto insurance | 208.34 | 2,500         |
|                                 |  |        |               |
|                                 |  |        |               |
| <b>Total General Operating:</b> |  |        | <b>11,500</b> |

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost     |
|----------------------------|----------|--------------|------|----------|
|                            |          |              |      |          |
|                            |          |              |      |          |
| <b>Total Staff Travel:</b> |          |              |      | <b>-</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description | Rate | Cost     |
|--|---------------------|------|----------|
|  |                     |      |          |
|  |                     |      |          |
| <b>Total Consultants/Subcontractors:</b> |                     |      | <b>-</b> |

**Other:**

| Expense Item        | Brief Description | Rate | Cost     |
|---------------------|-------------------|------|----------|
|                     |                   |      |          |
|                     |                   |      |          |
| <b>Total Other:</b> |                   |      | <b>-</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>67,948</b> |
|----------------------------------|---------------|

**3) CAPITAL EXPENDITURES: (If needed. A unit valued at \$5,000 or more)**

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
|                          |                   |      |

|                                    |          |
|------------------------------------|----------|
| <b>TOTAL CAPITAL EXPENDITURES:</b> | <b>-</b> |
|------------------------------------|----------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>803,636</b> |
|----------------------------|----------------|

#### 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. | 80,364 |
|   |        |

|                              |               |
|------------------------------|---------------|
| Indirect Rate:               | 10%           |
| <b>TOTAL INDIRECT COSTS:</b> | <b>80,364</b> |

|                        |                |
|------------------------|----------------|
| <b>TOTAL EXPENSES:</b> | <b>884,000</b> |
|------------------------|----------------|

Contractor Name San Francisco AIDS Foundation  
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/19  
 Funding Source General Fund

Appendix # B-3b  
 Page # 1  
 Fiscal Year(s) 18-19  
 Funding Notification Date 6/27/2017

**UOS COST ALLOCATION BY SERVICE MODE**

|  |              | SERVICE MODES         |             |                    |           |                    |           |                       |
|--|--------------|-----------------------|-------------|--------------------|-----------|--------------------|-----------|-----------------------|
| Personnel Expenses                               |              | Harm Reduction Center |             |                    |           |                    |           |                       |
| Position Titles                                  | FTE          | Salaries              | % FTE       | Salaries           | % FTE     | Salaries           | % FTE     | Contract Totals       |
| V.P Programs & Services                          | 0.10         | 20,300                | 100%        |                    | 0%        |                    | 0%        | 20,300                |
| Dir. Behavioral Health Services                  | 0.05         | 6,000                 | 100%        | -                  | 0%        | -                  | 0%        | 6,000                 |
| Director, SAS                                    | 0.20         | 18,000                | 100%        | -                  | 0%        | -                  | 0%        | 18,000                |
| Associate Director, 6th Street HRC               | 1.00         | 63,000                | 100%        | -                  | 0%        | -                  | 0%        | 63,000                |
| Health Educator                                  | 7.75         | 426,250               | 100%        | -                  | 0%        | -                  | 0%        | 426,250               |
| Mobile Health Educator                           | 0.50         | 27,500                | 100%        | -                  | 0%        | -                  | 0%        | 27,500                |
| Health Educator/Inventory Team Lead              | 1.00         | 55,000                | 100%        | -                  | 0%        | -                  | 0%        | 55,000                |
| Inventory Associate/Health Educator              | 1.00         | 55,000                | 100%        | -                  | 0%        | -                  | 0%        | 55,000                |
| <b>Total FTE &amp; Total Salaries</b>            | <b>11.60</b> | <b>671,050</b>        | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>671,050</b>        |
| Fringe Benefits                                  | 25%          | 167,763               | 100%        | -                  | 0%        | -                  | 0%        | 167,763               |
| <b>Total Personnel Expenses</b>                  |              | <b>838,813</b>        | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>838,813</b>        |
|  |              |                       |             |                    |           |                    |           |                       |
| <b>Operating Expenses</b>                        |              | <b>Expenditure</b>    | <b>%</b>    | <b>Expenditure</b> | <b>%</b>  | <b>Expenditure</b> | <b>%</b>  | <b>Contract Total</b> |
| Total Occupancy                                  |              | 33,214                | 100%        | -                  | 0%        | -                  | 0%        | 33,214                |
| Total Materials and Supplies                     |              | 24,564                | 100%        | -                  | 0%        | -                  | 0%        | 24,564                |
| Total General Operating                          |              | 12,500                | 100%        | -                  | 0%        | -                  | 0%        | 12,500                |
| Total Staff Travel                               |              | -                     | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| Consultants/Subcontractor:                       |              | -                     | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| Other (specify):                                 |              | -                     | 0%          | -                  | 0%        | -                  | 0%        | -                     |
|  |              |                       | 0%          |                    | 0%        |                    | 0%        | -                     |
|  |              |                       | 0%          |                    | 0%        |                    | 0%        | -                     |
|  |              |                       | 0%          |                    | 0%        |                    | 0%        | -                     |
|  |              |                       | 0%          |                    | 0%        |                    | 0%        | -                     |
| <b>Total Operating Expenses</b>                  |              | <b>70,278</b>         | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>70,278</b>         |
|  |              |                       |             |                    |           |                    |           |                       |
| <b>Capital Expenses</b>                          |              | <b>Expenditure</b>    | <b>%</b>    | <b>Expenditure</b> | <b>%</b>  | <b>Expenditure</b> | <b>%</b>  | <b>Contract Total</b> |
| Capital Expenditure 1                            |              | -                     | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| Capital Expenditure 2                            |              | -                     | 0%          | -                  | 0%        | -                  | 0%        | -                     |
| <b>Total Capital Expenses</b>                    |              | <b>-</b>              | <b>0%</b>   | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>              |
|  |              |                       |             |                    |           |                    |           |                       |
| <b>Total Direct Expenses</b>                     |              | <b>909,091</b>        | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>909,091</b>        |
| Indirect Expenses                                | 10%          | 90,909                | 100%        | -                  | 0%        | -                  | 0%        | 90,909                |
| <b>TOTAL EXPENSES</b>                            |              | <b>1,000,000</b>      | <b>100%</b> | <b>-</b>           | <b>0%</b> | <b>-</b>           | <b>0%</b> | <b>1,000,000</b>      |
|  |              |                       |             |                    |           |                    |           |                       |
| <b>Units of Service (UOS) per Service Mode</b>   |              | <b>12</b>             |             | <b>-</b>           |           | <b>-</b>           |           | <b>12</b>             |
| <b>Cost Per Unit of Service by Service Mode</b>  |              | <b>83,333.34</b>      |             | <b>-</b>           |           | <b>-</b>           |           |                       |
| <b>Number of Contacts (NOC) per Service Mode</b> |              | <b>36,960</b>         |             |                    |           |                    |           |                       |

Rev. 07/15



# BUDGET JUSTIFICATION

Contractor Name **San Francisco AIDS Foundation**  
 Program Name: **Syringe Access & Disposal Services**

Appendix #: **B-3b**  
 Fiscal Year: **18-19**

## 1a) SALARIES

| Staff Position 1: V.P Programs & Services |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:          |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men. |                                      |           |
| Minimum qualifications:                   |        | Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.                         |                                      |           |
| Annual Salary:                            | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$203,000.00                              | 0.10   | 12   | 1                                    | \$ 20,300 |

| Staff Position 2: Dir. Behavioral Health Services |        |  |                                      |          |
|---|--------|--|--------------------------------------|----------|
| Brief description of job duties:                  |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |                                      |          |
| Minimum qualifications:                           |        | Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience   |                                      |          |
| Annual Salary:                                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total    |
| \$120,000.00                                      | 0.05   | 12   | 1                                    | \$ 6,000 |

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$90,000.00                      | 0.20   | 12  | 1                                    | \$ 18,000 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$63,000.00  | 1.00   | 12   | 1                                    | \$ 63,000 |

| Staff Position 5: Health Educator |  |                    |                                      |            |
|-----------------------------------|--|--------------------|--------------------------------------|------------|
| Brief description of job duties:  | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                    |                                      |            |
|                                   | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                    |                                      |            |
| Annual Salary:                    | x FTE:   | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$55,000.00                       | 7.75   | 12                 | 1                                    | \$ 426,250 |

| Staff Position 6: Mobile Health Educator |  |                    |                                      |           |
|--|--|--------------------|--------------------------------------|-----------|
| Brief description of job duties:         | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                    |                                      |           |
|  | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                    |                                      |           |
| Annual Salary:                           | x FTE:   | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$55,000.00                              | 0.50   | 12                 | 1                                    | \$ 27,500 |

| Staff Position 7: Health Educator/Inventory Team Lead |   |                    |                                      |           |
|---|---|--------------------|--------------------------------------|-----------|
| Brief description of job duties:                      | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |                    |                                      |           |
|   | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |                    |                                      |           |
| Annual Salary:  | x FTE:  | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$55,000.00   | 1.00  | 12                 | 1                                    | \$ 55,000 |

| Staff Position 8: Inventory Associate/Health Educator |  |                    |                                      |           |
|---|--|--------------------|--------------------------------------|-----------|
| Brief description of job duties:                      | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |                    |                                      |           |
|   | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                    |                                      |           |
| Annual Salary:  | x FTE:   | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$55,000.00   | 1.00   | 12                 | 1                                    | \$ 55,000 |

Total FTE: 11.60

Total Salaries: \$ 671,050

**1b) EMPLOYEE FRINGE BENEFITS:**

| Component                    | Cost           |
|------------------------------|----------------|
| Social Security              | \$ 51,335.00   |
| Retirement                   | \$ 12,817.00   |
| Medical                      | \$ 89,321.00   |
| Dental                       |                |
| Unemployment Insurance       | \$ 3,489.00    |
| Disability Insurance         | \$ 27,312.00   |
| Paid Time Off                |                |
| Other (Workers Comp):        | \$ 3,489.00    |
| <b>Total Fringe Benefit:</b> | <b>167,763</b> |

Fringe Benefit %: 25%

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>838,813</b> |
|---|----------------|

**2) OPERATING EXPENSES:****Occupancy:**

| Expense Item            | Brief Description                            | Rate  | Cost          |
|-------------------------|--|-------|---------------|
| Rent -Warehouse         | \$1,000/mo x 12 mo.                          | 1000  | 12,000        |
| Rent-6th Street         | Prorated rent @ \$434.50/mo x 12 mo.         | 434.5 | 5,214         |
| Parking                 | Monthly parking for vans, \$1,000/mo x 8 mo. | 1000  | 8,000         |
| Utilities               | \$1,000/mo x 8 mo.                           | 1000  | 8,000         |
|                         |  |       |               |
| <b>Total Occupancy:</b> |  |       | <b>33,214</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate | Cost          |
|--|--|------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | 547  | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. | 5    | 6,000         |
| Volunteer support                      | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000 | 12,000        |
|  |  |      |               |
| <b>Total Materials &amp; Supplies:</b> |  |      | <b>24,564</b> |

**General Operating:**

| Expense Item                    | Brief Description                                  | Rate   | Cost          |
|---------------------------------|--|--------|---------------|
| Janitorial                      | Monthly janitorial svc \$750/mo.                   | 750    | 9,000         |
| Insurance                       | Prorated gen liability, hazzard and auto insurance | 291.67 | 3,500         |
|                                 |  |        |               |
|                                 |  |        |               |
| <b>Total General Operating:</b> |  |        | <b>12,500</b> |

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate | Cost     |
|----------------------------|----------|--------------|------|----------|
|                            |          |              |      |          |
| <b>Total Staff Travel:</b> |          |              |      | <b>-</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description | Rate | Cost     |
|--|---------------------|------|----------|
|  |                     |      |          |
| <b>Total Consultants/Subcontractors:</b> |                     |      | <b>-</b> |

**Other:**

| Expense Item        | Brief Description | Rate | Cost     |
|---------------------|-------------------|------|----------|
|                     |                   |      |          |
| <b>Total Other:</b> |                   |      | <b>-</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>70,278</b> |
|----------------------------------|---------------|

**3) CAPITAL EXPENDITURES: (If needed. A unit valued at \$5,000 or more)**

| Capital Expenditure Item | Brief Description | Cost |
|--------------------------|-------------------|------|
|                          |                   |      |

|                                    |          |
|------------------------------------|----------|
| <b>TOTAL CAPITAL EXPENDITURES:</b> | <b>-</b> |
|------------------------------------|----------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>909,091</b> |
|----------------------------|----------------|

#### 4) INDIRECT COSTS

| Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)  | Amount |
|---|--------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 90,909 |

|                              |               |
|------------------------------|---------------|
| Indirect Rate:               | 10%           |
| <b>TOTAL INDIRECT COSTS:</b> | <b>90,909</b> |

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,000,000</b> |
|------------------------|------------------|

**Appendix D  
Reserved**





## San Francisco Department of Public Health

## Protected Information Privacy and Security Agreement

**PROTECTED INFORMATION Privacy and Security Agreement**

San Francisco AID Foundation ("CONTRACTOR") hereby acknowledges and agrees to the following privacy and security obligations and commitments in regard to access to the Department of Public Health's (SFDPH) Protected Information:

**a. Compliance with Federal and State Laws.** CONTRACTOR shall protect the privacy and provide for the security of SFDPH's medical information or protected health information ("PHI") (collectively, "Protected Information") in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").

**b. Attestations.** Except when SFDPH's data privacy officer exempts CONTRACTOR in writing, the CONTRACTOR shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1), Data Security (Attachment 2), and Compliance (Attachment 3) within sixty (60) calendar days from the execution of the Agreement. If SFDPH makes substantial changes to any of these forms during the term of the Agreement, the CONTRACTOR will be required to complete SFDPH's updated forms within sixty (60) calendar days from the date that SFDPH provides CONTRACTOR with written notice of such changes. CONTRACTOR shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to SFDPH within 15 calendar days of a written request by SFDPH.

**c. Appropriate Safeguards.** CONTRACTOR shall take the appropriate security measures to protect the confidentiality, integrity and availability of Protected Information that it accesses, creates, receives, maintains, or transmits.

**d. Notification of Breach, Security Threats, and Unpermitted Uses or Disclosures.** CONTRACTOR shall notify SFDPH in writing within 5 calendar days of any breach of Protected Information; any reasonable suspicion or detection of security incidents related to Protected Information and any use or disclosure of data in violation of any applicable federal or state laws by CONTRACTOR or its agents or subcontractors. SFDPH will notify CONTRACTOR of any reasonable suspicion or detection of security incidents that could compromise SFDPH systems and confidentiality. In such security incidents, both parties will work collaboratively to mitigate the situation and to identify a solution.



## 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.

**l. Training.** CONTRACTOR shall provide privacy and security awareness and training for all employees and agents, including management. This shall include initial training and periodic reminders and updates, including requirements and obligations under federal and state law. Training shall cover protecting against viruses and malicious software and password management.

**m. Security Incidents.** CONTRACTOR shall maintain policies and procedures to report, mitigate and document Security Incidents.

**n. Periodic Evaluations.** CONTRACTOR shall conduct periodic evaluations of the security implementation against the Security Standards and environmental or operational changes affecting the security of electronic Protected Information.



## 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.



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)



|                  |  |                           |  |
|------------------|--|---------------------------|--|
| Contractor Name: |  | Contractor City Vendor ID |  |
|------------------|--|---------------------------|--|

**PRIVACY ATTESTATION**

**INSTRUCTIONS:** Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFPDH.

**Exceptions:** If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

**I. All Contractors.**

| DOES YOUR ORGANIZATION... |   |               |         |  |        | Yes | No* |
|---------------------------|---|---------------|---------|--|--------|-----|-----|
| A                         | Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?  |               |         |  |        |     |     |
| B                         | Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?   |               |         |  |        |     |     |
|                           | If yes:   | Name & Title: | Phone # |  | Email: |     |     |
| C                         | Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH privacy training materials are available for use; contact OCPA at 1-855-729-6040.] |               |         |  |        |     |     |
| D                         | Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]                      |               |         |  |        |     |     |
| E                         | Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?   |               |         |  |        |     |     |
| F                         | Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFPDH Information Security staff?           |               |         |  |        |     |     |

**II. Contractors who serve patients/clients and have access to SFPDH PHI, must also complete this section.**

| If Applicable: DOES YOUR ORGANIZATION... |   | Yes | No* |
|--|---|-----|-----|
| G  | Have (or will have if/when applicable) evidence that SFPDH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFPDH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?         |     |     |
| H  | Have evidence in each patient's / client's chart or electronic file that a Privacy Notice that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFPDH.) |     |     |
| I  | Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?  |     |     |
| J  | Document each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations?  |     |     |
| K  | When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?   |     |     |

**III. ATTEST:** Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

|  |               |  |           |  |      |  |
|--|---------------|--|-----------|--|------|--|
| ATTESTED by Privacy Officer or designated person | Name: (print) |  | Signature |  | Date |  |
|--|---------------|--|-----------|--|------|--|

**IV. \*EXCEPTIONS:** If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

|                               |              |  |           |  |      |  |
|-------------------------------|--------------|--|-----------|--|------|--|
| EXCEPTION(S) APPROVED by OCPA | Name (print) |  | Signature |  | Date |  |
|-------------------------------|--------------|--|-----------|--|------|--|



|                  |  |                           |  |
|------------------|--|---------------------------|--|
| Contractor Name: |  | Contractor City Vendor ID |  |
|------------------|--|---------------------------|--|

**DATA SECURITY ATTESTATION**

**INSTRUCTIONS:** Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFPDH.

**Exceptions:** If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

**I. All Contractors.**

| DOES YOUR ORGANIZATION... |  |               |         |  |        | Yes | No* |
|---------------------------|--|---------------|---------|--|--------|-----|-----|
| A                         | Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]   |               |         |  |        |     |     |
| B                         | Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?   |               |         |  |        |     |     |
|                           | Date of last Data Security Risk Assessment/Audit:  |               |         |  |        |     |     |
|                           | Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:   |               |         |  |        |     |     |
| C                         | Have a formal Data Security Awareness Program?   |               |         |  |        |     |     |
| D                         | Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?            |               |         |  |        |     |     |
| E                         | Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?  |               |         |  |        |     |     |
|                           | If yes:  | Name & Title: | Phone # |  | Email: |     |     |
| F                         | Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH data security training materials are available for use; contact OCPA at 1-855-729-6040.] |               |         |  |        |     |     |
| G                         | Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]             |               |         |  |        |     |     |
| H                         | Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?  |               |         |  |        |     |     |
| I                         | Have (or will have if/when applicable) a diagram of how SFPDH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?   |               |         |  |        |     |     |

**II. ATTEST:** Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

|  |               |  |           |  |      |  |
|--|---------------|--|-----------|--|------|--|
| ATTESTED by Data Security Officer or designated person | Name: (print) |  | Signature |  | Date |  |
|--|---------------|--|-----------|--|------|--|

**III. \*EXCEPTIONS:** If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

|                               |              |  |           |  |      |  |
|-------------------------------|--------------|--|-----------|--|------|--|
| EXCEPTION(S) APPROVED by OCPA | Name (print) |  | Signature |  | Date |  |
|-------------------------------|--------------|--|-----------|--|------|--|

|                  |  |                           |  |
|------------------|--|---------------------------|--|
| Contractor Name: |  | Contractor City Vendor ID |  |
|------------------|--|---------------------------|--|

### COMPLIANCE ATTESTATION FOR HIPAA COVERED ENTITIES

All business partners of SFDPH that are HIPAA Covered Entities must have a formal compliance program and demonstrate integrity in their business practices. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH. **Exceptions:** If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

| I. DOES YOUR ORGANIZATION... |   |               |         | Yes    | No* |
|------------------------------|---|---------------|---------|--------|-----|
| A                            | Have a formal Compliance Program that meets Office of the Inspector General (OIG) requirements?   |               |         |        |     |
| B                            | Have a Compliance Officer or other individual designated as the person in charge of handling compliance matters?  |               |         |        |     |
|                              | If yes:   | Name & Title: | Phone # | Email: |     |
| C                            | Require Compliance Training upon hire and annually thereafter for all employees? [Retain training materials for 7 years.]   |               |         |        |     |
| D                            | Have proof that employees have completed compliance training? [Retain proof for 7 years.]   |               |         |        |     |
| E                            | Have a Code of Conduct or Ethics policy that includes a non-retaliation clause and a mechanism for staff to confidentially and anonymously report potential compliance concerns. [Retain versions for 7 years.]   |               |         |        |     |
| F                            | Have proof that employees upon hire, and annually thereafter, have signed agreement to your organization's Code of Conduct? [Retain proof for 7 years.]   |               |         |        |     |
| G                            | Have mechanisms in place to identify and promptly respond to compliance deficiencies (including reporting any deficiencies to SFDPH) that could jeopardize your organization's continued participation in government health care programs including Medicare or Medi-Cal funded programs?   |               |         |        |     |
| H                            | Understand and comply with state and federal regulations regarding billing Medicare and Medi-Cal programs and assure that bills submitted to such programs are supported by the required medical record documentation?  |               |         |        |     |
| I                            | Publicize the SFDPH Compliance and Privacy Hotline number (1-855-729-6040) or the City's Whistleblower Program including posting a notice of whistleblower protections in staff areas where it can be seen?   |               |         |        |     |
| J                            | Upon hire and monthly thereafter, check the exclusions lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency? [Retain proof for 7 years.] |               |         |        |     |
| K                            | Upon hire and re-enrollment of clinical providers, check the Social Security Administration's Death Master File to ensure that Medicaid or Medicare is not being billed in the name of a deceased provider. [Retain proof for 7 years.]   |               |         |        |     |
| L                            | Require (or will require if/when applicable) subcontractors that are HIPAA Covered Entities to comply with all applicable requirements in this Attestation?   |               |         |        |     |

II. Under penalty of perjury, I attest that I have authority to sign on behalf of my organization and that, to the best of my knowledge, the information herein is true and correct:

|              |               |        |            |       |
|--------------|---------------|--------|------------|-------|
| Attested by: | Name: (print) | Title: | Signature: | Date: |
|              |               |        |            |       |

III. \*EXCEPTIONS: If you answered "NO" to any question or believe a question is Not Applicable, please contact OCPA for a consultation at 1-855-729-6040 or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org). All "No" or "N/A" answers must be reviewed and approved by OCPA below.

|                   |               |        |            |       |
|-------------------|---------------|--------|------------|-------|
| Approved by OCPA: | Name: (print) | Title: | Signature: | Date: |
|                   |               |        |            |       |

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1c  
07/01/17 - 06/30/18  
PAGE A

Contractor: **San Francisco AIDS Foundation**  
Address: **1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

Telephone: **415-487-3000**  
Fax: **415-487-3009**

Program Name: **Syringe Access Services**

ACE Control #:

**CHEP**

Contract ID #  
**1000002634**

Invoice Number  
**A-1JUL17**

Contract Purchase Order No:

Funding Source: **General Fund**

Grant Code/Detail:

Project Code/Detail:

Invoice Period: **07/1/17 - 07/31/17**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services | 5,906            | 44,300 |                       |     |                   |     |            |     | 5,906                  | 44,300 |
| Program Coordination    | 12               | N/A    |                       |     |                   |     |            | N/A | 12                     | N/A    |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 44300 |     |     |     | 44,300 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$415,150          |                      |                  |             | \$415,150.00          |
| Fringe Benefits  | \$103,788          |                      |                  |             | \$103,788.00          |
| <b>Total Personnel Expenses</b>  | <b>\$518,938</b>   |                      |                  |             | <b>\$518,938.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy (e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$70,792           |                      |                  |             | \$70,792.00           |
| 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)          | \$8,375            |                      |                  |             | \$8,375.00            |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   | \$601,900          |                      |                  |             | \$601,900.00          |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,217,256</b> |                      |                  |             | <b>\$1,217,256.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,736,194</b> |                      |                  |             | <b>\$1,736,194.00</b> |
| Indirect Expenses  | \$173,619          |                      |                  |             | \$173,619.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$1,909,813</b> |                      |                  |             | <b>\$1,909,813.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|

APPENDIX F-1c  
07/01/17 - 06/30/18  
PAGE B

Invoice Number  
A-1JUL17

Contract Purchase Order No:

Fund Source: General Fund

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 07/1/17 - 07/31/17

FINAL Invoice (check if Yes)

[illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1d  
07/01/17 - 06/30/18  
PAGE A

Contractor: **San Francisco AIDS Foundation**  
Address: **1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

Telephone: **415-487-3000**  
Fax: **415-487-3009**

Program Name: **Syringe Access Services**

ACE Control #:

**CHEP**

Contract ID #  
**1000002634**

Invoice Number  
**A-1JUL17**

Contract Purchase Order No:

Funding Source: **General Fund**

Grant Code/Detail:

Project Code/Detail:

Invoice Period: **07/1/17 - 07/31/17**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES         | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|----------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Program Coordination | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|                      |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                      |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                      |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                      |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES  | BUDGET           | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|------------------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |                  |                         |                     |                |                      |
| Fringe Benefits   |                  |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |                  |                         |                     |                |                      |
| Operating Expenses:   |                  |                         |                     |                |                      |
| Occupancy-(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | \$61,801         |                         |                     |                | \$61,801.00          |
| Materials and Supplies-(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$93,300         |                         |                     |                | \$93,300.00          |
| General Operating-(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | \$28,200         |                         |                     |                | \$28,200.00          |
| Staff Travel - (e.g., Local & Out of Town)  |                  |                         |                     |                |                      |
| Consultant/Subcontractor  |                  |                         |                     |                |                      |
| Other - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                       |                  |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | <b>\$183,301</b> |                         |                     |                | <b>\$183,301.00</b>  |
| Capital Expenditures  |                  |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | <b>\$183,301</b> |                         |                     |                | <b>\$183,301.00</b>  |
| Indirect Expenses   | \$18,330         |                         |                     |                | \$18,330.00          |
| <b>TOTAL EXPENSES</b>   | <b>\$201,631</b> |                         |                     |                | <b>\$201,631.00</b>  |
| LESS: Initial Payment Recovery  |                  |                         |                     |                |                      |
| Other Adjustments (Enter as negative, if appropriate)   |                  |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |                  |                         |                     |                |                      |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|



APPENDIX F-1d  
07/01/17 - 06/30/18  
PAGE B

**Invoice Number**  
**A-1JUL17**

Contract Purchase Order No: 

|                     |                     |
|---------------------|---------------------|
| <b>Fund Source:</b> | <b>General Fund</b> |
|---------------------|---------------------|

Grant Code/Detail: 

**ACE Control #:**

Project Code/Detail: \_\_\_\_\_

**Invoice Period:** 07/1/17 - 07/31/17

**FINAL Invoice** ☐ (check if Yes)

[illegible]

**Certified By:** \_\_\_\_\_

Date: \_\_\_\_\_

**Title:** \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1e  
01/01/17 - 12/31/17  
PAGE A

Contractor: **San Francisco AIDS Foundation**  
Address: **1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

Telephone: **415-487-3000**  
Fax: **415-487-3009**

Program Name: **Syringe Access Services**

ACE Control #:

**CHEP**

Contract ID #  
**1000002634**

Invoice Number  
**A-1JAN17**

Contract Purchase Order No:

Funding Source: **CDC**

Grant Code/Detail:

Project Code/Detail: **HCPD90**

Invoice Period: **01/1/17 - 01/31/17**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES         | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|----------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                      | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | 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   | BUDGET  | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|---------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |         |                      |                  |             |                   |
| Fringe Benefits  |         |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |         |                      |                  |             |                   |
| Operating Expenses:  |         |                      |                  |             |                   |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) |         |                      |                  |             |                   |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      |         |                      |                  |             |                   |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$4,545 |                      |                  |             | \$4,545.00        |
| Staff Travel - (e.g., Local & Out of Town)   |         |                      |                  |             |                   |
| Consultant/Subcontractor   |         |                      |                  |             |                   |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |         |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$4,545 |                      |                  |             | \$4,545.00        |
| Capital Expenditures   |         |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$4,545 |                      |                  |             | \$4,545.00        |
| Indirect Expenses  | \$455   |                      |                  |             | \$455.00          |
| <b>TOTAL EXPENSES</b>  | \$5,000 |                      |                  |             | \$5,000.00        |
| LESS: Initial Payment Recovery   |         |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)                                      |         |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |         |                      |                  |             |                   |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|

APPENDIX F-1e  
01/01/17 - 12/31/17  
PAGE B

A-1JAN17

FINAL Invoice ☐ (check if Yes)

[illegible]

**Title:** \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1f  
07/01/18 - 06/30/19  
PAGE A

Contractor: **San Francisco AIDS Foundation**  
Address: **1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

Telephone: **415-487-3000**  
Fax: **415-487-3009**

Program Name: **Syringe Access Services**

ACE Control #:

**CHEP**

Contract ID #  
**1000002634**

Invoice Number  
**A-1JUL18**

Contract Purchase Order No:

Funding Source: **General Fund**

Grant Code/Detail:

Project Code/Detail:

Invoice Period: **07/1/18 - 07/31/18**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services | 5,906            | 44,300 |                       |     |                   |     |            |     | 5,906                  | 44,300 |
| Program Coordination    | 12               | N/A    |                       |     |                   |     |            | N/A | 12                     | N/A    |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 44300 |     |     |     | 44,300 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$435,950          |                      |                  |             | \$435,950.00          |
| Fringe Benefits  | \$108,988          |                      |                  |             | \$108,988.00          |
| <b>Total Personnel Expenses</b>  | <b>\$544,938</b>   |                      |                  |             | <b>\$544,938.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$74,899           |                      |                  |             | \$74,899.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$532,872          |                      |                  |             | \$532,872.00          |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$9,143            |                      |                  |             | \$9,143.00            |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   | \$616,947          |                      |                  |             | \$616,947.00          |
| Other - (Meals, Audit, Transportation Reimb. Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,233,861</b> |                      |                  |             | <b>\$1,233,861.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,778,799</b> |                      |                  |             | <b>\$1,778,799.00</b> |
| Indirect Expenses  | \$177,880          |                      |                  |             | \$177,880.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$1,956,679</b> |                      |                  |             | <b>\$1,956,679.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|

APPENDIX F-1f  
07/01/18 - 06/30/19  
PAGE 8

Invoice Number  
A-1JUL18

Contract Purchase Order No: 

**Fund Source:** General Fund

Grant Code/Detail: Project Code/Detail: 

ACE Control #:

Invoice Period: 07/1/18 - 07/31/18

FINAL Invoice ☐ (check if Yes)

| <b>PERSONNEL</b>                 | <b>FTE</b>  | <b>BUDGETED<br/>SALARY</b> | <b>EXPENSES<br/>THIS PERIOD</b> | <b>EXPENSES<br/>TO DATE</b> | <b>% OF<br/>BUDGET</b> | <b>REMAINING<br/>BALANCE</b> |
|----------------------------------|-------------|----------------------------|---------------------------------|-----------------------------|------------------------|------------------------------|
| Prgms & Ops Director             | 0.05        | \$5,250                    |                                 |                             |                        | \$5,250.00                   |
| Dir. Behavioral Health Svc       | 0.05        | \$6,000                    |                                 |                             |                        | \$6,000.00                   |
| Dir. Gov't Contracts             | 0.05        | \$4,900                    |                                 |                             |                        | \$4,900.00                   |
| Data Manager                     | 0.05        | \$3,750                    |                                 |                             |                        | \$3,750.00                   |
| SAS Director                     | 0.75        | \$67,500                   |                                 |                             |                        | \$67,500.00                  |
| Logistics Inventory Mgr          | 1.00        | \$62,000                   |                                 |                             |                        | \$62,000.00                  |
| Logistics Associates             | 2.00        | \$110,000                  |                                 |                             |                        | \$110,000.00                 |
| SSE/Vol Coordinator              | 0.75        | \$46,500                   |                                 |                             |                        | \$46,500.00                  |
| Health Educator                  | 1.75        | \$96,250                   |                                 |                             |                        | \$96,250.00                  |
| Comm. Engagement & Kit Packing A | 0.65        | \$33,800                   |                                 |                             |                        | \$33,800.00                  |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
|                                  |             |                            |                                 |                             |                        |                              |
| <b>TOTAL SALARIES</b>            | <b>7.10</b> | <b>\$435,950</b>           |                                 |                             |                        | <b>\$435,950.00</b>          |

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

**Title:** \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1g  
07/01/18 - 06/30/19  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**Program Name: Syringe Access Services**

**ACE Control #:**

**CHEP**

**Contract ID #**

**1000002634**

**Invoice Number**

**A-1JUL18**

**Contract Purchase Order No:**

**Funding Source:**

**General Fund**

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**

**07/1/18 - 07/31/18**

**FINAL Invoice** ☐

**(check if Yes)**

| DELIVERABLES         | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|----------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                      | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | 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**

|  | BUDGET           | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE   |
|--|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B)  |                  |                      |                  |             |                     |
| Fringe Benefits  |                  |                      |                  |             |                     |
| <b>Total Personnel Expenses</b>  |                  |                      |                  |             |                     |
| Operating Expenses:  |                  |                      |                  |             |                     |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$63,801         |                      |                  |             | \$63,801.00         |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$93,300         |                      |                  |             | \$93,300.00         |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$30,783         |                      |                  |             | \$30,783.00         |
| Staff Travel - (e.g., Local & Out of Town)   |                  |                      |                  |             |                     |
| Consultant/Subcontractor   |                  |                      |                  |             |                     |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                  |                      |                  |             |                     |
| <b>Total Operating Expenses</b>  | <b>\$187,884</b> |                      |                  |             | <b>\$187,884.00</b> |
| Capital Expenditures   |                  |                      |                  |             |                     |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$187,884</b> |                      |                  |             | <b>\$187,884.00</b> |
| Indirect Expenses  | \$18,788         |                      |                  |             | \$18,788.00         |
| <b>TOTAL EXPENSES</b>  | <b>\$206,672</b> |                      |                  |             | <b>\$206,672.00</b> |
| LESS: Initial Payment Recovery   |                  |                      |                  |             |                     |
| Other Adjustments (Enter as negative, if appropriate)                                      |                  |                      |                  |             |                     |
| <b>REIMBURSEMENT</b>   |                  |                      |                  |             |                     |

**NOTES:**

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|

APPENDIX F-1g  
07/01/18 - 06/30/19  
PAGE B

Invoice Number  
A-1JUL18

Contract Purchase Order No: 

|                     |              |
|---------------------|--------------|
| <b>Fund Source:</b> | General Fund |
|---------------------|--------------|

Grant Code/Detail: Project Code/Detail: 

**Invoice Period:** 07/1/18 - 07/31/18

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

**Title:** \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1h  
01/01/18 - 12/31/18  
PAGE A

Contractor: **San Francisco AIDS Foundation**  
Address: **1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

