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 PUBLIC HEALTH FOUNDATION

This Agreement is made this 1st day of January, 2020, in the City and County of San Francisco, State of California, by and between the San Francisco Public Health Foundation, 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102, non-profit entity, ("Contractor") and City.

Recitals

WHEREAS, the **Department of Public Health** ("Department") wishes to secure services for **As-Needed Project Based Support Services – Category I. Program Administration and Support Services;** and,

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through **RFQ 36-2017** a request for Qualification ("RFQ") issued on **October 3**, **2019**, in which City selected Contractor as one of the highest qualified scorer pursuant to the RFQ; 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, the City's Civil Service Commission approved Contract number 46237 – 14/15 on **December 3, 2018**;

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 "Confidential Information" means confidential City information including, but not limited to, personally-identifiable information ("PII"), protected health information ("PHI"), or individual financial information (collectively, "Proprietary or Confidential Information") that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

1.5 "Contractor" or "Consultant" means San Francisco Public Health, 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102.

1.6 "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.

1.7 "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.

1.8 "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.

1.9 "Party" and "Parties" mean the City and Contractor either collectively or individually.

1.10 "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 **January 1st, 2020** and expire on **December 31st, 2024**, unless earlier terminated as otherwise provided herein.

2.2 The City has **three (3)** 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 1:01/01/2025 - 12/31/2025Option 2:01/01/2026 - 12/31/2026Option 3:01/01/2027 - 12/31/2027

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 Three Million Sixty-One Thousand Nine Hundred Thirty DOLLARS (\$3,061,930). 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 by the City for goods and/or services.

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

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

3.3.7 Federal and/or State 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, unless required for a longer duration due to Federal, State, or local requirements of which the City will notify contractor in writing, 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: <u>https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl</u>.

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.

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 within a reasonable time after discovery of the false claim.

3.6 Reserved. (Payment of Prevailing Wages)

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. Rebuilding Together SF
- b. CARECEN
- c. Raimi & Associates
- d. Walk SF Foundation
- e. Senior Disability Action
- f. Chinatown Community Development Center
- g. Lighthouse For the Blind and Visually Impaired
- h. Portola Family Center
- i. Tenderloin Community Benefit District
- j. Curry Senior Center
- k. Additional Subcontractors To Be Determined

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 this Section 4.4 shall be solely limited to 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. 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.

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

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

5.1.10 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.

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.

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.

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 may include any or all of the following, 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 listed 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	Article 13	Data and Security

(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 is not cured within ten days after written notice thereof from City to Contractor. If Contractor defaults a second time in the same manner as a prior default cured by Contractor, City may in its sole discretion immediately terminate the Agreement for default or grant an additional period not to exceed five days for Contractor to cure the default.

(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	Article 13	Data and Security
		Appendix E	Business Associate 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 for the purposes of this agreement, 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 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 **Consideration of Salary History.** Contractor shall comply with San Francisco Administrative Code Chapter 12K, the Consideration of Salary History Ordinance or "Pay Parity Act." Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in the City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee's salary history without that employee's authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Chapter 12K. Information about and the text of Chapter 12K is available on the web at https://sfgov.org/olse/consideration-salary-history. Contractor is required to comply with all of the applicable provisions of 12K, irrespective of the listing of obligations in this Section.

10.5 Nondiscrimination Requirements

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

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

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

10.7 **Minimum Compensation Ordinance**. If Administrative Code Chapter 12P applies to this contract, Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P, including a minimum hourly gross compensation, compensated time off, and uncompensated time off. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. Information about and the text of the Chapter 12P is available on the web at http://sfgov.org/olse/mco. Contractor is required to comply with all of the applicable provisions of 12P, irrespective of the listing of obligations in this Section. By signing and executing this Agreement, Contractor certifies that it complies with Chapter 12P.

10.8 **Health Care Accountability Ordinance.** If Administrative Code Chapter 12Q applies to this contract, Contractor shall comply with the requirements of Chapter 12Q. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission. Information about and the text of the Chapter 12Q, as well as the Health Commission's minimum standards, is available on the web at http://sfgov.org/olse/hcao. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q. Any Subcontract entered into by Contractor shall require any Subcontractor with 20 or more employees to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section.

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) and California Drug-Free Workplace Act of 1990 Cal. Gov. Code, § 8350 et seq., if state funds involved.

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.

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 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.

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

10.19 Reserved. (Preservative Treated Wood Products)

Article 11 General Provisions

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

 To CITY:
 Office of Contract Management and Compliance

 Department of Public Health
 101 Grove Street, Room 402

 San Francisco, California 94102
 e-mail:
 Nora.macias@sfdph.org

And:	Tomás Aragón MD/Patricia Erwin		
	PHD CHEP		
	25 VAN NESS, SUITE 500		
	SAN FRANCISCO, CA 94102	e-mail:	patricia.erwin@sfdph.org
To CONTRACTOR:	San Francisco Public Health Foundation 1 Hallidie Plaza, Suite 808		
	San Francisco, CA 94102	e-mail:	peardley@sfphf.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 **Incorporation of Recitals.** The matters recited above are hereby incorporated into and made part of this Agreement.

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 RFQ, and Contractor's proposal dated October 3, 2019. The RFQ 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 RFQ and the Contractor's proposal. If

the Appendices to this Agreement include any standard printed terms from the Contractor, 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.

11.14 Notification of Legal Requests. Contractor shall immediately notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to City's Data, and in no event later than 24 hours after it receives the request. Contractor shall not respond to Legal Requests related to City without first notifying City other than to notify the requestor that the information sought is potentially covered under a non-disclosure agreement. Contractor shall retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

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 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 must be retained for seven years.

12.3 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.

12.4 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.

12.5 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 Plan should include site specific plans to respond at the time of an emergency (emergency response plans) and plans to continue essential services after a disaster (continuity of operations plans). 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 and a continuity of operations plan for each of its service sites. 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.

Article 13 Data and Security

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

13.1.1 **Protection of Private Information.** 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 **Confidential Information.** 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, 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.

13.4 Management of City Data and Confidential Information

13.4.1 Access to City Data. City shall at all times have access to and control of all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), and shall be able to retrieve it in a readable format, in electronic form and/or print, at any time, at no additional cost.

13.4.2 Use of City Data and Confidential Information. Contractor agrees to hold City's Confidential Information received from or created on behalf of the City in strictest confidence. Contractor shall not use or disclose City's Data or Confidential Information except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City's Confidential Information outside the United States is subject to prior written authorization by the City. Access to City's Confidential Information must be strictly controlled and limited to Contractor's staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data or Confidential Information solely for performing its obligations under the Agreement and not for Contractor's own purposes or later use. Nothing herein shall be construed to confer any license or right to the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data or Confidential Information by Contractor, subcontractors or other thirdparties is prohibited. For purpose of this requirement, the phrase "unauthorized use" means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

13.4.3 **Disposition of Confidential Information.** Upon termination of Agreement or request of City, Contractor shall within forty-eight (48) hours return all Confidential Information which includes all original media. Once Contractor has received written confirmation from City that Confidential Information has been successfully transferred to City, Contractor shall within ten (10) business days purge all Confidential Information from its servers, any hosted environment Contractor has used in performance of this Agreement, work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge.

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.

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. IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

Recommended by:

-DocuSigned by: Greg Wagner

Grant Colfax, MD Director of Health Department of Public Health

CONTRACTOR

SAN FRANCISCO PUBLIC HEALTH FOUNDATION

DocuSigned by:

Penny Eardley

Penny Eardley Executive Director 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102

Supplier ID: 0000011526

Approved as to Form:

Dennis J. Herrera City Attorney

DocuSigned by:

By: Simpson, Jouise S

Approved:

—DocuSigned by: Linda Repola

Adarie Degrafinried Director of the Office of Contract Administration, and Purchaser

Appendices

- A: Scope of Services
- B: Calculation of Charges
- C: Insurance Reserved
- D: Grant Terms Reserved
- E: HIPAA Business Associate Agreement
- F: Invoices
- G: Dispute Resolution

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Tomás Aragón, MD / Patricia Erwin, Contract Administrator for the City, or his / her designee.

B. <u>Reports</u>:

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. <u>Evaluation</u>:

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 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. <u>Possession of Licenses/Permits</u>:

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. 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.

G. <u>Aerosol Transmissible Disease Program, Health and Safety:</u>

(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.

H. 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."

I. 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-1Program Administration for Community Health EngagementAppendix A-2Program Administration for Community Health Engagement

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

Contractor/Vendor: Service Provider:	San Francisco Public Health Found	ation					
Total Contract Amount:							
Funding Source:	Grant CDC, GF HIV Prevention, GF Health Education						
Program Name:	Community Health Engagement						
System of Care:	CHEP						
Program Code:	N/A						
Provider Address:	1 Hallidie Plaza, Suite 808						
Provider Phone:	415-504-6738 ext.101						
Contact Person:	Penny Eardley	20041					
RFP# and Term:	RFQ 36-2017 [1/1/2020 to 12/31/	2024]	*****	********	***********		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Ammoundly: Add.				A-1			
Appendix A#: Funding Source			GE	Health Educa	ation		
		[1	1	1		ן ר
Appendix B:		A-1/B-1	B-1a	B-1b	B-1c	B-1d	1 1
Year:		FY19-20	FY20-21	FY21-22	FY22-23	FY23-24	
Funding Amount:		\$39,000	\$615,383	\$615,383	\$615,383	\$615,383	
Funding Term:		01/01/2020		7/1/2021-	7/1/2022-	7/1/2023-	
-		06/30/2020		6/30/22	6/30/23	6/30/24	
Number of UDS:		6	132 10	132 10	132 10	132 10	
Number of UDC/NOC:		1	10	10	10	10	
Definition of UOS:		Num	ber of Subc	ontractors x n	nonths in fier	al vear	
semillion of 003.		L				a your	1
Target Population:							
	The San Francisco Public Health Fo	undation tai	rget populati	ion is the sub	contractors	participating	in the CHEP Community Health
	Engagement Program.						
Description of Services:	The San Francisco Public Health Fo	undation wi	ll provide Pr	ogram Manai	gement. Can	acity Building	and Subcontractor Management
	Services in support of the program						
	Prevention, Vision Zero and Comm	iunity and He	ome injury P	revention Pro	ogram for Sei	niors (CHIPP:	s).
					litter stildt		
Appendix A#:				A-2			
Funding Source				- HIV Prevent		D. O. I	1
Appendix B:		B-2	B-2a	B-2b	B-2c	B-2d	-
Year:		FY19-20	FY20-21	FY21-22	FY22-23	FY23-24	
Funding Amount:		\$10,417	\$25,000	\$25,000	\$25,000	\$25,000	
		2/1/2020-	7/1/2020-	7/1/2021-	7/1/2022-	7/1/2023-	
Funding Term:		6/30/2020	6/30/2021	6/30/2022	6/30/2023	6/30/2024	
Number of UOS:		234	536	536	536	536	
Number of UDC/NOC:		n/a	n/a	n/a	n/a	n/a	
		Staff					
Definition of UOS:			Chaff Hanna	Chaff I Inner	C	Ct	
		Hours	Staff Hours	Staff Hours	Staff Hours	Staff Hours	
Target Population:	The San Francisco Public Health Fo	undation wil	l provide Hu	man Resourc	es Managem	ent/Support	in support of the End Hep C SF
	project .						
Description of Services:	End Hep C SF supports all San Fran	riscans living	with or at ri	isk of contrac	ting Hen C ti	rough preve	ntion education and connections
	to testing and treatment.	ciocario intili6			ting nep e n	nough preve	incony concertory, and connections
	to testing and treatment.						
8		1212121212121212121212121	Steleter providence		BENERALINE STREET	danaanaaa	
Appendix A# :				A-2 Grant CDC			
Funding Source Appendix B:		B-3	B-3a	B-3b	B-3c	B-3d	
Year:		FY19-20	FY20-21	FY21-22	FY22-23	FY23-24	
		1 1					
Funding Amount:		\$22,917	\$25,000 1/1/2020-	\$25,000	\$25,000	\$25,000	
Funding Term:		2/1/2020- 6/30/2020	12/31/2020-	1/1/2021-	1/1/2022- 12/31/2023	1/1/2023-	
		0/50/2020	12/ 31/ 2021	12/31/2022	12/31/2023	12/31/2024	
Number of UOS:		520	567	567	567	567	
Number of UDC/NOC:		N/A	N/A	N/A	N/A	N/A	
		1	•	· · ·	· ·	s • 1	
		Staff		1			
Definition of UOS:		Hours	Staff Hours	Staff Hours	Staff Hours	Staff Hours	
	The San Francisco Public Health For	undation will	provide Hu	man Resource	es Managem	ent/Support	in support of the End Hen C SE
Target Population:	project .		- Provide ridi		ee managem	end sapport	in support of the thu hep c of
Description of Conducts		Jaamma Hutu	udah en na ot	als of an utur	Alam How Col		nates advector to the
Description of Services:	End Hep C SF supports all San France	iscans living	with of at fi	sk ot contrac	ung Hep C th	rougn preve	ntion, education, and connections
	to testing and treatment.						

Contractor Name: San Francisco Public Health Foundation Program Name: Community Health Engagement – Program Administration

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

1. Identifiers:

San Francisco Public Health Foundation (SFPHF) 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102 415-504-6738 Fax: 415-520-0471 www.sfphf.org

Executive Director/Program Director: Penny Eardley Telephone: 415-504-6738 ext. 101 Email Address: peardley@sfphf.org

2. Nature of Document:

Original

Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Program Management, Capacity Building and Subcontractor Management Services in support of the programs listed below serviced by the following contractors:

Community Health Engagement: The goal of the SFDPH Community Health Engagement Project is to support and promote community-wide health and well-being as well as community capacity building efforts. Subcontractor: TBD

Community and Home Injury Prevention Program for Seniors (CHIPPS): The goal of the Community & Home Injury Prevention Program for Seniors (CHIPPS) is to prevent falls and injuries to seniors living in San Francisco by providing fall prevention education, home safety devices, minor home repairs, and minor home modifications so seniors can live safely at home. Subcontractor: Rebuilding Together SF

Violence Prevention: The goal of this contract is to support comprehensive services offered by CARECEN's Second Chance Youth Program. The peer support groups create safe environments at local high schools and community spaces to actively engage in critical thinking, life-skills development, and fun, culturally affirming group activities. Subcontractor: CARECEN

Vision Zero: The goal of the Vision Zero - Community Engagement Program is to reduce traffic-related fatalities and severe injuries, especially to children, seniors, and people with disabilities. Subcontractors: Raimi and Associates, Walk SF Foundation - 2 programs, Senior and Disability Action, Chinatown Community Development Center, Lighthouse for the Blind and Visually Impaired, Portola Family Center, Tenderloin Community Benefit District

1 of 6

Contractor Name: San Francisco Public Health Foundation Program Name: Community Health Engagement – Program Administration

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

4. Priority Population: **Community Health Engagement:**

Priority populations in San Francisco that are impacted by the health disparities and adverse effects, including:

- Black, African American •
- Asian, including Chinese .
- Pacific Islander •
- Latinx
- Youth and transitional-age youth
- Seniors
- Low-income populations •
- Individuals experiencing health disparities
- Others as identified •
 - o Subcontractor: TBD

Community and Home Injury Prevention Program for Seniors (CHIPPS):

- Priority populations are all seniors over 65 years old who live in San Francisco. Subcontractor: Rebuilding Together SF 0

Violence Prevention:

- "at/in risk" Latino youth between the ages of 14-18 years in the San Francisco Bay Area •
 - Subcontractor: CARECEN 0

Vision Zero:

- Children
- Seniors
- People with disabilities
- Low-income populations
 - Subcontractors: Raimi and Associates, Walk SF Foundation 2 programs, Senior and Disability Action, Chinatown Community Development Center, Lighthouse for the Blind and Visually Impaired, Portola Family Center, Tenderloin Community Benefit District

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

1 Unit = 1 subcontractor x number of months in the current fiscal year

Units of Service (UOS) Description 1/01/2020 to 6/30/2020	Units of Service (UOS)	Unduplicated Clients (UDC)
Community Health Engagement Program Administration		
Subcontractor: 18 Reasons	6	1
Total UOS Delivered	6	
Total UDC Served		1

Contractor Name: San Francisco Public Health Foundation Program Name: Community Health Engagement – Program Administration

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

Units of Service (UOS) Description	Units of Service in	Unduplicated
7/01/2020 to 6/30/2021	months (UOS)	Clients (UDC)
Community Health Engagement Program Administration -	12	1
Subcontractors TBD (1)	12 .	1
Community & Home Injury Prevention Program for Seniors		
Program Administration - Subcontractor: Rebuilding Together	12	1
San Francisco	12	
Violence Prevention Program Administration - Subcontractor:		1
CARECEN	12	1
Vision Zero Program Administration		
Subcontractors: (8)		
Raimi and Associates	12	
Walk SF Foundation – 2 programs	24	
Senior and Disability Action	12	7
Chinatown Community Development Center	12	
Lighthouse for the Blind and Visually Impaired	12	
Portola Family Center	12	
Tenderloin Community Benefit District	12 (96)	
Total UOS Delivered	132 UOS	
Total UDC Served		10

Units of Service (UOS) Description 7/01/2021 to 6/30/2022	Units of Service in months (UOS)	Unduplicated Clients (UDC)
Community Health Engagement Program Administration - 1 Subcontractors	12	1
Community & Home Injury Prevention Program for Seniors Program Administration - 1 Subcontractors	12	1
Violence Prevention Program Administration -1 Subcontractors	12	1
Vision Zero Program Administration - 8 Subcontractors	96	7
Total UOS Delivered	132 UOS	
Total UDC Served		10

Contractor Name: San Francisco Public Health Foundation Program Name: Community Health Engagement – Program Administration

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

Units of Service (UOS) Description 7/01/2022 to 6/30/2023	Units of Service in months (UOS)	Unduplicated Clients (UDC)
Community Health Engagement Administration - Subcontractors TBD	12	1
Community & Home Injury Prevention Program for Seniors Program Administration – 1 Subcontractors	12	1
Violence Prevention Program Administration – 1 Subcontractors	12	1
Vision Zero Program Administration – 8 Subcontractors	96	7
Total UOS Delivered	132 UOS	LANGE STREET
Total UDC Served		10

Units of Service (UOS) Description 7/01/2023 to 6/30/2024	Units of Service in months (UOS)	Unduplicated Clients (UDC)
Community Health Engagement Program Administration - Subcontractors TBD	12	1
Community & Home Injury Prevention Program for Seniors Program Administration - 1 Subcontractors	12	1
Violence Prevention Program Administration – 1 Subcontractors	12	1
Vision Zero Program Administration - 8 Subcontractors	96	7
Total UOS Delivered	132 UOS	
Total UDC Served		10

6. Methodology:

Program Administration of Subcontractors

- 1. Manage and disburse funds as directed by the Department as it applies to the Community Health Engagement Program.
- 2. Ensure that agency be fiscally responsible and have "Generally Accepted Accounting Principles (GAAP)" in place.
- 3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF's own Accounting Policies and Procedures to:
 - a. Protect the assets of the organization and of the contractor;
 - b. Ensure the maintenance of accurate records of SFPHF's financial activities;
 - c. Provide a framework for SFPHF's financial decision making;
 - d. Establish and enforce operating standards and behavioral expectations;
 - e. Serve as a training resource for financial staff; and
 - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements

Contractor Name: San Francisco Public Health Foundation Program Name: Community Health Engagement – Program Administration

Appendix A-1 Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

Objectives and Measurements:

SFPHF must submit an Annual Summary Report documenting achievement of all Objectives to System of Care Program Manager and the Business Office Contract Compliance (BOCC) within two months from the end of the contract year.

A. Standardized Objectives:

"All objectives and descriptions of how objectives will be measured, are contained in the Fiscal Intermediary/Program Management document entitled: Fiscal Intermediary Performance Objectives FY19-20."

FY 1920 (six (6) months)

By June 30, 2020, SFPHF program staff will complete subcontractor's agreements as requested by CHEP program staff.

FY 2020-2021 (twelve (12) months)

By August 1, 2020, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

FY 2021-2022 (twelve (12) months)

By August 1, 2020, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

FY 2022-2023 (twelve (12) months)

By August 1, 2022, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

FY 2023-2024 (twelve (12) months)

By August 1, 2023, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

7. Continuous Quality Improvement:

CHEP staff will work with the SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements.

To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

Contractor Name: San Francisco Public Health Foundation Program Name: Community Health Engagement – Program Administration

Appendix A-1 Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

8. Required Language: NA

9. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.
- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF 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. SFPHF 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. SFPHF 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 SFPH, 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 SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

Appendix A-2

Contractor Name: San Francisco Public Health Foundation Program Name: Community Health Engagement – Program Administration

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-HIV Prevention/Grant CDC

1. Identifiers:

San Francisco Public Health Foundation (SFPHF) 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102 415-504-6738 Fax: 415-520-0471 www.sfphf.org

Executive Director/Program Director: Penny Eardley Telephone: 415-504-6738 ext. 101 Email Address: peardley@sfphf.org

2. Nature of Document:

☑ Original ☐ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Human Resources Management/Support in support of the End Hep C SF project and as part of the Community Health Engagement goals. End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

4. Priority Population:

Priority populations in San Francisco that are impacted by HIV and Hep C, including:

- Black, African American
- Asian, including Chinese
- Pacific Islander
- Latinx
- Youth and transitional-age youth
- Seniors
- Low-income populations
- Individuals experiencing health disparities
- Others as identified

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

Units of Service (UOS) Description 1/01/2020 to 6/30/2020 1 UOS = 1 Hour	Units of Service (UOS)	Unduplicated Clients (UDC)
Program Administration – hours		
General Fund HIV Prevention	234	
Grant CDC	520	NA
Total UOS Delivered	754	
Total UDC Served		

Contractor Name: San Francisco Public Health Foundation Program Name: Community Health Engagement – Program Administration

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-HIV Prevention/Grant CDC

Units of Service (UOS) Description 7/01/2020 to 6/30/2021 1 UOS = 1 Hour	Units of Service (UOS)	Unduplicated Clients (UDC)	
Program Administration – hours			
General Fund HIV Prevention	536		
Grant CDC	567	NA	
Total UOS Delivered	1105		
Total UDC Served			

Units of Service (UOS) Description 7/01/2021 to 6/30/2022 1 UOS = 1 Hour	Units of Service (UOS)	Unduplicated Clients (UDC)	
Program Administration – hours			
General Fund HIV Prevention	536		
Grant CDC	567	NA	
Total UOS Delivered	1105		
Total UDC Served			

Units of Service (UOS) Description 7/01/2022 to 6/30/2023 1 UOS = 1 Hour	Units of Service (UOS)	Unduplicated Clients (UDC)		
Program Administration – hours				
General Fund HIV Prevention	536			
Grant CDC	567	NA		
Total UOS Delivered	1105			
Total UDC Served				

Units of Service (UOS) Description 7/01/2023 to 6/30/2024 1 UOS = 1 Hour	Units of Service (UOS)	Unduplicated Clients (UDC)
Program Administration – hours		
General Fund HIV Prevention	536	
Grant CDC	567	NA
Total UOS Delivered	1105	
Total UDC Served		

Contractor Name: San Francisco Public Health Foundation Program Name: Community Health Engagement – Program Administration

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-HIV Prevention/Grant CDC

6. Methodology:

Program Administration

- 1. Manage and disburse funds as directed by the Department as it applies to this project.
- 2. Ensure that agency be fiscally responsible and have "Generally Accepted Accounting Principles (GAAP)" in place.
- 3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF's own Accounting Policies and Procedures to:
 - a. Protect the assets of the organization and of the contract;
 - b. Ensure the maintenance of accurate records of SFPHF's financial activities;
 - c. Provide a framework for SFPHF's financial decision making;
 - d. Establish and enforce operating standards and behavioral expectations;
 - e. Serve as a training resource for financial staff; and
 - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.