Telephone: **415-487-3000**  
Fax: **415-487-3009**

Program Name: **Syringe Access Services**

ACE Control #:

**CHEP**

Contract ID #  
**1000002634**

Invoice Number  
**A-1JAN18**

Contract Purchase Order No:

Funding Source: **CDC**

Grant Code/Detail:

Project Code/Detail: **HCPD90**

Invoice Period: **01/1/18 - 01/31/18**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES         | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|----------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                      | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | 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   | BUDGET  | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|---------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |         |                      |                  |             |                   |
| Fringe Benefits  |         |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |         |                      |                  |             |                   |
| Operating Expenses:  |         |                      |                  |             |                   |
| Occupancy (e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) |         |                      |                  |             |                   |
| Materials and Supplies (e.g., Office, Postage, Printing and Repro., Program Supplies)      |         |                      |                  |             |                   |
| General Operating (e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$4,545 |                      |                  |             | \$4,545.00        |
| Staff Travel - (e.g., Local & Out of Town)   |         |                      |                  |             |                   |
| Consultant/Subcontractor   |         |                      |                  |             |                   |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |         |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$4,545 |                      |                  |             | \$4,545.00        |
| Capital Expenditures   |         |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$4,545 |                      |                  |             | \$4,545.00        |
| Indirect Expenses  | \$455   |                      |                  |             | \$455.00          |
| <b>TOTAL EXPENSES</b>  | \$5,000 |                      |                  |             | \$5,000.00        |
| LESS: Initial Payment Recovery   |         |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)                                      |         |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |         |                      |                  |             |                   |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|

APPENDIX F-1h  
01/01/18 - 12/31/18  
PAGE B

Invoice Number  
A-1JAN18

Contract Purchase Order No: 

**Fund Source:** CDC

Grant Code/Detail: 

Project Code/Detail: HCPD90

|                 |                    |
|-----------------|--------------------|
| Invoice Period: | 01/1/18 - 01/31/18 |
|-----------------|--------------------|

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

**Title:** \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2a  
07/01/17 - 06/30/18  
PAGE A

**Contractor:** San Francisco AIDS Foundation  
**Address:** 1035 Market Street, Suite 400  
San Francisco, CA 94103

**Telephone:** 415-487-3000  
**Fax:** 415-487-3009

**Program Name:** Syringe Access Services - HYA

**ACE Control #:**

**CHEP**

**Contract ID #**  
1000002634

**Invoice Number**  
A-2JUL17

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:** 07/1/17 - 07/31/17

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES               | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|----------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| HYA Wrap Around & Disposal | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|                            |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                            |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                            |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                            |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     | N/A | N/A |

| EXPENDITURES   | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|--|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)  |           |                         |                     |                |                      |
| Fringe Benefits  |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>  |           |                         |                     |                |                      |
| Operating Expenses:  |           |                         |                     |                |                      |
| Occupancy-(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs)    |           |                         |                     |                |                      |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies) |           |                         |                     |                |                      |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)     |           |                         |                     |                |                      |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |           |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>  | \$146,160 |                         |                     |                | \$146,160.00         |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                   |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>  | \$146,160 |                         |                     |                | \$146,160.00         |
| <b>Capital Expenditures</b>  |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>   | \$146,160 |                         |                     |                | \$146,160.00         |
| Indirect Expenses  | \$14,615  |                         |                     |                | \$14,615.00          |
| <b>TOTAL EXPENSES</b>  | \$160,775 |                         |                     |                | \$160,775.00         |
| <b>LESS: Initial Payment Recovery</b>  |           |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                     |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>   |           |                         |                     |                |                      |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |



APPENDIX F-2a  
07/01/17 - 06/30/18  
PAGE B

|                                    |   |
|------------------------------------|---|
| <b>Invoice Number</b>              |   |
| A-2JUL17                           |   |
| <b>Contract Purchase Order No:</b> |   |
| <b>Fund Source:</b>                | General Fund                            |
| <b>Grant Code/Detail:</b>          |   |
| <b>Project Code/Detail:</b>        |   |
| <b>Invoice Period:</b>             | 07/1/17 - 07/31/17                      |
| <b>FINAL Invoice</b>               | <input type="checkbox"/> (check if Yes) |

ACE Control #: [illegible]

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2b  
07/01/18 - 06/30/19  
PAGE A

Contractor: **San Francisco AIDS Foundation**  
Address: **1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

Telephone: **415-487-3000**  
Fax: **415-487-3009**

Program Name: **Syringe Access Services - HYA**

ACE Control #:

**CHEP**

Contract ID #  
**1000002634**

Invoice Number  
**A-2JUL18**

Contract Purchase Order No:

Funding Source: **General Fund**

Grant Code/Detail:

Project Code/Detail:

Invoice Period: **07/1/18 - 07/31/18**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES               | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|----------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                            | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| HYA Wrap Around & Disposal | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|                            |                  |     |                       |     |                   |     |            |     |                        |     |
|                            |                  |     |                       |     |                   |     |            |     |                        |     |
|                            |                  |     |                       |     |                   |     |            |     |                        |     |
|                            |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     | N/A | N/A |

| EXPENDITURES   | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| Occupancy (e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) |           |                      |                  |             |                   |
| Materials and Supplies (e.g., Office, Postage, Printing and Repro., Program Supplies)      |           |                      |                  |             |                   |
| General Operating (e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          |           |                      |                  |             |                   |
| Staff Travel - (e.g., Local & Out of Town)   |           |                      |                  |             |                   |
| Consultant/Subcontractor   | \$149,814 |                      |                  |             | \$149,814.00      |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$149,814 |                      |                  |             | \$149,814.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$149,814 |                      |                  |             | \$149,814.00      |
| Indirect Expenses  | \$14,980  |                      |                  |             | \$14,980.00       |
| <b>TOTAL EXPENSES</b>  | \$164,794 |                      |                  |             | \$164,794.00      |
| LESS: Initial Payment Recovery   |           |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)                                      |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|

APPENDIX F-2b  
07/01/18 - 06/30/19  
PAGE B

**Invoice Number**  
**A-2JUL18**

Contract Purchase Order No: 

**Fund Source:** General Fund

Grant Code/Detail: 

Project Code/Detail: \_\_\_\_\_

ACE Control #:

**Invoice Period:** 07/1/18 - 07/31/18

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

**Title:** \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3a  
07/01/17 - 06/30/18  
PAGE A

Contractor: San Francisco AIDS Foundation  
Address: 1035 Market Street, Suite 400  
San Francisco, CA 94103

Telephone: 415-487-3000  
Fax: 415-487-3009

**CHEP**

Program Name: Syringe Access - Harm Reduction Center

ACE Control #:

Contract ID #  
1000002634

Invoice Number  
A-3JUL17

Contract Purchase Order No:

Funding Source:  General Fund

Grant Code/Detail:

Project Code/Detail:

Invoice Period:  07/1/17 - 07/31/17

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES          | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-----------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                       | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Harm Reduction Center | 12               | 35,343 |                       |     |                   |     |            |     | 12                     | 35,343 |
|                       |                  |        |                       |     |                   |     |            |     |                        |        |
|                       |                  |        |                       |     |                   |     |            |     |                        |        |
|                       |                  |        |                       |     |                   |     |            |     |                        |        |
|                       |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 35343 |     |     |     | 35,343 |

| EXPENDITURES   | BUDGET           | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE   |
|--|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B)  | \$588,550        |                      |                  |             | \$588,550.00        |
| Fringe Benefits  | \$147,138        |                      |                  |             | \$147,138.00        |
| <b>Total Personnel Expenses</b>  | <b>\$735,688</b> |                      |                  |             | <b>\$735,688.00</b> |
| <b>Operating Expenses:</b>   |                  |                      |                  |             |                     |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$32,214         |                      |                  |             | \$32,214.00         |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$24,234         |                      |                  |             | \$24,234.00         |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$11,500         |                      |                  |             | \$11,500.00         |
| Staff Travel - (e.g., Local & Out of Town)   |                  |                      |                  |             |                     |
| Consultant/Subcontractor   |                  |                      |                  |             |                     |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                  |                      |                  |             |                     |
| <b>Total Operating Expenses</b>  | <b>\$67,948</b>  |                      |                  |             | <b>\$67,948.00</b>  |
| <b>Capital Expenditures</b>  |                  |                      |                  |             |                     |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$803,636</b> |                      |                  |             | <b>\$803,636.00</b> |
| Indirect Expenses  | \$80,364         |                      |                  |             | \$80,364.00         |
| <b>TOTAL EXPENSES</b>  | <b>\$884,000</b> |                      |                  |             | <b>\$884,000.00</b> |
| LESS: Initial Payment Recovery   |                  |                      |                  |             |                     |
| Other Adjustments (Enter as negative, if appropriate)                                      |                  |                      |                  |             |                     |
| <b>REIMBURSEMENT</b>   |                  |                      |                  |             |                     |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|

APPENDIX F-3a  
07/01/17 - 06/30/18  
PAGE B

|                             |   |
|-----------------------------|---|
| Invoice Number              |   |
| A-3JUL17                    |   |
| Contract Purchase Order No: |   |
| Fund Source:                | General Fund                            |
| Grant Code/Detail:          |   |
| Project Code/Detail:        |   |
| Invoice Period:             | 07/1/17 - 07/31/17                      |
| FINAL Invoice               | <input type="checkbox"/> (check if Yes) |

[illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Amendment: 10/01/2017



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3b  
07/01/18 - 06/30/19  
PAGE A

Contractor: **San Francisco AIDS Foundation**  
Address: **1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

Telephone: **415-487-3000**  
Fax: **415-487-3009**

**CHEP**

Program Name: **Syringe Access - Harm Reduction Center**

ACE Control #:

Contract ID #  
**1000002634**

Invoice Number  
**A-3JUL18**

Contract Purchase Order No:

Funding Source: **General Fund**

Grant Code/Detail:

Project Code/Detail:

Invoice Period: **07/1/18 - 07/31/18**

FINAL Invoice ☐ (check if Yes)

| DELIVERABLES          | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-----------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                       | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Harm Reduction Center | 12               | 36,960 |                       |     |                   |     |            |     | 12                     | 36,960 |
|                       |                  |        |                       |     |                   |     |            |     |                        |        |
|                       |                  |        |                       |     |                   |     |            |     |                        |        |
|                       |                  |        |                       |     |                   |     |            |     |                        |        |
|                       |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 36960 |     |     |     | 36,960 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$671,050          |                      |                  |             | \$671,050.00          |
| Fringe Benefits  | \$167,763          |                      |                  |             | \$167,763.00          |
| <b>Total Personnel Expenses</b>  | <b>\$838,813</b>   |                      |                  |             | <b>\$838,813.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$33,214           |                      |                  |             | \$33,214.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$24,564           |                      |                  |             | \$24,564.00           |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$12,500           |                      |                  |             | \$12,500.00           |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   |                    |                      |                  |             |                       |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$70,278</b>    |                      |                  |             | <b>\$70,278.00</b>    |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$909,091</b>   |                      |                  |             | <b>\$909,091.00</b>   |
| Indirect Expenses  | \$90,909           |                      |                  |             | \$90,909.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,000,000</b> |                      |                  |             | <b>\$1,000,000.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: **SFDPH Fiscal / Invoice Processing**  
**1380 Howard Street, 4th Floor, Suite 423**  
**San Francisco, CA 94103**  
**Attn: Contract Payments**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-3b  
07/01/18 - 06/30/19  
PAGE B

**Invoice Number**  
**A-3JUL18**

Contract Purchase Order No:

**Fund Source:** General Fund

Grant Code/Detail: 

Project Code/Detail: \_\_\_\_\_

ACE Control #:

**Invoice Period:** 07/1/18 - 07/31/18

**FINAL Invoice** ☐ (check if Yes)

[illegible]

**Certified By:** \_\_\_\_\_

Date: \_\_\_\_\_

**Title:** \_\_\_\_\_



SANFRAN-02

POBAR1

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/21/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |  |   |  |               |
|--|--|---|--|---------------|
| <b>PRODUCER</b> License # 0H81923<br>G2 Insurance Services, LLC<br>140 New Montgomery, 21st Floor<br>San Francisco, CA 94105 |  | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> (415) 426-6600<br><b>FAX (A/C, No):</b> (415) 426-6601<br><b>E-MAIL ADDRESS:</b> |  |               |
| <b>INSURED</b><br><br>San Francisco AIDS Foundation<br>1035 Market Street, Ste. 400<br>San Francisco, CA 94103               |  | <b>INSURER(S) AFFORDING COVERAGE</b>  |  | <b>NAIC #</b> |
|  |  | <b>INSURER A:</b> Nonprofits' Insurance Alliance of California (NIAC)   |  |               |
|  |  | <b>INSURER B:</b> Berkshire Hathaway Homestate Insurance Company  |  | 20044         |
|  |  | <b>INSURER C:</b>   |  |               |
|  |  | <b>INSURER D:</b>   |  |               |
|  |  | <b>INSURER E:</b>   |  |               |
| <b>INSURER F:</b>  |  |   |  |               |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|----------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER: | X         |          | 2017-00950     | 04/01/2017              | 04/01/2018              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 20,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COM/OP AGG \$ 3,000,000 |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   | X         |          | 2017-00950     | 04/01/2017              | 04/01/2018              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |           |          | 2017-00950-UMB | 04/01/2017              | 04/01/2018              | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000   |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A       | X        | SAWC819099     | 07/01/2017              | 07/01/2018              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Ongoing service contracts with City and County of San Francisco

City and County of San Francisco, its officers, directors, employees, agents, and representatives are named as additional insureds as respects General Liability and Auto Liability as required by written contract. Waiver of subrogation applies in favor of the City and County of San Francisco with respects to Workers Compensation as permitted by law.

## CERTIFICATE HOLDER

## 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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
  2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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.



**City and County of San Francisco  
Office of Contract Administration  
Purchasing Division**

**Second Amendment**

THIS AMENDMENT (this "Amendment") is made as of **February 1<sup>st</sup>, 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."

|           |                         |           |
|-----------|-------------------------|-----------|
| Option 1: | 07/01/2018 – 06/30/2019 | Exercised |
| Option 2: | 07/01/2019 – 06/30/2020 | Exercised |
| Option 3: | 07/01/2020 – 06/30/2021 | Exercised |
| Option 4: | 07/01/2021 – 06/30/2022 | Exercised |
| Option 5: | 07/01/2022 – 06/30/2023 | Exercised |
| Option 6: | 07/01/2023 – 06/30/2024 | Exercised |
| Option 7: | 07/01/2024 – 06/30/2025 | Exercised |
| Option 8: | 07/01/2025 – 06/30/2026 | Exercised |

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](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 read 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)
  2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

2. ☐ **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-1l 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-1o 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-1l 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-1o 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**



JOE HOLLENDONER  
Chief Executive Officer  
1035 Market Street, Suite 400  
San Francisco, CA 94103

Supplier ID number: 0000011638

Received By:  
APR 29 '19 PM 11:48  
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 | <b>HIV Syringe Access and Disposal Services</b>                           |
| Appendix A-2 | <b>HIV Syringe Access and Disposal Services – Homeless Youth Alliance</b> |
| Appendix A-3 | <b>HIV Syringe Access and Disposal Services – Harm Reduction Center</b>   |

**3. Services Provided by Attorneys.** Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

## CONTRACT SUMMARY

**Service Provider(s):** San Francisco AIDS Foundation  
**Fiscal Agency:** San Francisco AIDS Foundation  
**Total Contract Amount:** \$32,762,870  
**Funding Source:** HPS General Fund/CDC  
**Program Name:** Syringe Access and Disposal Services  
**System of Care:** HIV Prevention Services (HPS)  
**Program Code:** N/A

**Provider Address:** 1035 Market Street, Suite 400 – SF CA 94103

**Provider Phone:** 415-487-3000

**Provider Fax:** 415-487-3094

**Contact Person:** Richard Hill, Director of Government Contracts **Direct Phone Number:** 415-487-8042 **Email:** rhill@sfa.org

**RFP#:** 3-2016

**Appendix A:**

**Appendix B:**

**Funding Source**

**Funding Amount:**

**Unspent Amount:**

**Funding Term:**

**Number of UOS:**

Syringe Access & Disposal Services Hrs.  
Syringe Access, Disposal Coordination & Bulk Purchasing

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             | B-1g             | B-1h             |
| GF                                   | GF               | CDC              | GF               | GF               | CDC              | GF               | GF               | CDC              |
| \$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  |
| 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              |
| 12                                   | 12               | 12               | 12               | 12               | 12               | 12               | 12               | 12               |
| 2,028                                | N/A              | N/A              | 2,861            | N/A              | N/A              | 3,710            | N/A              | N/A              |
| 264                                  | N/A              | N/A              | 40               | N/A              | N/A              | 67               | N/A              | N/A              |
| NOC                                  | NOC              | NOC              | NOC              | NOC              | NOC              | NOC              | NOC              | NOC              |
| 44,300                               | N/A              | N/A              | 56,635           | N/A              | N/A              | 54,300           | 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              | N/A              | N/A              |
| N/A                                  | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              | N/A              |
| B-1i                                 | B-1j             | B-1k             | B-1l             | B-1m             | B-1n             | B-1o             | B-1p             | B-1q             |
| 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      |
| 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              | UOS              |
| 4,302                                | N/A              | 4,302            | N/A              | 4,302            | N/A              | 4,302            | N/A              | 4,302            |
| 12                                   | 12               | 12               | 12               | 12               | 12               | 12               | 12               | 12               |
| 3,710                                | N/A              | 3,710            | N/A              | 3,710            | N/A              | 3,710            | N/A              | 3,710            |
| 67                                   | N/A              | 67               | N/A              | 67               | N/A              | 67               | N/A              | 67               |



**Number of NOC:**

Syringe Access & Disposal Services Hrs.  
Syringe Access, Disposal Coordination & Bulk Purchasing  
Citywide Syringe Sweeps  
Community-Based Sweeps Events

| NOC    | NOC | NOC    | NOC | NOC    | NOC | NOC    | NOC | NOC    |
|--------|-----|--------|-----|--------|-----|--------|-----|--------|
| 54,300 | N/A | 54,300 | N/A | 54,300 | N/A | 54,300 | N/A | 54,300 |
| 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    |
| N/A    | N/A | N/A    | N/A | N/A    | N/A | N/A    | N/A | N/A    |

**Appendix B:**

**Funding Source**  
**Funding Amount:**  
**Funding Term:**

|                  |                  |                  |                  |                  |  |  |  |  |
|------------------|------------------|------------------|------------------|------------------|--|--|--|--|
| B-1r             | B-1s             | B-1t             | B-1u             | B-1v             |  |  |  |  |
| GF               | GF               | GF               | GF               | GF               |  |  |  |  |
| \$211,838        | \$2,006,497      | \$211,838        | \$2,006,497      | \$211,838        |  |  |  |  |
| 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 |  |  |  |  |

**Number of UOS:**

Syringe Access & Disposal Services Hrs.  
Syringe Access, Disposal Coordination & Bulk Purchasing  
Citywide Syringe Sweeps  
Community-Based Sweeps Events

| UOS | UOS   | UOS | UOS   | UOS |  |  |  |  |
|-----|-------|-----|-------|-----|--|--|--|--|
| N/A | 4,302 | N/A | 4,302 | N/A |  |  |  |  |
| 12  | 12    | 12  | 12    | 12  |  |  |  |  |
| N/A | 3,710 | N/A | 3,710 | N/A |  |  |  |  |
| N/A | 67    | N/A | 67    | N/A |  |  |  |  |

**Number of NOC:**

Syringe Access & Disposal Services Hrs.  
Syringe Access, Disposal Coordination & Bulk Purchasing  
Citywide Syringe Sweeps  
Community-Based Sweeps Events

| NOC | NOC    | NOC | NOC    | NOC |  |  |  |  |
|-----|--------|-----|--------|-----|--|--|--|--|
| N/A | 54,300 | N/A | 54,300 | 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 |  |  |  |  |

**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

**Number of UDC/NOC:**

HYA Wrap Around & Disposal Services

| Appendix A-2 Homeless Youth 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              |



Appendix B:  
Funding Source  
Funding Amount:  
Funding Term:  
Number of UOS:

HYA Wrap Around & Disposal Services

Number of  
UDC/NOC:

HYA Wrap Around & Disposal Services

|                  |  |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|--|
| B-2i             |  |  |  |  |  |  |  |  |
| GF               |  |  |  |  |  |  |  |  |
| \$168,914        |  |  |  |  |  |  |  |  |
| 7.1.25 - 6.30.26 |  |  |  |  |  |  |  |  |
| UOS              |  |  |  |  |  |  |  |  |
| 12               |  |  |  |  |  |  |  |  |
| NOC              |  |  |  |  |  |  |  |  |
| N/A              |  |  |  |  |  |  |  |  |
|                  |  |  |  |  |  |  |  |  |

Definition and # of  
UOS:

A Unit of Service (UOS) is equivalent to 1 month of activities associated with the administration of these funds.

Target Population:

Young adults aged 13-29 living on the street 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           |
|  |                |                |                  |                  |                  |                  |                  |                  |

**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

**Definition and # of UOS:**

**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.

|                  |  |  |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|--|--|
| B-3i             |  |  |  |  |  |  |  |  |  |
| GF               |  |  |  |  |  |  |  |  |  |
| \$1,000,000      |  |  |  |  |  |  |  |  |  |
| 7.1.25 - 6.30.26 |  |  |  |  |  |  |  |  |  |
| UOS              |  |  |  |  |  |  |  |  |  |
| N/A              |  |  |  |  |  |  |  |  |  |
| 1,888            |  |  |  |  |  |  |  |  |  |
| 2,550            |  |  |  |  |  |  |  |  |  |
| NOC              |  |  |  |  |  |  |  |  |  |
| N/A              |  |  |  |  |  |  |  |  |  |
| 31,341           |  |  |  |  |  |  |  |  |  |
| 15,300           |  |  |  |  |  |  |  |  |  |
|                  |  |  |  |  |  |  |  |  |  |

A Unit of Service (UOS) is equivalent to 1 Month of Harm Reduction Center Services.

**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 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) |
|---|------------------------|--------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>69.5 hours of syringe access and disposal services per week * 52 weeks = 3,614 UOS<br>12.26 clients per hour * 3,614 hours = 44,300 NOC | 3,614                  | 44,300                   |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS               | 12                     | N/A                      |
| <b>Citywide Syringe Sweeps (B-1)</b><br>One UOS = one hour of Citywide Sweeps<br>39 hours of sweeps per week * 52 weeks = 2,028 UOS   | 2,028                  | N/A                      |

|  |       |        |
|--|-------|--------|
| Community-Based Sweeps Events (B-1)<br>One UOS = one Community-Based Sweep Event<br>264 events = 264 UOS | 264   | N/A    |
| Total Services Delivered   | 5,918 | 44,300 |

|   |    |     |
|---|----|-----|
| Syringe Access, Disposal Coordination & Bulk Purchasing (B-1a)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>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)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>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)<br>One UOS = one hour of Syringe Access and Disposal Services<br>75.85 hours of syringe access and disposal services per week * 52 weeks = 3,944 UOS<br>14.36 clients per hour * 3,944 hours = 56,635 NOC | 3,944                  | 56,635                   |
| Syringe Access, Disposal Coordination & Bulk Purchasing (B-1c)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                    | 12                     | N/A                      |
| Citywide Syringe Sweeps (B-1c)<br>One UOS = one hour of Citywide Sweeps<br>~55 hours of sweeps per week * 52 weeks = 2,861 UOS   | 2,861                  | N/A                      |
| Community-Based Sweeps Events (B-1c)<br>One UOS = one Community-Based Sweep Event<br>40 events = 40 UOS  | 40                     | N/A                      |
| Total Services Delivered   | 6,857                  | 56,635                   |

|   |    |     |
|---|----|-----|
| Syringe Access, Disposal Coordination & Bulk Purchasing (B-1d)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>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)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>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) |
|--|------------------------|--------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1f)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                  | 54,300                   |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1f)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                     | N/A                      |
| <b>Citywide Syringe Sweeps (B-1f)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS  | 3,710                  | N/A                      |
| <b>Community-Based Sweeps Events (B-1f)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS   | 67                     | N/A                      |
| <b>Total Services Delivered</b>  | <b>8,091</b>           | <b>54,300</b>            |

|   |    |     |
|---|----|-----|
| Syringe Access, Disposal Coordination & Bulk Purchasing (B-1g)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>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-1h)<br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>   | 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) |
|--|------------------------|--------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1i)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                  | 54,300                   |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1i)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                     | N/A                      |
| <b>Citywide Syringe Sweeps (B-1i)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS  | 3,710                  | N/A                      |
| <b>Community-Based Sweeps Events (B-1i)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS   | 67                     | N/A                      |
| <b>Total Services Delivered</b>  | <b>8,091</b>           | <b>54,300</b>            |

|  |    |     |
|--|----|-----|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1j)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 12 | N/A |

**Year Five: B-1k and B-1l July 1, 2020 – June 30, 2021**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1k)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                  | 54,300                   |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1k)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                     | N/A                      |
| <b>Citywide Syringe Sweeps (B-1k)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS  | 3,710                  | N/A                      |
| <b>Community-Based Sweeps Events (B-1k)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS   | 67                     | N/A                      |
| <b>Total Services Delivered</b>  | <b>8,091</b>           | <b>54,300</b>            |

|  |           |            |
|--|-----------|------------|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1l)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12        | N/A        |
| <b>Total Services Delivered</b>  | <b>12</b> | <b>N/A</b> |

**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) |
|--|------------------------|--------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1m)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                  | 54,300                   |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1m)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                     | N/A                      |

|   |              |               |
|---|--------------|---------------|
| <b>Citywide Syringe Sweeps (B-1m)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS | 3,710        | N/A           |
| <b>Community-Based Sweeps Events (B-1m)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS                          | 67           | N/A           |
| <b>Total Services Delivered</b>   | <b>8,091</b> | <b>54,300</b> |

|  |    |     |
|--|----|-----|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1n)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 12 | N/A |

**Year Seven: B-1o and B-1p July 1, 2022 – June 30, 2023**

| <b>Units of Service (UOS) Description</b>  | <b>Units of Service (UOS)</b> | <b>Number of Contacts (NOC)</b> |
|--|-------------------------------|---------------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1o)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                         | 54,300                          |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1o)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                            | N/A                             |
| <b>Citywide Syringe Sweeps (B-1o)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS  | 3,710                         | N/A                             |
| <b>Community-Based Sweeps Events (B-1o)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS   | 67                            | N/A                             |
| <b>Total Services Delivered</b>  | <b>8,091</b>                  | <b>54,300</b>                   |

|  |    |     |
|--|----|-----|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1p)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 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) |
|--|------------------------|--------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1q)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                  | 54,300                   |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1q)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                     | N/A                      |
| <b>Citywide Syringe Sweeps (B-1q)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS  | 3,710                  | N/A                      |
| <b>Community-Based Sweeps Events (B-1q)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS   | 67                     | N/A                      |
| <b>Total Services Delivered</b>  | <b>8,091</b>           | <b>54,300</b>            |

|  |    |     |
|--|----|-----|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1r)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 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) |
|--|------------------------|--------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1s)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                  | 54,300                   |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1s)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                     | N/A                      |



|   |              |               |
|---|--------------|---------------|
| <b>Citywide Syringe Sweeps (B-1s)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS | 3,710        | N/A           |
| <b>Community-Based Sweeps Events (B-1s)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS                          | 67           | N/A           |
| <b>Total Services Delivered</b>   | <b>8,091</b> | <b>54,300</b> |

|  |    |     |
|--|----|-----|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1t)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 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) |
|--|------------------------|--------------------------|
| <b>Syringe Access and Disposal Service Hours (B-1u)</b><br>One UOS = one hour of Syringe Access and Disposal Services<br>82.73 hours of syringe access and disposal services per week * 52 weeks = 4,302 UOS<br>~12.63 clients per hour * 4,302 hours = 54,300 NOC | 4,302                  | 54,300                   |
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1u)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS                 | 12                     | N/A                      |
| <b>Citywide Syringe Sweeps (B-1u)</b><br>One UOS = one hour of Citywide Sweeps<br>71.35 hours of sweeps per week * 52 weeks = 3,710 UOS  | 3,710                  | N/A                      |
| <b>Community-Based Sweeps Events (B-1u)</b><br>One UOS = one Community-Based Sweep Event<br>67 events = 67 UOS   | 67                     | N/A                      |
| <b>Total Services Delivered</b>  | <b>8,091</b>           | <b>54,300</b>            |

|  |    |     |
|--|----|-----|
| <b>Syringe Access, Disposal Coordination &amp; Bulk Purchasing (B-1v)</b><br>One UOS = one month of Syringe Access and Disposal Coordination & Bulk Purchasing<br>12 months of Syringe Access and Disposal Coordination & Bulk Purchasing = 12 UOS | 12 | N/A |
| <b>Total Services Delivered</b>  | 12 | N/A |



**6. Methodology:**

**A. Syringe Access and Disposal Services** includes the following direct client services:

- 1. Provision of sterile injection equipment to clients.** SAC partners will provide sterile injection equipment at mobile van based sites, through street outreach, camp outreach, secondary exchange programming, private syringe exchange, fixed site, and multi-service drop in center sites.
- 2. Distribution of syringe disposal supplies, (fitpacks, small bio-bins).** Every participant will be offered a disposal container when picking up supplies. SAC staff members will provide encouragement and positive reinforcement to participants who bring in returns. Additionally, disposal sweep community outreach workers will make sharps containers available to people they engage during sweeps and to residents and business owners who would like to join the cause.
- 3. Collection of disposed injection equipment, including disposal at sites and sweep programs, and in collaboration with the SFPD Rapid Response Team as needed.** SAC staff members and volunteers will sweep mapped routes (see attachments) in documented hot spot areas. SAC staff members will provide training on safe handling to all volunteers and staff assisting with sweeps. SAC staff members will properly close and lock sharps containers.
- 4. Provision of safer sex supplies, health education on subjects such as safer injection practices, appropriate disposal procedures and overdose prevention as well as health promotion,**  
Safer sex supplies will be made available at all SAC sites, and SAC members will engage participants around overdose prevention and provide DOPE Trainings, safer disposal and proper use of sharps containers, and engage with participants about safer injection, vein care, and self-care.
- 5. Referral and linkage to medical care, case management, treatment services and other ancillary services.** All SAC staff members will provide referrals (and when feasible) offer warm hand offs to services including medical care, the broad spectrum of substance use treatment services available in San Francisco, food, shelter, mental health counseling, and benefits.
- 6. Linkage to HIV/HCV testing.** All SAC members will offer participants linkage to on-site HIV/HCV testing or referrals to HIV/HCV testing.

**B. Syringe Access and Disposal Coordination** includes the following non-direct client services:

- 1. Overall coordination and responsibility for any agencies subcontracted to perform syringe access or disposal services or to reach the target populations.** SFAF, the SAC Lead Coordinating agency, will monitor subcontractor performance, supply budget, syringe returns, ensure that work is documented and reported, and in collaboration with SAC membership problem solve, innovate, and deepen our relationships and coordinate our services.

2. **Participate in meetings of any subcontractors and SFPD Rapid Response Clean Team engaged in disposal efforts (including sweeps) to ensure consistency of service delivery and ensure complementary and non-duplicative efforts.** SFAF will participate in disposal team meetings and assess and re-assess sweep mapped routes to avoid duplicating services and adjusting service areas to heavy need areas and to respond to community concerns.
  3. **Provide leadership to and training for any subcontractors.** SAC Coordinating agency will arrange for trainings on subjects of interest to subcontractors and invite SAC members to SAS upcoming staff development trainings on boundaries, HCV medical care and linkage, safer injecting/vein care harm reduction counseling, and referral resources.
  4. **In partnership with DPH, act as a “Good Neighbor”/Community Partner and actively establish and maintain positive relationships with neighbors, police, and other stakeholders in the community. In areas around syringe sites, syringe providers must respond collaboratively to residents, and adhere to all city requirements. When requested, attend community and/or police meetings with DPH to present information about the syringe access and disposal program.** SAC Coordinating agency SFAF will be a good neighbor, build community ties, alliances, and respectfully engage with people opposed to harm reduction services in their neighborhoods. SAC staff will make every effort – dependent on staffing schedules and availability – to attend community and/or police meetings with DPH to present information about the syringe access and disposal program.
- C. **Bulk Purchasing and Distribution** includes the following support services for any subcontractors:
1. **Order, purchase, and distribute syringes and safer injection equipment for the lead agency, any subcontracted agencies.**
- D. **Citywide Syringe Sweeps:** A coordinated effort of at least two people whose sole purpose it is to search for, collect, and report on improperly discarded syringes, particularly on the streets and sidewalk within a specific geographic area. Sweeps must be complementary to other disposal efforts provided by the applicant and in collaboration with the SFPD Rapid Response Clean Team. Requirements include:
1. **Development of sweep schedules, focusing on hot spots, i.e., locations where improperly discarded syringes historically have appeared frequently.** See attached maps and sweep schedule.
  2. **Ability to respond to DPH requests to increase sweeps in specific areas as needed.** Sweep schedules may be adjusted to meet the needs of the community.
  3. **Ability to incorporate other new methods of responding to sweep requests in real-time such as cell phone, text, mobile phone application.**

4. **Providing education to community about safe disposal options.** All SAC members will share in development of safe disposal materials and outreach strategies to build community support for harm reduction and syringe access and safer disposal efforts.
- E. **Coordination of Community-Based Sweeps Events:** SFAF will coordinate neighborhood-wide sweep events that mobilize residents and staff of agencies working in areas where sweeps are necessary to create visibility, a sense of community and common purpose while providing a service.
- F. **Data Collection and Reporting:** Documentation of services must include logs of distribution of sterile injection equipment and supplies, collection and disposal of discarded syringes including:
  1. **Reporting of sterile injection equipment distribution by site,**  
Syringes in and Syringes out will be collected by all SAC agencies. Data by site will be requested (as opposed to aggregate monthly data).
  2. **Submission of collected needle data on a quarterly basis,**  
Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected.
  3. **Reporting of sweep data monthly to DPH, Records of education and outreach efforts to community about safe disposal options.**  
Sweep and Community Cleanup Data will be collected monthly including the route swept, the needles collected. SAC members will track: # of Syringes collected, # of sharps containers distributed, the disposal sweep route, and provide a narrative after each sweep documenting community relationship building, education and outreach efforts, and contacts for follow up.
  4. **Distribution of syringe disposal supplies.(fitpacks, small bio-bins, tongs)**  
SAC lead agency will track syringe disposal container and tong purchases and provide data on supplies ordered by each agency.