Human Resources management

Employ, supervise and evaluate performance of the End Hep C SF Program Coordinator. This position works from a remote office and supplies coordination to the End Hep C SF Coalition, including communication between partners, organizing meetings, creating communications on HIV and Hep C information to share with the public. The Program Coordinator works 40 hours per week and is supervised by the Executive Director of SFPHF.

7. Objectives and Measurements:

A. Standardized Objectives: Not applicable.

8. Continuous Quality Improvement:

The SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements. To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

9. Required Language: NA

10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY): NA

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	Program Administration for Community Health Engagement
Appendix B-2, B-2a, B-2b, B-2c, B-2d	Program Administration for Community Health Engagement
Appendix B-3, B-3a, B-3b, B-3c, B-3d	Program Administration for Community Health Engagement

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$328,064** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

	Term	Funding Source	Amount
Original Agreement	01/01/2020 - 06/30/2020	General Fund	\$39,000
Original Agreement	02/01/2020 - 06/30/2020	General Fund	\$10,417
Original Agreement	02/01/2020 - 12/31/2020	CDC	\$22,9 17
Original Agreement	07/01/2020 - 06/30/2021	General Fund	\$615,383
Original Agreement	07/01/2020 - 06/30/2021	General Fund	\$25,000

Original Agreement	01/01/2021 - 12/31/2021	CDC	25,000
Original Agreement	07/01/2021 - 06/30/2022	General Fund	\$615,383
Original Agreement	07/01/2021 - 06/30/2022	General Fund	\$25,000
Original Agreement	01/01/2022 - 12/31/2022	CDC	25,000
Original Agreement	07/01/2022 - 06/30/2023	General Fund	\$615,383
Original Agreement	07/01/2022 - 06/30/2023	General Fund	\$25,000
Original Agreement	01/01/2023 - 12/31/2023	CDC	25,000
Original Agreement	07/01/2023 - 06/30/2024	General Fund	\$615,383
Original Agreement	07/01/2023 - 06/30/2024	General Fund	\$25,000
Original Agreement	01/01/2024 - 12/31/2024	CDC	25,000
	То	tal Award Amount:	\$2,733,686
	2020 - 12/31/2024:	\$328,064	
	(This equals th	e total NTE) Total:	\$3,061,930

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 fortyfive (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.

CID #: 1000016941

DPH Section: CHEP - Community Health Equity and Promotion

Check one: [X] Original Agreement [] Amendment [] Revision to Program Budgets

Appendix:

1/1/2020 to Contract Term : 12/31/2024

в

Current Funding Notification Date: 01/30/20

Agency/Contractor Name: San Francisco Public Health Foundation

Program/Provider Name:	Engagement	Community Health Engagement	Engagement	Community Health Engagement													
Appendix Number:	A-1/B-1	A-2/B-2	A-2/B-3	A-1/B-1a	A-2/B-2a	A-2/B-3a	A-2/B-1b	A-2/B-2b	A-2/B-3b	A-2/B-1c	A-2/B-2c	A-2/B-3c	A-2/B-1d	A-2/B-2d	A-2/B-3d		
Appendix Term:	01/01/2020-06/30/2020	02/01/2020-06/30/2020	02/01/2020-12/31/2020	07/01/2020-06/30/2021	07/01/2020-06/30/2021	01/01/2021-12/31/2021	07/01/2021 - 06/30/2022	2 07/01/2021 - 06/30/2022	01/01/2022-12/31/2022	07/01/2022 - 06/30/2023	07/01/2022 - 06/30/2023	01/01/2023-12/31/2023	07/01/2023 - 05/20/2020	4 07/01/2023 - 06/30/2024	01/01/2024-12/31/2024	TOTAL	.LS
EXPENSES													CHORE CONTRACT	010112020-000002024	0110112024-12/31/2024		
Salaries	\$-	\$ 8,033	\$ 17,850	\$ -	\$ 18,388	\$ 19,472	\$ -	\$ 18,386	\$ 19,472	s -	\$ 18.388	\$ 19,472	\$	\$ 18,386	\$ 19.472	¢ 477	7,315
Employee Benefits	\$ -	\$ 1,437	\$ 2,983	\$ -	\$ 4,341	\$ 3,255	\$ -	\$ 4,341	\$ 3,255		5 4,341	\$ 3,255			\$ 3.255		
Total Personnel Expenses	ş .	\$ 9,470	\$ 20,833	\$	\$ 22,727	\$ 22,727	s -	\$ 22,727		5 .	\$ 22,727	\$ 22,727		\$ 22,727			34,804 12.119
Employee Fringe Benefit Rate	0.0%	17.9%	16.7%	0.0%	23.6%	16.7%	0.0%	23.6%	16.7%	0.0%	23.6%	16.7%	0.0%	23.6%	• <u>22,727</u> 16,7%	ə 212	2,119
Operating Expense		\$ -		\$ 559,441			\$ 559,441	\$ -		\$ 559,441			\$ 559,441			\$ 2,273	3 219
Subtotal Direct Costs	\$ 35,455	\$ 9,470	\$ 20,833	\$ 559,441	\$ 22,727	\$ 22,727	\$ 559,441	\$ 22,727	\$ 22,727	\$ 559,441	\$ 22,727	\$ 22,727		\$ 22,727	\$ 22,727	\$ 2,485	-
Indirect Cost Amount		\$ 947	\$ 2,084	\$ 55,942	\$ 2,273	\$ 2,273	\$ 55,942	\$ 2,273	\$ 2,273	\$ 55,942	\$ 2,273		55,942				18,528
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	₽ 240	0,020
Total Expenses	\$ 39,000	\$ 10,417	\$ 22,917	\$ 615,383	\$ 25,000	\$ 25,000	\$ 615,383	\$ 25,000	\$ 25,000	\$ 615,383	\$ 25,000					\$ 2,722	3,866
REVENUES & FUNDING SOURCES														i kojeve	• 20,000	φ <u>2,700</u>	5,000
DPH Funding Sources (select from drop-down I	ist)																
General Fund - Health Education	39,000			615,383	11		615,383			615,383			615.383			0 500	0.000
General Fund - HIV Prevention		10,417			25,000			25.000		010,000	25.000		010,000	25,000			0,532
Grant - CDC	1		22,917			25,000		,	25,000		20,000	25.000		23,000	25.000		0,417
Total DPH Revenues	\$ 39,000	\$ 10,417	\$ 22,917	\$ 615,383	\$ 25,000	\$ 25,000	\$ 615,383	\$ 25,000		\$ 615,383	\$ 25,000		\$ 615,383	\$ 25.000	\$ 25,000	2,733	-
Total Revenues (DPH and Non-DPH)	\$ 39,000	\$ 10,417	\$ 22,917	\$ 615,383	\$ 25,000	\$ 25,000					\$ 25,000		\$ 615,383		\$ 25,000	\$ 2,733	
Cost Reimbursement (CR) or Fee-For-Service (FFS)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)		-,

Contractor:	San Francis	co Public H	ealth Fou	undation				A	opendix:	B-1
Program:	Community	Append	ix Term:	01/01/2020-6/30/2020						
Full Contract Term:	1/1/2020 to 1	2/31/2024						Funding	Source:	GF Health Education
	H.	UOS COST	ALLOC	ATION BY SE	RVICE	MODE				
Serv	rice Modes:	Communit Engager Progr Administ	nent - am							
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Totals
Consultants/Subcontr	actor:	·								
18 Reasons		35,455	100%		0%		0%		0%	35,455
0			0%		0%		0%		0%	
Total Operating Exper	ises	35,455	100%	-	0%	-	0%	-	0%	35,455
Total Direct Expenses		35,455	100%	-	0%	-	0%	-	0%	35,455
Indirect Expenses	10.00%	3,545	100%	-	0%	-	0%	-	0%	3,545
TOTAL EXPENSES		39,000	100%	-	0%	-	0%	-	0%	39,000
Unit of S	ervice Type	Subcontractor		0	0			0		
Number of UOS per S	Service Mode	6								6
Cost Per UOS by S	Service Mode	\$6,500	.00	\$0.00		\$0.00)	\$0.00)	N/A
umber of UDC/NOC per	Service Mode	1	1							1
						ā				Rev: 02/1

Contractor Name San Francisco Public Health Foundation Program Name: Community Health Engagement

Appendix: B-1 Appendix Term: 01/01/2020-06/30/2020 General Fund- Health Funding Source: Education

2) OPERATING EXPENSES:

Consultants/Subcontractors:

Consult/Subcontractor Name	Service Description	Rate/Formula	Cost	
18 Reasons	Capacity building for HEAL nonprofits.	203 hours X ~\$175	\$	35,455
	Total Cons	ultants/Subcontractors:	\$	35,455

TOTAL OPERATING EXPENSES: \$ 35,455

TOTAL DIRECT COSTS: \$	35,455
------------------------	--------

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

t
3,545
_

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS: \$	3,545
TOTAL EXPENSES: \$	39,000

Contractor:	San Francisc	co Public He	alth Fou	ndation				A	ppendix:	B-1a
Program:	Community	Health Enga	gement					Append	ix Term:	07/01/2020-06/30/202
								Funding	Source:	General Fund-Health Education
		UOS COST	ALLOCA	ATION BY SE		IODE				
Ser	vice Modes:	Community Engagen Progra Administ	nent - am	Community Injury Preve Progra Administr	ention - Im	Violen Prevent Progra Administ	ion - am	Vision Z Progra Administ	am	
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total General Operation	ng	1504	25%	1503	25%	1503	25%	1503	25%	6,013
Consultants/Subcontr Subcontractors (13)	ractor:	106700	19%	70,000	13%	39,460	7%	337,268	61%	- 553,428
Total Operating Exper	nses	108,204	19%	71,503	13%	40,963	7%	338,771	61%	559,441
Total Direct Expenses		108,204	19%	71,503	13%	40,963	7%	338,771	61%	559,441
Indirect Expenses	10.00%	10,820	19%	7,150	13%	4,096	7%	33,876	61%	55,942
TOTAL EXPENSES		119,024	19%	78,653	13%	45,059	7%	372,647	61%	615,383
Unit of S	Service Type	Subcontra	ctors	Subcontra	ctors	Subcontra	ctors	Subcontra	actors	
Number of UOS per	Service Mode	12		12		12		96		132
Cost Per UOS by S	Service Mode	\$9,918.67		\$6,554.42		\$3,754.92		\$3,881.74		
umber of UDC/NOC per	Service Mode	1		1		1		7		10
										Rev: 02/18

Contractor Name San Francisco Public Health Foundation

Program Name: Community Health Engagement

Appendix: B-1a Appendix Term: 07/01/2020-06/30/2021 General Fund-Health Funding Source: Education

2) OPERATING EXPENSES:

General Operating:

Expense Item	Brief Description	Rate/Formula	С	ost
Community Capacity Building & Engagement	Website maintenance, trainings, data purchases, audio conferencing services, meeting room rentals, surveys and project management software license, and books, office, incentives/'swag', meeting supplies, presentation materials, printing, and other.		\$	6,013
	То	tal General Operating:	\$	6,013

Consultants/Subcontractors:

Consult/Subcontractor Name	Service Description	Rate/Formula	Cost
	Program, evaluation, fund development and other consultants: Hourly rate to be based on experience and duties. Work to support the development, implementation, monitoring and evaluation of various capacity building projects and services. Includes consultants for Chronic Disease Prevention, Healthy		
Community Engagement Consultants - TBD	Retail SF, Ped Safety/Active Transportation and other work related towards healthier communities. Consultants and rate to be determined as identified. Program evaluation services for Safe Routes to School		\$ 106,700
Raimi and Associates	and related services.		\$ 40,000
CARECEN Violence Prev Groups	To provide violence prevention support groups and related activities for girls and young women.		\$ 39,460
Rebuilding Together San Francisco	Supplies and labor costs associated with minor home repairs in seniors' and disabled persons' private residences as referred by DPH CHIPPS staff and associates.		\$ 70,000
Walk SF Foundation - Families for Safe Streets	Families for Safe Streets (FSS) organizes and assists a group of people who have lost loved ones or been victims in traffic collisions; these individuals support the implementation of Vision Zero in San Francisco to prevent future crashes from happening.		\$ 99,794
Walk SF Foundation - Safe Streets for Seniors	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 40,880
Senior and Disability Action - Safe Streets for Seniors	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 40,880
Chinatown Community Development Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440

	Total Consu	Itants/Subcontractors:	\$ 553,428
Pedestrian Safety Outreach	in District 5.		\$ 13,514
Walk SF Foundation - D5	Community-based subcontract for pedestrian safety outreach		
Tenderioin Community Benefit District - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Lighthouse for the Blind and Visually Impaired - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Curry Senior Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440

TOTAL OPERATING EXPENSES: \$ 559,441

TOTAL DIRECT COSTS: \$

559,441

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

		A	Amount
Finance Manager, Accounting Assistant, Executive Director, Program C	Coordinator, rent, audit, supplies.	\$	55,942
	Indirect Rate:		10.00%
	TOTAL INDIRECT COSTS:	\$	55,942

TOTAL EXPENSES: \$ 615,383

Contractor: San Franc	sco Public He	ealth Fou	Indation			-	A	ppendix:	B-1b
Program: Communit	y Health Enga	gement					Append	lix Term:	07/01/2021 - 06/30/2022
	UOS COST	ALLOC	ATION BY SE		IODE		Funding	Source:	GF- Health Education
Service Modes	Communit Engager Progr Administ	nent - am	Community Injury Prevo Progra Administ	ention - am	Violer Prevent Progr Administ	ion - am	Vision Z Progr Administ	am	
Operating Expenses	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total General Operating	1,504	25%	1,503	25%	1,503	25%	1,503	25%	6,013
Consultants/Subcontractor:									
Subcontractors	106,700	19%	70,000	13%	39,460	7%	337,268	61%	553,428
		0%		0%		0%		0%	
Total Operating Expenses	108,204	19%	71,503	13%	40,963	7%	338,771	61%	559,441
Total Direct Expenses	108,204	19%	71,503	13%	40,963	7%	338,771	61%	559,441
Indirect Expenses 10.00%	10,820	19%	7,150	13%	4,096	7%	33,876	61%	55,942
TOTAL EXPENSES	119,024	19%	78,653	13%	45,059	7%	372,647	61%	615,383
Unit of Service Typ	e Subconti	ractor	Subcontra	actor	Subcontr	actor	Subcontr	actor	
Number of UOS per Service Mod	e 12		12		12		96	1	132
Cost Per UOS by Service Mod	e \$9,918.	.67	\$6,554.4	42	\$3,754.	92	\$3,881.	74	N/A
umber of UDC/NOC per Service Mod	e 1		1		1		7		10
									Rev: 02/18

Contractor Name San Francisco Public Health Foundation Program Name: Community Health Engagement

Appendix: B-1b Appendix Term: 07/01/2021-6/30/2022 Funding Source: GF Health Education

2) OPERATING EXPENSES:

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Community Capacity Building & Engagement	Website maintenance, trainings, data purchases, audio conferencing services, meeting room rentals, surveys and project management software license, and books, office, incentives/'swag', meeting supplies, presentation materials, printing, and other.		\$ 6,013
	T	otal General Operating:	\$ 6,013

Consultants/Subcontractors:

Consult/Subcontractor Name		Rate/Formula	Cost
	Program, evaluation, fund development and other consultants: Hourly rate to be based on experience and		
	duties. Work to support the development,		
	implementation, monitoring and evaluation of various		
	capacity building projects and services. Includes		
	consultants for Chronic Disease Prevention, Healthy		
	Retail SF, Ped Safety/Active Transportation and other		
Community Engagement	work related towards healthier communities.		
Consultants - TBD	Consultants and rate to be determined as identified.		\$ 106,700
	Program evaluation services for Safe Routes to School		
Raimi and Associates	and related services.		\$ 40,000
CARECEN Violence Prev	To provide violence prevention support groups and		
Groups	related activities for girls and young women.		\$ 39,460
	Supplies and labor costs associated with minor home		
	repairs in seniors' and disabled persons' private		
Rebuilding Together San	residences as referred by DPH CHIPPS staff and		
Francisco	associates.		\$ 70,000
	Families for Safe Streets (FSS) organizes and assists a		
	group of people who have lost loved ones or been		
	victims in traffic collisions; these individuals support the		
Walk SF Foundation -	implementation of Vision Zero in San Francisco to		
Families for Safe Streets	prevent future crashes from happening .		\$ 99,794
	Citywide subcontract for work to support the community		
Walk SF Foundation - Safe	based education of Vision Zero projects and services		
Streets for Seniors	for senior and disabled communities.		\$ 40,880
Capies and Dischilling A. C.	Citywide subcontract for work to support the community		
Senior and Disability Action -	based education of Vision Zero projects and services		
Safe Streets for Seniors	for senior and disabled communities.		\$ 40,880

		Indirect Rate:		10.00%
inance Manager, Accounting A	ssistant, Executive Director, Program Coordinator, rent, audit,	supplies.	\$	55,942
Please list here the personnel a	nd ledger expenses that are included in your shared costs?			Amount
I) INDIRECT COSTS		OTAL DIRECT COOTO.	Ψ	
	_	OTAL DIRECT COSTS:	¢	559,44
	TOTAL OF	PERATING EXPENSES:	\$	559,44
	Total Consu	Itants/Subcontractors:	\$	553,420
Pedestrian Safety Outreach	in District 5.		\$	13,51
Walk SF Foundation - D5	Community-based subcontract for pedestrian safety outreach			
Streets for Seniors	services for senior and disabled communities.		\$	20,440
Tenderloin Community Benefit District - Safe	Neighborhood subcontract for work to support the community based education of Vision Zero projects and			
Portola Family Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$	20,44
Lighthouse for the Blind and Visually Impaired - Safe Streets for Seniors	community based education of Vision Zero projects and services for senior and disabled communities.		\$	20,44
Curry Senior Center - Safe Streets for Senior <u>s</u>	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the		\$	20,44
Development Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$	20,44

TOTAL EXPENSES: \$	615,383
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Contractor: SF Public	lealth Founda	ation					A	ppendix:	B-1c
Program: Community Health Engagement								lix Term:	7/1/2022-6/30/2023
						-0.	Funding	Source:	GF- Health Education
	UOS COST	ALLOCA	TION BY SE	RVICE N	IODE				
Service Modes	Engager Progr	Community Health Engagement - Program Administration		Community Home Injury Prevention - Program Administration		Violence Prevention - Program Administration		Zero - am ration	
Operating Expenses	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total General Operating	1,504	25%	1,503	25%	1,503	25%	1,503	25%	6,013
Consultants/Subcontractor:									
Subcontractors (13)	106,700	19%	70,000	13%	39,460	7%	337,268	61%	553,428
Total Operating Expenses	108,204	19%	71,503	13%	40,963	7%	338,771	61%	559,441
Total Direct Expenses	108,204	19%	71,503	13%	40,963	7%	338,771	61%	559,441
Indirect Expenses 10.00%	10,820	19%	7,150	13%	4,096	7%	33,876	61%	55,942
TOTAL EXPENSES	119,024	19%	78,653	13%	45,059	7%	372,647	61%	615,383
Unit of Service Typ	e Subconti	ractor	Subcontra	actor	Subcontr	actor	Subcontractor		
Number of UOS per Service Mod	e 12		12		12		96		132
Cost Per UOS by Service Mod	e \$9,918.	.67	\$6,554.4	42	\$3,754.	.92	\$3,881.74		N/A
umber of UDC/NOC per Service Mod	e 1		1		1		7		10
									Rev: 02/1

Contractor Name SF Public Health Foundation Program Name: Community Health Engagement

Appendix: B-1c Appendix Term: 7/1/2022-6/30/2023 Funding Source: GF- Health Educatior

2) OPERATING EXPENSES:

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Community Capacity Building & Engagement	Website maintenance, trainings, data purchases, audio conferencing services, meeting room rentals, surveys and project management software license, and books, office, incentives/'swag', meeting supplies, presentation materials, printing, and other.		\$ 6,013
	T	otal General Operating:	\$ 6,013

Consultants/Subcontractors:

Consult/Subcontractor Name	Service Description	Rate/Formula	Cost
Community Engagement Consultants - TBD	Program, evaluation, fund development and other consultants: Hourly rate to be based on experience and duties. Work to support the development, implementation, monitoring and evaluation of various capacity building projects and services. Includes consultants for Chronic Disease Prevention, Healthy Retail SF, Ped Safety/Active Transportation and other work related towards healthier communities. Consultants and rate to be determined as identified.		\$ 106,700
Raimi and Associates	Program evaluation services for Safe Routes to School and related services.		\$ 40,000
CARECEN Violence Prev Groups	To provide violence prevention support groups and related activities for girls and young women.		\$ 39,460
Rebuilding Together San Francisco	Supplies and labor costs associated with minor home repairs in seniors' and disabled persons' private residences as referred by DPH CHIPPS staff and associates.		\$ 70,000
Walk SF Foundation - Families for Safe Streets	Families for Safe Streets (FSS) organizes and assists a group of people who have lost loved ones or been victims in traffic collisions; these individuals support the implementation of Vision Zero in San Francisco to prevent future crashes from happening.		\$ 99,794
Walk SF Foundation - Safe Streets for Seniors	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 40,880

Citywide subcontract for work to support the community			
based education of Vision Zero projects and services			
for senior and disabled communities.		\$	40,880
Neighborhood subcontract for work to support the			
		•	
		\$	20,440
Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$	20,440
Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$	20,440
Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$	20,440
Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$	20,440
Community-based subcontract for pedestrian safety outreach in District 5.		\$	13,514
	based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities. Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	based education of Vision Zero projects and services for senior and disabled communities.\$Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.\$Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.\$Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.\$Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.\$Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.\$Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.\$Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.\$Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.\$Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.\$Community-based subcontract for pedestrian safety outreach\$