## 7. Objectives and Measurements:

### A. Individualized Objectives

- 1) By the end of each 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):

1. **Staff Issues:** SFAF's SAS Program Manager, in collaboration with the Director or Behavioral Health Services and the Senior Director of Programs and Services, will review monthly SAC UOS, coordinate client satisfaction survey, ensure that site data and sweep data are recorded and submitted.
2. **Data Collection Tools** will include: syringe access site data log, syringe disposal sweep log, volunteer sign in sheets, condom purchase invoices
3. **Data:**

All SAC members will collect the following data by individual site:

- syringes returned
- syringes distributed
- Number of contacts and apparent demographics
- Syringes swept
- Mapped route of sweeps
- Narrative of community encounters/conversations/items for follow up

In addition, SFAF collects more comprehensive data on participants through an annual anonymous survey. These voluntary surveys assess demographic data, health status (such as HIV status, linkage to care, medication adherence, etc.), risk behaviors, and client satisfaction.

4. **Frequency:** Site data will be collected at every site, entered into an excel spreadsheet, and analyzed on a monthly basis. Sweep data will be collected at every sweep, entered into an excel spreadsheet, and analyzed on a monthly basis.
5. **Data Reporting:** The SAS Program Manager and the Logistics Coordinator will receive and analyze these data, in coordination with the Government Contracts Director. The evaluation data will be used to measure whether sites have adequate staffing levels, if the site is well utilized or needs outreach to make it successfully reach people, to track our disposal rate and use it to motivate staff and participants to increase returns, and to assess whether our level of service meets the needs of the community.

### 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.

SFAF will comply with all Health Commission, Local, State, Federal, and/or Funding Source policies and requirements, including those pertaining to Harm Reduction, the Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction. All SAC members will comply with the CHEP “Syringe Access and Disposal Program Policies and Guidelines” located here: <http://harmreduction.org/wp-content/uploads/2012/01/SPPPGVersion2-3-1-2011.pdf>.

- b) **How you will review and assess the extent to which your program is meeting its objectives.** Monthly review of contract UOS versus performance, reading client satisfaction surveys, conversations with participants about their experiences at our services, surveys.
- c) **What you will do if you learn the program is not meeting its objectives.** Meet with the Syringe Access Collaborative and strategize, seek counsel from SFDPH, identify problems and adjust services to solve them.
- d) **How you will use data/evaluation findings to change the program.** Looking at demographic data, attendance patterns, service utilization, and reading client satisfaction surveys can highlight areas that need adjusting to improve the program.

**9. Required Language:** None required.



**1. Identifiers:**

**Program Name:** San Francisco AIDS Foundation: 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](http://www.sfaf.org)

**Contractor Address:** same as above

**City, State, Zip Code:**

**Person completing this Narrative:** Richard Hill, Director of Government Contracts

**Telephone:** (415) 487-8042

**Email Address:** rhill@sfaf.org

**2. Nature of Document:**

Check one ☐ New ☐ 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. 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) |
|---|------------------------|--------------------------|
| <b>HYA Wraparound &amp; Disposal Services</b>                           |                        |                          |
| a) Personnel and Operating Expenses                                     | 12                     | N/A                      |
| b) HYA Disposal Efforts   |                        |                          |
| One UOS = one month of personnel/operating expenses & disposal services |                        |                          |
| <b>Total Services Delivered</b>   | <b>12</b>              | <b>N/A</b>               |

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<br>a) Personnel and Operating Expenses<br>b) HYA Disposal Efforts<br>One UOS = one month of personnel/operating expenses & disposal services | 12                     | N/A                      |
| <b>Total Services Delivered</b>   | <b>12</b>              | <b>N/A</b>               |

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<br>a) Personnel and Operating Expenses<br>b) HYA Disposal Efforts<br>One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses | 12                     | N/A                      |
| <b>Total Services Delivered</b>   | <b>12</b>              | <b>N/A</b>               |

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<br>a) Personnel and Operating Expenses<br>b) HYA Disposal Efforts<br>One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses | 12                     | N/A                      |
| <b>Total Services Delivered</b>   | <b>12</b>              | <b>N/A</b>               |

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<br>a) Personnel and Operating Expenses<br>b) HYA Disposal Efforts<br>One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses | 12                     | N/A                      |
| <b>Total Services Delivered</b>   | <b>12</b>              | <b>N/A</b>               |

**Year Three, B-2e: July 1, 2021 – June 30, 2022**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>HYA Wraparound &amp; Disposal Services</b><br><b>a) Personnel and Operating Expenses</b><br><b>b) HYA Disposal Efforts</b><br>One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses | 12                     | N/A                      |
| <b>Total Services Delivered</b>  | <b>12</b>              | <b>N/A</b>               |

**Year Three, B-2f: July 1, 2022 – June 30, 2023**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>HYA Wraparound &amp; Disposal Services</b><br><b>a) Personnel and Operating Expenses</b><br><b>b) HYA Disposal Efforts</b><br>One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses | 12                     | N/A                      |
| <b>Total Services Delivered</b>  | <b>12</b>              | <b>N/A</b>               |

**Year Three, B-2g: July 1, 2023 – June 30, 2024**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>HYA Wraparound &amp; Disposal Services</b><br><b>a) Personnel and Operating Expenses</b><br><b>b) HYA Disposal Efforts</b><br>One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses | 12                     | N/A                      |
| <b>Total Services Delivered</b>  | <b>12</b>              | <b>N/A</b>               |

**Year Three, B-2h: July 1, 2024 – June 30, 2025**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>HYA Wraparound &amp; Disposal Services</b><br><b>a) Personnel and Operating Expenses</b><br><b>b) HYA Disposal Efforts</b><br>One UOS = one month of personnel/operating expenses & disposal services One UOS = one month of personnel and operating expenses | 12                     | N/A                      |
| <b>Total Services Delivered</b>  | <b>12</b>              | <b>N/A</b>               |

**Year Three, B-2i: July 1, 2025 – June 30, 2026**

| Units of Service (UOS) Description  | Units of Service (UOS) | Number of Contacts (NOC) |
|---|------------------------|--------------------------|
| <b>HYA Wraparound &amp; Disposal Services</b><br><b>a) Personnel and Operating Expenses</b><br><b>b) HYA Disposal Efforts</b><br>One UOS = one month of personnel/operating expenses & disposal services<br>One UOS = one month of personnel and operating expenses | 12                     | N/A                      |
| <b>Total Services Delivered</b>   | <b>12</b>              | <b>N/A</b>               |

**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 reflect 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

**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

**2. Nature of Document:**

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-3: November 1, 2016 – June 30, 2017

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Harm Reduction Center service hours</b><br>One UOS = one month of Harm Reduction Center services<br>2,300 clients per month * 8 months = 18,400 NOC** | 8                      | 18,400                   |
| <b>Total Services Delivered</b>  | <b>8</b>               | <b>18,400</b>            |



Year Two, B-3a: July 1, 2017 – June 30, 2018

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>7/1/17-12/31/17: 30 hrs/wk * 26 wks = 780 UOS<br>1/1/18-6/30/18: 36.3 hrs/wk * 26 weeks = 944 UOS<br>~16.6 contacts per hour * 1,724 hours = 28,628 NOC | 1,724                  | 28,628                   |
| <b>Lounge Services (six months only)</b><br>One UOS = one hour of Lounge services<br>1/1/18-6/30/18: ~49 hrs/wk * 26 weeks = 1,275 UOS<br>6 contacts per hour * 1,275 hours = 7,650 NOC  | 1,275                  | 7,650                    |
| <b>Total Services Delivered</b>  | <b>2,999</b>           | <b>36,278</b>            |

Year Three, B-3b: July 1, 2018 – June 30, 2019

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>37 hrs/wk * 52 weeks = 1,924 UOS<br>~6 contacts per hour * 1,924 hours = 11,475 NOC                   | 1,924                  | 11,475                   |
| <b>Total Services Delivered</b>  | <b>3,812</b>           | <b>42,816</b>            |

Year Four: B-3c July 1, 2019 – June 30, 2020

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>49.03 hrs/wk * 52 weeks = 2,550 UOS<br>6 contacts per hour * 2,550 hours = 15,300 NOC                 | 2,550                  | 15,300                   |
| <b>Total Services Delivered</b>  | <b>4,438</b>           | <b>46,641</b>            |

**Year Five: B-3d July 1, 2020 – June 30, 2021**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>49.03 hrs/wk * 52 weeks = 2,550 UOS<br>6 contacts per hour * 2,550 hours = 15,300 NOC                 | 2,550                  | 15,300                   |
| <b>Total Services Delivered</b>  | <b>4,438</b>           | <b>46,641</b>            |

**Year Six: B-3e July 1, 2021 – June 30, 2022**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>49.03 hrs/wk * 52 weeks = 2,550 UOS<br>6 contacts per hour * 2,550 hours = 15,300 NOC                 | 2,550                  | 15,300                   |
| <b>Total Services Delivered</b>  | <b>4,438</b>           | <b>46,641</b>            |

**Year Seven: B-3f July 1, 2022 – June 30, 2023**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>49.03 hrs/wk * 52 weeks = 2,550 UOS<br>6 contacts per hour * 2,550 hours = 15,300 NOC                 | 2,550                  | 15,300                   |
| <b>Total Services Delivered</b>  | <b>4,438</b>           | <b>46,641</b>            |

**Year Eight: B-3g July 1, 2023 – June 30, 2024**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>49.03 hrs/wk * 52 weeks = 2,550 UOS<br>6 contacts per hour * 2,550 hours = 15,300 NOC                 | 2,550                  | 15,300                   |
| <b>Total Services Delivered</b>  | <b>4,438</b>           | <b>46,641</b>            |

**Year Nine: B-3h July 1, 2024 – June 30, 2025**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>49.03 hrs/wk * 52 weeks = 2,550 UOS<br>6 contacts per hour * 2,550 hours = 15,300 NOC                 | 2,550                  | 15,300                   |
| <b>Total Services Delivered</b>  | <b>4,438</b>           | <b>46,641</b>            |

**Year Ten: B-3i July 1, 2025 – June 30, 2026**

| Units of Service (UOS) Description   | Units of Service (UOS) | Number of Contacts (NOC) |
|--|------------------------|--------------------------|
| <b>Syringe Access Services</b><br>One UOS = one hour of Syringe Access services<br>36.3 hrs/wk * 52 wks = 1,888 UOS<br>16.6 contacts per hour * 1,888 hours = 31,341 NOC | 1,888                  | 31,341                   |
| <b>Lounge Services</b><br>One UOS = one hour of Lounge services<br>49.03 hrs/wk * 52 weeks = 2,550 UOS<br>6 contacts per hour * 2,550 hours = 15,300 NOC                 | 2,550                  | 15,300                   |
| <b>Total Services Delivered</b>  | <b>4,438</b>           | <b>46,641</b>            |

\*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 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

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

Appendix B-2, B-2a, B-2b, B-2c, B-2d, B-2e,  
B-2f, B-2g, B-2h, B-2i

Appendix B-3, B-3a, B-3b, B-3c, B-3d, B-3e  
B-3f, B-3g, B-3h, B-3i

#### Budget Summary

**HIV Syringe Access and Disposal  
Services**

**HIV Syringe Access and Disposal  
Services – Homeless Youth Alliance**

**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:

|                    | <u>Term</u>         | <u>Funding Source</u> | <u>Amount</u> |
|--------------------|---------------------|-----------------------|---------------|
| 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                |
| <b>Amendment #2</b>                | <b>01/01/17 – 12/31/17</b> | <b>CDC - Unspent Funds</b> | <b>-\$3,036</b>    |
| <b>Amendment #2</b>                | <b>01/01/18 – 12/31/18</b> | <b>CDC – Unspent Funds</b> | <b>-\$5,000</b>    |
| <b>Amendment #2</b>                | <b>07/01/19 – 06/30/20</b> | <b>General Fund</b>        | <b>\$2,006,497</b> |
| <b>Amendment #2</b>                | <b>07/01/19 – 06/30/20</b> | <b>General Fund</b>        | <b>\$211,838</b>   |
| <b>Amendment #2</b>                | <b>07/01/19 – 06/30/20</b> | <b>General Fund</b>        | <b>\$168,914</b>   |
| <b>Amendment #2</b>                | <b>07/01/19 – 06/30/20</b> | <b>General Fund</b>        | <b>\$1,000,000</b> |
| <b>Amendment #2</b>                | <b>07/01/20 – 06/30/21</b> | <b>General Fund</b>        | <b>\$2,006,497</b> |
| <b>Amendment #2</b>                | <b>07/01/20 – 06/30/21</b> | <b>General Fund</b>        | <b>\$211,838</b>   |
| <b>Amendment #2</b>                | <b>07/01/20 – 06/30/21</b> | <b>General Fund</b>        | <b>\$168,914</b>   |
| <b>Amendment #2</b>                | <b>07/01/20 – 06/30/21</b> | <b>General Fund</b>        | <b>\$1,000,000</b> |
| <b>Amendment #2</b>                | <b>07/01/21 – 06/30/22</b> | <b>General Fund</b>        | <b>\$2,006,497</b> |
| <b>Amendment #2</b>                | <b>07/01/21 – 06/30/22</b> | <b>General Fund</b>        | <b>\$211,838</b>   |
| <b>Amendment #2</b>                | <b>07/01/21 – 06/30/22</b> | <b>General Fund</b>        | <b>\$168,914</b>   |
| <b>Amendment #2</b>                | <b>07/01/21 – 06/30/22</b> | <b>General Fund</b>        | <b>\$1,000,000</b> |
| <b>Amendment #2</b>                | <b>07/01/22 – 06/30/23</b> | <b>General Fund</b>        | <b>\$2,006,497</b> |
| <b>Amendment #2</b>                | <b>07/01/22 – 06/30/23</b> | <b>General Fund</b>        | <b>\$211,838</b>   |
| <b>Amendment #2</b>                | <b>07/01/22 – 06/30/23</b> | <b>General Fund</b>        | <b>\$168,914</b>   |
| <b>Amendment #2</b>                | <b>07/01/22 – 06/30/23</b> | <b>General Fund</b>        | <b>\$1,000,000</b> |
| <b>Amendment #2</b>                | <b>07/01/23 – 06/30/24</b> | <b>General Fund</b>        | <b>\$2,006,497</b> |
| <b>Amendment #2</b>                | <b>07/01/23 – 06/30/24</b> | <b>General Fund</b>        | <b>\$211,838</b>   |
| <b>Amendment #2</b>                | <b>07/01/23 – 06/30/24</b> | <b>General Fund</b>        | <b>\$168,914</b>   |
| <b>Amendment #2</b>                | <b>07/01/23 – 06/30/24</b> | <b>General Fund</b>        | <b>\$1,000,000</b> |
| <b>Amendment #2</b>                | <b>07/01/24 – 06/30/25</b> | <b>General Fund</b>        | <b>\$2,006,497</b> |
| <b>Amendment #2</b>                | <b>07/01/24 – 06/30/25</b> | <b>General Fund</b>        | <b>\$211,838</b>   |
| <b>Amendment #2</b>                | <b>07/01/24 – 06/30/25</b> | <b>General Fund</b>        | <b>\$168,914</b>   |
| <b>Amendment #2</b>                | <b>07/01/24 – 06/30/25</b> | <b>General Fund</b>        | <b>\$1,000,000</b> |
| <b>Amendment #2</b>                | <b>07/01/25 – 06/30/26</b> | <b>General Fund</b>        | <b>\$2,006,497</b> |
| <b>Amendment #2</b>                | <b>07/01/25 – 06/30/26</b> | <b>General Fund</b>        | <b>\$211,838</b>   |
| <b>Amendment #2</b>                | <b>07/01/25 – 06/30/26</b> | <b>General Fund</b>        | <b>\$168,914</b>   |
| <b>Amendment #2</b>                | <b>07/01/25 – 06/30/26</b> | <b>General Fund</b>        | <b>\$1,000,000</b> |
| Total Award                        |                            |                            | \$32,762,870       |
| 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.

**DPH 1: Department of Public Health Contract Budget Summary by Program**

|   |                         |  |                                |                         |                         |                                      |                         |                         |                         |                    |
|---|-------------------------|--|--------------------------------|-------------------------|-------------------------|--------------------------------------|-------------------------|-------------------------|-------------------------|--------------------|
| CID# 1000002634   |                         |  |                                |                         | Appendix # <b>B</b>     |                                      | Page # <b>4</b>         |                         |                         |                    |
| DPH Section HPS   |                         |  |                                |                         |                         |                                      |                         |                         |                         |                    |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB |                         |  | Contract Term (7/1/16-6/30/26) |                         |                         | Fiscal Year(s) 16-26                 |                         |                         |                         |                    |
| Agency/Organization Name San Francisco AIDS Foundation  |                         |  |                                |                         |                         | Funding Notification Date 12/21/2018 |                         |                         |                         |                    |
| Contractor Name (may be same as above) San Francisco AIDS Foundation  |                         |  |                                |                         |                         | FN#5 & #6                            |                         |                         |                         |                    |
| Program/Provider Name   |                         | HIV Syringe Access & Disposal Services |                                |                         |                         |                                      |                         |                         |                         |                    |
| 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                | TOTALS -<br>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          |                    |
| <b>EXPENSES</b>   |                         |  |                                |                         |                         |                                      |                         |                         |                         |                    |
| Salaries  | \$ 271,038              | \$ -                                   | \$ -                           | \$ -                    | \$ 174,282              | \$ 464,500                           | \$ -                    | \$ -                    | \$ -                    | \$ 909,820         |
| Employee Benefits   | \$ 67,760               | \$ -                                   | \$ -                           | \$ -                    | \$ 43,569               | \$ 116,125                           | \$ -                    | \$ -                    | \$ -                    | \$ 227,454         |
| Total Personnel Expenses  | \$ 338,798              | \$ -                                   | \$ -                           | \$ -                    | \$ 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       |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |                         |  |                                |                         |                         |                                      |                         |                         |                         |                    |
| DPH Funding Sources (select from drop-down list)  |                         |  |                                |                         |                         |                                      |                         |                         |                         |                    |
| HPS COUNTY HPS GF   | 1,863,232               |  |                                |                         |                         | 1,909,813                            |                         |                         |                         | 3,773,045          |
| HPS COUNTY GF Children's Fund   |                         | 196,713                                |                                |                         |                         |                                      | 201,631                 |                         |                         | 398,344            |
| HPS FED CDC - PD90, CFDA #93.940  |                         |  | 5,000                          |                         |                         |                                      |                         | 5,000                   |                         | 10,000             |
| HPS COUNTY HPS GF   |                         |  |                                | 156,854                 |                         |                                      |                         |                         | 160,775                 | 317,629            |
| HHS COUNTY GF   |                         |  |                                |                         | 344,000                 |                                      |                         |                         |                         | 344,000            |
| 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 Reimbursement (CR)        | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR)              | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) |                    |
| Prepared By Larry Zapatka   |                         | Phone #                                |                                | 415-487-3055            |                         |                                      |                         |                         |                         |                    |

**DPH 1: Department of Public Health Contract Budget Summary by Program**

|   |                         |  |                         |                         |                         |                         |                           |                  |                  |   |
|---|-------------------------|--|-------------------------|-------------------------|-------------------------|-------------------------|---------------------------|------------------|------------------|---|
| CID# 1000002634   |                         |  |                         |                         |                         |                         | Appendix #                | B                | Page #           | 5 |
| DPH Section HPS   |                         |  |                         |                         |                         |                         |                           |                  |                  |   |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB |                         | Contract Term (7/1/16-6/30/26)         |                         |                         |                         | Fiscal Year(s)          |                           | 16-26            |                  |   |
| Agency/Organization Name San Francisco AIDS Foundation  |                         |  |                         |                         |                         |                         | Funding Notification Date |                  | 12/21/2018       |   |
| Contractor Name (may be same as above) San Francisco AIDS Foundation  |                         |  |                         |                         |                         |                         | FN#5 & #6                 |                  |                  |   |
| Program/Provider Name   |                         | HIV Syringe Access & Disposal Services |                         |                         |                         |                         |                           | 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            |                  |                  |   |
| <b>EXPENSES</b>   |                         |  |                         |                         |                         |                         |                           |                  |                  |   |
| Salaries  | \$ 588,550              | \$ 488,174                             | \$ -                    | \$ -                    | \$ -                    | \$ 671,050              |                           | \$ 1,747,774     | \$ 2,657,594     |   |
| Employee Benefits   | \$ 147,138              | \$ 122,044                             | \$ -                    | \$ -                    | \$ -                    | \$ 167,763              |                           | \$ 436,945       | \$ 664,399       |   |
| <b>Total Personnel Expenses</b>   | \$ 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     |   |
| <b>Subtotal Direct Costs</b>  | \$ 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%                   |                           |                  |                  |   |
| <b>Total Expenses</b>   | \$ 884,000              | \$ 1,956,679                           | \$ 206,672              | \$ 5,000                | \$ 164,794              | \$ 1,000,000            |                           | \$ 4,217,145     | \$ 9,060,163     |   |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |                         |  |                         |                         |                         |                         |                           |                  |                  |   |
| 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   |                         |  |                         |                         | 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)          | (8,036)          |   |
| <b>Total DPH Revenues</b>   | <b>884,000</b>          | <b>1,956,679</b>                       | <b>206,672</b>          | <b>-</b>                | <b>164,794</b>          | <b>1,000,000</b>        | <b>-</b>                  | <b>4,212,145</b> | <b>9,052,127</b> |   |
| <b>Total Revenues (DPH and Non-DPH)</b>   | <b>884,000</b>          | <b>1,956,679</b>                       | <b>206,672</b>          | <b>0</b>                | <b>164,794</b>          | <b>1,000,000</b>        | <b>-</b>                  | <b>4,212,145</b> | <b>9,052,127</b> |   |
| 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 Budget Summary by Program**

|   |  |  |                         |                                      |                         |                         |                         |                         |                         |                     |                      |
|---|--|--|-------------------------|--------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---------------------|----------------------|
| CID# 1000002634   |  |  |                         | Appendix # B                         |                         |                         |                         | Page # 6                |                         |                     |                      |
| DPH Section HPS   |  |  |                         |                                      |                         |                         |                         |                         |                         |                     |                      |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB |  |  |                         | Contract Term (7/1/16-6/30/26)       |                         |                         |                         | Fiscal Year(s) 16-26    |                         |                     |                      |
| Agency/Organization Name San Francisco AIDS Foundation  |  |  |                         | Funding Notification Date 12/21/2018 |                         |                         |                         |                         |                         |                     |                      |
| Contractor Name (may be same as above) San Francisco AIDS Foundation  |  |  |                         | FN#5 & #6                            |                         |                         |                         |                         |                         |                     |                      |
| Program/Provider Name   |  | HIV Syringe Access & Disposal Services |                         |                                      |                         |                         |                         |                         | TOTALS -                | TOTALS -            |                      |
| Appendix Number   |  | A-1/B-1I                               | A-1/B-1J                | A-2/B-2c                             | A-3/B-3c                | A-1/B-1k                | A-1/B-1l                | 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          |                     |                      |
| <b>EXPENSES</b>   |  |  |                         |                                      |                         |                         |                         |                         |                         |                     |                      |
| Salaries  |  | \$ 496,916                             | \$ -                    | \$ -                                 | \$ 680,792              | \$ 496,916              | \$ -                    | \$ -                    | \$ 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                             | \$ -                    | \$ -                                 | \$ 850,990              | \$ 621,145              | \$ -                    | \$ -                    | \$ 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         |
| <b>Subtotal Direct Costs</b>  |  | <b>\$ 1,824,088</b>                    | <b>\$ 192,580</b>       | <b>\$ 153,559</b>                    | <b>\$ 909,091</b>       | <b>\$ 1,824,088</b>     | <b>\$ 192,580</b>       | <b>\$ 153,559</b>       | <b>\$ 909,091</b>       | <b>\$ 6,158,636</b> | <b>\$ 14,395,149</b> |
| 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%                   |                     |                      |
| <b>Total Expenses</b>   |  | <b>\$ 2,006,497</b>                    | <b>\$ 211,838</b>       | <b>\$ 168,914</b>                    | <b>\$ 1,000,000</b>     | <b>\$ 2,006,497</b>     | <b>\$ 211,838</b>       | <b>\$ 168,914</b>       | <b>\$ 1,000,000</b>     | <b>\$ 6,774,498</b> | <b>\$ 15,834,661</b> |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |  |  |                         |                                      |                         |                         |                         |                         |                         |                     |                      |
| <b>DPH Funding Sources (select from drop-down list)</b>   |  |  |                         |                                      |                         |                         |                         |                         |                         |                     |                      |
| 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   |  |  |                         |                                      |                         |                         |                         |                         |                         | -                   | (8,036)              |
| <b>Total DPH Revenues</b>   |  | <b>2,006,497</b>                       | <b>211,838</b>          | <b>168,914</b>                       | <b>1,000,000</b>        | <b>2,006,497</b>        | <b>211,838</b>          | <b>168,914</b>          | <b>1,000,000</b>        | <b>6,774,498</b>    | <b>15,826,625</b>    |
| <b>Total Revenues (DPH and Non-DPH)</b>   |  | <b>2,006,497</b>                       | <b>211,838</b>          | <b>168,914</b>                       | <b>1,000,000</b>        | <b>2,006,497</b>        | <b>211,838</b>          | <b>168,914</b>          | <b>1,000,000</b>        | <b>6,774,498</b>    | <b>15,826,625</b>    |
| Payment Method  |  | Cost Reimbursement (CR)                | Cost Reimbursement (CR) | Cost Reimbursement (CR)              | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) |                     |                      |
| Prepared By Larry Zapatka   |  |  |                         | Phone # 415-487-3055                 |                         |                         |                         |                         |                         |                     |                      |



**DPH 1: Department of Public Health Contract Budget Summary by Program**

|   |                         |  |                         |                         |                         |                                      |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |           |    |            |
|---|-------------------------|--|-------------------------|-------------------------|-------------------------|--------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------|----|------------|
| CID# 1000002634   |                         | Appendix #                             |                         | B                       |                         | Page #                               |                         | 7                       |                         |                         |                         |                         |                         |                         |                         |                         |                         |           |    |            |
| DPH Section HPS   |                         |  |                         |                         |                         |                                      |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |           |    |            |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB |                         | Contract Term (7/1/16-6/30/26)         |                         |                         |                         | Fiscal Year(s) 16-26                 |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |           |    |            |
| Agency/Organization Name San Francisco AIDS Foundation  |                         |  |                         |                         |                         | Funding Notification Date 12/21/2018 |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |           |    |            |
| Contractor Name (may be same as above) San Francisco AIDS Foundation  |                         |  |                         |                         |                         | FN#5 & #6                            |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |           |    |            |
| Program/Provider Name   |                         | HIV Syringe Access & Disposal Services |                         |                         |                         |                                      |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |           |    |            |
| Appendix Number   |                         | A-1/B-1m                               | A-1/B-1n                | A-2/B-2e                | A-3/B-3e                | A-1/B-1o                             | A-1/B-1p                | A-2/B-2f                | A-3/B-3f                | TOTALS - Page 7         | TOTALS - 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          |                         |                         |                         |                         |                         |                         |                         |                         |           |    |            |
| <b>EXPENSES</b>   |                         |  |                         |                         |                         |                                      |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |           |    |            |
| 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 |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |                         |  |                         |                         |                         |                                      |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |           |    |            |
| 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                 |                         |                                      |                         |                         |                         | 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 Reimbursement (CR) | Cost Reimbursement (CR)              | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) |           |    |            |
| Prepared By   | Lary Zapatka            |  |                         |                         | Phone #                 | 415-487-3055                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |                         |           |    |            |

**DPH 1: Department of Public Health Contract Budget Summary by Program**

|   |  |  |                                |                         |                         |                         |                         |                                      |                         |                     |                      |             |  |
|---|--|--|--------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------------------|-------------------------|---------------------|----------------------|-------------|--|
| CID# 1000002634   |  |  |                                |                         | Appendix #              |                         | B                       |                                      | Page #                  |                     | 8                    |             |  |
| DPH Section HPS   |  |  |                                |                         |                         |                         |                         |                                      |                         |                     |                      |             |  |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB |  |  | Contract Term (7/1/16-6/30/26) |                         |                         |                         |                         | Fiscal Year(s) 16-26                 |                         |                     |                      |             |  |
| Agency/Organization Name San Francisco AIDS Foundation  |  |  |                                |                         |                         |                         |                         | Funding Notification Date 12/21/2018 |                         |                     |                      |             |  |
| Contractor Name (may be same as above) San Francisco AIDS Foundation  |  |  |                                |                         |                         |                         |                         | FN#5 & #6                            |                         |                     |                      |             |  |
| Program/Provider Name   |  | HIV Syringe Access & Disposal Services |                                |                         |                         |                         |                         |                                      |                         | TOTALS -            |                      | TOTALS -    |  |
| Appendix Number   |  | A-1/B-1q                               | A-1/B-1r                       | A-2/B-2g                | A-3/B-3g                | A-1/B-1s                | A-1/B-1t                | 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          |                     |                      |             |  |
| <b>EXPENSES</b>   |  |  |                                |                         |                         |                         |                         |                                      |                         |                     |                      |             |  |
| 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        |             |  |
| <b>Subtotal Direct Costs</b>  |  | <b>\$ 1,824,088</b>                    | <b>\$ 192,580</b>              | <b>\$ 153,559</b>       | <b>\$ 909,091</b>       | <b>\$ 1,824,088</b>     | <b>\$ 192,580</b>       | <b>\$ 153,559</b>                    | <b>\$ 909,091</b>       | <b>\$ 6,158,636</b> | <b>\$ 26,712,421</b> |             |  |
| 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%                   |                     |                      |             |  |
| <b>Total Expenses</b>   |  | <b>\$ 2,006,497</b>                    | <b>\$ 211,838</b>              | <b>\$ 168,914</b>       | <b>\$ 1,000,000</b>     | <b>\$ 2,006,497</b>     | <b>\$ 211,838</b>       | <b>\$ 168,914</b>                    | <b>\$ 1,000,000</b>     | <b>\$ 6,774,498</b> | <b>\$ 29,383,657</b> |             |  |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |  |  |                                |                         |                         |                         |                         |                                      |                         |                     |                      |             |  |
| <b>DPH Funding Sources (select from drop-down list)</b>   |  |  |                                |                         |                         |                         |                         |                                      |                         |                     |                      |             |  |
| 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)              |             |  |
| <b>Total DPH Revenues</b>   |  | <b>2,006,497</b>                       | <b>211,838</b>                 | <b>168,914</b>          | <b>1,000,000</b>        | <b>2,006,497</b>        | <b>211,838</b>          | <b>168,914</b>                       | <b>1,000,000</b>        | <b>6,774,498</b>    | <b>29,375,621</b>    |             |  |
| <b>Total Revenues (DPH and Non-DPH)</b>   |  | <b>2,006,497</b>                       | <b>211,838</b>                 | <b>168,914</b>          | <b>1,000,000</b>        | <b>2,006,497</b>        | <b>211,838</b>          | <b>168,914</b>                       | <b>1,000,000</b>        | <b>6,774,498</b>    | <b>29,375,621</b>    |             |  |
| Payment Method  |  | Cost Reimbursement (CR)                | Cost Reimbursement (CR)        | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR)              | Cost Reimbursement (CR) |                     |                      |             |  |
| Prepared By Larry Zapatka   |  |  |                                |                         | Phone #                 |                         |                         |                                      |                         | 415-487-3055        |                      |             |  |

**DPH 1: Department of Public Health Contract Budget Summary by Program**

|   |                         |  |                         |                                      |                |                      |      |          |                            |
|---|-------------------------|--|-------------------------|--------------------------------------|----------------|----------------------|------|----------|----------------------------|
| CID# 1000002634   |                         |  |                         | Appendix # B                         |                |                      |      | Page # 9 |                            |
| DPH Section HPS   |                         |  |                         |                                      |                |                      |      |          |                            |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> AMD <input type="checkbox"/> RPB |                         | Contract Term (7/1/16-6/30/26)         |                         |                                      |                | Fiscal Year(s) 16-26 |      |          |                            |
| Agency/Organization Name San Francisco AIDS Foundation  |                         |  |                         | Funding Notification Date 12/21/2018 |                |                      |      |          |                            |
| Contractor Name (may be same as above) San Francisco AIDS Foundation  |                         |  |                         | FN#5 & #6                            |                |                      |      |          |                            |
| Program/Provider Name   |                         | HIV Syringe Access & Disposal Services |                         |                                      |                |                      |      | TOTALS - |                            |
| Appendix Number   |                         | A-1/B-1u                               | A-1/B-1v                | A-2/B-2i                             | A-3/B-3i       |                      |      |          | TOTALS -                   |
| 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 |                      |      |          | Page 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 |                      |      |          | Page 4 - 9                 |
| <b>EXPENSES</b>   |                         |  |                         |                                      |                |                      |      |          |                            |
| 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                            |                |                      |      |          | \$ 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%     |                            |
| Total Expenses  | \$ 2,006,497            | \$ 211,838                             | \$ 168,914              | \$ 1,000,000                         | \$ -           | \$ -                 | \$ - | \$ -     | \$ 3,387,249 \$ 32,770,906 |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |                         |  |                         |                                      |                |                      |      |          |                            |
| DPH Funding Sources (select from drop-down list)  |                         |  |                         |                                      |                |                      |      |          |                            |
| HPS COUNTY HPS GF   | 2,006,497               |  |                         |                                      |                |                      |      |          | 2,006,497 19,775,203       |
| HPS COUNTY GF Children's Fund   |                         | 211,838                                |                         |                                      |                |                      |      |          | 211,838 2,087,882          |
| HPS FED CDC - PD90, CFDA #93.940  |                         |  |                         |                                      |                |                      |      |          | - 15,000                   |
| HPS COUNTY HPS GF   |                         |  | 168,914                 |                                      |                |                      |      |          | 168,914 1,664,821          |
| HHS COUNTY GF   |                         |  |                         | 1,000,000                            |                |                      |      |          | 1,000,000 11,228,000       |
| Unspent Funds   |                         |  |                         |                                      |                |                      |      |          | - (8,036)                  |
| Total DPH Revenues  | 2,006,497               | 211,838                                | 168,914                 | 1,000,000                            | -              | -                    | -    | -        | 3,387,249 32,762,870       |
| Total Revenues (DPH and Non-DPH)  | 2,006,497               | 211,838                                | 168,914                 | 1,000,000                            | -              | -                    | -    | -        | 3,387,249 32,762,870       |
| Payment Method  | Cost Reimbursement (CR) | Cost Reimbursement (CR)                | Cost Reimbursement (CR) | Cost Reimbursement (CR)              |                |                      |      |          |                            |
| Prepared By Larry Zaparka   |                         |  |                         | 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**  
 Page # **1**  
 Fiscal Year(s) **18-19**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES  |       |   |       |             |       |                 |
|--|--------|--|-------|---|-------|-------------|-------|-----------------|
|  |        | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |       | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |       |             |       |                 |
| Personnel Expenses                       |        |  |       |   |       |             |       |                 |
| Position Titles                          | FTE    | Salaries   | % FTE | Salaries  | % FTE | Salaries    | % FTE | Contract Totals |
| Pgms & Ops Director                      | 0.05   | 5,709  | 100%  |   | 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%   |             |       | 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%   |             |       | 114,180         |
| SSE/Vol Coordinator                      | 0.75   | 54,495   | 100%  | -   | 0%    |             |       | 54,495          |
| Health Educator                          | 2.75   | 156,998  |       | -   | 0%    |             |       | 156,998         |
| Comm. Engagement & Kit Packing Assoc     | 0.65   | 35,084   | 100%  | -   | 0%    |             |       | 35,084          |
|  |        | -  | 0%    | -   | 0%    |             |       | -               |
| Total FTE & Total Salaries               | 8.10   | 348,889  | 71%   | 139,285   | 29%   |             |       | 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                       |        | Expenditure  | %     | Expenditure   | %     | Expenditure |       | 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          |
| Consultants/Subcontractor:               |        | 532,386  | 100%  | -   | 0%    |             |       | 532,386         |
| Total Operating Expenses                 |        | 784,291  | 67%   | 384,290   | 33%   |             |       | 1,168,581       |
|  |        |  |       |   |       |             |       |                 |
| Total Direct Expenses                    |        | 1,220,402  | 69%   | 558,397   | 31%   |             |       | 1,778,799       |
| Indirect Expenses 10.00%                 |        | 122,040  | 69%   | 55,840  | 31%   |             |       | 177,880         |
| TOTAL EXPENSES                           |        | 1,342,442  | 69%   | 614,237   | 31%   |             |       | 1,956,679       |
|  |        |  |       |   |       |             |       |                 |
| Units of Service (UOS) per Service Mode  |        | 8,079  |       | 12  |       | -           |       | 8,091           |
| Cost Per Unit of Service by Service Mode |        | 166.17   |       | 51,186.42   |       | -           |       |                 |
| NOC                                      |        | 54,300   |       | N/A   |       |             |       |                 |
|  |        |  |       |   |       |             |       |                 |