Total Consultants/Subcontractors: \$ 553,428

TOTAL OPERATING EXPENSES: \$ 559,441

TOTAL DIRECT COSTS: \$ 559,441

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

	A	mount
Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$	55,942

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: \$ 55,942

TOTAL EXPENSES: \$ 615,383

Contractor: Sa	an Franciso	co Public He	alth Fou	ndation				A	ppendix:	B-1d
Program: C	ommunity	Health Enga	gement					Append	lix Term:	07/01/2023-06/30/2024
_			41100					Funding	Source:	General Fund-Health Education
Servic	e Modes:	Community Engagen Progra Administ	y Health nent - am	ATION BY SE Community Injury Prevo Progra Administr	/ Home ention - Im	Violer Prevent Progra Administ	ion - am	Vision 2 Progr Administ	am	
Personnel Expenses		-	0%	-	0%	-	0%	-	0%	
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total General Operating		1,504	25%	1,503	25%	1,503	25%	1,503	25%	6,013
Consultants/Subcontrac Subcontractors (13)	tor:	106,700	19%	70,000	13%	39,460	7%	337,268	61%	553,428
Total Operating Expenses		108,204	19%	71,503	13%	40,963	7%	338,771	61%	559,441
Total Direct Expenses		108,204	19%	71,503	13%	40,963	7%	338,771	61%	559,441
Indirect Expenses	10.00%	10,820	19%	7,150	13%	4,096	7%	33,876	61%	55,942
TOTAL EXPENSES		119,024	19%	78,653	13%	45,059	7%	372,647	61%	615,383
Unit of Set	rvice Type	Subcontr	actor	Subcontra	actor	Subcontr	actor	Subcontr	actor	
Number of UOS per Service Mode		12		12		12		96	1	132
Cost Per UOS by Ser	rvice Mode	\$9,918.	67	\$6,554.42		\$3,754.92		\$3,881.	74	N/A
umber of UDC/NOC per Se	ervice Mode	1		1		1		7		10

Contractor Name San Francisco Public Health Foundation

Program Name: Community Health Engagement

Appendix: B-1d Appendix Term: 07/01/2023-06/30/2024 General Fund-Health Funding Source: Education

2) OPERATING EXPENSES:

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Community Capacity Building & Engagement	Website maintenance, trainings, data purchases, audio conferencing services, meeting room rentals, surveys and project management software license, and books, office, incentives/'swag', meeting supplies, presentation materials, printing, and other.		\$ 6,013
	T	otal General Operating:	\$ 6,013

Consultants/Subcontractors:

Consult/Subcontractor Name	Service Description	Rate/Formula		Cost
Community Engagement Consultants - TBD	Program, evaluation, fund development and other consultants: Hourly rate to be based on experience and duties. Work to support the development, implementation, monitoring and evaluation of various capacity building projects and services. Includes consultants for Chronic Disease Prevention, Healthy Retail SF, Ped Safety/Active Transportation and other work related towards healthier communities. Consultants and rate to be determined as identified.		¢	100 700
	Program evaluation services for Safe Routes to School		\$	106,700
Raimi and Associates	and related services.		\$	40,000
CARECEN Violence Prev Groups	To provide violence prevention support groups and related activities for girls and young women.		\$	39,460
Rebuilding Together San Francisco	Supplies and labor costs associated with minor home repairs in seniors' and disabled persons' private residences as referred by DPH CHIPPS staff and associates.		\$	70,000
Walk SF Foundation - Families for Safe Streets	Families for Safe Streets (FSS) organizes and assists a group of people who have lost loved ones or been victims in traffic collisions; these individuals support the implementation of Vision Zero in San Francisco to prevent future crashes from happening.		\$	99,794
Walk SF Foundation - Safe Streets for Seniors	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$	40,880
	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$	40,880
	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$	20,440

	Total Const	ultants/Subcontractors:	\$ 553,428
Pedestrian Safety Outreach	in District 5.		\$ 13,514
Walk SF Foundation - D5	Community-based subcontract for pedestrian safety outreach		
Tenderloin Community Benefit District - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Portola Family Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Lighthouse for the Blind and Visually Impaired - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440
Curry Senior Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.		\$ 20,440

TOTAL OPERATING EXPENSES: \$ 559,441

TOTAL DIRECT COSTS: \$

559,441

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

	Amount
Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 55,942

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS:	\$ 55,942

TOTAL EXPENSES: \$ 615,383

Contractor:	San Francis	co Public H	ealth Fou	Indation				A	ppendix:	B-2		
Program:	Community	Health Enga	agement					Append	lix Term:	2/1/2020-6/31/2020		
		UOS COST	ALLOCA	ATION BY SE		MODE	-	Funding	Source:	General Fund-HIV Prevention		
Sen	vice Modes:	Progr Administ										
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals		
End Hep C SF Project	0.41	8,033	100%		0%		0%		0%	8,033		
0	0.00		0%		0%		0%		0%	-		
Total FTE & Salaries	0.41	8,033	100%	-	0%	-	0%	-	0%	8,033		
Fringe Benefits	17.89%	1,437	100%	-	0%	-	0%	-	0%	1,437		
Personnel Expenses		9,470	100%	-	0%	-	0%	-	0%	9,470		
Total Direct Expenses	. 1	9,470	100%		0%		0%		00/	0.470		
Indirect Expenses	10.00%	9,470	100%	-	0%	-	0%	-	0% 0%	9,470		
TOTAL EXPENSES	10.00 %	10,417	100%	-	0%	-	0%	-	0%	947 10,417		
Unit of Service Type		Hour	'S	0		0		0				
Number of UOS per Service Mode		234								234		
Cost Per UOS by S	Service Mode	\$44.5	2	\$0.00		\$0.00)	\$0.00)	N/A		
umber of UDC/NOC per	Service Mode	N/A										

Contractor Name San Francisco Public Health Foundation Program Name: Community Health Engagement

Appendix:	B-2	
Appendix Term:	02/01/2020-6/30/2020	
Funding Source:	General Fund-HIV Prevention	

1a) SALARIES

	N					
	End Hep C SF Project					
Brief duties related to this program and clients served		, communications a	and events for and be	etween coalition members	5.	
Degree, license (if applicable),						
experience	Bachelors degree, two	years community	health education exp	erience.		
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	71,400	0.2744	5	0.41	\$8,033	
	Total FTE, Base:	0.2744	Annualized:	0.41		
1b) EMPLOYEE FRINGE BENE	EFITS:			Total Salaries:	\$	8,033
			Component		Cost	
			Social Security	\$		614.52
			Retirement			321.32
			Medical	\$		400.00
			Dental			50.00
		Unem	ployment Insurance			51.00
				Total Fringe Benefit:	\$	1,437
				Fringe Benefit %:		17.89%
	[TOTAL SAL	ARIES & EMPLOY	EE FRINGE BENEFITS:	\$	9,470
		1	Τ	OTAL DIRECT COSTS:	\$	9,470
4) INDIRECT COSTS						
Please list here the personnel an	id ledger expenses tha	t are included in yo	our shared costs?			
Finance Manager Association As						nount
Finance Manager, Accounting As	ssistant, rent, audit, sup	oplies.			\$	947
				Indiract Pate:		10.000/

Indirect Rate:	10.00%
TOTAL INDIRECT COSTS: \$	947
TOTAL EXPENSES: \$	10,417

Contractor: San Francisco Public Health Foundation

Program: Community Health Engagement

Appendix: B-2a

Appendix Term: 07/01/2020-6/30/2021

Funding Source: General Fund-HIV Prev

UOS COST ALLOCATION BY SERVICE MODE

		003 0031	ALLUCA	ATION BT 30		NODE				
Ser	vice Modes:	Progr Administ								
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
SF Project Coordinator	0.25	18,386	100%		0%	-	0%		0%	18,386
Total FTE & Salaries	0.25	18,386	100%	-	0%	-	0%	-	0%	18,386
Fringe Benefits	23.61%	4,341	100%	-	0%	-	0%	_	0%	4,341
Personnel Expenses		22,727	100%	-	0%		0%	-	0%	22,727
Total Direct Expenses		22,727	100%		0%		0%	_	0%	22,727
Indirect Expenses	10.00%	2,273	100%	-	0%	-	0%	-	0%	2,273
TOTAL EXPENSES		25,000	100%		0%	-	0%	-	0%	25,000
Unit of	Service Type	Hour	s	0		0		0		
Number of UOS per	Service Mode	536								536
Cost Per UOS by	Service Mode	\$46.6	5	\$0.00		\$0.00)	\$0.00)	N/A
umber of UDC/NOC per	Service Mode	N/A								

Contractor Name San Francisco Public Health Foundation Program Name: Community Health Engagement

Appendix: B-2a Appendix Term: 07/01/2020-6/30/2021 Funding Source: General Fund-HIV Prevention

1a) SALARIES

Staff Position 1	End Hep C SF Projec	t Coordinator				
Brief duties related to this program (and clients served	Coordinates meetings,	communications a	nd events for and be	ween coalition members	;.	
Degree, license (if applicable), experience E	Bachelors degree, two	years community h	nealth education expe	erience.		
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Tota	
	73,542	0.25	12	0.25	\$18,386	
	Total FTE, Base:	0.25	Annualized:	0.25		
1b) EMPLOYEE FRINGE BENEF				Total Salaries:		18,386
(Components provided below are	samples only. The bu	dgeted components				
			Component	(Cost	
			Social Security	\$		1,406.53

	Table D. C. A	1011
Other (specify):	\$	-
Paid Time Off	\$	-
Disability Insurance	\$	-
Unemployment Insurance	\$	308.00
Dental	\$	250.00
Medical	\$	1,457.00
Retirement	\$	919.30
		.,

Total Fringe Benefit: \$ 4,341

Fringe Benefit %: 23.61%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727

2) OPERATING EXPENSES:

TOTAL OPERATING EXPENSES: \$

TOTAL DIRECT COSTS: \$ 22,727

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

2			Amount
Finance Manager, Accounting Assistant, rent, audit, supplies.			\$ 2,273
L		Indirect Rate:	
		TOTAL INDIRECT COSTS:	\$ 2,273
Appendix B-2a		TOTAL EXPENSES:	\$ 25,000
01/01/2020	2		Contract ID# 100001694

Contractor: San Francisco Public Health Foundation Appen										B-2b
Program:	Community	Health Enga	agement				-	Append	lix Term:	7/1/2021-6/30/2022
							-	Funding	Source:	GF HIV Prevention
		UOS COST	ALLOCA	ATION BY SE	RVICE N	IODE				
Serv	vice Modes:	Progr Administ								
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
End Hep C SF Project	0.25	18,386	100%		0%	-	0%		0%	18,386
Total FTE & Salaries	0.25	18,386	100%		0%	-	0%	-	0%	18,386
Fringe Benefits	23.61%	4,341	100%	-	0%	-	0%	-	0%	4,341
Personnel Expenses		22,727	100%	-	0%	-	0%		0%	22,727
Total Direct Expenses	;	22,727	100%	-	0%	-	0%	-	0%	22,727
Indirect Expenses	10.00%	2,273	100%	-	0%	-	0%	-	0%	2,273
TOTAL EXPENSES		25,000	100%	-	0%	-	0%		0%	25,000
Unit of S	Service Type	Hour	s	0		0		0		
Number of UOS per S	Service Mode	536							Î	536
Cost Per UOS by S	Service Mode	\$46.6	5	\$0.00		\$0.00)	\$0.00)	N/A
mber of UDC/NOC per	Service Mode	N/A								

Contractor Name SF Public Health Foundation Program Name: Community Health Engagement