Rev. 07/15

Rev. 07/15



## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-1f  
**Fiscal Year:** 18-19

### 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 information collection; Brief description of job duties: coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an Minimum qualifications: equivalent combination of education and experience.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$114,180.00   | 0.05   | 12                 | 1                                    | \$ 5,709 |

| 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 needs of gay Brief description of job duties: and bisexual men. |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and Minimum qualifications: program development experience.   |        |                    |                                      |          |
| 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   |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| 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 management Minimum qualifications: and negotiations.  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$103,800.00  | 0.05   | 12                 | 1                                    | \$ 5,190 |

| Staff Position 4: Data Manager   |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract Brief description of job duties: requirements. |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 Minimum qualifications: years equivalent experience required.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$88,230.00  | 0.05   | 12                 | 1                                    | \$ 4,412 |

| Staff Position 5: SAS Director  |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with Brief description of job duties: waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job. Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$108,666.00  | 0.75   | 6                  | 0.5                                  | \$ 40,750 |



| Staff Position 6: Logistics Inventory Mrg |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:          |        | Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.  |                                      |           |
| Minimum qualifications:                   |        | Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of safe lifting techniques and injury prevention. |                                      |           |
| Annual Salary:                            | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$64,356.00                               | 1.00   | 12   | 1                                    | \$ 64,356 |

| Staff Position 7: Logistics Associates |        |   |                                      |            |
|--|--------|---|--------------------------------------|------------|
| Brief description of job duties:       |        | Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.  |                                      |            |
| Minimum qualifications:                |        | Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds. |                                      |            |
| Annual Salary:                         | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total      |
| \$57,090.00                            | 2.00   | 12  | 1                                    | \$ 114,180 |

| Staff Position 8: SSE/Volunteer Coordinator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:            |        | Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary exchangers willing to become peer educators. Develops curriculum for these trainings and helps develop training materials, including specific materials relevant to MSM-IDU speed users. Schedules and manages the site volunteers and supervises exchange sites. |                                      |           |
| Minimum qualifications:                     |        | High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |                                      |           |
| Annual Salary:                              | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$72,660.00                                 | 0.75   | 12   | 1                                    | \$ 54,495 |

| Staff Position 9: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$57,090.00                       | 2.75   | 12   | 1                                    | \$ 156,998 |

| Staff Position 10: Community Engagement & Kit Packing Associate |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                                |        | The Community Engagement and Kit Packing Associate is responsible for outreach and engagement with people who inject drugs (PWID), organizing harm reduction kit packing events, recruiting and coordinating SAS participant volunteers (PWID) and other volunteers to assist with kit packing. |                                      |           |
| Minimum qualifications:   |        | High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$53,976.00   | 0.65   | 12  | 1                                    | \$ 35,084 |

**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                                       | \$ 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    |
| <b>Total Fringe Benefit:</b>                          | <b>122,044</b> |
| <b>Fringe Benefit %:</b>                              | <b>25.00%</b>  |
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>610,218</b> |

**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        |
|                  |   |                         |               |
|                  |   | <b>Total Occupancy:</b> | <b>95,666</b> |

**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 \$16.827/bag.                                  | \$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.                               | \$7.10                                 | 710            |
| Misc Exchanges Supplies        | Incl, tourniquets, 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         |
|                                |  |  |                |
|                                |  | <b>Total Materials &amp; Supplies:</b> | <b>530,113</b> |

**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           |
|                    |   |                                 |               |
|                    |   | <b>Total General Operating:</b> | <b>10,416</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                              | Rate         | Cost           |
|--|--|--------------|----------------|
| Glide                                    | Operational expenses; staffing, office, IT, etc. | \$99,002/yr  | 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        |
| <b>Total Consultants/Subcontractors:</b> |  |              | <b>532,386</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,168,581</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,778,799</b> |
|----------------------------|------------------|

**4) INDIRECT COSTS**

| Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)  | Amount  |
|---|---------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 177,880 |
|   |         |
|   |         |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |                |
|------------------------------|----------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>177,880</b> |
|------------------------------|----------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,956,679</b> |
|------------------------|------------------|

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1i**  
 Page # **1**  
 Fiscal Year(s) **19-20**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES  |       |   |       |            |       |                 |
|--|--------|--|-------|---|-------|------------|-------|-----------------|
|  |        | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |       | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |       |            |       |                 |
| Personnel Expenses                       |        |  |       |   |       |            |       |                 |
| 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 Coordinator                      | 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         |
|  |        |  |       |   |       |            |       |                 |
| 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%  | -   | 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 Service Mode  |        | 8,079  |       | 12  |       | -          |       | 8,091           |
| Cost Per Unit of Service by Service Mode |        | 169.49   |       | 53,099.42   |       | -          |       |                 |
| NOC                                      |        | 54,300   |       | N/A   |       |            |       |                 |
|  |        |  |       |   |       |            |       |                 |

Rev. 07/15

Rev. 07/15

## BUDGET JUSTIFICATION

**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 & 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 information collection; coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Brief description of job duties:  |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.  |        |                    |                                      |          |
| Minimum qualifications:   |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$113,025.00  | 0.05   | 12                 | 1                                    | \$ 5,651 |

| 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 needs of gay and bisexual men. |        |                    |                                      |          |
| Brief description of job duties:   |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |        |                    |                                      |          |
| Minimum qualifications:  |        |                    |                                      |          |
| 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  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities. |        |                    |                                      |          |
| Brief description of job duties:   |        |                    |                                      |          |
| Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.   |        |                    |                                      |          |
| Minimum qualifications:  |        |                    |                                      |          |
| 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  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements. |        |                    |                                      |          |
| Brief description of job duties:  |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.  |        |                    |                                      |          |
| Minimum qualifications:   |        |                    |                                      |          |
| 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   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.   |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |



| Staff Position 6: Logistics Inventory Mrg  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.  |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of safe lifting techniques and injury prevention. |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$63,705.00  | 1.00   | 12                 | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates  |        |                    |                                      |            |
|---|--------|--------------------|--------------------------------------|------------|
| Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.  |        |                    |                                      |            |
| Brief description of job duties:  |        |                    |                                      |            |
| Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds. |        |                    |                                      |            |
| Minimum qualifications:   |        |                    |                                      |            |
| 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  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary exchangers willing to become peer educators. Develops curriculum for these trainings and helps develop training materials, including specific materials relevant to MSM-IDU speed users. Schedules and manages the site volunteers and supervises exchange sites. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| 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. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |        |                    |                                      |            |
| Minimum qualifications:  |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00  | 2.75   | 12                 | 1                                    | \$ 155,411 |

| Staff Position 10: 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, recruiting and coordinating SAS participant volunteers (PWID) and other volunteers to assist with kit packing. |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.   |        |                    |                                      |           |
| Minimum qualifications:   |        |                    |                                      |           |
| 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    |
| <b>Total Fringe Benefit:</b> | <b>124,229</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>621,145</b> |
|---|----------------|

**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        |
|                         |   |             |               |
| <b>Total Occupancy:</b> |   |             | <b>95,666</b> |

**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 \$16.827/bag.                                  | \$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          |
|  |  |           |                |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>550,665</b> |

**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         |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name     | Service Description                              | Rate         | Cost    |
|-----------------------------------|--|--------------|---------|
| Glide                             | Operational expenses; staffing, office, IT, etc. | \$101,477/yr | 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 Consultants/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)  | 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**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1j**  
 Page # **1**  
 Fiscal Year(s) **19-20**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |        | SERVICE MODES   |      |           |    |           |    | Contract Totals |
|---|--------|---|------|-----------|----|-----------|----|-----------------|
| Personnel Expenses                          |        | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |      |           |    |           |    |                 |
| 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% | -         | 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  |      | -         |    | -         |    | 12              |
| Cost Per Unit of Service by Service Mode    |        | 17,653.17   |      | -         |    | -         |    |                 |
| Unduplicated Clients (UDC) per Service Mode |        | N/A   |      |           |    |           |    |                 |

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**BUDGET JUSTIFICATION**

Contractor Name San Francisco AIDS Foundation  
 Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1j  
 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         |
|                         |   |           |               |
| <b>Total Occupancy:</b> |   |           | <b>33,000</b> |

**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                 | Turniquets, bandaids, ensure.                            | \$215/mo  | 2,580          |
| Condoms & 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         |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>147,580</b> |

**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        |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>12,000</b> |

**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% of total direct costs. | 19,258 |
|   |        |

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: 19,258**

**TOTAL EXPENSES: 211,838**



Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1k**  
 Page # **1**  
 Fiscal Year(s) **20-21**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |             | SERVICE MODES  |            |   |            |             |       |                  |
|---|-------------|--|------------|---|------------|-------------|-------|------------------|
|   |             | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |            | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |            |             |       |                  |
| <b>Personnel Expenses</b>                       |             |  |            |   |            |             |       |                  |
| Position Titles                                 | FTE         | Salaries   | % FTE      | Salaries  | % FTE      | Salaries    | % FTE | Contract Totals  |
| Pqms & 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 Coordinator                             | 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%         |             |       | -                |
| <b>Total FTE &amp; Total Salaries</b>           | <b>8.10</b> | <b>357,533</b>   | <b>72%</b> | <b>139,383</b>  | <b>28%</b> |             |       | <b>496,916</b>   |
| Fringe Benefits                                 | 25.00%      | 89,383   | 72%        | 34,846  | 28%        |             |       | 124,229          |
| <b>Total Personnel Expenses</b>                 |             | <b>446,916</b>   | <b>72%</b> | <b>174,229</b>  | <b>28%</b> |             |       | <b>621,145</b>   |
| <b>Operating Expenses</b>                       |             | Expenditure  | %          | Expenditure   | %          | Expenditure |       | 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%       | -   | 0%         |             |       | 545,696          |
| <b>Total Operating Expenses</b>                 |             | <b>797,906</b>   | <b>66%</b> | <b>405,037</b>  | <b>34%</b> |             |       | <b>1,202,943</b> |
| <b>Total Direct Expenses</b>                    |             | <b>1,244,822</b>   | <b>68%</b> | <b>579,266</b>  | <b>32%</b> |             |       | <b>1,824,088</b> |
| Indirect Expenses                               | 10.00%      | 124,482  | 68%        | 57,927  | 32%        |             |       | 182,409          |
| <b>TOTAL EXPENSES</b>                           |             | <b>1,369,304</b>   | <b>68%</b> | <b>637,193</b>  | <b>32%</b> |             |       | <b>2,006,497</b> |
| <b>Units of Service (UOS) per Service Mode</b>  |             | <b>8,079</b>   |            | <b>12</b>   |            | <b>-</b>    |       | <b>8,091</b>     |
| <b>Cost Per Unit of Service by Service Mode</b> |             | <b>169.49</b>  |            | <b>53,099.42</b>  |            | <b>-</b>    |       |                  |
| <b>NOC</b>                                      |             | <b>54,300</b>  |            | <b>N/A</b>  |            |             |       |                  |

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## 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 & 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 information collection; Brief description of job duties: coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an Minimum qualifications: equivalent combination of education and experience.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$113,025.00   | 0.05   | 12                 | 1                                    | \$ 5,651 |

| 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 needs of gay Brief description of job duties: and bisexual men. |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and Minimum qualifications: program development experience.   |        |                    |                                      |          |
| 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   |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| 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 management Minimum qualifications: and negotiations.  |        |                    |                                      |          |
| 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   |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract Brief description of job duties: requirements. |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 Minimum qualifications: years equivalent experience required.   |        |                    |                                      |          |
| 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  |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with Brief description of job duties: waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job. Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00   | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 6: Logistics Inventory Mrg |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:          |        | Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.  |                                      |           |
| Minimum qualifications:                   |        | Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of safe lifting techniques and injury prevention. |                                      |           |
| Annual Salary:                            | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$63,705.00                               | 1.00   | 12   | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates |        |   |                                      |            |
|--|--------|---|--------------------------------------|------------|
| Brief description of job duties:       |        | Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.  |                                      |            |
| Minimum qualifications:                |        | Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds. |                                      |            |
| Annual Salary:                         | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total      |
| \$56,513.00                            | 2.00   | 12  | 1                                    | \$ 113,026 |

| Staff Position 8: SSE/Volunteer Coordinator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:            |        | Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary exchangers willing to become peer educators. Develops curriculum for these trainings and helps develop training materials, including specific materials relevant to MSM-IDU speed users. Schedules and manages the site volunteers and supervises exchange sites. |                                      |           |
| Minimum qualifications:                     |        | High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |                                      |           |
| Annual Salary:                              | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$71,925.00                                 | 0.75   | 12   | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$56,513.00                       | 2.75   | 12   | 1                                    | \$ 155,411 |

| Staff Position 10: Community Engagement & Kit Packing Associate |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                                |        | The Community Engagement and Kit Packing Associate is responsible for outreach and engagement with people who inject drugs (PWID), organizing harm reduction kit packing events, recruiting and coordinating SAS participant volunteers (PWID) and other volunteers to assist with kit packing. |                                      |           |
| Minimum qualifications:   |        | High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$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    |
| <b>Total Fringe Benefit:</b> | <b>124,229</b> |

**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        |
|                  |   |                         |               |
|                  |   | <b>Total Occupancy:</b> | <b>95,666</b> |

**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 \$16.827/bag.                                  | \$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          |
|                                |  |  |                |
|                                |  | <b>Total Materials &amp; Supplies:</b> | <b>550,665</b> |

**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         |
|                    |   |                                 |               |
|                    |   | <b>Total General Operating:</b> | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                             | Rate         | Cost           |
|--|---|--------------|----------------|
| Glide                                    | Operational expenses; staffing, office, IT, etc | \$101,477/yr | 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        |
| <b>Total Consultants/Subcontractors:</b> |   |              | <b>545,696</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,202,943</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,824,088</b> |
|----------------------------|------------------|

**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. | 182,409 |
|   |         |
|   |         |

|                              |                |
|------------------------------|----------------|
| <b>Indirect Rate:</b>        | <b>10%</b>     |
| <b>TOTAL INDIRECT COSTS:</b> | <b>182,409</b> |

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,006,497</b> |
|------------------------|------------------|



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 # **1**  
 Fiscal Year(s) **20-21**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES   |             |           |    |           |    | Contract Totals |
|--|--------|---|-------------|-----------|----|-----------|----|-----------------|
| Personnel Expenses                                 |        | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |             |           |    |           |    |                 |
| 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% | -         | 0% | 12,000          |
| <b>Total Operating Expenses</b>                    |        | <b>192,580</b>  | <b>100%</b> | -         | 0% | -         | 0% | <b>192,580</b>  |
| <b>Total Direct Expenses</b>                       |        | <b>192,580</b>  | <b>100%</b> | -         | 0% | -         | 0% | <b>192,580</b>  |
| <b>Indirect Expenses</b>                           | 10.00% | <b>19,258</b>   | <b>100%</b> | -         | 0% | -         | 0% | <b>19,258</b>   |
| <b>TOTAL EXPENSES</b>                              |        | <b>211,838</b>  | <b>100%</b> | -         | 0% | -         | 0% | <b>211,838</b>  |
|  |        |   |             |           |    |           |    |                 |
| <b>Units of Service (UOS) per Service Mode</b>     |        | 12  |             | -         |    | -         |    | 12              |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | 17,653.17   |             | -         |    | -         |    |                 |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        | N/A   |             |           |    |           |    |                 |

Rev. 07/15

**BUDGET JUSTIFICATION**

Contractor Name San Francisco AIDS Foundation  
 Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-11  
 Fiscal Year: 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         |
|                         |   |           |               |
| <b>Total Occupancy:</b> |   |           | <b>33,000</b> |

**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                 | Turniquets, bandaids, ensure.                            | \$215/mo  | 2,580          |
| Condoms & 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         |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>147,580</b> |

**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        |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>12,000</b> |

|                                  |                |
|----------------------------------|----------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>192,580</b> |
|----------------------------------|----------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>192,580</b> |
|----------------------------|----------------|

**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. | 19,258 |
|   |        |

|                       |            |
|-----------------------|------------|
| <b>Indirect Rate:</b> | <b>10%</b> |
|-----------------------|------------|

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>19,258</b> |
|------------------------------|---------------|

|                        |                |
|------------------------|----------------|
| <b>TOTAL EXPENSES:</b> | <b>211,838</b> |
|------------------------|----------------|

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 # **1**  
Fiscal Year(s) **21-22**  
Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |             | SERVICE MODES  |              |   |              |                    |              |                        |
|---|-------------|--|--------------|---|--------------|--------------------|--------------|------------------------|
|   |             | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |              | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |              |                    |              |                        |
| <b>Personnel Expenses</b>                       |             |  |              |   |              |                    |              |                        |
| <b>Position Titles</b>                          | <b>FTE</b>  | <b>Salaries</b>  | <b>% FTE</b> | <b>Salaries</b>   | <b>% FTE</b> | <b>Salaries</b>    | <b>% FTE</b> | <b>Contract Totals</b> |
| Pgrms & 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 Coordinator                             | 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%           |                    |              | -                      |
| <b>Total FTE &amp; Total Salaries</b>           | <b>8.10</b> | <b>357,533</b>   | <b>72%</b>   | <b>139,383</b>  | <b>28%</b>   |                    |              | <b>496,916</b>         |
| Fringe Benefits                                 | 25.00%      | 89,383   | 72%          | 34,846  | 28%          |                    |              | 124,229                |
| <b>Total Personnel Expenses</b>                 |             | <b>446,916</b>   | <b>72%</b>   | <b>174,229</b>  | <b>28%</b>   |                    |              | <b>621,145</b>         |
| <b>Operating Expenses</b>                       |             | <b>Expenditure</b>   | <b>%</b>     | <b>Expenditure</b>  | <b>%</b>     | <b>Expenditure</b> |              | <b>Contract Total</b>  |
| 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%         | -   | 0%           |                    |              | 545,696                |
| <b>Total Operating Expenses</b>                 |             | <b>797,906</b>   | <b>66%</b>   | <b>405,037</b>  | <b>34%</b>   |                    |              | <b>1,202,943</b>       |
| <b>Total Direct Expenses</b>                    |             | <b>1,244,822</b>   | <b>68%</b>   | <b>579,266</b>  | <b>32%</b>   |                    |              | <b>1,824,088</b>       |
| Indirect Expenses                               | 10.00%      | 124,482  | 68%          | 57,927  | 32%          |                    |              | 182,409                |
| <b>TOTAL EXPENSES</b>                           |             | <b>1,369,304</b>   | <b>68%</b>   | <b>637,193</b>  | <b>32%</b>   |                    |              | <b>2,006,497</b>       |
| <b>Units of Service (UOS) per Service Mode</b>  |             | <b>8,079</b>   |              | <b>12</b>   |              | <b>-</b>           |              | <b>8,091</b>           |
| <b>Cost Per Unit of Service by Service Mode</b> |             | <b>169.49</b>  |              | <b>53,099.42</b>  |              | <b>-</b>           |              |                        |
| <b>NOC</b>                                      |             | <b>54,300</b>  |              | <b>N/A</b>  |              |                    |              |                        |

Rev. 07/15

## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-1m  
**Fiscal Year:** 21-22

### 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 information collection; Brief description of job duties: coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an Minimum qualifications: equivalent combination of education and experience.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$113,025.00   | 0.05   | 12                 | 1                                    | \$ 5,651 |

| 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 needs of gay Brief description of job duties: and bisexual men. |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and Minimum qualifications: program development experience.   |        |                    |                                      |          |
| 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   |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| 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 management Minimum qualifications: and negotiations.  |        |                    |                                      |          |
| 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   |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract Brief description of job duties: requirements. |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 Minimum qualifications: years equivalent experience required.   |        |                    |                                      |          |
| 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  |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with Brief description of job duties: waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| 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 Minimum qualifications: be willing to obtain 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                 | 1                                    | \$ 53,944 |







**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    |
| <b>Total Fringe Benefit:</b> | <b>124,229</b> |

**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        |
|                         |   |             |               |
| <b>Total Occupancy:</b> |   |             | <b>95,666</b> |

**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 \$16.827/bag                                  | \$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          |
|  |   |           |                |
| <b>Total Materials &amp; Supplies:</b> |   |           | <b>550,665</b> |

**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         |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                             | Rate         | Cost           |
|--|---|--------------|----------------|
| Glide                                    | Operational expenses; staffing, office, IT, etc | \$101,477/yr | 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        |
| <b>Total Consultants/Subcontractors:</b> |   |              | <b>545,696</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,202,943</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,824,088</b> |
|----------------------------|------------------|

**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. | 182,409 |
|   |         |
|   |         |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |                |
|------------------------------|----------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>182,409</b> |
|------------------------------|----------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,006,497</b> |
|------------------------|------------------|

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1n**  
 Page # **1**  
 Fiscal Year(s) **21-22**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

| SERVICE MODES                                      |                    |   |                  |           |                  |           |                       |
|--|--------------------|---|------------------|-----------|------------------|-----------|-----------------------|
| Personnel Expenses                                 |                    | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |                  |           |                  |           | Contract Totals       |
| <b>Operating Expenses</b>                          | <b>Expenditure</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>  | <b>Contract Total</b> |
| 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%        | -                | 0%        | 12,000                |
| <b>Total Operating Expenses</b>                    | <b>192,580</b>     | <b>100%</b>   | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>192,580</b>        |
| <b>Total Direct Expenses</b>                       | 192,580            | 100%  | -                | 0%        | -                | 0%        | 192,580               |
| <b>Indirect Expenses</b> 10.00%                    | 19,258             | 100%  | -                | 0%        | -                | 0%        | 19,258                |
| <b>TOTAL EXPENSES</b>                              | <b>211,838</b>     | <b>100%</b>   | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>211,838</b>        |
| <b>Units of Service (UOS) per Service Mode</b>     | 12                 |   | -                |           | -                |           | 12                    |
| <b>Cost Per Unit of Service by Service Mode</b>    | 17,653.17          |   | -                |           | -                |           |                       |
| <b>Unduplicated Clients (UDC) per Service Mode</b> | N/A                |   |                  |           |                  |           |                       |

Rev. 07/15

**BUDGET JUSTIFICATION**

Contractor Name San Francisco AIDS Foundation  
 Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1n  
 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         |
|                         |   |           |               |
| <b>Total Occupancy:</b> |   |           | <b>33,000</b> |

**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                 | Turniquets, bandaids, ensure.                            | \$215/mo  | 2,580          |
| Condoms & 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         |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>147,580</b> |

**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        |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>12,000</b> |

**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% of total direct costs. | 19,258 |
|   |        |

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: 19,258**

**TOTAL EXPENSES: 211,838**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1o**  
 Page # **1**  
 Fiscal Year(s) **22-23**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES  |       |   |       |             |       |                 |
|--|--------|--|-------|---|-------|-------------|-------|-----------------|
|  |        | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |       | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |       |             |       |                 |
| Personnel Expenses                       |        |  |       |   |       |             |       |                 |
| 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 Coordinator                      | 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         |
|  |        |  |       |   |       |             |       |                 |
| Operating Expenses                       |        | Expenditure  | %     | Expenditure   | %     | Expenditure |       | 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%  | -   | 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 Service Mode  |        | 8,079  |       | 12  |       | -           |       | 8,091           |
| Cost Per Unit of Service by Service Mode |        | 169.49   |       | 53,099.42   |       | -           |       |                 |
| NOC                                      |        | 54,300   |       | N/A   |       |             |       |                 |
|  |        |  |       |   |       |             |       |                 |

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## 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 & 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 information collection; coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Brief description of job duties:  |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.  |        |                    |                                      |          |
| Minimum qualifications:   |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$113,025.00  | 0.05   | 12                 | 1                                    | \$ 5,651 |

| 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 needs of gay and bisexual men. |        |                    |                                      |          |
| Brief description of job duties:   |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |        |                    |                                      |          |
| Minimum qualifications:  |        |                    |                                      |          |
| 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  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities. |        |                    |                                      |          |
| Brief description of job duties:   |        |                    |                                      |          |
| Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.   |        |                    |                                      |          |
| Minimum qualifications:  |        |                    |                                      |          |
| 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  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements. |        |                    |                                      |          |
| Brief description of job duties:  |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.  |        |                    |                                      |          |
| Minimum qualifications:   |        |                    |                                      |          |
| 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   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.   |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 6: Logistics Inventory Mgr |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:          |        | Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.  |                                      |           |
| Minimum qualifications:                   |        | Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of safe lifting techniques and injury prevention. |                                      |           |
| Annual Salary:                            | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$63,705.00                               | 1.00   | 12   | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates |        |   |                                      |            |
|--|--------|---|--------------------------------------|------------|
| Brief description of job duties:       |        | Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.  |                                      |            |
| Minimum qualifications:                |        | Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds. |                                      |            |
| Annual Salary:                         | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total      |
| \$56,513.00                            | 2.00   | 12  | 1                                    | \$ 113,026 |

| Staff Position 8: SSE/Volunteer Coordinator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:            |        | Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary exchangers willing to become peer educators. Develops curriculum for these trainings and helps develop training materials, including specific materials relevant to MSM-IDU speed users. Schedules and manages the site volunteers and supervises exchange sites. |                                      |           |
| Minimum qualifications:                     |        | High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |                                      |           |
| Annual Salary:                              | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$71,925.00                                 | 0.75   | 12   | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$56,513.00                       | 2.75   | 12   | 1                                    | \$ 155,411 |

| Staff Position 10: Community Engagement & Kit Packing Associate |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                                |        | The Community Engagement and Kit Packing Associate is responsible for outreach and engagement with people who inject drugs (PWID), organizing harm reduction kit packing events, recruiting and coordinating SAS participant volunteers (PWID) and other volunteers to assist with kit packing. |                                      |           |
| Minimum qualifications:   |        | High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$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    |
| <b>Total Fringe Benefit:</b> | <b>124,229</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>621,145</b> |
|---|----------------|

**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        |
|                         |   |             |               |
| <b>Total Occupancy:</b> |   |             | <b>95,666</b> |

**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 \$16.827/bag.                                  | \$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          |
|  |  |           |                |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>550,665</b> |

**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         |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                              | Rate         | Cost           |
|--|--|--------------|----------------|
| Glide                                    | Operational expenses; staffing, office, IT, etc. | \$101,477/yr | 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        |
| <b>Total Consultants/Subcontractors:</b> |  |              | <b>545,696</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,202,943</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,824,088</b> |
|----------------------------|------------------|

**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. | 182,409 |
|   |         |
|   |         |

|                              |                |
|------------------------------|----------------|
| <b>Indirect Rate:</b>        | <b>10.00%</b>  |
| <b>TOTAL INDIRECT COSTS:</b> | <b>182,409</b> |

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,006,497</b> |
|------------------------|------------------|

Contractor Name San Francisco AIDS Foundation  
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26  
 Funding Source General Fund

Appendix # B-1p  
 Page # 1  
 Fiscal Year(s) 22-23  
 Funding Notification Date 12/21/2018

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES   |             |                  |           |                  |           | Contract Totals       |
|--|--------|---|-------------|------------------|-----------|------------------|-----------|-----------------------|
| Personnel Expenses                                 |        | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |             |                  |           |                  |           |                       |
| <b>Operating Expenses</b>                          |        | <b>Expenditure</b>  | <b>%</b>    | <b>xpenditur</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>  | <b>Contract Total</b> |
| 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%        | -                | 0%        | 12,000                |
| <b>Total Operating Expenses</b>                    |        | <b>192,580</b>  | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>192,580</b>        |
| <b>Total Direct Expenses</b>                       |        | <b>192,580</b>  | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>192,580</b>        |
| <b>Indirect Expenses</b>                           | 10.00% | 19,258  | 100%        |                  | 0%        |                  | 0%        | 19,258                |
| <b>TOTAL EXPENSES</b>                              |        | <b>211,838</b>  | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>211,838</b>        |
| <b>Units of Service (UOS) per Service Mode</b>     |        | 12  |             | -                |           | -                |           | 12                    |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | 17,653.17   |             | -                |           | -                |           |                       |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        | N/A   |             |                  |           |                  |           |                       |

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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 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         |
|                         |   |           |               |
| <b>Total Occupancy:</b> |   |           | <b>33,000</b> |

### 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                 | Turniquets, bandaids, ensure.                            | \$215/mo  | 2,580          |
| Condoms & 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         |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>147,580</b> |

### 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        |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>12,000</b> |

**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% of total direct costs. | 19,258 |
|   |        |
|   |        |

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: 19,258**

**TOTAL EXPENSES: 211,838**

Contractor Name **San Francisco AIDS Foundation**  
Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
Funding Source **General Fund**

Appendix # **B-1q**  
Page # **1**  
Fiscal Year(s) **23-24**  
Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |               | SERVICE MODES  |              |   |              |                    |                       |
|---|---------------|--|--------------|---|--------------|--------------------|-----------------------|
|   |               | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |              | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |              |                    |                       |
| <b>Personnel Expenses</b>                       |               |  |              |   |              |                    |                       |
| <b>Position Titles</b>                          | <b>FTE</b>    | <b>Salaries</b>  | <b>% FTE</b> | <b>Salaries</b>   | <b>% FTE</b> | <b>Salaries</b>    | <b>% FTE</b>          |
| Pgms & Ops Director                             | 0.05          | 5,651  | 100%         |   | 0%           |                    |                       |
| Dir. Behavioral Health Svc                      | 0.05          | 6,100  | 87%          | 900   | 13%          |                    |                       |
| Dir. Gov't Contracts                            | 0.05          | 5,138  | 100%         |   | 0%           |                    |                       |
| Data Manager                                    | 0.05          | 4,367  | 100%         |   | 0%           |                    |                       |
| SAS Director                                    | 0.75          | 48,010   | 89%          | 5,934   | 11%          |                    |                       |
| Logistics Inventory Mgr                         | 1.00          | 15,926   | 25%          | 47,779  | 75%          |                    |                       |
| Logistics Associates                            | 2.00          | 28,256   | 25%          | 84,770  | 75%          |                    |                       |
| SSE/Vol Coordinator                             | 0.75          | 53,944   | 100%         | -   | 0%           |                    |                       |
| Health Educator                                 | 2.75          | 155,411  |              | -   | 0%           |                    |                       |
| Comm. Engagement & Kit Packing Assoc            | 0.65          | 34,730   | 100%         | -   | 0%           |                    |                       |
|   |               | -  | 0%           | -   | 0%           |                    |                       |
| <b>Total FTE &amp; Total Salaries</b>           | <b>8.10</b>   | <b>357,533</b>   | <b>72%</b>   | <b>139,383</b>  | <b>28%</b>   |                    |                       |
| Fringe Benefits                                 | 25.00%        | 89,383   | 72%          | 34,846  | 28%          |                    |                       |
| <b>Total Personnel Expenses</b>                 |               | <b>446,916</b>   | <b>72%</b>   | <b>174,229</b>  | <b>28%</b>   |                    |                       |
|   |               |  |              |   |              |                    |                       |
| <b>Operating Expenses</b>                       |               | <b>Expenditure</b>   | <b>%</b>     | <b>Expenditure</b>  | <b>%</b>     | <b>Expenditure</b> | <b>Contract Total</b> |
| 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%         | -   | 0%           |                    | 545,696               |
| <b>Total Operating Expenses</b>                 |               | <b>797,906</b>   | <b>66%</b>   | <b>405,037</b>  | <b>34%</b>   |                    | <b>1,202,943</b>      |
|   |               |  |              |   |              |                    |                       |
| <b>Total Direct Expenses</b>                    |               | <b>1,244,822</b>   | <b>68%</b>   | <b>579,266</b>  | <b>32%</b>   |                    | <b>1,824,088</b>      |
| <b>Indirect Expenses</b>                        | <b>10.00%</b> | <b>124,482</b>   | <b>68%</b>   | <b>57,927</b>   | <b>32%</b>   |                    | <b>182,409</b>        |
| <b>TOTAL EXPENSES</b>                           |               | <b>1,369,304</b>   | <b>68%</b>   | <b>637,193</b>  | <b>32%</b>   |                    | <b>2,006,497</b>      |
|   |               |  |              |   |              |                    |                       |
| <b>Units of Service (UOS) per Service Mode</b>  |               | <b>8,079</b>   |              | <b>12</b>   |              | <b>-</b>           | <b>8,091</b>          |
| <b>Cost Per Unit of Service by Service Mode</b> |               | <b>169.49</b>  |              | <b>53,099.42</b>  |              | <b>-</b>           |                       |
| <b>NOC</b>                                      |               | <b>54,300</b>  |              | <b>N/A</b>  |              |                    |                       |