Appendix: B-2b Appendix Term: 07/01/2021-6/30/2022 Funding Source: GF HIV Prevention

1a) SALARIES

Staff Position 1	End Hep C SF Project	ct Coordinator				
Brief duties related to this program and clients served		, communications	and events for and b	etween coalition member	S.	
Degree, license (if applicable),						
experience	Bachelors degree, two	o years community	health education exp	perience.		
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	73,542	0.25	12	0.25	\$	18,386
1b) EMPLOYEE FRINGE BENE	Total FTE, Base:	0.25	Annualized:	0.25 Total Salaries:	¢	40.200
						18,386
(Components provided below ar	e samples only. The bi	udgeted componer			,	
			Component	Cos	t	
			Social Security	\$		1,406.53
			Retirement	\$		919.30
			Medical	\$		1,457.00
			Dental	\$		250.00
		Unom	ployment Insurance	¢		308.00

Component	Cost	
Social Security	\$	1,406.53
Retirement	\$	919.30
Medical	\$	1,457.00
Dental	\$	250.00
Unemployment Insurance	\$	308.00
Disability Insurance	\$	-
Paid Time Off	\$	-
Other (specify):	\$	-
	Total Fringe Benefit: \$	4 341

l otal Fringe Benefit: \$ 4,341

Fringe Benefit %: 23.61%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727

> TOTAL DIRECT COSTS: \$ 22,727

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

		Amount
Finance Manager, Accounting Assistant, rent, audit, supplies.		\$ 2,273
	Indirect Rate:	10.00%
	TOTAL INDIRECT COSTS:	\$ 2,273
Annondix P 2h	TOTAL EXPENSES:	\$ 25,000

Contractor:	San Francise	co Public He	ealth Fou	ndation				A	ppendix:	B-2c	
Program:	Community	Health Enga	agement			-	Append	dix Term:	07/01/2022-06/30/2023		
		UOS COST	ALLOCA	TION BY SE	RVICE M	IODE	-	Funding) Source:	GF-HIV Prevention	
Sen	vice Modes:	Progr Administ				-					
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
End Hep C SF Project Coordir	0.25	18,386	100%		0%	-	0%		0%	18,38	
Total FTE & Salaries	0.25	18,386	100%		0%	-	0%		0%	18,38	
Fringe Benefits	23.61%	4,341	100%	-	0%	-	0%	-	0%	4,34	
Total Personnel Expenses]	22,727	100%		0%		0%	-	0%	22,72	
Total Direct Expenses		22,727	100%	-	0%	-	0%	-	0%	22,72	
Indirect Expenses	10.00%	2,273	100%	-	0%	-	0%	-	0%	2,273	
TOTAL EXPENSES		25,000	100%	-	0%		. 0%		0%	25,000	
Unit of S	Service Type	Hour	s	0		0		0			
Number of UOS per S	Service Mode	536								536	
Cost Per UOS by S	Service Mode	\$46.6	5	\$0.00		\$0.00	0	\$0.0	D	N/A	
	Service Mode	N/A									

Contractor Name SF Public Health Foundation Program Name: Community Health Engagement

Appendix: B-2c Appendix Term: 07/01/2022-06/30/2023 Funding Source: GF-HIV Prevention

1a) SALARIES

	End hop o or hojod	t Coordinator				
Brief duties related to this program and clients served	-	, communications a	and events for and b	etween coalition member	S.	
Degree, license (if applicable), experience	Bachelors degree, two	years community	health education exp	perience.		
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	73,542	0.25	12	0.25	\$	18,386
	Total FTE, Base:	0.25	Annualized:	0.25		
1b) EMPLOYEE FRINGE BENE (Components provided below ar		udaeted componen	ts should reflect the	Total Salaries:	•	18,386
, F F]		Component			
			VVIIIPVIIVIIVI	003	16	
			· · · · · · · · · · · · · · · · · · ·			1,406.53
			Social Security Retirement	\$		•
			Social Security	\$ \$		919.30
			Social Security Retirement	\$ \$ \$		919.30 1,457.00
		Unem	Social Security Retirement Medical Dental	\$ \$ \$ \$		919.30 1,457.00 250.00
			Social Security Retirement Medical Dental ployment Insurance	\$ \$ \$ \$ \$		919.30 1,457.00 250.00
			Social Security Retirement Medical Dental ployment Insurance	\$ \$ \$ \$ \$ \$		919.30 1,457.00 250.00
			Social Security Retirement Medical Dental ployment Insurance Disability Insurance	\$ \$ \$ \$ \$ \$		919.30 1,457.00 250.00 308.00
			Social Security Retirement Medical Dental ployment Insurance Disability Insurance Paid Time Off	\$ \$ \$ \$ \$ \$ \$ \$		919.30 1,457.00 250.00 308.00
			Social Security Retirement Medical Dental ployment Insurance Disability Insurance Paid Time Off	\$ \$ \$ \$ \$ \$ \$ \$ \$		-

TOTAL DIRECT COSTS: \$ 22,727

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

		Α	mount
Finance Manager, Accounting Assistant, rent, audit, supplies.		\$	2,273
	Indirect Rate:		10.00%
	TOTAL INDIRECT COSTS:	\$	2,273

TOTAL EXPENSES: \$

25,000

Contractor: San Francisco Public Health Foundation

Program: Community Health Engagement

Appendix: B-2d

Appendix Term: 07/01/2023-6/30/2024

Funding Source: GF-HIV Prevention

UOS COST ALLOCATION BY SERVICE MODE

		n		1		n				
Ser	vice Modes:	Progr Adminis								
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
End Hep C SF Project	0.25	18,386	100%		0%	-	0%		0%	18,386
Total FTE & Salaries	0.25	18,386	100%	-	0%	-	0%	-	0%	18,386
Fringe Benefits	23.61%	4,341	100%	-	0%	-	0%	-	0%	4,341
Personnel Expenses		22,727	100%	-	0%		0%		0%	22,727
Total Direct Expenses		22,727	100%	_	0%	-	0%	-	0%	22,727
Indirect Expenses	10.00%	2,273	100%	-	0%	-	0%	-	0%	2,273
TOTAL EXPENSES		25,000	100%	-	0%	-	0%	-	0%	25,000
Unit of S	Service Type	Hou	rs	0		0		0		
Number of UOS per										536
Cost Per UOS by	Service Mode	\$46.6	5	\$0.00		\$0.00)	\$0.0	0	N/A
lumber of UDC/NOC per	Service Mode	N/A								

Contractor Name San Francisco Public Health Foundation Program Name: Community Health Engagement

Appendix: B-2d Appendix Term: 07/01/2023-6/30/2024 Funding Source: General Fund-HIV Prevention

1a) SALARIES

Staff Position 1	End Hep C SF Proje	ct Coordinator					
Brief duties related to this program and clients served		s, communications a	ind events for and l	between coalition members	S.		
Degree, license (if applicable), experience	Bachelors degree, two	o years community l	health education ex	perience.			
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total	
	73,542	0.25	12	0.25	\$		18,386

Total FTE, Base: 0.25 Annualized:

1b) EMPLOYEE FRINGE BENEFITS:

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

 Component	Cost	
Social Security	\$	1,406.53
Retirement	\$	919.30
Medical	\$	1,457.00
Dental	\$	250.00
Unemployment Insurance	\$	308.00
Disability Insurance	\$	-
Paid Time Off	\$	-
Other (specify):	\$	-
	Total Fringe Benefit: \$	4,341
	Eringo Bonofit %	22 640/

Fringe Benefit %: 23.61%

18,386

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727

0.25

Total Salaries: \$

TOTAL DIRECT COSTS:	\$ 22,727

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

		 Amount
Finance Manager, Accounting Assistant, rent, audit, supplies.		\$ 2,273
	Indirect Rate:	10.00%
	TOTAL INDIRECT COSTS:	\$ 2,273
	TOTAL EXPENSES:	\$ 25,000

Contractor: San Francisco Public Health Foundation

Program: Community Health Engagement

Appendix: B-3

Appendix Term: 2/1/2020-12/31/2020

Funding Source: Grant - CDC

UOS COST ALLOCATION BY SERVICE MODE

Serv	vice Modes:	Progr Administ								
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
End Hep C SF Project	0.25	17,850	100%		0%	-	0%		0%	17,85
Total FTE & Salaries	0.25	17,850	100%	-	0%	-	0%	-	0%	17,85
Fringe Benefits	16.71%	2,983	100%	-	0%	-	0%	-	0%	2,98
Personnel Expenses		20,833	100%	-	0%	•	0%	•	0%	20,833
Personnel Expenses		20,833 20,833	100%		0%	•	0%		0%	
			·							20,833 20,833 2,084
Total Direct Expenses	6	20,833	100%		0%	-	0%	-	0%	20,833
Total Direct Expenses Indirect Expenses TOTAL EXPENSES	6	20,833 2,084 22,917	100% 100% 100%	-	0% 0%		0% 0%	-	0% 0%	20,83 2,084
Total Direct Expenses Indirect Expenses TOTAL EXPENSES	10.00% Service Type	20,833 2,084 22,917 Hour	100% 100% 100%	-	0% 0%	-	0% 0%	-	0% 0%	20,83 2,08
Total Direct Expenses Indirect Expenses TOTAL EXPENSES Unit of S	10.00% Service Type Service Mode	20,833 2,084 22,917 Hour 520	100% 100% 100%	-	0% 0% 0%	-	0% 0% 0%	-	0% 0% 0%	20,83 2,08 22,91

Contractor Name San Francisco Public Health Foundation Program Name: Community Health Engagement

Appendix: B-3 Appendix Term: 02/01/2020-12/31/2020 Funding Source: Grant CDC

1a) SALARIES

					_	
	End Hep C SF Project					
Brief duties related to this program	Coordinates meetings	, communications a	and events for and be	etween coalition members	S.	
and clients served						
Degree, license (if applicable),						
experience	Bachelors degree, two	years community	health education exp	erience.		
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	71,400	0.60	5	0.25	\$	17,850
	Total FTE, Base:	0.60	Annualized:	0.25		
1b) EMPLOYEE FRINGE BENE	FITS:			Total Salaries:	\$	17,850
(Components provided below an	e samples only. The bu	idgeted componen	ts should reflect the o	contractor's ledger accour	nts.)	
			Component	Cos	t	
			Social Security	\$		1,365.53
			Retirement	\$		856.80
			Medical	\$		511.00
			Dental	\$		100.00
		Unem	ployment Insurance	\$		150.00
				Total Fringe Benefit:	\$	2,983
				Fringe Benefit %:		16.71%
	1	TOTAL SA	LARIES & EMPLOY	EE FRINGE BENEFITS:	\$	20,833
			TOTAL OF	PERATING EXPENSES:	\$	-
		1	Т	OTAL DIRECT COSTS:	\$	20,833
I) INDIRECT COSTS						
Please list here the personnel an	d ledger expenses that	at are included in v	our shared costs?			
	0	,				Amount
Finance Manager, Accounting As	ssistant, rent, audit, sup	oplies.			\$	2,084
				Indirect Rate:		10.00%
			тот	AL INDIRECT COSTS:	\$	2,084
		1.	Г			00.047

TOTAL EXPENSES: \$ 22,917

Contractor: SF Public Health Foundation

Program: Community Health Engagement

Appendix: B-3a Appendix Term: 01/01/2021-12/31/2021

Funding Source:

Grant - CDC

UOS COST ALLOCATION BY SERVICE MODE

Serv	ice Modes:	Progr Administ								
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
End Hep C SF Project	0.26477	19,472	100%		0%	-	0%		0%	19,472
0	0.00		0%		0%		0%		0%	-
Total FTE & Salaries	0.26477	19,472	100%	-	0%	-	0%	-	0%	19,472
Fringe Benefits	16.72%	3,255	100%	-	0%	-	0%	-	0%	3,255
Personnel Expenses		22,727	100%	-	0%	-	0%		0%	22,727
Total Direct Expenses	5	22,727	100%	-	0%	-	0%	-	0%	22,727
Indirect Expenses	10.00%	2,273	100%	-	0%	-	0%	-	0%	2,273
TOTAL EXPENSES		25,000	100%	-	0%	-	0%		0%	25,000
Unit of S	ervice Type	Hour	s	0		0		0		
Number of UOS per S	Service Mode	567							Ĩ	567
Cost Per UOS by S	ervice Mode	\$44.1	0	\$0.00		\$0.00	0	\$0.0)	N/A
mber of UDC/NOC per	Service Mode	N/A								

Contractor Name SF Public Health Foundation Program Name: Community Health Engagement

Appendix: B-3a Appendix Term: 01/01/2021-12/31/2021 Funding Source: Grant -CDC

1a) SALARIES

Staff Position 1	End Hep C SF Project	t Coordinator				
Brief duties related to this program and clients served	Coordinates meetings	, communications a	nd events for and be	etween coalition member	S.	
Degree, license (if applicable), experience	Bachelors degree, two	years community l	nealth education exp	perience.		
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	73,542	0.26477	12	0.26477	\$	19,472
	Total FTE, Base:	0.26477	Annualized:	0.26477		
	10tal 1 12, 2400.					
b) EMPLOYEE FRINGE BENE Components provided below an	FITS:			Total Salaries: contractor's ledger accou		19,472
•	FITS:				ints.)	19,472
•	FITS:		ts should reflect the	contractor's ledger accou Cost	ints.)	
•	FITS:		ts should reflect the Component	contractor's ledger accou Cost	ints.)	1,490.00
•	FITS:		ts should reflect the Component Social Security	contractor's ledger accou Cost \$ \$	ints.)	1,490.00
•	FITS:		ts should reflect the Component Social Security Retirement	contractor's ledger accou Cost \$ \$ \$	ints.)	1,490.00 934.66 557.43
•	FITS:	udgeted componen	ts should reflect the Component Social Security Retirement Medical	contractor's ledger accou Cost \$ \$ \$	ints.)	1,490.00 934.66 557.43 109.09
•	FITS:	udgeted componen	ts should reflect the Component Social Security Retirement Medical Dental	contractor's ledger accou Cost \$ \$ \$ \$	ints.)	1,490.00 934.66 557.43 109.09
•	FITS:	udgeted componen	ts should reflect the Component Social Security Retirement Medical Dental Doloyment Insurance Disability Insurance	contractor's ledger accou Cost \$ \$ \$ \$ \$ \$ \$	ints.)	1,490.00 934.66 557.43 109.09
•	FITS:	udgeted componen	ts should reflect the Component Social Security Retirement Medical Dental Doyment Insurance Disability Insurance Paid Time Off	contractor's ledger accou Cost \$ \$ \$ \$ \$ \$ \$	ints.)	1,490.00 934.66 557.43 109.09 163.63

Fringe Benefit %: 16.72%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727

TOTAL DIRECT COSTS: \$ 22,727

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

	Amount
\$	2,273
Indirect Rate:	10.00%
TOTAL INDIRECT COSTS: \$	5 2,273
TOTAL EXPENSES: \$	25,000

Contractor: SF Public Health Foundation

Program: Community Health Engagement

Appendix: B-3b Appendix Term: 1/1/2022-12/31/2022

Funding Source:

Grant - CDC

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Program Administration								
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
End Hep C SF Project	0.26477	19,472	100%		0%	-	0%		0%	19,4
0	0.00		0%		0%		0%		0%	
Total FTE & Salaries	0.26477	19,472	100%	-	0%	-	0%	-	0%	19,4
Fringe Benefits	16.72%	3,255	100%	_	0%	-	0%	-	0%	3,2
Personnel Expenses		22,727	100%	-	0%		0%	-	0%	22,7
Total Direct Expenses		22,727	100%	-	0%	-	0%	-	0%	22,7
Indirect Expenses	10.00%	2,273	100%	-	0%	-	0%	-	0%	2,2
TOTAL EXPENSES		25,000	100%	-	0%	-	0%	-	0%	25,0
Unit of Service Type		Hours		0		0		0		
Number of UOS per Service Mode		567								567
Cost Per UOS by Service Mode		\$44.10		\$0.00		\$0.00		\$0.00		N/A
mber of UDC/NOC per Service Mode		N/A								

BUDGET JUSTIFICATION

Contractor Name SF Public Health Foundation Program Name: Community Health Engagement

Appendix: B-3b Appendix Term: 1/1/2022-12/31/2022 Funding Source: Grant - CDC

1a) SALARIES

1b) EMPLOYEE FRINGE BENEFITS:

Staff Position 1	End Hep C SF Project	t Coordinator						
Brief duties related to this program and clients served		pordinates meetings, communications and events for and between coalition members.						
Degree, license (if applicable),								
experience	Bachelors degree, two	years community	health education exp	erience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total		
	73,542	0.26477	12	0.26477	\$	19,472		

Total FTE, Base: 0.26477

Annualized:

0.26477

Total Salaries: \$ 19,472

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

Component	Cost
Social Security	\$ 1,490.00
Retirement	\$ 934.66
Medical	\$ 557.43
Dental	\$ 109.09
Unemployment Insurance	\$ 163.63
Disability Insurance	\$ -
Paid Time Off	\$ -
Other (specify):	\$ -
	Total Eringa Danafity C 2 255

Total Fringe Benefit:\$3,255

Fringe Benefit %: 16.72%

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727

TOTAL DIRECT COSTS: \$ 22,727

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

		A	mount	
inance Manager, Accounting Assistant, rent, audit, supplies.				
	Indirect Rate:		10.00%	
	TOTAL INDIRECT COSTS:	\$	2,273	
	TOTAL EXPENSES:	\$	25,000	

Appendix B-3b 01/01/2020

Contractor: SF Public Health Foundation

Program: Community Health Engagement

Appendix: **B-3c** Appendix Term: 1/1/2023-12/31/2023

Funding Source:

e: Grant -CDC

UOS COST ALLOCATION BY SERVICE MODE

Sen	vice Modes:	Progr Administ								
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
End Hep C SF Project	0.26477	19,472	100%		0%	-	0%		0%	19,472
0	0.00		0%		0%		0%		0%	
Total FTE & Salaries	0.26477	19,472	100%	-	0%		0%	-	0%	19,472
Fringe Benefits	16.72%	3,255	100%	-	0%	-	0%	-	0%	3,255
Personnel Expenses		22,727	100%	-	0%	-	0%		0%	22,727
Total Direct Expenses		22,727	100%	-	0%	-	0%	-	0%	22,727
Indirect Expenses	10.00%	2,273	100%	-	0%	-	0%	-	0%	2,273
TOTAL EXPENSES		25,000	100%		0%	-	0%	-	0%	25,000
Unit of S	Service Type	Hour	s	0		0		0		
Number of UOS per S	Service Mode	567								567
Cost Per UOS by S	Service Mode	\$44.1	0	\$0.00		\$0.00)	\$0.00)	N/A
umber of UDC/NOC per	Service Mode	N/A								

BUDGET JUSTIFICATION

Contractor Name SF Public Health Foundation Program Name: Community Health Engagement

Appendix: B-3c Appendix Term: 01/01/2023-12/31/2023 Funding Source: Grant - CDC

1a) SALARIES

Staff Position 1	End Hep C SF Projec	t Coordinator				
Brief duties related to this program and clients served		, communications a	ind events for and be	etween coalition members	S.	
Degree, license (if applicable), experience	Bachelors degree, two	years community l	nealth education exp	erience.		
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	73,542	0.26477	12	0.26477	\$	19,472
	Total FTE, Base:	0.26477	Annualized:	0.26477		
					•	
•		udgeted component	s should reflect the c	Total Salaries: contractor's ledger accourt	*	19,472
•		udgeted component	s should reflect the c		nts.)	19,472
•		udgeted component		contractor's ledger accour Cos	nts.)	
•		udgeted component	Component	contractor's ledger accour Cost	nts.)	1,490.00
•		udgeted component	Component Social Security	contractor's ledger accour Cost	nts.)	1,490.00
•		udgeted component	Component Social Security Retirement	contractor's ledger accour Cos \$ \$ \$	nts.)	1,490.00 934.66 557.43
•			Component Social Security Retirement Medical	contractor's ledger accour Cos \$ \$ \$	nts.)	1,490.00 934.66 557.43 109.09
•		Unem	Component Social Security Retirement Medical Dental	contractor's ledger accour Cos \$ \$ \$ \$	nts.)	1,490.00 934.66 557.43 109.09
•		Unem	Component Social Security Retirement Medical Dental ployment Insurance	contractor's ledger accour Cos \$ \$ \$ \$ \$ \$ \$ \$	nts.)	1,490.00 934.66 557.43 109.09
•		Unem	Component Social Security Retirement Medical Dental ployment Insurance Disability Insurance	contractor's ledger accour Cos \$ \$ \$ \$ \$ \$ \$ \$	nts.)	1,490.00 934.66 557.43 109.09 163.63
b) EMPLOYEE FRINGE BENE Components provided below an		Unem	Component Social Security Retirement Medical Dental ployment Insurance Disability Insurance Paid Time Off	contractor's ledger accour Cost \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	t	

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727

TOTAL DIRECT COSTS: \$ 22,727

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

		Amount
nance Manager, Accounting Assistant, rent, audit, supplies.	\$	2,273
	Indirect Rate:	10.00%

TOTAL INDIRECT COSTS: \$ 2,273

TOTAL EXPENSES: \$

25,000

	San Francis Community			Append	ppendix: lix Term: Source:	B-3d 1/1/2024-12/31/2024 Grant - CDC				
		UOS COST	ALLOCA	ATION BY SE		NODE				
Serv	ice Modes:	Progr Administ								
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
End Hep C SF Project	0.26477	19,472	100%		0%	-	0%		0%	19,472
0	0.00		0%		0%		0%		0%	-
Total FTE & Salaries	0.26477	19,472	100%	-	0%	-	0%	-	0%	19,472
Fringe Benefits	16.72%	3,255	100%	-	0%	-	0%	-	0%	3,255
Personnel Expenses		22,727	100%	-	0%	-	0%	-	0%	22,727
T-4-1 Di		00 707	4000/		00/		00(00/	00.707
Total Direct Expenses	10.00%	22,727	100% 100%	-	0%	-	0%	-	0%	22,727
Indirect Expenses	10.00%	2,273		-	0%	-	0%		0%	2,273
TOTAL EXPENSES		25,000	100%	-	0%	-	0%	•	0%	25,000
Unit of S	ervice Type	Hour	S	0		0		0		
Number of UOS per S	ervice Mode	567								567
Cost Per UOS by S	ervice Mode	\$44.1	0	\$0.00		\$0.00)	\$0.00)	N/A
umber of UDC/NOC per S	Service Mode	N/A								
										Rev: 02/1

BUDGET JUSTIFICATION

Contractor Name SF Public Health Foundation Program Name: Community Health Engagement