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## 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 & 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 information collection; coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Brief description of job duties:  |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.  |        |                    |                                      |          |
| Minimum qualifications:   |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$113,025.00  | 0.05   | 12                 | 1                                    | \$ 5,651 |

| 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 needs of gay and bisexual men. |        |                    |                                      |          |
| Brief description of job duties:   |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |        |                    |                                      |          |
| Minimum qualifications:  |        |                    |                                      |          |
| 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  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities. |        |                    |                                      |          |
| Brief description of job duties:   |        |                    |                                      |          |
| Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.   |        |                    |                                      |          |
| Minimum qualifications:  |        |                    |                                      |          |
| 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  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements. |        |                    |                                      |          |
| Brief description of job duties:  |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.  |        |                    |                                      |          |
| Minimum qualifications:   |        |                    |                                      |          |
| 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   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.   |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 6: Logistics Inventory Mgr |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:          |        | Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.  |                                      |           |
| Minimum qualifications:                   |        | Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of safe lifting techniques and injury prevention. |                                      |           |
| Annual Salary:                            | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$63,705.00                               | 1.00   | 12   | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates |        |   |                                      |            |
|--|--------|---|--------------------------------------|------------|
| Brief description of job duties:       |        | Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.  |                                      |            |
| Minimum qualifications:                |        | Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds. |                                      |            |
| Annual Salary:                         | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total      |
| \$56,513.00                            | 2.00   | 12  | 1                                    | \$ 113,026 |

| Staff Position 8: SSE/Volunteer Coordinator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:            |        | Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary exchangers willing to become peer educators. Develops curriculum for these trainings and helps develop training materials, including specific materials relevant to MSM-IDU speed users. Schedules and manages the site volunteers and supervises exchange sites. |                                      |           |
| Minimum qualifications:                     |        | High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |                                      |           |
| Annual Salary:                              | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$71,925.00                                 | 0.75   | 12   | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$56,513.00                       | 2.75   | 12   | 1                                    | \$ 155,411 |

| Staff Position 10: Community Engagement & Kit Packing Associate |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                                |        | The Community Engagement and Kit Packing Associate is responsible for outreach and engagement with people who inject drugs (PWID), organizing harm reduction kit packing events, recruiting and coordinating SAS participant volunteers (PWID) and other volunteers to assist with kit packing. |                                      |           |
| Minimum qualifications:   |        | High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$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    |
| <b>Total Fringe Benefit:</b> | <b>124,229</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>621,145</b> |
|---|----------------|

**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        |
|                         |   |             |               |
| <b>Total Occupancy:</b> |   |             | <b>95,666</b> |

**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 \$16.827/bag.                                  | \$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          |
|  |  |           |                |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>550,665</b> |

**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         |
|                                 |   |              |               |
| <b>Total General Operating:</b> |   |              | <b>10,916</b> |



**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                             | Rate         | Cost           |
|--|---|--------------|----------------|
| Gilde                                    | Operational expenses; staffing, office, IT, etc | \$101,477/yr | 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        |
| <b>Total Consultants/Subcontractors:</b> |   |              | <b>545,696</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,202,943</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,824,088</b> |
|----------------------------|------------------|

**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. | 182,409 |
|   |         |
|   |         |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |                |
|------------------------------|----------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>182,409</b> |
|------------------------------|----------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,006,497</b> |
|------------------------|------------------|

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1r**  
 Page # **1**  
 Fiscal Year(s) **23-24**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES   |             |           |    |           |    | Contract Totals |
|--|--------|---|-------------|-----------|----|-----------|----|-----------------|
| Personnel Expenses                                 |        | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |             |           |    |           |    |                 |
| 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% | -         | 0% | 12,000          |
| <b>Total Operating Expenses</b>                    |        | <b>192,580</b>  | <b>100%</b> | -         | 0% | -         | 0% | <b>192,580</b>  |
| <b>Total Direct Expenses</b>                       |        | <b>192,580</b>  | <b>100%</b> | -         | 0% | -         | 0% | <b>192,580</b>  |
| Indirect Expenses                                  | 10.00% | 19,258  | 100%        | -         | 0% | -         | 0% | 19,258          |
| <b>TOTAL EXPENSES</b>                              |        | <b>211,838</b>  | <b>100%</b> | -         | 0% | -         | 0% | <b>211,838</b>  |
| <b>Units of Service (UOS) per Service Mode</b>     |        | 12  |             | -         |    | -         |    | 12              |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | 17,653.17   |             | -         |    | -         |    |                 |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        | N/A   |             |           |    |           |    |                 |
| Rev. 07/15   |        |   |             |           |    |           |    |                 |

**BUDGET JUSTIFICATION**

Contractor Name San Francisco AIDS Foundation  
 Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-1r  
 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         |
|                         |   |           |               |
| <b>Total Occupancy:</b> |   |           | <b>33,000</b> |

**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                 | Turniquets, bandaids, ensure.                            | \$215/mo  | 2,580          |
| Condoms & 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         |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>147,580</b> |

**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        |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>12,000</b> |

**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% of total direct costs. | 19,258 |
|   |        |

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: 19,258**

**TOTAL EXPENSES: 211,838**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1s**  
 Page # **1**  
 Fiscal Year(s) **24-25**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES  |       |   |       |             |       |                 |
|--|--------|--|-------|---|-------|-------------|-------|-----------------|
|  |        | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |       | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |       |             |       |                 |
| Personnel Expenses                       |        |  |       |   |       |             |       |                 |
| 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 Coordinator                      | 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         |
|  |        |  |       |   |       |             |       |                 |
| Operating Expenses                       |        | Expenditure  | %     | Expenditure   | %     | Expenditure |       | 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%  | -   | 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 Service Mode  |        | 8,079  |       | 12  |       | -           |       | 8,091           |
| Cost Per Unit of Service by Service Mode |        | 169.49   |       | 53,099.42   |       | -           |       |                 |
| NOC                                      |        | 54,300   |       | N/A   |       |             |       |                 |
|  |        |  |       |   |       |             |       |                 |

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## BUDGET JUSTIFICATION

**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 & 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 information collection; Brief description of job duties: coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an Minimum qualifications: equivalent combination of education and experience.   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$113,025.00   | 0.05   | 12                 | 1                                    | \$ 5,651 |

| 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 needs of gay Brief description of job duties: and bisexual men. |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and Minimum qualifications: program development experience.   |        |                    |                                      |          |
| 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   |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| 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 management Minimum qualifications: and negotiations.  |        |                    |                                      |          |
| 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   |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract Brief description of job duties: requirements. |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 Minimum qualifications: years equivalent experience required.   |        |                    |                                      |          |
| 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  |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with Brief description of job duties: waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job. Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00   | 0.75   | 12                 | 1                                    | \$ 53,944 |



| Staff Position 6: Logistics Inventory Mrg   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p>   |        |                    |                                      |           |
| <p>Minimum qualifications: Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of safe lifting techniques and injury prevention.</p> |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$63,705.00   | 1.00   | 12                 | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates   |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.</p>   |        |                    |                                      |            |
| <p>Minimum qualifications: Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds.</p> |        |                    |                                      |            |
| 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  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary exchangers willing to become peer educators. Develops curriculum for these trainings and helps develop training materials, including specific materials relevant to MSM-IDU speed users. Schedules and manages the site volunteers and supervises exchange sites.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support.</p> |        |                    |                                      |            |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00  | 2.75   | 12                 | 1                                    | \$ 155,411 |

| Staff Position 10: Community Engagement & Kit Packing Associate   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: The Community Engagement and Kit Packing Associate is responsible for outreach and engagement with people who inject drugs (PWID), organizing harm reduction kit packing events, recruiting and coordinating SAS participant volunteers (PWID) and other volunteers to assist with kit packing.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.</p>  |        |                    |                                      |           |
| 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    |
| <b>Total Fringe Benefit:</b> | <b>124,229</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>621,145</b> |
|---|----------------|

**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        |
|                  |   |                         |               |
|                  |   | <b>Total Occupancy:</b> | <b>95,666</b> |

**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 \$16.827/bag.                                  | \$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          |
|                                |  |  |                |
|                                |  | <b>Total Materials &amp; Supplies:</b> | <b>550,665</b> |

**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         |
|                    |   |                                 |               |
|                    |   | <b>Total General Operating:</b> | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                             | Rate         | Cost           |
|--|---|--------------|----------------|
| Glide                                    | Operational expenses; staffing, office, IT, etc | \$101,477/yr | 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        |
| <b>Total Consultants/Subcontractors:</b> |   |              | <b>545,696</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,202,943</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,824,088</b> |
|----------------------------|------------------|

**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. | 182,409 |
|   |         |
|   |         |

|                              |                |
|------------------------------|----------------|
| <b>Indirect Rate:</b>        | <b>10.00%</b>  |
| <b>TOTAL INDIRECT COSTS:</b> | <b>182,409</b> |

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,006,497</b> |
|------------------------|------------------|

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-1t**  
 Page # **1**  
 Fiscal Year(s) **24-25**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

| SERVICE MODES                               |               |   |           |    |           |    |                 |
|---|---------------|---|-----------|----|-----------|----|-----------------|
| Personnel Expenses                          |               | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |           |    |           |    | 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% | -         | 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            |   | -         |    | -         |    | 12              |
| Cost Per Unit of Service by Service Mode    | 17,653.17     |   | -         |    | -         |    |                 |
| Unduplicated Clients (UDC) per Service Mode | N/A           |   |           |    |           |    |                 |
| Rev. 01/15                                  |               |   |           |    |           |    |                 |

**BUDGET JUSTIFICATION**

Contractor Name San Francisco AIDS Foundation  
 Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-11  
 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         |
|                         |   |           |               |
| <b>Total Occupancy:</b> |   |           | <b>33,000</b> |

**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                 | Turniquets, bandaids, ensure.                            | \$215/mo  | 2,580          |
| Condoms & 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         |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>147,580</b> |

**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        |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>12,000</b> |

|                                  |                |
|----------------------------------|----------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>192,580</b> |
|----------------------------------|----------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>192,580</b> |
|----------------------------|----------------|

**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. | 19,258 |
|   |        |
|   |        |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>19,258</b> |
|------------------------------|---------------|

|                        |                |
|------------------------|----------------|
| <b>TOTAL EXPENSES:</b> | <b>211,838</b> |
|------------------------|----------------|



Contractor Name **San Francisco AIDS Foundation**  
Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
Funding Source **General Fund**

Appendix # **B-1u**  
Page # **1**  
Fiscal Year(s) **25-26**  
Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |               | SERVICE MODES  |              |   |              |                    |              |                        |
|---|---------------|--|--------------|---|--------------|--------------------|--------------|------------------------|
|   |               | Syringe Access Services<br>(Hrs., City-wide &<br>Community-Based<br>Sweeps Events) |              | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |              |                    |              |                        |
| <b>Personnel Expenses</b>                       |               |  |              |   |              |                    |              |                        |
| <b>Position Titles</b>                          | <b>FTE</b>    | <b>Salaries</b>  | <b>% FTE</b> | <b>Salaries</b>   | <b>% FTE</b> | <b>Salaries</b>    | <b>% FTE</b> | <b>Contract Totals</b> |
| 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 Coordinator                             | 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%           |                    |              | -                      |
| <b>Total FTE &amp; Total Salaries</b>           | <b>8.10</b>   | <b>357,533</b>   | <b>72%</b>   | <b>139,383</b>  | <b>28%</b>   |                    |              | <b>496,916</b>         |
| Fringe Benefits                                 | 25.00%        | 89,383   | 72%          | 34,846  | 28%          |                    |              | 124,229                |
| <b>Total Personnel Expenses</b>                 |               | <b>446,916</b>   | <b>72%</b>   | <b>174,229</b>  | <b>28%</b>   |                    |              | <b>621,145</b>         |
| <b>Operating Expenses</b>                       |               | <b>Expenditure</b>   | <b>%</b>     | <b>Expenditure</b>  | <b>%</b>     | <b>Expenditure</b> |              | <b>Contract Total</b>  |
| 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%         | -   | 0%           |                    |              | 545,696                |
| <b>Total Operating Expenses</b>                 |               | <b>797,906</b>   | <b>66%</b>   | <b>405,037</b>  | <b>34%</b>   |                    |              | <b>1,202,943</b>       |
| <b>Total Direct Expenses</b>                    |               | <b>1,244,822</b>   | <b>68%</b>   | <b>579,266</b>  | <b>32%</b>   |                    |              | <b>1,824,088</b>       |
| <b>Indirect Expenses</b>                        | <b>10.00%</b> | <b>124,482</b>   | <b>68%</b>   | <b>57,927</b>   | <b>32%</b>   |                    |              | <b>182,409</b>         |
| <b>TOTAL EXPENSES</b>                           |               | <b>1,369,304</b>   | <b>68%</b>   | <b>637,193</b>  | <b>32%</b>   |                    |              | <b>2,006,497</b>       |
| <b>Units of Service (UOS) per Service Mode</b>  |               | <b>8,079</b>   |              | <b>12</b>   |              | <b>-</b>           |              | <b>8,091</b>           |
| <b>Cost Per Unit of Service by Service Mode</b> |               | <b>169.49</b>  |              | <b>53,099.42</b>  |              | <b>-</b>           |              |                        |
| <b>NOC</b>                                      |               | <b>54,300</b>  |              | <b>N/A</b>  |              |                    |              |                        |

Rev. 07/15

## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-1u  
**Fiscal Year:** 25-26

### 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 information collection; coordinates program monitoring, evaluation and quality assurance procedures. |        |                    |                                      |          |
| Brief description of job duties:  |        |                    |                                      |          |
| Masters in Public Health and 3 years community organizing and public health experience or an equivalent combination of education and experience.  |        |                    |                                      |          |
| Minimum qualifications:   |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$113,025.00  | 0.05   | 12                 | 1                                    | \$ 5,651 |

| 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 needs of gay and bisexual men. |        |                    |                                      |          |
| Brief description of job duties:   |        |                    |                                      |          |
| Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |        |                    |                                      |          |
| Minimum qualifications:  |        |                    |                                      |          |
| 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  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| Director, Gov't Contracts - Responsible for all data management and contract related activities. Maintains operational and statistical reporting mechanisms in accordance with contract and departmental requirements, produces routine and ad hoc reporting as needed, and ensures the integrity of the service database by overseeing database quality assurance activities. |        |                    |                                      |          |
| Brief description of job duties:   |        |                    |                                      |          |
| Bachelor's degree and at least two years demonstrated experience in health services program planning, design, and evaluation; grant development and writing; government contracts management and negotiations.   |        |                    |                                      |          |
| Minimum qualifications:  |        |                    |                                      |          |
| 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  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| Data Manager - Responsible for coordinating data collection, quality assurance, reporting and summaries to ensure foundation programs are rigorously evaluated for process and health outcomes and public health impact. Responsible for review, abstraction from client records and database entry of all data collected from clients as well as data analysis to meet programmatic and contract requirements. |        |                    |                                      |          |
| Brief description of job duties:  |        |                    |                                      |          |
| Bachelor's degree and 2 years experience managing and ensuring quality for large client data sets or 5 years equivalent experience required.  |        |                    |                                      |          |
| Minimum qualifications:   |        |                    |                                      |          |
| 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   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| SAS Director - Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.   |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 6: Logistics Inventory Mrg   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p>   |        |                    |                                      |           |
| <p>Minimum qualifications: Minimum one to three years' experience working with people who use drugs, highly marginalized, or homeless populations required. Associates degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education preferred. Experience using a pallet jack, hand truck, and carts and understanding of safe lifting techniques and injury prevention.</p> |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$63,705.00   | 1.00   | 12                 | 1                                    | \$ 63,705 |

| Staff Position 7: Logistics Associates   |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Logistics Associate - Staffs exchange sites and supervises volunteers at the sites. Transports supplies to exchanges sites and sets up/tears down sites as needed.</p>   |        |                    |                                      |            |
| <p>Minimum qualifications: Experience working as a volunteer or paid staff in a human service organization. Bilingual in English/Spanish desired. Ability to follow directions and good communications skills necessary. Must be able to lift maximum 45 pounds.</p> |        |                    |                                      |            |
| 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  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Secondary Exchange coord - Responsible for recruiting, training, and supervising secondary exchangers willing to become peer educators. Develops curriculum for these trainings and helps develop training materials, including specific materials relevant to MSM-IDU speed users. Schedules and manages the site volunteers and supervises exchange sites.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$71,925.00  | 0.75   | 12                 | 1                                    | \$ 53,944 |

| Staff Position 9: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| <p>Brief description of job duties: Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support.</p> |        |                    |                                      |            |
| <p>Minimum qualifications: High school diploma or equivalency; valid California driver's license and excellent driving record. 1 year of experience working with injection drug users and with volunteers.</p>   |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$56,513.00  | 2.75   | 12                 | 1                                    | \$ 155,411 |

| Staff Position 10: Community Engagement & Kit Packing Associate   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: The Community Engagement and Kit Packing Associate is responsible for outreach and engagement with people who inject drugs (PWID), organizing harm reduction kit packing events, recruiting and coordinating SAS participant volunteers (PWID) and other volunteers to assist with kit packing.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: High school diploma or equivalency; 1 year of experience working with injection drug users and with volunteers.</p>  |        |                    |                                      |           |
| 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    |
| <b>Total Fringe Benefit:</b> | <b>124,229</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

|   |                |
|---|----------------|
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS:</b> | <b>621,145</b> |
|---|----------------|

**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        |
|                  |   |             |               |
|                  | <b>Total Occupancy:</b>                         |             | <b>95,666</b> |

**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 \$16.827/bag.                                  | \$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          |
|                                |  |           |                |
|                                | <b>Total Materials &amp; Supplies:</b>                     |           | <b>550,665</b> |

**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         |
|                    |   |              |               |
|                    | <b>Total General Operating:</b>                         |              | <b>10,916</b> |

**Consultants/Subcontractors:**

| Consultant/Subcontractor Name            | Service Description                             | Rate         | Cost           |
|--|---|--------------|----------------|
| Glide                                    | Operational expenses; staffing, office, IT, etc | \$101,477/yr | 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        |
| <b>Total Consultants/Subcontractors:</b> |   |              | <b>545,696</b> |

|                                  |                  |
|----------------------------------|------------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>1,202,943</b> |
|----------------------------------|------------------|

|                            |                  |
|----------------------------|------------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>1,824,088</b> |
|----------------------------|------------------|

**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. | 182,409 |
|   |         |
|   |         |

|                              |                |
|------------------------------|----------------|
| <b>Indirect Rate:</b>        | <b>10.00%</b>  |
| <b>TOTAL INDIRECT COSTS:</b> | <b>182,409</b> |

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>2,006,497</b> |
|------------------------|------------------|



Contractor Name San Francisco AIDS Foundation  
 Contract Term (mm/dd/yyyy) 7/1/16-6/30/26  
 Funding Source General Fund

Appendix # B-1v  
 Page # 1  
 Fiscal Year(s) 25-26  
 Funding Notification Date 12/21/2018

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES   |             |                  |           |                  |           |                       |
|--|--------|---|-------------|------------------|-----------|------------------|-----------|-----------------------|
|  |        | Syringe Access, Disposal<br>Coordination & Bulk<br>Purchasing |             |                  |           |                  |           | Contract Totals       |
| <b>Personnel Expenses</b>                          |        |   |             |                  |           |                  |           |                       |
| <b>Operating Expenses</b>                          |        | <b>Expenditure</b>  | <b>%</b>    | <b>xpenditur</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>  | <b>Contract Total</b> |
| 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%        | -                | 0%        | 12,000                |
| <b>Total Operating Expenses</b>                    |        | <b>192,580</b>  | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>192,580</b>        |
| <b>Total Direct Expenses</b>                       |        | 192,580   | 100%        | -                | 0%        | -                | 0%        | 192,580               |
| <b>Indirect Expenses</b>                           | 10.00% | 19,258  | 100%        |                  | 0%        |                  | 0%        | 19,258                |
| <b>TOTAL EXPENSES</b>                              |        | <b>211,838</b>  | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>211,838</b>        |
| <b>Units of Service (UOS) per Service Mode</b>     |        | 12  |             | -                |           | -                |           | 12                    |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | 17,653.17   |             | -                |           | -                |           |                       |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        | N/A   |             |                  |           |                  |           |                       |

Rev. 07/15

**BUDGET JUSTIFICATION**

Contractor Name **San Francisco AIDS Foundation**  
 Program Name: **HIV Syringe Access & Disposal Services**

Appendix #: **B-1v**  
 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         |
|                         |   |           |               |
| <b>Total Occupancy:</b> |   |           | <b>33,000</b> |

**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                 | Turniquets, band-aids, ensure.                           | \$215/mo  | 2,580          |
| Condoms & 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         |
| <b>Total Materials &amp; Supplies:</b> |  |           | <b>147,580</b> |

**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        |
|                                 |  |             |               |
| <b>Total General Operating:</b> |  |             | <b>12,000</b> |

**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% of total direct costs. | 19,258 |
|   |        |
|   |        |

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: 19,258**

**TOTAL EXPENSES: 211,838**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-2c**  
 Page # **1**  
 Fiscal Year(s) **19-20**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES                       |             |           |           |           |           | Contract Totals |
|--|--------|-------------------------------------|-------------|-----------|-----------|-----------|-----------|-----------------|
| Personnel Expenses                                 |        | HYA Wrap Around & Disposal Services |             |           |           |           |           |                 |
| Operating Expenses                                 |        | Expenditure                         | %           | xpenditur | %         | xpenditur | %         | Contract Total  |
| Consultants/Subcontractor:                         |        | 153,559                             | 100%        | -         | 0%        | -         | 0%        | 153,559         |
| <b>Total Operating Expenses</b>                    |        | <b>153,559</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>153,559</b>  |
| <b>Total Direct Expenses</b>                       |        | <b>153,559</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>153,559</b>  |
| <b>Indirect Expenses</b>                           | 10.00% | <b>15,355</b>                       | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>15,355</b>   |
| <b>TOTAL EXPENSES</b>                              |        | <b>168,914</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>168,914</b>  |
| <b>Units of Service (UOS) per Service Mode</b>     |        | <b>12</b>                           |             | <b>-</b>  |           | <b>-</b>  |           | <b>12</b>       |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | <b>14,076.17</b>                    |             | <b>-</b>  |           | <b>-</b>  |           |                 |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        | <b>N/A</b>                          |             |           |           |           |           |                 |

Rev. 07/15

**BUDGET JUSTIFICATION**

Contractor Name San Francisco AIDS Foundaiton  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-2c  
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        |
|  |                                    |           |                |
|  |                                    |           |                |
|  |                                    |           |                |
| <b>Total Consultants/Subcontractors:</b> |                                    |           | <b>153,559</b> |

**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)  | 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**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-2d**  
 Page # **1**  
 Fiscal Year(s) **20-21**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES                       |             |           |           |           |           | Contract Totals |
|--|--------|-------------------------------------|-------------|-----------|-----------|-----------|-----------|-----------------|
| Personnel Expenses                                 |        | HYA Wrap Around & Disposal Services |             |           |           |           |           |                 |
| Operating Expenses                                 |        | Expenditure                         | %           | xpenditur | %         | xpenditur | %         | Contract Total  |
| Consultants/Subcontractor:                         |        | 153,559                             | 100%        | -         | 0%        | -         | 0%        | 153,559         |
| <b>Total Operating Expenses</b>                    |        | <b>153,559</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>153,559</b>  |
| <b>Total Direct Expenses</b>                       |        | <b>153,559</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>153,559</b>  |
| <b>Indirect Expenses</b>                           | 10.00% | <b>15,355</b>                       | <b>100%</b> |           | <b>0%</b> |           | <b>0%</b> | <b>15,355</b>   |
| <b>TOTAL EXPENSES</b>                              |        | <b>168,914</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>168,914</b>  |
|  |        |                                     |             |           |           |           |           |                 |
| <b>Units of Service (UOS) per Service Mode</b>     |        | <b>12</b>                           |             | <b>-</b>  |           | <b>-</b>  |           | <b>12</b>       |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | <b>14,076.17</b>                    |             | <b>-</b>  |           | <b>-</b>  |           |                 |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        | <b>N/A</b>                          |             |           |           |           |           |                 |
|  |        |                                     |             |           |           |           |           |                 |
| Rev. 07/15   |        |                                     |             |           |           |           |           |                 |



### BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-2d  
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)  | 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%  
**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 # B-2e  
 Page # 1  
 Fiscal Year(s) 21-22  
 Funding Notification Date 12/21/2018

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES                       |             |           |           |           |           | Contract Totals |
|--|--------|-------------------------------------|-------------|-----------|-----------|-----------|-----------|-----------------|
| Personnel Expenses                                 |        | HYA Wrap Around & Disposal Services |             |           |           |           |           |                 |
| Operating Expenses                                 |        | Expenditure                         | %           | xpenditur | %         | xpenditur | %         | Contract Total  |
| Consultants/Subcontractor:                         |        | 153,559                             | 100%        | -         | 0%        | -         | 0%        | 153,559         |
| <b>Total Operating Expenses</b>                    |        | <b>153,559</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>153,559</b>  |
| <b>Total Direct Expenses</b>                       |        | <b>153,559</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>153,559</b>  |
| <b>Indirect Expenses</b>                           | 10.00% | <b>15,355</b>                       | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>15,355</b>   |
| <b>TOTAL EXPENSES</b>                              |        | <b>168,914</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>168,914</b>  |
|  |        |                                     |             |           |           |           |           |                 |
| <b>Units of Service (UOS) per Service Mode</b>     |        | 12                                  |             | -         |           | -         |           | 12              |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | 14,076.17                           |             | -         |           | -         |           |                 |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        |                                     |             |           |           |           |           |                 |
|  |        |                                     |             |           |           |           |           | Rev. 0/15       |

## BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-2e  
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 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)  | 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**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-2f**  
 Page # **1**  
 Fiscal Year(s) **22-23**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES                       |             |                  |           |                  |           | Contract Totals       |
|--|--------|-------------------------------------|-------------|------------------|-----------|------------------|-----------|-----------------------|
| Personnel Expenses                                 |        | HYA Wrap Around & Disposal Services |             |                  |           |                  |           |                       |
| <b>Operating Expenses</b>                          |        | <b>Expenditure</b>                  | <b>%</b>    | <b>xpenditur</b> | <b>%</b>  | <b>xpenditur</b> | <b>%</b>  | <b>Contract Total</b> |
| Consultants/Subcontractor:                         |        | 153,559                             | 100%        | -                | 0%        | -                | 0%        | 153,559               |
| <b>Total Operating Expenses</b>                    |        | <b>153,559</b>                      | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>153,559</b>        |
| <b>Total Direct Expenses</b>                       |        | 153,559                             | 100%        | -                | 0%        | -                | 0%        | 153,559               |
| <b>Indirect Expenses</b>                           | 10.00% | 15,355                              | 100%        |                  | 0%        |                  | 0%        | 15,355                |
| <b>TOTAL EXPENSES</b>                              |        | <b>168,914</b>                      | <b>100%</b> | <b>-</b>         | <b>0%</b> | <b>-</b>         | <b>0%</b> | <b>168,914</b>        |
| <b>Units of Service (UOS) per Service Mode</b>     |        | 12                                  |             | -                |           | -                |           | 12                    |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | 14,076.17                           |             | -                |           | -                |           |                       |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        | N/A                                 |             |                  |           |                  |           |                       |

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### BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundation  
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 |
|                               |                                    |           |         |
|                               |                                    |           |         |
|                               |                                    |           |         |

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)  | 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**



Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-2g**  
 Page # **1**  
 Fiscal Year(s) **23-24**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES                       |             |           |           |           |           | Contract Totals |
|--|--------|-------------------------------------|-------------|-----------|-----------|-----------|-----------|-----------------|
| Personnel Expenses                                 |        | HYA Wrap Around & Disposal Services |             |           |           |           |           |                 |
| Operating Expenses                                 |        | Expenditure                         | %           | xpenditur | %         | xpenditur | %         | Contract Total  |
| Consultants/Subcontractor:                         |        | 153,559                             | 100%        | -         | 0%        | -         | 0%        | 153,559         |
| <b>Total Operating Expenses</b>                    |        | <b>153,559</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>153,559</b>  |
| <b>Total Direct Expenses</b>                       |        | <b>153,559</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>153,559</b>  |
| <b>Indirect Expenses</b>                           | 10.00% | <b>15,355</b>                       | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>15,355</b>   |
| <b>TOTAL EXPENSES</b>                              |        | <b>168,914</b>                      | <b>100%</b> | <b>-</b>  | <b>0%</b> | <b>-</b>  | <b>0%</b> | <b>168,914</b>  |
| <b>Units of Service (UOS) per Service Mode</b>     |        | <b>12</b>                           |             | <b>-</b>  |           | <b>-</b>  |           | <b>12</b>       |
| <b>Cost Per Unit of Service by Service Mode</b>    |        | <b>14,076.17</b>                    |             | <b>-</b>  |           | <b>-</b>  |           |                 |
| <b>Unduplicated Clients (UDC) per Service Mode</b> |        | <b>N/A</b>                          |             |           |           |           |           |                 |
| Rev. 0/1/15  |        |                                     |             |           |           |           |           |                 |

### BUDGET JUSTIFICATION

Contractor Name San Francisco AIDS Foundaiton  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-2g  
Fiscal Year: 23-24

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)  | 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

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-2h**  
 Page # **1**  
 Fiscal Year(s) **24-25**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |        | SERVICE MODES                       |      |           |    |           |    |                 |
|---|--------|-------------------------------------|------|-----------|----|-----------|----|-----------------|
| Personnel Expenses                          |        | HYA Wrap Around & Disposal Services |      |           |    |           |    | 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% | -         | 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                                  |      | -         |    | -         |    | 12              |
| Cost Per Unit of Service by Service Mode    |        | 14,076.17                           |      | -         |    | -         |    |                 |
| Unduplicated Clients (UDC) per Service Mode |        | N/A                                 |      |           |    |           |    |                 |

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### **BUDGET JUSTIFICATION**

Contractor Name San Francisco AIDS Foundation  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-2h  
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 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)  | 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**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-2i**  
 Page # **1**  
 Fiscal Year(s) **25-26**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|   |        | SERVICE MODES                       |      |           |    |           |    |                 |
|---|--------|-------------------------------------|------|-----------|----|-----------|----|-----------------|
| Personnel Expenses                          |        | HYA Wrap Around & Disposal Services |      |           |    |           |    | 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% | -         | 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                                  |      | -         |    | -         |    | 12              |
| Cost Per Unit of Service by Service Mode    |        | 14,076.17                           |      | -         |    | -         |    |                 |
| Unduplicated Clients (UDC) per Service Mode |        | N/A                                 |      |           |    |           |    |                 |
| Rev. 07/15                                  |        |                                     |      |           |    |           |    |                 |



**BUDGET JUSTIFICATION**

Contractor Name San Francisco AIDS Foundation  
Program Name: HIV Syringe Access & Disposal Services

Appendix #: B-2i  
Fiscal Year: 25-26

**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)  | 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**

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-3b**  
 Page # **1**  
 Fiscal Year(s) **18-19**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |           |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-----------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |           |       |                 |
| 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%   | -         | 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%   | -         | 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%   | -         | 0%    | 90,909          |
| TOTAL EXPENSES                           |        | 499,999                 | 50%   | 500,001         | 50%   | -         | 0%    | 1,000,000       |
|  |        |                         |       |                 |       |           |       |                 |
| Units of Service (UOS) per Service Mode  |        | 1,888                   |       | 1,924           |       | -         |       | 3,812           |
| Cost Per Unit of Service by Service Mode |        | 264.83                  |       | 259.88          |       | -         |       |                 |
| NOC                                      |        | 31,341                  |       | 11,475          |       |           |       | 42,816          |
|  |        |                         |       |                 |       |           |       |                 |
| Rev. 07/15                               |        |                         |       |                 |       |           |       |                 |

Rev. 07/15

## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3b  
**Fiscal Year:** 18-19

### 1a) SALARIES

| Staff Position 1: V.P Programs & Services |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:          |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men. |                                      |           |
| Minimum qualifications:                   |        | Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.                         |                                      |           |
| Annual Salary:                            | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$203,000.00                              | 0.10   | 12   | 1                                    | \$ 20,300 |

| Staff Position 2: Director, Behavioral Health Services |        |  |                                      |          |
|--|--------|--|--------------------------------------|----------|
| Brief description of job duties:                       |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |                                      |          |
| Minimum qualifications:                                |        | Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total    |
| \$120,000.00   | 0.05   | 12   | 1                                    | \$ 6,000 |

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$90,000.00                      | 0.20   | 12  | 1                                    | \$ 18,000 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$63,000.00  | 1.00   | 12   | 1                                    | \$ 63,000 |

| Staff Position 5: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| 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. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |            |
| Minimum qualifications:  |        |                    |                                      |            |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total      |
| \$55,000.00  | 7.75   | 12                 | 1                                    | \$ 426,250 |

| Staff Position 6: Mobile Health Educator   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| 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. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$55,000.00  | 0.50   | 12                 | 1                                    | \$ 27,500 |

| Staff Position 7: Health Educator/Inventory Team Lead   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |        |                    |                                      |           |
| Minimum qualifications:   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$55,000.00   | 1.00   | 12                 | 1                                    | \$ 55,000 |

| Staff Position 8: Inventory Associate/Health Educator  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$55,000.00  | 1.00   | 12                 | 1                                    | \$ 55,000 |

Total FTE: 11.60

Total Salaries: \$ 671,050

#### 1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

| Component              | Cost         |
|------------------------|--------------|
| Social Security        | \$ 51,335.00 |
| Retirement             | \$ 12,817.00 |
| Medical                | \$ 69,321.00 |
| Dental                 |              |
| Unemployment Insurance | \$ 3,489.00  |
| Disability Insurance   | \$ 27,312.00 |
| Paid Time Off          |              |
| Other (Workers Comp):  | \$ 3,489.00  |
| Total Fringe Benefit:  | 167,763      |

Fringe Benefit %: 25.00%

**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         |
| Parking                 | Monthly parking for vans, \$1,000/mo x 8 mo. | 1000  | 8,000         |
| Utilities               | \$1,000/mo x 8 mo.                           | 1000  | 8,000         |
|                         |  |       |               |
| <b>Total Occupancy:</b> |  |       | <b>33,214</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate | Cost          |
|--|--|------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | 547  | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |      | 6,000         |
| Volunteer support                      | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000 | 12,000        |
|  |  |      |               |
| <b>Total Materials &amp; Supplies:</b> |  |      | <b>24,564</b> |

**General Operating:**

| Expense Item                    | Brief Description                                   | Rate   | Cost          |
|---------------------------------|---|--------|---------------|
| Janitorial                      | Monthly janitorial svc \$750/mo.                    | 750    | 9,000         |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 291.67 | 3,500         |
|                                 |   |        |               |
|                                 |   |        |               |
| <b>Total General Operating:</b> |   |        | <b>12,500</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>70,278</b> |
|----------------------------------|---------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>909,091</b> |
|----------------------------|----------------|

**4) INDIRECT COSTS****Describe method and basis for indirect Cost Allocation (i.e., FTE, square footage, or other)****Amount**

|   |        |
|---|--------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 90,909 |
|   |        |
|   |        |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>90,909</b> |
|------------------------------|---------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,000,000</b> |
|------------------------|------------------|



Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-3c**  
 Page # **1**  
 Fiscal Year(s) **19-20**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |             |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-------------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |             |       |                 |
| 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%   | -           | 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%   | -           | 0%    | 850,990         |
|  |        |                         |       |                 |       |             |       |                 |
| Operating Expenses                       |        | Expenditure             | %     | Expenditure     | %     | Expenditure | %     | 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%   | -           | 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 Service Mode  |        | 1,888                   |       | 2,550           |       | -           |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 264.83                  |       | 196.08          |       | -           |       |                 |
| NOC                                      |        | 31,341                  |       | 15,300          |       |             |       | 46,641          |
|  |        |                         |       |                 |       |             |       |                 |
| Rev. 07/15                               |        |                         |       |                 |       |             |       |                 |

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## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3c  
**Fiscal Year:** 19-20

### 1a) SALARIES

| Staff Position 1: V.P Programs & Services  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay &amp; bisexual men.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.</p>                                      |        |                    |                                      |           |
| 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, Behavioral Health Services   |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| <p>Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.</p> |        |                    |                                      |          |
| <p>Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.</p>   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$120,000.00   | 0.05   | 12                 | 1                                    | \$ 6,000 |

| Staff Position 3: Director, SAS   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.</p>   |        |                    |                                      |           |
| 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 Director, 6th Street HRC   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.</p>   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | 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  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| 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. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |            |
| Minimum qualifications:  |        |                    |                                      |            |
| 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 Educator   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| 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. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00  | 0.50   | 12                 | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |        |                    |                                      |           |
| Minimum qualifications:   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12                 | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| 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**

**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         |
| Building Maint          | Prorated maintenance cost @ \$166.67/mo. | 166.67 | 2,000         |
| Utilities               | \$500/mo x 12 mo.                        | 500    | 6,000         |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>25,214</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate     | Cost          |
|--|--|----------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | \$547/mo | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |          | 6,000         |
| Group supplies                         | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000     | 12,000        |
|  |  |          |               |
| <b>Total Materials &amp; Supplies:</b> |  |          | <b>24,564</b> |

**General Operating:**

| Expense Item                    | Brief Description                                   | Rate      | Cost         |
|---------------------------------|---|-----------|--------------|
| Janitorial                      | Prorated Monthly janitorial svc \$485.25/mo.        | 485.25/mo | 5,823        |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 208.34    | 2,500        |
|                                 |   |           |              |
|                                 |   |           |              |
| <b>Total General Operating:</b> |   |           | <b>8,323</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>58,101</b> |
|----------------------------------|---------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>909,091</b> |
|----------------------------|----------------|

**4) INDIRECT COSTS**

| Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)  | Amount |
|---|--------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 90,909 |
|   |        |
|   |        |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>90,909</b> |
|------------------------------|---------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,000,000</b> |
|------------------------|------------------|



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 # **1**  
 Fiscal Year(s) **20-21**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |           |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-----------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |           |       |                 |
| 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%   | -         | 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%   | -         | 0%    | 8,323           |
| Total Operating Expenses                 |        | 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%   | -         | 0%    | 1,000,000       |
|  |        |                         |       |                 |       |           |       |                 |
| Units of Service (UOS) per Service Mode  |        | 1,888                   |       | 2,550           |       | -         |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 264.83                  |       | 196.08          |       | -         |       |                 |
| NOC                                      |        | 31,341                  |       | 15,300          |       |           |       | 46,641          |
|  |        |                         |       |                 |       |           |       |                 |

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## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3d  
**Fiscal Year:** 20-21

### 1a) SALARIES

| Staff Position 1: V.P Programs & Services  |               |                           |   |              |
|--|---------------|---------------------------|---|--------------|
| <p><b>Brief description of job duties:</b> men. Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay &amp; bisexual men.</p> |               |                           |   |              |
| <p><b>Minimum qualifications:</b> Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.</p>   |               |                           |   |              |
| <b>Annual Salary:</b>  | <b>x FTE:</b> | <b>x Months per Year:</b> | <b>Annualized (if less than 12 months):</b> | <b>Total</b> |
| \$203,000.00   | 0.10          | 12                        | 1   | \$ 20,300    |

| Staff Position 2: Director, Behavioral Health Services   |               |                           |   |              |
|--|---------------|---------------------------|---|--------------|
| <p><b>Brief description of job duties:</b> men. Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.</p> |               |                           |   |              |
| <p><b>Minimum qualifications:</b> Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.</p>  |               |                           |   |              |
| <b>Annual Salary:</b>  | <b>x FTE:</b> | <b>x Months per Year:</b> | <b>Annualized (if less than 12 months):</b> | <b>Total</b> |
| \$120,000.00   | 0.05          | 12                        | 1   | \$ 6,000     |

| Staff Position 3: Director, SAS  |               |                           |   |              |
|--|---------------|---------------------------|---|--------------|
| <p><b>Brief description of job duties:</b> Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p> |               |                           |   |              |
| <p><b>Minimum qualifications:</b> Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.</p>   |               |                           |   |              |
| <b>Annual Salary:</b>  | <b>x FTE:</b> | <b>x Months per Year:</b> | <b>Annualized (if less than 12 months):</b> | <b>Total</b> |
| \$70,000.00  | 0.15          | 12                        | 1   | \$ 10,500    |

| Staff Position 4: Associate Director, 6th Street HRC  |               |                           |   |              |
|---|---------------|---------------------------|---|--------------|
| <p><b>Brief description of job duties:</b> Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support.</p> |               |                           |   |              |
| <p><b>Minimum qualifications:</b> Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.</p>   |               |                           |   |              |
| <b>Annual Salary:</b>   | <b>x FTE:</b> | <b>x Months per Year:</b> | <b>Annualized (if less than 12 months):</b> | <b>Total</b> |
| \$64,733.00   | 1.00          | 12                        | 1   | \$ 64,733    |

| Staff Position 5: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| 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. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| 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 Educator   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |        |                    |                                      |           |
| Minimum qualifications: Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00  | 0.50   | 12                 | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |        |                    |                                      |           |
| Minimum qualifications: Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12                 | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |        |                    |                                      |           |
| Minimum qualifications: Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$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    |
| <b>Total Fringe Benefit:</b>                                  | <b>170,198</b> |
| <b>Fringe Benefit %:</b>                                      | <b>25.00%</b>  |
| <b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: 850,990</b> |                |

**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         |
| Building Maint          | Prorated maintenance cost @ \$166.67/mo. | 166.67 | 2,000         |
| Utilities               | \$500/mo x 12 mo.                        | 500    | 6,000         |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>25,214</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate     | Cost          |
|--|--|----------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | \$547/mo | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |          | 6,000         |
| Group supplies                         | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000     | 12,000        |
|  |  |          |               |
| <b>Total Materials &amp; Supplies:</b> |  |          | <b>24,564</b> |

**General Operating:**

| Expense Item                    | Brief Description                                   | Rate      | Cost         |
|---------------------------------|---|-----------|--------------|
| Janitorial                      | Prorated Monthly janitorial svc \$485.25/mo.        | 485.25/mo | 5,823        |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 208.34    | 2,500        |
|                                 |   |           |              |
|                                 |   |           |              |
| <b>Total General Operating:</b> |   |           | <b>8,323</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>58,101</b> |
|----------------------------------|---------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>909,091</b> |
|----------------------------|----------------|

**4) INDIRECT COSTS**

| Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)  | Amount |
|---|--------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 90,909 |
|   |        |
|   |        |

|                |     |
|----------------|-----|
| Indirect Rate: | 10% |
|----------------|-----|

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>90,909</b> |
|------------------------------|---------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,000,000</b> |
|------------------------|------------------|

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # B-3e  
 Page # 1  
 Fiscal Year(s) 21-22  
 Funding Notification Date 12/21/2018

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |             |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-------------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |             |       |                 |
| 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%   | -           | 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     | %     | Expenditure | %     | 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%   | -           | 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 Service Mode  |        | 1,888                   |       | 2,550           |       | -           |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 264.83                  |       | 196.08          |       | -           |       |                 |
| NOC                                      |        | 31,341                  |       | 15,300          |       |             |       | 46,641          |
|  |        |                         |       |                 |       |             |       |                 |
| Rev. 07/15                               |        |                         |       |                 |       |             |       |                 |

Rev. 07/15



## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3e  
**Fiscal Year:** 21-22

### 1a) SALARIES

|  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 1: V.P Programs &amp; Services</b>   |        |                    |                                      |           |
| <p>Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay &amp; bisexual men.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.</p>                                      |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$203,000.00   | 0.10   | 12                 | 1                                    | \$ 20,300 |

|  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| <b>Staff Position 2: Director, Behavioral Health Services</b>  |        |                    |                                      |          |
| <p>Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.</p> |        |                    |                                      |          |
| <p>Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.</p>   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$120,000.00   | 0.05   | 12                 | 1                                    | \$ 6,000 |

|   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 3: Director, SAS</b>  |        |                    |                                      |           |
| <p>Brief description of job duties: Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.</p>   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$70,000.00   | 0.15   | 12                 | 1                                    | \$ 10,500 |

|  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 4: Associate Director, 6th Street HRC</b>  |        |                    |                                      |           |
| <p>Brief description of job duties: Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.</p>   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | 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  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| 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. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |            |
| Minimum qualifications:  |        |                    |                                      |            |
| 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 Educator   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| 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. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00  | 0.50   | 12                 | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |        |                    |                                      |           |
| Minimum qualifications:   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12                 | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| 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**

**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         |
| Building Maint          | Prorated maintenance cost @ \$166.67/mo. | 166.67 | 2,000         |
| Utilities               | \$500/mo x 12 mo.                        | 500    | 6,000         |
|                         |  |        |               |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>25,214</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate     | Cost          |
|--|--|----------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | \$547/mo | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |          | 6,000         |
| Group supplies                         | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000     | 12,000        |
|  |  |          |               |
| <b>Total Materials &amp; Supplies:</b> |  |          | <b>24,564</b> |

**General Operating:**

| Expense Item                    | Brief Description                                   | Rate      | Cost         |
|---------------------------------|---|-----------|--------------|
| Janitorial                      | Prorated Monthly janitorial svc \$485.25/mo.        | 485.25/mo | 5,823        |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 208.34    | 2,500        |
|                                 |   |           |              |
|                                 |   |           |              |
| <b>Total General Operating:</b> |   |           | <b>8,323</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>58,101</b> |
|----------------------------------|---------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>909,091</b> |
|----------------------------|----------------|

**4) INDIRECT COSTS**

| Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)  | Amount |
|---|--------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 90,909 |
|   |        |
|   |        |

|                       |               |
|-----------------------|---------------|
| <b>Indirect Rate:</b> | <b>10.00%</b> |
|-----------------------|---------------|

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>90,909</b> |
|------------------------------|---------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,000,000</b> |
|------------------------|------------------|

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-3f**  
 Page # **1**  
 Fiscal Year(s) **22-23**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |           |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-----------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |           |       |                 |
| 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%   | -         | 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%   | -         | 0%    | 8,323           |
| Total Operating Expenses                 |        | 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%   | -         | 0%    | 1,000,000       |
|  |        |                         |       |                 |       |           |       |                 |
| Units of Service (UOS) per Service Mode  |        | 1,888                   |       | 2,550           |       | -         |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 264.83                  |       | 196.08          |       | -         |       |                 |
| NOC                                      |        | 31,341                  |       | 15,300          |       |           |       | 46,641          |
|  |        |                         |       |                 |       |           |       |                 |
| Rev. 07/15                               |        |                         |       |                 |       |           |       |                 |

Rev. 07/15

## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3f  
**Fiscal Year:** 22-23

### 1a) SALARIES

| Staff Position 1: V.P Programs & Services   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: men. Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay &amp; bisexual men.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.</p>   |        |                    |                                      |           |
| 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, Behavioral Health Services  |        |                    |                                      |          |
|---|--------|--------------------|--------------------------------------|----------|
| <p>Brief description of job duties: men. Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.</p> |        |                    |                                      |          |
| <p>Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.</p>  |        |                    |                                      |          |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$120,000.00  | 0.05   | 12                 | 1                                    | \$ 6,000 |

| Staff Position 3: Director, SAS   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.</p>   |        |                    |                                      |           |
| 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 Director, 6th Street HRC   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <p>Brief description of job duties: Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.</p>   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | 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  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| 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. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |            |
| Minimum qualifications:  |        |                    |                                      |            |
| 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 Educator   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| 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. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00  | 0.50   | 12                 | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |        |                    |                                      |           |
| Minimum qualifications:   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12                 | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| 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    |
| <b>Total Fringe Benefit:</b> | <b>170,198</b> |

Fringe Benefit %: 25.00%

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 850,990**



**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         |
| Building Maint          | Prorated maintenance cost @ \$166.67/mo. | 166.67 | 2,000         |
| Utilities               | \$500/mo x 12 mo.                        | 500    | 6,000         |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>25,214</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate     | Cost          |
|--|--|----------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | \$547/mo | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |          | 6,000         |
| Group supplies                         | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000     | 12,000        |
|  |  |          |               |
| <b>Total Materials &amp; Supplies:</b> |  |          | <b>24,564</b> |

**General Operating:**

| Expense Item                    | Brief Description                                   | Rate      | Cost         |
|---------------------------------|---|-----------|--------------|
| Janitorial                      | Prorated Monthly janitorial svc \$485.25/mo.        | 485.25/mo | 5,823        |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 208.34    | 2,500        |
|                                 |   |           |              |
|                                 |   |           |              |
| <b>Total General Operating:</b> |   |           | <b>8,323</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>58,101</b> |
|----------------------------------|---------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>909,091</b> |
|----------------------------|----------------|

**4) INDIRECT COSTS**

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)

Amount

|   |        |
|---|--------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 90,909 |
|   |        |
|   |        |

Indirect Rate: 10.00%

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>90,909</b> |
|------------------------------|---------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,000,000</b> |
|------------------------|------------------|

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 # **1**  
 Fiscal Year(s) **23-24**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |           |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-----------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |           |       |                 |
| 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%   | -         | 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%   | -         | 0%    | 8,323           |
| Total Operating Expenses                 |        | 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%   | -         | 0%    | 1,000,000       |
|  |        |                         |       |                 |       |           |       |                 |
| Units of Service (UOS) per Service Mode  |        | 1,888                   |       | 2,550           |       | -         |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 264.83                  |       | 196.08          |       | -         |       |                 |
| NOC                                      |        | 31,341                  |       | 15,300          |       |           |       | 46,641          |
|  |        |                         |       |                 |       |           |       |                 |
| Rev. 07/15                               |        |                         |       |                 |       |           |       |                 |

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## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3g  
**Fiscal Year:** 23-24

### 1a) SALARIES

| Staff Position 1: V.P Programs & Services |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:          |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay & bisexual men. |                                      |           |
| Minimum qualifications:                   |        | Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.                         |                                      |           |
| Annual Salary:                            | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$203,000.00                              | 0.10   | 12   | 1                                    | \$ 20,300 |

| Staff Position 2: Director, Behavioral Health Services |        |  |                                      |          |
|--|--------|--|--------------------------------------|----------|
| Brief description of job duties:                       |        | Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men. |                                      |          |
| Minimum qualifications:                                |        | Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.  |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total    |
| \$120,000.00   | 0.05   | 12   | 1                                    | \$ 6,000 |

| Staff Position 3: Director, SAS  |        |   |                                      |           |
|----------------------------------|--------|---|--------------------------------------|-----------|
| Brief description of job duties: |        | Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols. |                                      |           |
| Minimum qualifications:          |        | Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.  |                                      |           |
| Annual Salary:                   | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$70,000.00                      | 0.15   | 12  | 1                                    | \$ 10,500 |

| Staff Position 4: Associate Director, 6th Street HRC |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                     |        | Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                              |        | Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education, Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.  |                                      |           |
| Annual Salary:                                       | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$64,733.00  | 1.00   | 12   | 1                                    | \$ 64,733 |

| Staff Position 5: Health Educator  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| 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. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |            |
| Minimum qualifications:  |        |                    |                                      |            |
| 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 Educator   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| 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. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00  | 0.50   | 12                 | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |        |                    |                                      |           |
| Minimum qualifications:   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12                 | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| 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    |
| <b>Total Fringe Benefit:</b> | <b>170,198</b> |
| <b>Fringe Benefit %:</b>     | <b>25.00%</b>  |

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 850,990**

**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         |
| Building Maint          | Prorated maintenance cost @ \$166.67/mo. | 166.67 | 2,000         |
| Utilities               | \$500/mo x 12 mo.                        | 500    | 6,000         |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>25,214</b> |

**Materials & Supplies:** \_\_\_\_\_

| Expense Item                           | Brief Description  | Rate     | Cost          |
|--|--|----------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | \$547/mo | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |          | 6,000         |
| Group supplies                         | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000     | 12,000        |
|  |  |          |               |
| <b>Total Materials &amp; Supplies:</b> |  |          | <b>24,564</b> |

**General Operating:** \_\_\_\_\_

| Expense Item                    | Brief Description                                   | Rate      | Cost         |
|---------------------------------|---|-----------|--------------|
| Janitorial                      | Prorated Monthly janitorial svc \$485.25/mo.        | 485.25/mo | 5,823        |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 208.34    | 2,500        |
|                                 |   |           |              |
|                                 |   |           |              |
| <b>Total General Operating:</b> |   |           | <b>8,323</b> |

**TOTAL OPERATING EXPENSES: 58,101****TOTAL DIRECT COSTS: 909,091****4) INDIRECT COSTS**

| Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)  | Amount |
|---|--------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 90,909 |
|   |        |
|   |        |

**Indirect Rate: 10.00%****TOTAL INDIRECT COSTS: 90,909****TOTAL EXPENSES: 1,000,000**



Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-3h**  
 Page # **1**  
 Fiscal Year(s) **24-25**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |           |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-----------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |           |       |                 |
| 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%   | -         | 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%   | -         | 0%    | 8,323           |
| Total Operating Expenses                 |        | 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%   | -         | 0%    | 1,000,000       |
|  |        |                         |       |                 |       |           |       |                 |
| Units of Service (UOS) per Service Mode  |        | 1,888                   |       | 2,550           |       | -         |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 264.83                  |       | 196.08          |       | -         |       |                 |
| NOC                                      |        | 31,341                  |       | 15,300          |       |           |       | 46,641          |
|  |        |                         |       |                 |       |           |       |                 |

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## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3h  
**Fiscal Year:** 24-25

### 1a) SALARIES

|  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 1: V.P Programs &amp; Services</b>   |        |                    |                                      |           |
| <p>Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay &amp; bisexual men.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.</p>                                      |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$203,000.00   | 0.10   | 12                 | 1                                    | \$ 20,300 |

|  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| <b>Staff Position 2: Director, Behavioral Health Services</b>  |        |                    |                                      |          |
| <p>Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.</p> |        |                    |                                      |          |
| <p>Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.</p>   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$120,000.00   | 0.05   | 12                 | 1                                    | \$ 6,000 |

|   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 3: Director, SAS</b>  |        |                    |                                      |           |
| <p>Brief description of job duties: Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.</p>   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$70,000.00   | 0.15   | 12                 | 1                                    | \$ 10,500 |

|  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 4: Associate Director, 6th Street HRC</b>  |        |                    |                                      |           |
| <p>Brief description of job duties: Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.</p>   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | 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  |        |                    |                                      |            |
|--|--------|--------------------|--------------------------------------|------------|
| 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. |        |                    |                                      |            |
| Brief description of job duties:   |        |                    |                                      |            |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |            |
| Minimum qualifications:  |        |                    |                                      |            |
| 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 Educator   |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| 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. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00  | 0.50   | 12                 | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |        |                    |                                      |           |
| Brief description of job duties:  |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |        |                    |                                      |           |
| Minimum qualifications:   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12                 | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |        |                    |                                      |           |
| Brief description of job duties:   |        |                    |                                      |           |
| Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |        |                    |                                      |           |
| Minimum qualifications:  |        |                    |                                      |           |
| 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    |
| <b>Total Fringe Benefit:</b> | <b>170,198</b> |

Fringe Benefit %: 25.00%

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 850,990**

**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         |
| Building Maint          | Prorated maintenance cost @ \$166.67/mo. | 166.67 | 2,000         |
| Utilities               | \$500/mo x 12 mo.                        | 500    | 6,000         |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>25,214</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate     | Cost          |
|--|--|----------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | \$547/mo | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |          | 6,000         |
| Group supplies                         | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000     | 12,000        |
|  |  |          |               |
| <b>Total Materials &amp; Supplies:</b> |  |          | <b>24,564</b> |

**General Operating:**

| Expense Item                    | Brief Description                                   | Rate      | Cost         |
|---------------------------------|---|-----------|--------------|
| Janitorial                      | Prorated Monthly janitorial svc \$485.25/mo.        | 485.25/mo | 5,823        |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 208.34    | 2,500        |
|                                 |   |           |              |
|                                 |   |           |              |
| <b>Total General Operating:</b> |   |           | <b>8,323</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>58,101</b> |
|----------------------------------|---------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>909,091</b> |
|----------------------------|----------------|

**4) INDIRECT COSTS**

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)

Amount

|   |        |
|---|--------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 90,909 |
|   |        |
|   |        |

Indirect Rate: 10.00%

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>90,909</b> |
|------------------------------|---------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,000,000</b> |
|------------------------|------------------|

Contractor Name **San Francisco AIDS Foundation**  
 Contract Term (mm/dd/yyyy) **7/1/16-6/30/26**  
 Funding Source **General Fund**

Appendix # **B-3i**  
 Page # **1**  
 Fiscal Year(s) **25-26**  
 Funding Notification Date **12/21/2018**

**UOS COST ALLOCATION BY SERVICE MODE**

|  |        | SERVICE MODES           |       |                 |       |             |       |                 |
|--|--------|-------------------------|-------|-----------------|-------|-------------|-------|-----------------|
| Personnel Expenses                       |        | Syringe Access Services |       | Lounge Services |       |             |       |                 |
| 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%   | -           | 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     | %     | Expenditure | %     | 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%   | -           | 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 Service Mode  |        | 1,888                   |       | 2,550           |       | -           |       | 4,438           |
| Cost Per Unit of Service by Service Mode |        | 264.83                  |       | 196.08          |       | -           |       |                 |
| NOC                                      |        | 31,341                  |       | 15,300          |       |             |       | 46,641          |
|  |        |                         |       |                 |       |             |       |                 |

Rev. 07/15

Rev. 07/15



## BUDGET JUSTIFICATION

**Contractor Name** San Francisco AIDS Foundation  
**Program Name:** HIV Syringe Access & Disposal Services

**Appendix #:** B-3i  
**Fiscal Year:** 25-26

### 1a) SALARIES

|  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 1: V.P. Programs &amp; Services</b>  |        |                    |                                      |           |
| <p>Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay &amp; bisexual men.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Master's degree in psychology, social services, business or related disciplines. Requirements also include three years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.</p>                                      |        |                    |                                      |           |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$203,000.00   | 0.10   | 12                 | 1                                    | \$ 20,300 |

|  |        |                    |                                      |          |
|--|--------|--------------------|--------------------------------------|----------|
| <b>Staff Position 2: Director, Behavioral Health Services</b>  |        |                    |                                      |          |
| <p>Brief description of job duties: Responsible for ensuring the implementation, management and evaluation of the program structure and provision of professional oversight to create a service delivery continuum that is responsive to the current health and well-being needs, including HIV needs of gay and bisexual men.</p> |        |                    |                                      |          |
| <p>Minimum qualifications: Masters degree in psychology, social sciences, business or related discipline; three years experience in a supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.</p>   |        |                    |                                      |          |
| Annual Salary:   | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total    |
| \$120,000.00   | 0.05   | 12                 | 1                                    | \$ 6,000 |

|   |        |                    |                                      |           |
|---|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 3: Director, SAS</b>  |        |                    |                                      |           |
| <p>Brief description of job duties: Provides oversight and management of 11 exchange sites. Develops annual departmental strategic goals in alignment with agency and city objectives. Builds and maintains effective partnerships with other HIV/AIDS and Harm Reduction agencies. Responsible for scheduling and training full-time and temporary staff in appropriate exchange protocol. Responsible for purchasing exchange supplies. Organizes removal of biohazard waste from sites and coordinates removal with waste removal company, prepare reports for compliance and maintain safety protocols.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Three years experience working with injection and drug users required. Associates Degree with program management, supervision experience preferred. Must hold HIV test counselor certification or be willing to obtain certification on the job.</p>   |        |                    |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year: | Annualized (if less than 12 months): | Total     |
| \$70,000.00   | 0.15   | 12                 | 1                                    | \$ 10,500 |

|  |        |                    |                                      |           |
|--|--------|--------------------|--------------------------------------|-----------|
| <b>Staff Position 4: Associate Director, 6th Street HRC</b>  |        |                    |                                      |           |
| <p>Brief description of job duties: Responsibilities include site operations (schedules, logistics, QA, programming) of 6th Street Harm Reduction Center; supervising health educators, volunteers, and interns; conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; managing syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support.</p> |        |                    |                                      |           |
| <p>Minimum qualifications: Five years' experience working with drug users, highly marginalized, or homeless populations required. Associates Degree preferred, experience using motivational interviewing and strong understanding of harm reduction practices and principles, experience doing health education. Understanding of HIV/HCV disease prevention and treatment. Supervisory experience, program development, budgeting, and management experience required.</p>   |        |                    |                                      |           |
| Annual Salary:   | x FTE: | 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 |        |  |                                      |            |
|-----------------------------------|--------|--|--------------------------------------|------------|
| Brief description of job duties:  |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; program design, facilitation, and curriculum development; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. |                                      |            |
| Minimum qualifications:           |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |            |
| Annual Salary:                    | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total      |
| \$56,513.00                       | 7.75   | 12   | 1                                    | \$ 437,976 |

| Staff Position 6: Mobile Health Educator |        |  |                                      |           |
|--|--------|--|--------------------------------------|-----------|
| Brief description of job duties:         |        | Responsibilities include health education (e.g. overdose prevention; vein care; referrals to HIV/HCV testing and linkage to care; harm reduction counseling) through mobile and encampment outreach; overseeing a team of street outreach volunteers; and providing crisis intervention support. |                                      |           |
| Minimum qualifications:                  |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:                           | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$56,513.00                              | 0.50   | 12   | 1                                    | \$ 28,257 |

| Staff Position 7: Health Educator/Inventory Team Lead |        |   |                                      |           |
|---|--------|---|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and coordinates supply inventory. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.   |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:  | Annualized (if less than 12 months): | Total     |
| \$56,513.00   | 1.00   | 12  | 1                                    | \$ 56,513 |

| Staff Position 8: Inventory Associate/Health Educator |        |  |                                      |           |
|---|--------|--|--------------------------------------|-----------|
| Brief description of job duties:                      |        | Responsibilities include conducting health education (e.g. overdose prevention, vein care) and referrals; supports syringe access, disposal, and lounge space; linking participants to HIV/HCV testing and linkage to care; and providing crisis intervention support. Supports mobile and 6th Street sites; supervises volunteers; and assists Inventory Team Lead with supply inventory maintenance and transport. |                                      |           |
| Minimum qualifications:                               |        | Minimum, 1-3 years experiencing working with drug users. Associates Degree preferred. Harm reduction, motivational interviewing skills, and knowledge of HIV/HCV prevention/tx preferred.  |                                      |           |
| Annual Salary:  | x FTE: | x Months per Year:   | Annualized (if less than 12 months): | Total     |
| \$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    |
| <b>Total Fringe Benefit:</b> | <b>170,198</b> |

Fringe Benefit %: 25.00%

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 850,990**

**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         |
| Building Maint          | Prorated maintenance cost @ \$166.67/mo. | 166.67 | 2,000         |
| Utilities               | \$500/mo x 12 mo.                        | 500    | 6,000         |
|                         |  |        |               |
| <b>Total Occupancy:</b> |  |        | <b>25,214</b> |

**Materials & Supplies:**

| Expense Item                           | Brief Description  | Rate     | Cost          |
|--|--|----------|---------------|
| Supplies                               | General office and program supplies\$547/mo.                 | \$547/mo | 6,564         |
| Incentives                             | exchange incentives, 1,200 incentives @ \$5each<br>=\$6,000. |          | 6,000         |
| Group supplies                         | snacks, t-shirts, etc \$1,000/mo x 12 mo.                    | 1000     | 12,000        |
|  |  |          |               |
| <b>Total Materials &amp; Supplies:</b> |  |          | <b>24,564</b> |

**General Operating:**

| Expense Item                    | Brief Description                                   | Rate      | Cost         |
|---------------------------------|---|-----------|--------------|
| Janitorial                      | Prorated Monthly janitorial svc \$485.25/mo.        | 485.25/mo | 5,823        |
| Insurance                       | Prorated gen liability, hazzard and auto insurance. | 208.34    | 2,500        |
|                                 |   |           |              |
|                                 |   |           |              |
| <b>Total General Operating:</b> |   |           | <b>8,323</b> |

|                                  |               |
|----------------------------------|---------------|
| <b>TOTAL OPERATING EXPENSES:</b> | <b>58,101</b> |
|----------------------------------|---------------|

|                            |                |
|----------------------------|----------------|
| <b>TOTAL DIRECT COSTS:</b> | <b>909,091</b> |
|----------------------------|----------------|

**4) INDIRECT COSTS**

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)

Amount

|   |        |
|---|--------|
| San Francisco AIDS Foundation has a negotiated rate of 27%. This contract seeks reimbursement at a rate of 10% of total direct costs. | 90,909 |
|   |        |
|   |        |

Indirect Rate: 10.00%

|                              |               |
|------------------------------|---------------|
| <b>TOTAL INDIRECT COSTS:</b> | <b>90,909</b> |
|------------------------------|---------------|

|                        |                  |
|------------------------|------------------|
| <b>TOTAL EXPENSES:</b> | <b>1,000,000</b> |
|------------------------|------------------|



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

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 Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. 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”).

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 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:





## 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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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.

**l. 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



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



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## 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





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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



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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.

**l. 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 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





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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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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](mailto:compliance.privacy@sfdph.org)  
Hotline (Toll-Free): 1-855-729-6040

|                  |  |                           |  |
|------------------|--|---------------------------|--|
| Contractor Name: |  | Contractor City Vendor ID |  |
|------------------|--|---------------------------|--|

### PRIVACY ATTESTATION

**INSTRUCTIONS:** Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

**Exceptions:** If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

#### I. All Contractors.

| DOES YOUR ORGANIZATION... |   |               |         |  |        | Yes | No* |  |
|---------------------------|---|---------------|---------|--|--------|-----|-----|--|
| A                         | Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?  |               |         |  |        |     |     |  |
| B                         | Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?   |               |         |  |        |     |     |  |
|                           | If yes:   | Name & Title: | Phone # |  | Email: |     |     |  |
| C                         | Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]     |               |         |  |        |     |     |  |
| D                         | Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]                          |               |         |  |        |     |     |  |
| E                         | Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?   |               |         |  |        |     |     |  |
| F                         | Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so <b>AND</b> that health information is <b>only transferred or created on encrypted devices approved by SFDPH Information Security staff?</b> |               |         |  |        |     |     |  |

#### II. Contractors who serve patients/clients and have access to SFDPH PHI, must also complete this section.

| If Applicable: DOES YOUR ORGANIZATION... |   | Yes | No* |
|--|---|-----|-----|
| G  | Have (or will have if/when applicable) evidence that SFDPH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFDPH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?         |     |     |
| H  | Have evidence in each patient's / client's chart or electronic file that a Privacy Notice that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFDPH.) |     |     |
| I  | Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?  |     |     |
| J  | Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations?   |     |     |
| K  | When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?   |     |     |

**III. ATTEST:** Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

|  |               |  |           |  |      |  |
|--|---------------|--|-----------|--|------|--|
| ATTESTED by Privacy Officer or designated person | Name: (print) |  | Signature |  | Date |  |
|--|---------------|--|-----------|--|------|--|

**IV. \*EXCEPTIONS:** If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

|                               |              |  |           |  |      |  |
|-------------------------------|--------------|--|-----------|--|------|--|
| EXCEPTION(S) APPROVED by OCPA | Name (print) |  | Signature |  | Date |  |
|-------------------------------|--------------|--|-----------|--|------|--|



|                  |  |                           |  |
|------------------|--|---------------------------|--|
| Contractor Name: |  | Contractor City Vendor ID |  |
|------------------|--|---------------------------|--|

**DATA SECURITY ATTESTATION**

**INSTRUCTIONS:** Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFPDH.

**Exceptions:** If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

**I. All Contractors.**

| DOES YOUR ORGANIZATION... |  |               |         |  |        | Yes | No* |
|---------------------------|--|---------------|---------|--|--------|-----|-----|
| A                         | Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]   |               |         |  |        |     |     |
| B                         | Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?   |               |         |  |        |     |     |
|                           | Date of last Data Security Risk Assessment/Audit:  |               |         |  |        |     |     |
|                           | Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:   |               |         |  |        |     |     |
| C                         | Have a formal Data Security Awareness Program?   |               |         |  |        |     |     |
| D                         | Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?            |               |         |  |        |     |     |
| E                         | Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?  |               |         |  |        |     |     |
|                           | If yes:  | Name & Title: | Phone # |  | Email: |     |     |
| F                         | Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH data security training materials are available for use; contact OCPA at 1-855-729-6040.] |               |         |  |        |     |     |
| G                         | Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]             |               |         |  |        |     |     |
| H                         | Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?  |               |         |  |        |     |     |
| I                         | Have (or will have if/when applicable) a diagram of how SFPDH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?   |               |         |  |        |     |     |

**II. ATTEST:** Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

|  |               |  |           |  |      |  |
|--|---------------|--|-----------|--|------|--|
| ATTESTED by Data Security Officer or designated person | Name: (print) |  | Signature |  | Date |  |
|--|---------------|--|-----------|--|------|--|

**III. \*EXCEPTIONS:** If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

|                               |              |  |           |  |      |  |
|-------------------------------|--------------|--|-----------|--|------|--|
| EXCEPTION(S) APPROVED by OCPA | Name (print) |  | Signature |  | Date |  |
|-------------------------------|--------------|--|-----------|--|------|--|

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1f  
07/01/18 - 06/30/19  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL18

**Contract Purchase Order No:**

**Funding Source:**  General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**  07/1/18 - 07/31/18

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordinatoin & Bu | 8,079            | 54,300 |                       |     |                   |     |            |     | 8,079                  | 54,300 |
|   | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$488,174          |                      |                  |             | \$488,174.00          |
| Fringe Benefits  | \$122,044          |                      |                  |             | \$122,044.00          |
| <b>Total Personnel Expenses</b>  | <b>\$610,218</b>   |                      |                  |             | <b>\$610,218.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666           |                      |                  |             | \$95,666.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$530,113          |                      |                  |             | \$530,113.00          |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,416           |                      |                  |             | \$10,416.00           |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   | \$532,386          |                      |                  |             | \$532,386.00          |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,168,581</b> |                      |                  |             | <b>\$1,168,581.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,778,799</b> |                      |                  |             | <b>\$1,778,799.00</b> |
| Indirect Expenses  | \$177,880          |                      |                  |             | \$177,880.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$1,956,679</b> |                      |                  |             | <b>\$1,956,679.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_



APPENDIX F-1f  
07/01/18 - 06/30/19  
PAGE B

A-1JUL18

Fund Source: General Fund

Grant Code/Detail:

Project Code/Detail:

**Invoice Period:** 07/1/18 - 07/31/18

**FINAL Invoice** ☐ (check if Yes)

| <b>PERSONNEL</b>                 | FTE  | BUDGETED<br>SALARY | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|----------------------------------|------|--------------------|-------------------------|---------------------|----------------|----------------------|
| Pgrms & Ops Director             | 0.05 | \$5,709            |                         |                     |                | \$5,709.00           |
| Dir. Behavioral Health Svc       | 0.05 | \$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 Mgr          | 1.00 | \$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           |                         |                     |                | \$35,084.00          |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
|                                  |      |                    |                         |                     |                |                      |
| TOTAL SALARIES                   | 8.10 | \$488,174          |                         |                     |                | \$488,174.00         |

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1i  
07/01/19 - 06/30/20  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**

1000002634

**Invoice Number**

A-1JUL19

**Contract Purchase Order No:**

**Funding Source:**  General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**  07/1/19 - 07/31/19

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordinatoin & Bu | 8,079            | 54,300 |                       |     |                   |     |            |     | 8,079                  | 54,300 |
|   | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

**EXPENDITURES**

|  | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$496,916          |                      |                  |             | \$496,916.00          |
| Fringe Benefits  | \$124,229          |                      |                  |             | \$124,229.00          |
| <b>Total Personnel Expenses</b>  | <b>\$621,145</b>   |                      |                  |             | <b>\$621,145.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | <b>\$95,666</b>    |                      |                  |             | <b>\$95,666.00</b>    |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | <b>\$550,665</b>   |                      |                  |             | <b>\$550,665.00</b>   |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | <b>\$10,916</b>    |                      |                  |             | <b>\$10,916.00</b>    |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                    |                      |                  |             |                       |
| <b>Consultant/Subcontractor</b>  | <b>\$545,696</b>   |                      |                  |             | <b>\$545,696.00</b>   |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,202,943</b> |                      |                  |             | <b>\$1,202,943.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,824,088</b> |                      |                  |             | <b>\$1,824,088.00</b> |
| Indirect Expenses  | \$182,409          |                      |                  |             | \$182,409.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,006,497</b> |                      |                  |             | <b>\$2,006,497.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                    |                      |                  |             |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Send to:** SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
**Attn: Contract Payments**

**By:** \_\_\_\_\_  
(DPH Authorized Signatory)

**Date:** \_\_\_\_\_

APPENDIX F-1i  
07/01/19 - 06/30/20  
PAGE B

A-1 JUL 19

Fund Source: General Fund

**Grant Code/Detail:**

Project Code/Detail:

Invoice Period: 07/1/19 - 07/31/19

FINAL Invoice ☐ (check if Yes)

[illegible]

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1j  
07/01/19 - 06/30/20  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**

**1000002634**

**Invoice Number**

**A-1JUL19**

**Contract Purchase Order No:**

**Funding Source:**

**General Fund**

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**

**07/1/19 - 07/31/19**

**FINAL Invoice** ☐

**(check if Yes)**

| DELIVERABLES                               | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|  | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Access, Disposal Coord. & Bulk Pur | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix |     | N/A |     |     | N/A |

**EXPENDITURES**

|  | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$33,000  |                      |                  |             | \$33,000.00       |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$147,580 |                      |                  |             | \$147,580.00      |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$12,000  |                      |                  |             | \$12,000.00       |
| <b>Staff Travel</b> -(e.g., Local & Out of Town)   |           |                      |                  |             |                   |
| <b>Consultant/Subcontractor</b>  |           |                      |                  |             |                   |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$192,580 |                      |                  |             | \$192,580.00      |
| <b>Capital Expenditures</b>  |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$192,580 |                      |                  |             | \$192,580.00      |
| Indirect Expenses  | \$19,258  |                      |                  |             | \$19,258.00       |
| <b>TOTAL EXPENSES</b>  | \$211,838 |                      |                  |             | \$211,838.00      |
| <b>LESS: Initial Payment Recovery</b>  |           |                      |                  |             |                   |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Send to:** SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
**Attn: Contract Payments**

**By:** \_\_\_\_\_  
(DPH Authorized Signatory)

**Date:** \_\_\_\_\_

APPENDIX F-1j  
07/01/19 - 06/30/20  
PAGE B

|                             |   |
|-----------------------------|---|
| Invoice Number              | A-1JUL19                                |
| Contract Purchase Order No: |   |
| Fund Source:                | General Fund                            |
| Grant Code/Detail:          |   |
| Project Code/Detail:        |   |
| Invoice Period:             | 07/1/19 - 07/31/19                      |
| FINAL Invoice               | <input type="checkbox"/> (check if Yes) |

[illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Amendment: 02/01/2019



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1k  
07/01/20 - 06/30/21  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**

1000002634

**Invoice Number**

A-1JUL20

**Contract Purchase Order No:**

**Funding Source:**  General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**  07/1/20 - 07/31/20

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                                  | TOTAL CONTRACTED |        | DELIVERED |     | DELIVERED |     | % OF |     | REMAINING |        |
|---|------------------|--------|-----------|-----|-----------|-----|------|-----|-----------|--------|
|   | UOS              | NOC    | UOS       | NOC | UOS       | NOC | UOS  | NOC | UOS       | NOC    |
| Syringe Access Services (hrs., City-Wide & Bu | 8,079            | 54,300 |           |     |           |     |      |     | 8,079     | 54,300 |
| Syringe Access, Disposal Coordinatoion & Bu   | 12               | N/A    |           |     |           |     |      |     | 12        | N/A    |
|   |                  |        |           |     |           |     |      |     |           |        |
|   |                  |        |           |     |           |     |      |     |           |        |
|   |                  |        |           |     |           |     |      |     |           |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

**EXPENDITURES**

|   | BUDGET             | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE  |
|---|--------------------|-------------------------|---------------------|----------------|-----------------------|
| Total Salaries (See Page B)   | \$496,916          |                         |                     |                | \$496,916.00          |
| Fringe Benefits   | \$124,229          |                         |                     |                | \$124,229.00          |
| <b>Total Personnel Expenses</b>   | <b>\$621,145</b>   |                         |                     |                | <b>\$621,145.00</b>   |
| Operating Expenses:   |                    |                         |                     |                |                       |
| Occupancy-(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | \$95,666           |                         |                     |                | \$95,666.00           |
| Materials and Supplies-(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$550,665          |                         |                     |                | \$550,665.00          |
| General Operating-(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | \$10,916           |                         |                     |                | \$10,916.00           |
| Staff Travel - (e.g., Local & Out of Town)  |                    |                         |                     |                |                       |
| Consultant/Subcontractor  | \$545,696          |                         |                     |                | \$545,696.00          |
| Other - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                       |                    |                         |                     |                |                       |
| <b>Total Operating Expenses</b>   | <b>\$1,202,943</b> |                         |                     |                | <b>\$1,202,943.00</b> |
| Capital Expenditures  |                    |                         |                     |                |                       |
| <b>TOTAL DIRECT EXPENSES</b>  | <b>\$1,824,088</b> |                         |                     |                | <b>\$1,824,088.00</b> |
| Indirect Expenses   | \$182,409          |                         |                     |                | \$182,409.00          |
| <b>TOTAL EXPENSES</b>   | <b>\$2,006,497</b> |                         |                     |                | <b>\$2,006,497.00</b> |
| LESS: Initial Payment Recovery  |                    |                         |                     |                |                       |
| Other Adjustments (Enter as negative, if appropriate)   |                    |                         |                     |                |                       |
| <b>REIMBURSEMENT</b>  |                    |                         |                     |                |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature:

Date:

Title:

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By:   
(DPH Authorized Signatory)

Date:

APPENDIX F-1k  
07/01/20 - 06/30/21  
PAGE B

Invoice Number  
A-1JUL20

Contract Purchase Order No: 

**Fund Source:** General Fund

Grant Code/Detail: Project Code/Detail: 

|                 |                    |
|-----------------|--------------------|
| Invoice Period: | 07/1/20 - 07/31/20 |
|-----------------|--------------------|

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-11  
07/01/20 - 06/30/21  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL20

**Contract Purchase Order No:**

**Funding Source:**  General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**  07/1/20 - 07/31/20

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                               | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|--|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Syringe Access, Disposal Coord. & Bulk Pur | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES  | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | \$33,000  |                         |                     |                | \$33,000.00          |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$147,580 |                         |                     |                | \$147,580.00         |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | \$12,000  |                         |                     |                | \$12,000.00          |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |           |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   |           |                         |                     |                |                      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$192,580 |                         |                     |                | \$192,580.00         |
| <b>Capital Expenditures</b>   |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$192,580 |                         |                     |                | \$192,580.00         |
| Indirect Expenses   | \$19,258  |                         |                     |                | \$19,258.00          |
| <b>TOTAL EXPENSES</b>   | \$211,838 |                         |                     |                | \$211,838.00         |
| <b>LESS: Initial Payment Recovery</b>   |           |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Send to:** SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
**Attn: Contract Payments**

**By:** \_\_\_\_\_  
(DPH Authorized Signatory)

**Date:** \_\_\_\_\_

APPENDIX F-1I  
07/01/20 - 06/30/21  
PAGE B

|                             |   |
|-----------------------------|---|
| Invoice Number              | A-1JUL20                                |
| Contract Purchase Order No: |   |
| Fund Source:                | General Fund                            |
| Grant Code/Detail:          |   |
| Project Code/Detail:        |   |
| Invoice Period:             | 07/1/20 - 07/31/20                      |
| FINAL Invoice               | <input type="checkbox"/> (check if Yes) |

[illegible]

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

Amendment: 02/01/2019

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1m  
07/01/21 - 06/30/22  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-1JUL21**

**Contract Purchase Order No:**

**Funding Source:** **General Fund**

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:** **07/1/21 - 07/31/21**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordinatoin & Bu | 8,079            | 54,300 |                       |     |                   |     |            |     | 8,079                  | 54,300 |
|   | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$496,916          |                      |                  |             | \$496,916.00          |
| Fringe Benefits  | \$124,229          |                      |                  |             | \$124,229.00          |
| <b>Total Personnel Expenses</b>  | <b>\$621,145</b>   |                      |                  |             | <b>\$621,145.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666           |                      |                  |             | \$95,666.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$550,665          |                      |                  |             | \$550,665.00          |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,916           |                      |                  |             | \$10,916.00           |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   | \$545,696          |                      |                  |             | \$545,696.00          |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,202,943</b> |                      |                  |             | <b>\$1,202,943.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,824,088</b> |                      |                  |             | <b>\$1,824,088.00</b> |
| Indirect Expenses  | \$182,409          |                      |                  |             | \$182,409.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,006,497</b> |                      |                  |             | <b>\$2,006,497.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |





**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1n  
07/01/21 - 06/30/22  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**

1000002634

**Invoice Number**

A-1JUL21

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:** 07/1/21 - 07/31/21

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                               | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|  | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Access, Disposal Coord. & Bulk Pur | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix |     | N/A |     |     | N/A |

**EXPENDITURES**

|  | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$33,000  |                      |                  |             | \$33,000.00       |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$147,580 |                      |                  |             | \$147,580.00      |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$12,000  |                      |                  |             | \$12,000.00       |
| Staff Travel - (e.g., Local & Out of Town)   |           |                      |                  |             |                   |
| Consultant/Subcontractor   |           |                      |                  |             |                   |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$192,580 |                      |                  |             | \$192,580.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$192,580 |                      |                  |             | \$192,580.00      |
| Indirect Expenses  | \$19,258  |                      |                  |             | \$19,258.00       |
| <b>TOTAL EXPENSES</b>  | \$211,838 |                      |                  |             | \$211,838.00      |
| LESS: Initial Payment Recovery   |           |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)                                      |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-1n  
07/01/21 - 06/30/22  
PAGE B

Invoice Number  
A-1JUL21

Contract Purchase Order No: 

**Fund Source:** General Fund

Grant Code/Detail: Project Code/Detail: 

|                 |                    |
|-----------------|--------------------|
| Invoice Period: | 07/1/21 - 07/31/21 |
|-----------------|--------------------|

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-10  
07/01/22 - 06/30/23  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL22

**Contract Purchase Order No:**

**Funding Source:**  General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**  07/1/22 - 07/31/22

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordinatoin & Bu | 8,079            | 54,300 |                       |     |                   |     |            |     | 8,079                  | 54,300 |
|   | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

**EXPENDITURES**

|  | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$496,916          |                      |                  |             | \$496,916.00          |
| Fringe Benefits  | \$124,229          |                      |                  |             | \$124,229.00          |
| <b>Total Personnel Expenses</b>  | <b>\$621,145</b>   |                      |                  |             | <b>\$621,145.00</b>   |
| <b>Operating Expenses:</b>   |                    |                      |                  |             |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666           |                      |                  |             | \$95,666.00           |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$550,665          |                      |                  |             | \$550,665.00          |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,916           |                      |                  |             | \$10,916.00           |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                    |                      |                  |             |                       |
| <b>Consultant/Subcontractor</b>  | \$545,696          |                      |                  |             | \$545,696.00          |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,202,943</b> |                      |                  |             | <b>\$1,202,943.00</b> |
| <b>Capital Expenditures</b>  |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,824,088</b> |                      |                  |             | <b>\$1,824,088.00</b> |
| Indirect Expenses  | \$182,409          |                      |                  |             | \$182,409.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,006,497</b> |                      |                  |             | <b>\$2,006,497.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                    |                      |                  |             |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-1c  
07/01/22 - 06/30/23  
PAGE B

Invoice Number  
A-1JUL22

Contract Purchase Order No: 

**Fund Source:** General Fund

Grant Code/Detail: 

Project Code/Detail:

Invoice Period: 07/1/22 - 07/31/22

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1p  
07/01/22 - 06/30/23  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
100002634

**Invoice Number**  
A-1JUL22

**Contract Purchase Order No:**

**Funding Source:**

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                               | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|  | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Access, Disposal Coord. & Bulk Pur | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix |     | N/A |     |     | N/A |

| EXPENDITURES   | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$33,000  |                      |                  |             | \$33,000.00       |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$147,580 |                      |                  |             | \$147,580.00      |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$12,000  |                      |                  |             | \$12,000.00       |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |           |                      |                  |             |                   |
| <b>Consultant/Subcontractor</b>  |           |                      |                  |             |                   |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$192,580 |                      |                  |             | \$192,580.00      |
| <b>Capital Expenditures</b>  |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$192,580 |                      |                  |             | \$192,580.00      |
| Indirect Expenses  | \$19,258  |                      |                  |             | \$19,258.00       |
| <b>TOTAL EXPENSES</b>  | \$211,838 |                      |                  |             | \$211,838.00      |
| <b>LESS: Initial Payment Recovery</b>  |           |                      |                  |             |                   |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-1p  
07/01/22 - 06/30/23  
PAGE 8

Invoice Number  
A-1JUL22

Contract Purchase Order No: 

**Fund Source:** General Fund

Grant Code/Detail:

Project Code/Detail: 

|                 |                    |
|-----------------|--------------------|
| Invoice Period: | 07/1/22 - 07/31/22 |
|-----------------|--------------------|

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1q  
07/01/23 - 06/30/24  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL23

**Contract Purchase Order No:**

**Funding Source:**

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordinatoin & Bu | 8,079            | 54,300 |                       |     |                   |     |            |     | 8,079                  | 54,300 |
|   | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$496,916          |                      |                  |             | \$496,916.00          |
| Fringe Benefits  | \$124,229          |                      |                  |             | \$124,229.00          |
| <b>Total Personnel Expenses</b>  | <b>\$621,145</b>   |                      |                  |             | <b>\$621,145.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666           |                      |                  |             | \$95,666.00           |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$550,665          |                      |                  |             | \$550,665.00          |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,916           |                      |                  |             | \$10,916.00           |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                    |                      |                  |             |                       |
| <b>Consultant/Subcontractor</b>  | \$545,696          |                      |                  |             | \$545,696.00          |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,202,943</b> |                      |                  |             | <b>\$1,202,943.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,824,088</b> |                      |                  |             | <b>\$1,824,088.00</b> |
| Indirect Expenses  | \$182,409          |                      |                  |             | \$182,409.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,006,497</b> |                      |                  |             | <b>\$2,006,497.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)  |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-1q  
07/01/23 - 06/30/24  
PAGE B

Invoice Number  
A-1JUL23

Contract Purchase Order No: 

**Fund Source:** General Fund

|                    |  |
|--------------------|--|
| Grant Code/Detail: |  |
|--------------------|--|

Project Code/Detail: 

Invoice Period: 07/1/23 - 07/31/23

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1r  
07/01/23 - 06/30/24  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-1JUL23**

**Contract Purchase Order No:**

**Funding Source:**  **General Fund**

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**  **07/1/23 - 07/31/23**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                               | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|  | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| Syringe Access, Disposal Coord. & Bulk Pur | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |
|  |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|  | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| Operating Expenses:  |           |                      |                  |             |                   |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$33,000  |                      |                  |             | \$33,000.00       |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$147,580 |                      |                  |             | \$147,580.00      |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$12,000  |                      |                  |             | \$12,000.00       |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |           |                      |                  |             |                   |
| <b>Consultant/Subcontractor</b>  |           |                      |                  |             |                   |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$192,580 |                      |                  |             | \$192,580.00      |
| <b>Capital Expenditures</b>  |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$192,580 |                      |                  |             | \$192,580.00      |
| Indirect Expenses  | \$19,258  |                      |                  |             | \$19,258.00       |
| <b>TOTAL EXPENSES</b>  | \$211,838 |                      |                  |             | \$211,838.00      |
| <b>LESS: Initial Payment Recovery</b>  |           |                      |                  |             |                   |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Send to:** SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
**Attn: Contract Payments**

**By:** \_\_\_\_\_  
(DPH Authorized Signatory)

**Date:** \_\_\_\_\_





**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1s  
07/01/24 - 06/30/25  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL24

**Contract Purchase Order No:**

**Funding Source:**  General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**  07/1/24 - 07/31/24

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordinatoin & Bu | 8,079            | 54,300 |                       |     |                   |     |            |     | 8,079                  | 54,300 |
|   | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC | NOC   | NOC | NOC | NOC    |
|--------------------------------|-----|-------|-----|-----|--------|
| Number of Clients for Appendix |     | 54300 |     |     | 54,300 |

**EXPENDITURES**

|  | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$496,916          |                      |                  |             | \$496,916.00          |
| Fringe Benefits  | \$124,229          |                      |                  |             | \$124,229.00          |
| <b>Total Personnel Expenses</b>  | <b>\$621,145</b>   |                      |                  |             | <b>\$621,145.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666           |                      |                  |             | \$95,666.00           |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$550,665          |                      |                  |             | \$550,665.00          |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,916           |                      |                  |             | \$10,916.00           |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                    |                      |                  |             |                       |
| <b>Consultant/Subcontractor</b>  | \$545,696          |                      |                  |             | \$545,696.00          |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,202,943</b> |                      |                  |             | <b>\$1,202,943.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,824,088</b> |                      |                  |             | <b>\$1,824,088.00</b> |
| Indirect Expenses  | \$182,409          |                      |                  |             | \$182,409.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,006,497</b> |                      |                  |             | <b>\$2,006,497.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                    |                      |                  |             |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-1s  
07/01/24 - 06/30/25  
PAGE B

FINAL Invoice ☐ (check if Yes)

[illegible]

Amendment: 02/01/2019

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-11  
07/01/24 - 06/30/25  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL24

**Contract Purchase Order No:**

**Funding Source:**

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                               | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|--|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Syringe Access, Disposal Coord. & Bulk Pur | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES  | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | \$33,000  |                         |                     |                | \$33,000.00          |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$147,580 |                         |                     |                | \$147,580.00         |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | \$12,000  |                         |                     |                | \$12,000.00          |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |           |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   |           |                         |                     |                |                      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$192,580 |                         |                     |                | \$192,580.00         |
| <b>Capital Expenditures</b>   |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$192,580 |                         |                     |                | \$192,580.00         |
| Indirect Expenses   | \$19,258  |                         |                     |                | \$19,258.00          |
| <b>TOTAL EXPENSES</b>   | \$211,838 |                         |                     |                | \$211,838.00         |
| <b>LESS: Initial Payment Recovery</b>   |           |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

|          |   |                            |       |       |       |
|----------|---|----------------------------|-------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By:                        | _____ | Date: | _____ |
|          |   | (DPH Authorized Signatory) |       |       |       |

APPENDIX F-1t  
07/01/24 - 06/30/25  
PAGE B

A-1JUL24

**Fund Source:** General Fund

Grant Code/Detail:

Project Code/Detail: 

|                 |                    |
|-----------------|--------------------|
| Invoice Period: | 07/1/24 - 07/31/24 |
|-----------------|--------------------|

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1u  
07/01/25 - 08/30/26  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
1000002634

**Invoice Number**  
A-1JUL25

**Contract Purchase Order No:**

**Funding Source:**  General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:**  07/1/25 - 07/31/25

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES  | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|---|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|   | UOS              | NOC    | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC    |
| Syringe Access Services (hrs., City-Wide & Syringe Access, Disposal Coordinatoin & B) | 8,079            | 54,300 |                       |     |                   |     |            |     | 8,079                  | 54,300 |
|   | 12               | N/A    |                       |     |                   |     |            |     | 12                     | N/A    |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |
|   |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 54300 |     |     |     | 54,300 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$496,916          |                      |                  |             | \$496,916.00          |
| Fringe Benefits  | \$124,229          |                      |                  |             | \$124,229.00          |
| <b>Total Personnel Expenses</b>  | <b>\$621,145</b>   |                      |                  |             | <b>\$621,145.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$95,666           |                      |                  |             | \$95,666.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$550,665          |                      |                  |             | \$550,665.00          |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$10,916           |                      |                  |             | \$10,916.00           |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   | \$545,696          |                      |                  |             | \$545,696.00          |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$1,202,943</b> |                      |                  |             | <b>\$1,202,943.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$1,824,088</b> |                      |                  |             | <b>\$1,824,088.00</b> |
| Indirect Expenses  | \$182,409          |                      |                  |             | \$182,409.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,006,497</b> |                      |                  |             | <b>\$2,006,497.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                                  |       |       |
|----------|---|-----|----------------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____ (DPH Authorized Signatory) | Date: | _____ |
|----------|---|-----|----------------------------------|-------|-------|

APPENDIX F-1u  
07/01/25 - 06/30/26  
PAGE B

Telephone: 415-487-3000  
Fax: 415-487-3009

Program Name: HIV Syringe Access and Disposal Services

ACE Control #:

[illegible]

Date: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1v  
07/01/25 - 06/30/26  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Program Name: HIV Syringe Access and Disposal Services**

**ACE Control #:**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-1JUL25**

**Contract Purchase Order No:**

**Funding Source:** **General Fund**

**Grant Code/Detail:**

**Project Code/Detail:**

**Invoice Period:** **07/1/25 - 07/31/25**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                               | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|--|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| Syringe Access, Disposal Coord. & Bulk Pur | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|  |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES  | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | \$33,000  |                         |                     |                | \$33,000.00          |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$147,580 |                         |                     |                | \$147,580.00         |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | \$12,000  |                         |                     |                | \$12,000.00          |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |           |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   |           |                         |                     |                |                      |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$192,580 |                         |                     |                | \$192,580.00         |
| <b>Capital Expenditures</b>   |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$192,580 |                         |                     |                | \$192,580.00         |
| Indirect Expenses   | \$19,258  |                         |                     |                | \$19,258.00          |
| <b>TOTAL EXPENSES</b>   | \$211,838 |                         |                     |                | \$211,838.00         |
| <b>LESS: Initial Payment Recovery</b>   |           |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-1v  
07/01/25 - 06/30/26  
PAGE B

Invoice Number  
A-1JUL25

Contract Purchase Order No: 

Fund Source: General Fund

**Program Name: HIV Syringe Access and Disposal Services**

Grant Code/Detail:

ACE Control #:

Project Code/Detail: 

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2c  
07/01/19 - 06/30/20  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-2JUL19**

**Contract Purchase Order No:**

**Funding Source:** **General Fund**

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

**ACE Control #:**

**Invoice Period:** **07/1/19 - 07/31/19**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                        | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|-------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                                     | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| HYA Wrap Around & Disposal Services | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|  | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| 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 |                      |                  |             | \$153,559.00      |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$153,559 |                      |                  |             | \$153,559.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$153,559 |                      |                  |             | \$153,559.00      |
| Indirect Expenses  | \$15,355  |                      |                  |             | \$15,355.00       |
| <b>TOTAL EXPENSES</b>  | \$168,914 |                      |                  |             | \$168,914.00      |
| <b>LESS: Initial Payment Recovery</b>  |           |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)                                      |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_



APPENDIX F-2c  
07/01/19 - 06/30/20  
PAGE B

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2d  
07/01/20 - 06/30/21  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
1000002634

**Invoice Number**  
A-2JUL20

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

**ACE Control #:**

**Invoice Period:** 07/1/20 - 07/31/20

**FINAL Invoice** (check if Yes)

| DELIVERABLES                        | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|-------------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| HYA Wrap Around & Disposal Services | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES  | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| Occupancy-(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) |           |                         |                     |                |                      |
| Materials and Supplies-(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      |           |                         |                     |                |                      |
| General Operating-(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          |           |                         |                     |                |                      |
| Staff Travel - (e.g., Local & Out of Town)  |           |                         |                     |                |                      |
| Consultant/Subcontractor  | \$153,559 |                         |                     |                | \$153,559.00         |
| Other - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                       |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$153,559 |                         |                     |                | \$153,559.00         |
| Capital Expenditures  |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$153,559 |                         |                     |                | \$153,559.00         |
| Indirect Expenses   | \$15,355  |                         |                     |                | \$15,355.00          |
| <b>TOTAL EXPENSES</b>   | \$168,914 |                         |                     |                | \$168,914.00         |
| LESS: Initial Payment Recovery  |           |                         |                     |                |                      |
| Other Adjustments (Enter as negative, if appropriate)   |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-2d  
07/01/20 - 06/30/21  
PAGE B

|  |  |   |
|--|--|---|
| <b>Contractor:</b> San Francisco AIDS Foundation<br><b>Address:</b> 1035 Market Street, Suite 400<br>San Francisco, CA 94103<br><br><b>Telephone:</b> 415-487-3000<br><b>Fax:</b> 415-487-3009 |  | <b>Invoice Number</b><br>A-2JUL20         |
| <b>Program Name:</b> HIV Syringe Access and Disposal Services - Homeless Youth Alliance  |  | <b>Contract Purchase Order No:</b>        |
| <b>ACE Control #:</b>  |  | <b>Fund Source:</b> General Fund          |
|  |  | <b>Grant Code/Detail:</b>                 |
|  |  | <b>Project Code/Detail:</b>               |
|  |  | <b>Invoice Period:</b> 07/1/20 - 07/31/20 |
|  |  | <b>FINAL Invoice</b> (check if Yes)       |

### DETAIL PERSONNEL EXPENDITURES

[illegible]

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2e  
07/01/21 - 06/30/22  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-2JUL21**

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

**ACE Control #:**

**Invoice Period:** 07/1/21 - 07/31/21

**FINAL Invoice** (check if Yes)

| DELIVERABLES                        | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|-------------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| HYA Wrap Around & Disposal Services | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|   | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) |           |                         |                     |                |                      |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      |           |                         |                     |                |                      |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          |           |                         |                     |                |                      |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |           |                         |                     |                |                      |
| <b>Consultant/Subcontractor</b>   | \$153,559 |                         |                     |                | \$153,559.00         |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$153,559 |                         |                     |                | \$153,559.00         |
| <b>Capital Expenditures</b>   |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$153,559 |                         |                     |                | \$153,559.00         |
| Indirect Expenses   | \$15,355  |                         |                     |                | \$15,355.00          |
| <b>TOTAL EXPENSES</b>   | \$168,914 |                         |                     |                | \$168,914.00         |
| <b>LESS: Initial Payment Recovery</b>   |           |                         |                     |                |                      |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-2e  
07/01/21 - 06/30/22  
PAGE B

|  |  |                                     |
|--|--|-------------------------------------|
| <b>Contractor:</b> San Francisco AIDS Foundation<br><b>Address:</b> 1035 Market Street, Suite 400<br>San Francisco, CA 94103<br><br><b>Telephone:</b> 415-487-3000<br><b>Fax:</b> 415-487-3009 |  | <b>Invoice Number</b><br>A-2JUL21   |
| <b>Contract Purchase Order No:</b>   |  | <b>Fund Source:</b> General Fund    |
| <b>Program Name:</b> HIV Syringe Access and Disposal Services - Homeless Youth Alliance  |  | <b>Grant Code/Detail:</b>           |
| <b>ACE Control #:</b>  |  | <b>Project Code/Detail:</b>         |
| <b>Invoice Period:</b> 07/1/21 - 07/31/21  |  | <b>FINAL Invoice</b> (check if Yes) |

**DETAIL PERSONNEL EXPENDITURES**[illegible]

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2f  
07/01/22 - 06/30/23  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #** 1000002634 **Invoice Number** A-2JUL22

**Contract Purchase Order No:** \_\_\_\_\_

**Funding Source:** General Fund

**Grant Code/Detail:** \_\_\_\_\_

**Project Code/Detail:** \_\_\_\_\_

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

**ACE Control #:** \_\_\_\_\_

**Invoice Period:** 07/1/22 - 07/31/22

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                        | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     |
|-------------------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
|                                     | UOS              | NOC | UOS                   | NOC | UOS               | NOC | UOS        | NOC | UOS                    | NOC |
| HYA Wrap Around & Disposal Services | 12               | N/A |                       |     |                   |     |            |     | 12                     | N/A |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |
|                                     |                  |     |                       |     |                   |     |            |     |                        |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|  | BUDGET    | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|-----------|----------------------|------------------|-------------|-------------------|
| Total Salaries (See Page B)  |           |                      |                  |             |                   |
| Fringe Benefits  |           |                      |                  |             |                   |
| <b>Total Personnel Expenses</b>  |           |                      |                  |             |                   |
| 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 |                      |                  |             | \$153,559.00      |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |           |                      |                  |             |                   |
| <b>Total Operating Expenses</b>  | \$153,559 |                      |                  |             | \$153,559.00      |
| Capital Expenditures   |           |                      |                  |             |                   |
| <b>TOTAL DIRECT EXPENSES</b>   | \$153,559 |                      |                  |             | \$153,559.00      |
| Indirect Expenses  | \$15,355  |                      |                  |             | \$15,355.00       |
| <b>TOTAL EXPENSES</b>  | \$168,914 |                      |                  |             | \$168,914.00      |
| LESS: Initial Payment Recovery   |           |                      |                  |             |                   |
| Other Adjustments (Enter as negative, if appropriate)                                      |           |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>   |           |                      |                  |             |                   |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|

APPENDIX F-2f  
07/01/22 - 06/30/23  
PAGE B

Invoice Number  
A-2JUL22

Contract Purchase Order No:

**Fund Source:** General Fund

Grant Code/Detail: Project Code/Detail: 

Invoice Period: 07/1/22 - 07/31/22

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2g  
07/01/23 - 06/30/24  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-2JUL23**

**Contract Purchase Order No:**

**Funding Source:** **General Fund**

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

**ACE Control #:**

**Invoice Period:** **07/1/23 - 07/31/23**

**FINAL Invoice** (check if Yes)

| DELIVERABLES                        | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|-------------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| HYA Wrap Around & Disposal Services | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|   | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| Occupancy-(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) |           |                         |                     |                |                      |
| Materials and Supplies-(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      |           |                         |                     |                |                      |
| General Operating-(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          |           |                         |                     |                |                      |
| Staff Travel - (e.g., Local & Out of Town)  |           |                         |                     |                |                      |
| Consultant/Subcontractor  | \$153,559 |                         |                     |                | \$153,559.00         |
| Other - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                       |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$153,559 |                         |                     |                | \$153,559.00         |
| Capital Expenditures  |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$153,559 |                         |                     |                | \$153,559.00         |
| Indirect Expenses   | \$15,355  |                         |                     |                | \$15,355.00          |
| <b>TOTAL EXPENSES</b>   | \$168,914 |                         |                     |                | \$168,914.00         |
| LESS: Initial Payment Recovery  |           |                         |                     |                |                      |
| Other Adjustments (Enter as negative, if appropriate)   |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-2g  
07/01/23 - 06/30/24  
PAGE B

FINAL Invoice ☐ (check if Yes)

[illegible]

**Title:** \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2h  
07/01/24 - 06/30/25  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-2JUL24**

**Contract Purchase Order No:**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

**ACE Control #:**

**Invoice Period:** 07/1/24 - 07/31/24

**FINAL Invoice** (check if Yes)

| DELIVERABLES                        | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|-------------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| HYA Wrap Around & Disposal Services | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

| EXPENDITURES  | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| Occupancy-(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) |           |                         |                     |                |                      |
| Materials and Supplies-(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      |           |                         |                     |                |                      |
| General Operating-(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          |           |                         |                     |                |                      |
| Staff Travel - (e.g., Local & Out of Town)  |           |                         |                     |                |                      |
| Consultant/Subcontractor  | \$153,559 |                         |                     |                | \$153,559.00         |
| Other - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                       |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$153,559 |                         |                     |                | \$153,559.00         |
| Capital Expenditures  |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$153,559 |                         |                     |                | \$153,559.00         |
| Indirect Expenses   | \$15,355  |                         |                     |                | \$15,355.00          |
| <b>TOTAL EXPENSES</b>   | \$168,914 |                         |                     |                | \$168,914.00         |
| LESS: Initial Payment Recovery  |           |                         |                     |                |                      |
| Other Adjustments (Enter as negative, if appropriate)   |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |



APPENDIX F-2h  
07/01/24 - 06/30/25  
PAGE B

Invoice Number  
A-2JUL24

Contract Purchase Order No: 

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

Grant Code/Detail: Project Code/Detail: 

ACE Control #:

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2i  
07/01/25 - 06/30/26  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #** 1000002634 **Invoice Number** A-2JUL25

**Contract Purchase Order No:** \_\_\_\_\_

**Funding Source:** General Fund

**Grant Code/Detail:** \_\_\_\_\_

**Project Code/Detail:** \_\_\_\_\_

**Program Name: HIV Syringe Access and Disposal Services - Homeless Youth Alliance**

**ACE Control #:** \_\_\_\_\_

**Invoice Period:** 07/1/25 - 07/31/25

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES                        | TOTAL<br>CONTRACTED<br>UOS | NOC | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC |
|-------------------------------------|----------------------------|-----|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|-----|
| HYA Wrap Around & Disposal Services | 12                         | N/A |                                 |     |                             |     |                      |     | 12                               | N/A |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |
|                                     |                            |     |                                 |     |                             |     |                      |     |                                  |     |

|                                | NOC | NOC | NOC | NOC | NOC |
|--------------------------------|-----|-----|-----|-----|-----|
| Number of Clients for Appendix | N/A |     |     |     | N/A |

**EXPENDITURES**

|   | BUDGET    | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE |
|---|-----------|-------------------------|---------------------|----------------|----------------------|
| Total Salaries (See Page B)   |           |                         |                     |                |                      |
| Fringe Benefits   |           |                         |                     |                |                      |
| <b>Total Personnel Expenses</b>   |           |                         |                     |                |                      |
| Operating Expenses:   |           |                         |                     |                |                      |
| Occupancy-(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) |           |                         |                     |                |                      |
| Materials and Supplies-(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      |           |                         |                     |                |                      |
| General Operating-(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          |           |                         |                     |                |                      |
| Staff Travel - (e.g., Local & Out of Town)  |           |                         |                     |                |                      |
| Consultant/Subcontractor  | \$153,559 |                         |                     |                | \$153,559.00         |
| Other - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                       |           |                         |                     |                |                      |
| <b>Total Operating Expenses</b>   | \$153,559 |                         |                     |                | \$153,559.00         |
| Capital Expenditures  |           |                         |                     |                |                      |
| <b>TOTAL DIRECT EXPENSES</b>  | \$153,559 |                         |                     |                | \$153,559.00         |
| Indirect Expenses   | \$15,355  |                         |                     |                | \$15,355.00          |
| <b>TOTAL EXPENSES</b>   | \$168,914 |                         |                     |                | \$168,914.00         |
| LESS: Initial Payment Recovery  |           |                         |                     |                |                      |
| Other Adjustments (Enter as negative, if appropriate)   |           |                         |                     |                |                      |
| <b>REIMBURSEMENT</b>  |           |                         |                     |                |                      |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |   |             |
|----------|---|---|-------------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: _____<br>(DPH Authorized Signatory) | Date: _____ |
|----------|---|---|-------------|

APPENDIX F-2f  
07/01/25 - 06/30/26  
PAGE B

Invoice Number  
A-2JUL25

Contract Purchase Order No: 

**Fund Source:** General Fund

Grant Code/Detail: Project Code/Detail: 

ACE Control #:

**Invoice Period:** 07/1/25 - 07/31/25

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3b  
07/01/18 - 06/30/19  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #** 1000002634 **Invoice Number** A-3JUL18

**Contract Purchase Order No:** \_\_\_\_\_

**Funding Source:** General Fund

**Grant Code/Detail:** \_\_\_\_\_

**Project Code/Detail:** \_\_\_\_\_

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:** \_\_\_\_\_

**Invoice Period:** 07/1/18 - 07/31/18

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES            | TOTAL<br>CONTRACTED<br>UOS | NOC    | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | NOC    |
|-------------------------|----------------------------|--------|---------------------------------|-----|-----------------------------|-----|----------------------|-----|----------------------------------|--------|
| Syringe Access Services | 1,888                      | 31,341 |                                 |     |                             |     |                      |     | 1,888                            | 31,341 |
| Lounge Services         | 1,924                      | 11,475 |                                 |     |                             |     |                      |     | 1,924                            | 11,475 |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |
|                         |                            |        |                                 |     |                             |     |                      |     |                                  |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 46641 |     |     |     | 46,641 |

| EXPENDITURES  | BUDGET             | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE  |
|---|--------------------|-------------------------|---------------------|----------------|-----------------------|
| Total Salaries (See Page B)   | \$671,050          |                         |                     |                | \$671,050.00          |
| Fringe Benefits   | \$167,763          |                         |                     |                | \$167,763.00          |
| <b>Total Personnel Expenses</b>   | <b>\$838,813</b>   |                         |                     |                | <b>\$838,813.00</b>   |
| Operating Expenses:   |                    |                         |                     |                |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | \$33,214           |                         |                     |                | \$33,214.00           |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | \$24,564           |                         |                     |                | \$24,564.00           |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | \$12,500           |                         |                     |                | \$12,500.00           |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |                    |                         |                     |                |                       |
| <b>Consultant/Subcontractor</b>   |                    |                         |                     |                |                       |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |                    |                         |                     |                |                       |
| <b>Total Operating Expenses</b>   | <b>\$70,278</b>    |                         |                     |                | <b>\$70,278.00</b>    |
| Capital Expenditures  |                    |                         |                     |                |                       |
| <b>TOTAL DIRECT EXPENSES</b>  | <b>\$909,091</b>   |                         |                     |                | <b>\$909,091.00</b>   |
| Indirect Expenses   | \$90,909           |                         |                     |                | \$90,909.00           |
| <b>TOTAL EXPENSES</b>   | <b>\$1,000,000</b> |                         |                     |                | <b>\$1,000,000.00</b> |
| <b>LESS: Initial Payment Recovery</b>   |                    |                         |                     |                |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |                    |                         |                     |                |                       |
| <b>REIMBURSEMENT</b>  |                    |                         |                     |                |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-3b  
07/01/18 - 06/30/19  
PAGE B

Invoice Number  
A-3JUL18

Contract Purchase Order No: 

**Fund Source:** General Fund

|                    |  |
|--------------------|--|
| Grant Code/Detail: |  |
|--------------------|--|

Project Code/Detail: 

ACE Control #:

|                 |                    |
|-----------------|--------------------|
| Invoice Period: | 07/1/18 - 07/31/18 |
|-----------------|--------------------|

FINAL Invoice ☐ (check if Yes)

| PERSONNEL                            | FTE   | BUDGETED<br>SALARY | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>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                        | 0.20  | \$18,000           |                         |                     |                | \$18,000.00          |
| Associate Director, 6th Street HRC   | 1.00  | \$63,000           |                         |                     |                | \$63,000.00          |
| Health Educator                      | 7.75  | \$426,250          |                         |                     |                | \$426,250.00         |
| Mobile Health Educator               | 0.50  | \$27,500           |                         |                     |                | \$27,500.00          |
| Health Educator/Inventory Team Lea   | 1.00  | \$55,000           |                         |                     |                | \$55,000.00          |
| Inventory Associate/Health Educator  | 1.00  | \$55,000           |                         |                     |                | \$55,000.00          |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
| TOTAL SALARIES                       | 11.60 | \$671,050          |                         |                     |                | \$671,050.00         |

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3c  
07/01/19 - 06/30/20  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #** 1000002634 **Invoice Number** A-3JUL19

**Contract Purchase Order No:** \_\_\_\_\_

**Funding Source:** General Fund

**Grant Code/Detail:** \_\_\_\_\_

**Project Code/Detail:** \_\_\_\_\_

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:** \_\_\_\_\_

**Invoice Period:** 07/1/19 - 07/31/19

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | 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 |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 46641 |     |     |     | 46,641 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$680,792          |                      |                  |             | \$680,792.00          |
| Fringe Benefits  | \$170,198          |                      |                  |             | \$170,198.00          |
| <b>Total Personnel Expenses</b>  | <b>\$850,990</b>   |                      |                  |             | <b>\$850,990.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | <b>\$25,214</b>    |                      |                  |             | <b>\$25,214.00</b>    |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | <b>\$24,564</b>    |                      |                  |             | <b>\$24,564.00</b>    |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | <b>\$8,323</b>     |                      |                  |             | <b>\$8,323.00</b>     |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                    |                      |                  |             |                       |
| <b>Consultant/Subcontractor</b>  |                    |                      |                  |             |                       |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$58,101</b>    |                      |                  |             | <b>\$58,101.00</b>    |
| <b>Capital Expenditures</b>  |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$909,091</b>   |                      |                  |             | <b>\$909,091.00</b>   |
| Indirect Expenses  | \$90,909           |                      |                  |             | \$90,909.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,000,000</b> |                      |                  |             | <b>\$1,000,000.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                    |                      |                  |             |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                                  |       |       |
|----------|---|-----|----------------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____ (DPH Authorized Signatory) | Date: | _____ |
|----------|---|-----|----------------------------------|-------|-------|

APPENDIX F-3c  
07/01/19 - 06/30/20  
PAGE B

Invoice Number  
A-3JUL19

Contract Purchase Order No: 

**Fund Source:** General Fund

|                           |  |
|---------------------------|--|
| <b>Grant Code/Detail:</b> |  |
|---------------------------|--|

Project Code/Detail: 

|                 |                    |
|-----------------|--------------------|
| Invoice Period: | 07/1/19 - 07/31/19 |
|-----------------|--------------------|

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3d  
07/01/20 - 06/30/21  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-3JUL20**

**Contract Purchase Order No:**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Funding Source:** General Fund

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:**

**Invoice Period:** 07/1/20 - 07/31/20

**FINAL Invoice** (check if Yes)

| DELIVERABLES            | TOTAL<br>CONTRACTED<br>UOS | NOC    | DELIVERED<br>THIS PERIOD<br>UOS | NOC | DELIVERED<br>TO DATE<br>UOS | NOC | % OF<br>TOTAL<br>UOS | NOC | REMAINING<br>DELIVERABLES<br>UOS | 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**

|   | BUDGET             | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>BALANCE  |
|---|--------------------|-------------------------|---------------------|----------------|-----------------------|
| Total Salaries (See Page B)   | \$680,792          |                         |                     |                | \$680,792.00          |
| Fringe Benefits   | \$170,198          |                         |                     |                | \$170,198.00          |
| <b>Total Personnel Expenses</b>   | <b>\$850,990</b>   |                         |                     |                | <b>\$850,990.00</b>   |
| Operating Expenses:   |                    |                         |                     |                |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities,<br>Building Maintenance Supplies and Repairs) | <b>\$25,214</b>    |                         |                     |                | <b>\$25,214.00</b>    |
| <b>Materials and Supplies</b> -(e.g., Office,<br>Postage, Printing and Repro., Program Supplies)      | <b>\$24,564</b>    |                         |                     |                | <b>\$24,564.00</b>    |
| <b>General Operating</b> -(e.g., Insurance, Staff<br>Training, Equipment Rental/Maintenance)          | <b>\$8,323</b>     |                         |                     |                | <b>\$8,323.00</b>     |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)   |                    |                         |                     |                |                       |
| <b>Consultant/Subcontractor</b>   |                    |                         |                     |                |                       |
| <b>Other</b> - (Meals, Audit, Transportation Reimb,<br>Stipends, Facilitators)                        |                    |                         |                     |                |                       |
| <b>Total Operating Expenses</b>   | <b>\$58,101</b>    |                         |                     |                | <b>\$58,101.00</b>    |
| Capital Expenditures  |                    |                         |                     |                |                       |
| <b>TOTAL DIRECT EXPENSES</b>  | <b>\$909,091</b>   |                         |                     |                | <b>\$909,091.00</b>   |
| Indirect Expenses   | \$90,909           |                         |                     |                | \$90,909.00           |
| <b>TOTAL EXPENSES</b>   | <b>\$1,000,000</b> |                         |                     |                | <b>\$1,000,000.00</b> |
| <b>LESS: Initial Payment Recovery</b>   |                    |                         |                     |                |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)  |                    |                         |                     |                |                       |
| <b>REIMBURSEMENT</b>  |                    |                         |                     |                |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-3d  
07/01/20 - 06/30/21  
PAGE 8

Invoice Number  
A-3JUL20

Contract Purchase Order No: 

**Fund Source:** General Fund

Grant Code/Detail: Project Code/Detail: 

Invoice Period: 07/1/20 - 07/31/20

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3e  
07/01/21 - 06/30/22  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-3JUL21**

**Contract Purchase Order No:**

**Funding Source:** **General Fund**

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:**

**Invoice Period:** **07/1/21 - 07/31/21**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | 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 |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 46641 |     |     |     | 46,641 |

**EXPENDITURES**

|  | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$680,792          |                      |                  |             | \$680,792.00          |
| Fringe Benefits  | \$170,198          |                      |                  |             | \$170,198.00          |
| <b>Total Personnel Expenses</b>  | <b>\$850,990</b>   |                      |                  |             | <b>\$850,990.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$25,214           |                      |                  |             | \$25,214.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$24,564           |                      |                  |             | \$24,564.00           |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$8,323            |                      |                  |             | \$8,323.00            |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   |                    |                      |                  |             |                       |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$58,101</b>    |                      |                  |             | <b>\$58,101.00</b>    |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$909,091</b>   |                      |                  |             | <b>\$909,091.00</b>   |
| Indirect Expenses  | \$90,909           |                      |                  |             | \$90,909.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,000,000</b> |                      |                  |             | <b>\$1,000,000.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_



APPENDIX F-3e  
07/01/21 - 06/30/22  
PAGE B

|  |  |   |
|--|--|---|
| <b>Contractor:</b> San Francisco AIDS Foundation<br><b>Address:</b> 1035 Market Street, Suite 400<br>San Francisco, CA 94103<br><br><b>Telephone:</b> 415-487-3000<br><b>Fax:</b> 415-487-3009 |  | <b>Invoice Number</b><br>A-3JUL21         |
|  |  | <b>Contract Purchase Order No:</b>        |
|  |  | <b>Fund Source:</b> General Fund          |
|  |  | <b>Grant Code/Detail:</b>                 |
| <b>Program Name:</b> HIV Syringe Access and Disposal Services - Harm Reduction Center  |  | <b>Project Code/Detail:</b>               |
| <b>ACE Control #:</b>  |  | <b>Invoice Period:</b> 07/1/21 - 07/31/21 |
|  |  | <b>FINAL Invoice</b> (check if Yes)       |

### DETAIL PERSONNEL EXPENDITURES

| <b>PERSONNEL</b>                     | <b>FTE</b>   | <b>BUDGETED<br/>SALARY</b> | <b>EXPENSES<br/>THIS PERIOD</b> | <b>EXPENSES<br/>TO DATE</b> | <b>% OF<br/>BUDGET</b> | <b>REMAINING<br/>BALANCE</b> |
|--------------------------------------|--------------|----------------------------|---------------------------------|-----------------------------|------------------------|------------------------------|
| 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         | \$10,500                   |                                 |                             |                        | \$10,500.00                  |
| Associate Director, 6th Street HRC   | 1.00         | \$64,733                   |                                 |                             |                        | \$64,733.00                  |
| 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                  |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
|                                      |              |                            |                                 |                             |                        |                              |
| <b>TOTAL SALARIES</b>                | <b>11.55</b> | <b>\$680,792</b>           |                                 |                             |                        | <b>\$680,792.00</b>          |

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: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3f  
07/01/22 - 06/30/23  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-3JUL22**

**Contract Purchase Order No:** \_\_\_\_\_

**Funding Source:** **General Fund**

**Grant Code/Detail:** \_\_\_\_\_

**Project Code/Detail:** \_\_\_\_\_

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:** \_\_\_\_\_

**Invoice Period:** **07/1/22 - 07/31/22**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | 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 |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 46641 |     |     |     | 46,641 |

**EXPENDITURES**

|  | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$680,792          |                      |                  |             | \$680,792.00          |
| Fringe Benefits  | \$170,198          |                      |                  |             | \$170,198.00          |
| <b>Total Personnel Expenses</b>  | <b>\$850,990</b>   |                      |                  |             | <b>\$850,990.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| <b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | <b>\$25,214</b>    |                      |                  |             | <b>\$25,214.00</b>    |
| <b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)      | <b>\$24,564</b>    |                      |                  |             | <b>\$24,564.00</b>    |
| <b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | <b>\$8,323</b>     |                      |                  |             | <b>\$8,323.00</b>     |
| <b>Staff Travel</b> - (e.g., Local & Out of Town)  |                    |                      |                  |             |                       |
| <b>Consultant/Subcontractor</b>  |                    |                      |                  |             |                       |
| <b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                        |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$58,101</b>    |                      |                  |             | <b>\$58,101.00</b>    |
| <b>Capital Expenditures</b>  |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$909,091</b>   |                      |                  |             | <b>\$909,091.00</b>   |
| Indirect Expenses  | \$90,909           |                      |                  |             | \$90,909.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,000,000</b> |                      |                  |             | <b>\$1,000,000.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                    |                      |                  |             |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                                       |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

|          |   |     |                                  |       |       |
|----------|---|-----|----------------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____ (DPH Authorized Signatory) | Date: | _____ |
|----------|---|-----|----------------------------------|-------|-------|

APPENDIX F-3f  
07/01/22 - 06/30/23  
PAGE B

Invoice Number  
A-3JUL22

Contract Purchase Order No: 

**Fund Source:** General Fund

Grant Code/Detail:

Project Code/Detail: 

ACE Control #:

Invoice Period: 07/1/22 - 07/31/22

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3g  
07/01/23 - 06/30/24  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-3JUL23**

**Contract Purchase Order No:**

**Funding Source:** **General Fund**

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:**

**Invoice Period:** **07/1/23 - 07/31/23**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | 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 |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 46641 |     |     |     | 46,641 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$680,792          |                      |                  |             | \$680,792.00          |
| Fringe Benefits  | \$170,198          |                      |                  |             | \$170,198.00          |
| <b>Total Personnel Expenses</b>  | <b>\$850,990</b>   |                      |                  |             | <b>\$850,990.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$25,214           |                      |                  |             | \$25,214.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$24,564           |                      |                  |             | \$24,564.00           |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$8,323            |                      |                  |             | \$8,323.00            |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   |                    |                      |                  |             |                       |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$58,101</b>    |                      |                  |             | <b>\$58,101.00</b>    |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$909,091</b>   |                      |                  |             | <b>\$909,091.00</b>   |
| Indirect Expenses  | \$90,909           |                      |                  |             | \$90,909.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,000,000</b> |                      |                  |             | <b>\$1,000,000.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-3g  
07/01/23 - 06/30/24  
PAGE B

Invoice Number  
A-3JUL23

Contract Purchase Order No: 

|                     |              |
|---------------------|--------------|
| <b>Fund Source:</b> | General Fund |
|---------------------|--------------|

Grant Code/Detail:

Project Code/Detail:

ACE Control #:

|                 |                    |
|-----------------|--------------------|
| Invoice Period: | 07/1/23 - 07/31/23 |
|-----------------|--------------------|

FINAL Invoice ☐ (check if Yes)

[illegible]

Certified By: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3h  
07/01/24 - 06/30/25  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-3JUL24**

**Contract Purchase Order No:**

**Funding Source:** **General Fund**

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:**

**Invoice Period:** **07/1/24 - 07/31/24**

**FINAL Invoice** (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | 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 |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                | NOC   | NOC | NOC | NOC | NOC    |
|--------------------------------|-------|-----|-----|-----|--------|
| Number of Clients for Appendix | 46641 |     |     |     | 46,641 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$680,792          |                      |                  |             | \$680,792.00          |
| Fringe Benefits  | \$170,198          |                      |                  |             | \$170,198.00          |
| <b>Total Personnel Expenses</b>  | <b>\$850,990</b>   |                      |                  |             | <b>\$850,990.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$25,214           |                      |                  |             | \$25,214.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$24,564           |                      |                  |             | \$24,564.00           |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$8,323            |                      |                  |             | \$8,323.00            |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   |                    |                      |                  |             |                       |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$58,101</b>    |                      |                  |             | <b>\$58,101.00</b>    |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$909,091</b>   |                      |                  |             | <b>\$909,091.00</b>   |
| Indirect Expenses  | \$90,909           |                      |                  |             | \$90,909.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,000,000</b> |                      |                  |             | <b>\$1,000,000.00</b> |
| LESS: Initial Payment Recovery   |                    |                      |                  |             |                       |
| Other Adjustments (Enter as negative, if appropriate)                                      |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

|          |   |     |                            |       |       |
|----------|---|-----|----------------------------|-------|-------|
| Send to: | SFDPH Fiscal / Invoice Processing<br>1380 Howard Street, 4th Floor, Suite 423<br>San Francisco, CA 94103<br>Attn: Contract Payments | By: | _____                      | Date: | _____ |
|          |   |     | (DPH Authorized Signatory) |       |       |

APPENDIX F-3h  
07/01/24 - 06/30/25  
PAGE B

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3i  
07/01/25 - 06/30/26  
PAGE A

**Contractor: San Francisco AIDS Foundation**  
**Address: 1035 Market Street, Suite 400**  
**San Francisco, CA 94103**

**Telephone: 415-487-3000**  
**Fax: 415-487-3009**

**CHEP**

**Contract ID #**  
**1000002634**

**Invoice Number**  
**A-3JUL25**

**Contract Purchase Order No:**

**Funding Source:** **General Fund**

**Grant Code/Detail:**

**Project Code/Detail:**

**Program Name: HIV Syringe Access and Disposal Services - Harm Reduction Center**

**ACE Control #:**

**Invoice Period:** **07/1/25 - 07/31/25**

**FINAL Invoice** ☐ (check if Yes)

| DELIVERABLES            | TOTAL CONTRACTED |        | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |        |
|-------------------------|------------------|--------|-----------------------|-----|-------------------|-----|------------|-----|------------------------|--------|
|                         | UOS              | NOC    | UOS                   | 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 |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |
|                         |                  |        |                       |     |                   |     |            |     |                        |        |

|                                       | NOC   | NOC | NOC | NOC | NOC    |
|---------------------------------------|-------|-----|-----|-----|--------|
| <b>Number of Clients for Appendix</b> | 46641 |     |     |     | 46,641 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$680,792          |                      |                  |             | \$680,792.00          |
| Fringe Benefits  | \$170,198          |                      |                  |             | \$170,198.00          |
| <b>Total Personnel Expenses</b>  | <b>\$850,990</b>   |                      |                  |             | <b>\$850,990.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$25,214           |                      |                  |             | \$25,214.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$24,564           |                      |                  |             | \$24,564.00           |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$8,323            |                      |                  |             | \$8,323.00            |
| Staff Travel - (e.g., Local & Out of Town)   |                    |                      |                  |             |                       |
| Consultant/Subcontractor   |                    |                      |                  |             |                       |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       |                    |                      |                  |             |                       |
| <b>Total Operating Expenses</b>  | <b>\$58,101</b>    |                      |                  |             | <b>\$58,101.00</b>    |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$909,091</b>   |                      |                  |             | <b>\$909,091.00</b>   |
| Indirect Expenses  | \$90,909           |                      |                  |             | \$90,909.00           |
| <b>TOTAL EXPENSES</b>  | <b>\$1,000,000</b> |                      |                  |             | <b>\$1,000,000.00</b> |
| <b>LESS: Initial Payment Recovery</b>  |                    |                      |                  |             |                       |
| <b>Other Adjustments</b> (Enter as negative, if appropriate)                               |                    |                      |                  |             |                       |
| <b>REIMBURSEMENT</b>   |                    |                      |                  |             |                       |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Send to: SFDPH Fiscal / Invoice Processing  
1380 Howard Street, 4th Floor, Suite 423  
San Francisco, CA 94103  
Attn: Contract Payments

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

APPENDIX F-3i  
07/01/25 - 06/30/26  
PAGE B

FINAL Invoice ☐ (check if Yes)

| <b>PERSONNEL</b>                     | FTE   | BUDGETED<br>SALARY | EXPENSES<br>THIS PERIOD | EXPENSES<br>TO DATE | % OF<br>BUDGET | REMAINING<br>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  | \$10,500           |                         |                     |                | \$10,500.00          |
| Associate Director, 6th Street HRC   | 1.00  | \$64,733           |                         |                     |                | \$64,733.00          |
| 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          |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
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|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
|                                      |       |                    |                         |                     |                |                      |
| TOTAL SALARIES                       | 11.55 | \$680,792          |                         |                     |                | \$680,792.00         |

Date: \_\_\_\_\_



# 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**  
CalNonprofits Insurance Services  
1500 41st Avenue  
Suite 280  
Capitola CA 95010

**CONTACT NAME:** Kim Strehl  
**PHONE (A/C, No, Ext):** 888-427-5224  
**E-MAIL ADDRESS:** kims@cal-insurance.org

**FAX (A/C, No):**

**INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A:** Berkshire Hathaway Homestate Insurance Company**INSURER B:** Continental Casualty

20443

**INSURER C:** Federal Insurance Company

20281

**INSURER D:** Lloyds Syndicate**INSURER E:** Nonprofits Insurance Alliance of California

10023

**INSURER F:**

**INSURED**  
San Francisco AIDS Foundation  
1035 Market Street, Ste. 400  
San Francisco CA 94103

SANFRAN44

**COVERAGES****CERTIFICATE NUMBER:** 1312338471**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADD'L SUBR INSD WVR | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|---------------------|-----------------|-------------------------|-------------------------|---|
| E        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC<br>OTHER: | Y                   | 2019-00950      | 4/1/2019                | 4/1/2020                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 20,000<br>PERSONAL & ADV INJURY \$ 3,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000<br>\$ |
| E        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br>OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                             | Y                   | 2019-00950      | 4/1/2019                | 4/1/2020                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| E        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000  |                     | 2019-00950-UMB  | 4/1/2019                | 4/1/2020                | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$<br>\$   |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y                   | SAWC928172      | 7/1/2018                | 7/1/2019                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |
| B        | Medical Malpractice   |                     | HMA4032292517   | 4/1/2019                | 4/1/2020                | \$4M/\$8M   |
| C        | Crime   |                     | 82235661        | 4/1/2019                | 4/1/2020                | Employee Dishonesty   |
| D        | Cyber Liability   |                     | EVO-PNP-386-234 | 4/1/2019                | 4/1/2020                | Overall Policy Agg. 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 favor of the City and County of San Francisco with respects to Workers Compensation as permitted by law.

See Attached...

**CERTIFICATE HOLDER****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**

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ACORD 25 (2016/03)

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THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE



**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

|  |           |  |
|--|-----------|--|
| AGENCY<br>CalNonprofits Insurance Services |           | NAMED INSURED<br>San Francisco AIDS Foundation<br>1035 Market Street, Ste. 400<br>San Francisco CA 94103 |
| POLICY NUMBER                              |           |  |
| CARRIER                                    | NAIC CODE |  |
| 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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
  2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

1 [Agreement Amendment - San Francisco AIDS Foundation - HIV Prevention - City-Wide  
2 Syringe Access and Disposal Services - Not to Exceed \$35,608,159]

3 **Resolution approving Amendment No. 2 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 \$25,768,672 for a total amount not to exceed \$35,608,159; and to**  
7 **extend the contract by seven years, to commence July 1, 2019, for a total contract term**  
8 **of July 1, 2016, through June 30, 2026.**

9  
10 WHEREAS, The Department of Public Health 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, The Department of Public Health subsequently established an agreement  
14 for an initial term of two years, July 1, 2016, through June 30, 2018, with a not to exceed  
15 amount of \$4,976,830 and amended the agreement to extend the term one additional year,  
16 July 1, 2018, through June 30, 2019, for a total contract amount not to exceed \$9,839,487;  
17 and

18 WHEREAS, The Department of Public Health wishes to extend the term of the contract  
19 an additional seven years, adding the period of July 1, 2019, through June 30, 2026, with a  
20 corresponding increase of \$25,768,672 for a total contract amount not to exceed \$35,608,159;  
21 and

22 WHEREAS, This amendment will enable the continuation of HIV Prevention services  
23 through City-wide Syringe Access and Disposal services targeting people in behavioral risk  
24 populations such as injection drug users, people who are homeless, active drug users,  
25 formerly incarcerated individuals and/or who are struggling with mental health challenges; and

1 WHEREAS, These services will include program coordination with community-based  
2 organizations, the Department of Public Health's Rapid Response Clean Team, and service  
3 providers which are subcontractors in this contract, including the Glide Foundation, St. James  
4 Infirmary, the Homeless Youth Alliance, and the San Francisco Drug Users Union; and

5 WHEREAS, The goal of these services is to reduce syringe-sharing and the risk of  
6 transmission of HIV and other communicable diseases through the provision of sterile  
7 injection equipment, health education, HIV/HCV testing, and collection of disposed needles,  
8 both on-site and in City-wide syringe sweep events that focus on areas of greatest need; and

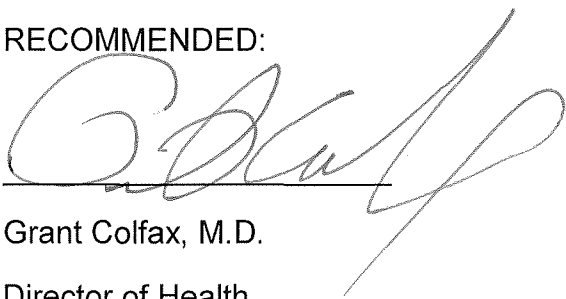
9 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Public  
10 Health and the Purchaser, on behalf of the City and County of San Francisco, to amend the  
11 contract with San Francisco AIDS Foundation to increase the contract amount by \$25,768,672  
12 for a total amount not to exceed \$35,608,159; and to extend the contract by seven years, from  
13 July 1, 2016, through June 30, 2019, to July 1, 2016, through June 30, 2026; and, be it

14 FURTHER RESOLVED, That the Board of Supervisors authorizes the  
15 Department of Public Health to enter into any amendments or modifications to the  
16 contract, prior to its final execution by all parties, that the Department determines, in  
17 consultation with the City Attorney, are in the best interest of the City, do not otherwise  
18 materially increase the obligations or liabilities of the City, are necessary or advisable to  
19 effectuate the purposes of the contract, and are in compliance with all applicable laws;  
20 and, be it

21 FURTHER RESOLVED, That within thirty (30) days of the contract amendment being  
22 fully executed by all parties, the Director of Health and/or the Director of Office of Contract  
23 Administration/Purchased shall provide the final contract to the Clerk of the Board of  
24 Supervisors for inclusion in the official file (File No. 190242).  
25



1 RECOMMENDED:

2   
3 \_\_\_\_\_

4 Grant Colfax, M.D.

5 Director of Health  
6  
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25



**City and County of San Francisco**  
**Tails**  
**Resolution**

City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689

**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 Approved



## 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](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://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/contract-approval-city-officers>

#### 1. FILING INFORMATION

|   |   |
|---|---|
| <b>TYPE OF FILING</b>                                       | <b>DATE OF ORIGINAL FILING (for amendment only)</b> |
| original  |   |
| <b>AMENDMENT DESCRIPTION – Explain reason for amendment</b> |   |
|   |   |

#### 2. CITY ELECTIVE OFFICE OR BOARD

|                        |                                      |
|------------------------|--------------------------------------|
| <b>OFFICE OR BOARD</b> | <b>NAME OF CITY ELECTIVE OFFICER</b> |
| Board of Supervisors   | Members                              |

#### 3. FILER'S CONTACT

|                                  |                                |
|----------------------------------|--------------------------------|
| <b>NAME OF FILER'S CONTACT</b>   | <b>TELEPHONE NUMBER</b>        |
| Angela Calvillo                  | 415-554-5184                   |
| <b>FULL DEPARTMENT NAME</b>      | <b>EMAIL</b>                   |
| office of the clerk of the Board | Board.of.Supervisors@sfgov.org |

#### 4. CONTRACTING DEPARTMENT CONTACT

|                                     |  |
|-------------------------------------|--|
| <b>NAME OF DEPARTMENTAL CONTACT</b> | <b>DEPARTMENT CONTACT TELEPHONE NUMBER</b> |
| Jacquie Hale                        | (415) 255-3508                             |
| <b>FULL DEPARTMENT NAME</b>         | <b>DEPARTMENT CONTACT EMAIL</b>            |
| DPH Department of Public Health     | Jacquie.Hale@SFDPH.org                     |

| 5. CONTRACTOR   |   |
|---|---|
| <b>NAME OF CONTRACTOR</b><br>San Francisco AIDS Foundation  | <b>TELEPHONE NUMBER</b><br>(415) 487-3000 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>1035 Market Street #40, San Francisco, CA 94103 | <b>EMAIL</b><br>Info@SFAF.org             |

| 6. CONTRACT  |                                |  |
|--|--------------------------------|--|
| <b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>  | <b>ORIGINAL BID/RFP NUMBER</b> | <b>FILE NUMBER (If applicable)</b><br>200370 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$42,115,471   |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>HIV Prevention City-wide Syringe Access and Disposal services |                                |  |

| 7. COMMENTS |
|-------------|
|             |

| 8. CONTRACT APPROVAL                |  |
|-------------------------------------|--|
| This contract was approved by:      |  |
| <input type="checkbox"/>            | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM   |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES<br>Board of Supervisors                                   |
| <input type="checkbox"/>            | THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS |

**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               |
|----|--------------------------------|-------------|--------------------|
| 1  | Borkon                         | Peter       | Board of Directors |
| 2  | Brooke                         | Keri        | Board of Directors |
| 3  | Brooks                         | Douglas     | 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                        | Matthew     | Board of Directors |
| 16 | Nungaray                       | Manny       | Board of Directors |
| 17 | Pinco                          | James       | Board of Directors |
| 18 | Pizzuti                        | Dana        | Board of Directors |
| 19 | Silva                          | Fredo       | Board of Directors |



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| #  | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE                    |
|----|--------------------------------|------------|-------------------------|
| 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      | CFO                     |
| 26 | Roybal                         | Russell    | Other Principal Officer |
| 27 | Sroda                          | Greg       | COO                     |
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| #  | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|------|
| 39 |                                |            |      |
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☐ 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.**

|   |                    |
|---|--------------------|
| <b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b> | <b>DATE SIGNED</b> |
| BOS Clerk of the Board  |                    |

**From:** [Hale, Jacquie \(DPH\)](#)  
**To:** [BOS Legislation, \(BOS\)](#)  
**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](#)

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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, [Jacquie.Hale@SFDPH.org](mailto:Jacquie.Hale@SFDPH.org).

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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