Appendix: B-3d Appendix Term: 01/01/2024-12/31/2024 Funding Source: Grant - CDC

1a) SALARIES

Staff Position 1	End Hep C SF Projec	t Coordinator				
Brief duties related to this program and clients served	Coordinates meetings	, communications a	nd events for and be	tween coalition members	S.	
Degree, license (if applicable), experience	Bachelors degree, two	years community l	nealth education exp	erience.		
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	73,542	0.26477	12	0.26477	\$	19,472
	Total FTE, Base:	0.26477	Annualized:	0.26477		
•		udaeted component	s should reflect the c	Total Salaries:		19,472
•		udgeted component	s should reflect the c		nts.)	19,472
•		udgeted component		contractor's ledger accour Cost	nts.)	
•		udgeted component	Component	contractor's ledger accour Cost	nts.)	1,490.00
•		udgeted component	Component Social Security	contractor's ledger accour Cost \$ \$	nts.)	1,490.00 934.66
•		udgeted component	Component Social Security Retirement Medical	contractor's ledger accour Cost \$ \$ \$	nts.)	1,490.00 934.66 557.43
•			Component Social Security Retirement Medical	contractor's ledger accour Cost \$ \$ \$	nts.)	1,490.00 934.66
•		Unem	Component Social Security Retirement Medical Dental	contractor's ledger accour Cost \$ \$ \$ \$ \$ \$ \$	nts.)	1,490.00 934.66 557.43 109.09
•		Unem	Component Social Security Retirement Medical Dental ployment Insurance	contractor's ledger accour Cost \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	nts.)	1,490.00 934.66 557.43 109.09
b) EMPLOYEE FRINGE BENE Components provided below are		Unem	Component Social Security Retirement Medical Dental ployment Insurance Disability Insurance	contractor's ledger accour Cost \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	nts.)	1,490.00 934.66 557.43 109.09 163.63
•		Unem	Component Social Security Retirement Medical Dental ployment Insurance Disability Insurance Paid Time Off	contractor's ledger accour Cost \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	nts.) t	557.43 109.09 163.63 - -

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727

TOTAL DIRECT COSTS: \$ 22,727

4) INDIRECT COSTS

Please list here the personnel and ledger expenses that are included in your shared costs?

		Amount
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$	2,273
	Indirect Rate:	10.00%
	TOTAL INDIRECT COSTS: \$	2,273

TOTAL EXPENSES: \$

25,000

Appendix C Insurance Waiver Reserved

Appendix D Grant Terms Reserved



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:



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



Business Associate Agreement

health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

i. Health Care Operations shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

j. Privacy Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

I. 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



Business Associate Agreement

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



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



Business Associate Agreement

disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

j. Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

k. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the



Business Associate Agreement

Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

1. 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



Business Associate Agreement

subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. Termination.

a. Material Breach. A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]

b. Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

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

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to



Business Associate Agreement

provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017 Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs San Francisco Department of Public Health 101 Grove Street, Room 330, San Francisco, CA 94102 Email: <u>compliance.privacy@sfdph.org</u> Hotline (Toll-Free): 1-855-729-6040 DocuSign Envelope ID: 77A191F4-C2A4-4B30-9E90-2119E76088A7

Yes

No*

C		
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.

DO	ES YOU	R ORGANIZA	TION							
А	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?									
В	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?									
	lf	Name &		Phone #		nail:				
	yes:	Title:								
С	Requir docum	e health info entation of	rmation Privacy Training upon hire and an rainings for a period of 7 years.] [SFDPH p	nually thereafter for all rivacy training materials	employees who have ac	cess to health information? [Retain				
D	Have p	documentation of trainings for a period of 7 years.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.] 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	nealth 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?		
E	Assure that staff who create or transfer health information (via lanton, USB (thumb drive handhald) have the state of the state of the		

F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so	
	AND that health information is only transferred or created on encrypted devices approved by SFDPH Information Security staff?	

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

It /	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?		
н	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 SEDPH.)		
E	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?		
К	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	Name:			
or designated person	(print)			
or designated person		Signature	Date	

IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or

compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED	Name			
by OCPA	(print)	Signature	D	ate

DocuSign Envelope ID: 77A191F4-C2A4-4B30-9E90-2119E76088A7

Conductor News	
Contractor Name:	Contractor
	City Vendor ID

DATA SECURITY ATTESTATION

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

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

I. All Contractors.

DO	DOES YOUR ORGANIZATION	Yes	No*
Α	A Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security po	licies and the	
	requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]		
В	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:		
С	C Have a formal Data Security Awareness Program?		
D	D Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Hea	Ith Insurance Portability	
	and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?	an insurance i situsinty	
E		prmation?	
	If Name & Phone # Email:		
	yes: Title:		
F	F Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Re	etain documentation of	
	trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-604.	0.1	
G	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.]		
Н	H Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, tran	smit, or access SFDPH's	
	health information?		
Т	I Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or ve	endors (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	Name:				
Officer or designated person					
entrei er desiBridted person		Sign	nature	Date	

III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or

compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

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

								01/01/2	2020 - 06	NDIX F-' /30/2020 PAGE A
		Contr	act ID #	-				Ir	voice Num	iber
Contractor: San Francisco Public Healt	h Found	a 10000	016941	1					A-1JAN2	20
Address: 1 Hallidie Plaza, Suite 808		. 1		-						
San Francisco, CA 94102				Co	ntract Pu	rchase (order No:			
Telephone: 415-504-6738				T		Euro din e	Courses		15	
Fax:		СН	IEP			runaing	Source:	G	eneral Fu	und
				Ь	epartmen	t ID-Aut	hority ID:			
Program Name: Community Health Engage	ment	L		1			,			
					Proje	ect ID-Ad	tivity ID:			
ACE Control #:						Invoic	e Period:	01/1	/20 - 01/3	31/20
						FINA	_ Invoice		(check if	Vec)
										,
	TO CONTR			ERED	DELIV	ERED	% то			NING RABLES
DELIVERABLES	UOS	NOC	UOS	NOC	UOS	NOC	uos	NOC	UOS	NOC
Community Health Engagement - Program Admi	6	1							6	1
									<u> </u>	
			Ш		<u></u>		11			
Number of Clients for Appendix		NOC	n	NOC		NOC	·	NOC		NOC
Number of Cherks for Appendix		1								1
EXPENDITURES	BUD	GET	EXPE THIS P		EXPE TO D		% (BUD		REMA BALA	
Total Salaries (See Page B)	_									
Fringe Benefits										
Total Personnel Expenses					ļ					
Occupancy-(e.g., Rental of Property, Utilities,								_		
Building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office,										
Postage, Printing and Repro., Program Supplies)										
0										
General Operating-(e.g., Insurance, Staff										
Training, Equipment Rental/Maintenance)		$ \longrightarrow $								
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$35,4	55							\$35,45	5.00
	4001								400,40	0.00
Other - (Meals, Audit, Transportation Reimb,										
Stipends, Facilitators)										
Total Operating Expanses	60E 4	EE							605 (F	
Total Operating Expenses Capital Expenditures	\$35,4	55							\$35,45	5.00
TOTAL DIRECT EXPENSES	\$35,4	55							\$35,45	5.00
Indirect Expenses	\$3,5		1						<u>- \$35,45</u> \$3,545	
TOTAL EXPENSES	\$39,0								\$39,00	
LESS: Initial Payment Recovery	<i></i>				NOTES:				<i>\$03,00</i>	
Other Adjustments (Enter as negative, if appropri	iate)									
REIMBURSEMENT										

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

Signature:
Date:

Date:

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

Title: _____

APPENDIX F-1 01/01/2020 - 06/30/2020 PAGE B

Invoice Number			
A-1JAN20		San Francisco Public Health Foundation	Contractor:
		1 Hallidie Plaza, Suite 808	Address:
	Contract Purchase Order No:	San Francisco, CA 94102	
General Fund	Fund Source:	415-504-6738	Telephone: Fax:
	Department ID-Authority ID:		
		Community Health Engagement	rogram Name:
	Project ID-Activity ID:		
	71		ACE Control #:
01/1/20 - 01/31/20	Invoice Period:		
(check if Yes)	FINAL Invoice		

DETAIL PERSONNEL EXPENDITURES BUDGETED EXPENSES EXPENSES TO DATE BUDGET BALANCE PERSONNEL FTE SALARY THIS PERIOD EXPENSES 10 DATE BUDGET BALANCE Image: Construction of the second of th

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

Certified By:

Date: _____

Title:_____

								07/01/2	APPEN 2020 - 06	DIX F-1a /30/2021 PAGE A
		Contr	act ID #	-				Ir	voice Num	ıber
Contractor: San Francisco Public Heal	th Found	10000	016941]					A-1JUL2	0
Address: 1 Hallidie Plaza, Suite 808										
San Francisco, CA 94102				Co	ntract Pu	rchase (Order No:			
				1			. 0			
Telephone: 415-504-6738						Funding	Source:	G	eneral Fu	und
Fax:		ГСП	EP			4 ID 4 - 4				_
Program Name: Community Health Engage] D	epartmen	t ID-Auti	nority ID:			
Frogram Name. Community Realth Engage	ment				Brok		tivity ID:			_
ACE Control #:	1				Pioje		livity ID.			
	1					Invoic	e Period:	07/1	/20 - 07/3	31/20
						mitolo	e renou.	0771	120 - 011	51/20
						FINA	Invoice		(check if	Yes)
	то	TAL	DELIV	ERED	DELIV	ERED	%	OF	REMA	INING
	CONTR	ACTED	THIS P	ERIOD	TO	DATE	TO	TAL	DELIVE	RABLES
DELIVERABLES	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Community Health Engagement - Program Admi	12	1			<u> </u>				12	1
Community Home Injury Prevention - Program A Violence Prevention - Program Administration	12	1	<u> </u>						12	1
		1					<u> </u>		12	1
Vision Zero - Program Administration	96	7				-			96	7
			<u> </u>					_		
								_		
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Number of Clients for Appendix		10			1		1			10
EXPENDITURES	BUD	GET	EXPEI THIS PI		EXPE TO D		% (BUD		REMA BALA	
Total Salaries (See Page B)					1				r	
Fringe Benefits										
Total Personnel Expenses										
Operating Expenses:						P			-	
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	\$6,0	12							\$6.01	200
Training, Equipment Rental/Maintenance)	φ0,0	13			<u> </u>				\$0,01	3.00
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$553,	428							\$553,4	28.00
Other - (Meals, Audit, Transportation Reimb,										
Stipends, Facilitators)										
		111								
Total Operating Expenses	\$559,	441							\$559,4	41.00
Capital Expenditures		444								
TOTAL DIRECT EXPENSES	\$559,4		1						\$559,44	
Indirect Expenses	\$55,9								\$55,94	
TOTAL EXPENSES	\$615,	583			NOTES				\$615,38	33.00
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments (Enter as negative, if approp REIMBURSEMENT	riate)				_					

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:

Date:

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

Title: _____

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

		_	Invoice Number
Contractor:	San Francisco Public Health Foundation		A-1JUL20
Address:	1 Hallidie Plaza, Suite 808		
	San Francisco, CA 94102	Contract Purchase Order No:	
Telephone:	415-504-6738	Fund Source:	General Fund
Fax:			
		Department ID-Authority ID:	
rogram Name:	Community Health Engagement		
		Project ID-Activity ID:	
ACE Control #:			
		Invoice Period:	07/1/20 - 07/31/20
		FINAL Invoice	(check if Yes

DETAIL PERSONNEL EXPENDITURES PERSONNEL FITE BUDGETED EXPENSES EXPENSES TO DATE BUDGET REMAINING Image: Solution of the solution

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:

								07/01/2	2021 - 06	DIX F-1b /30/2022 PAGE A
			act ID #				5	lr	voice Num	ber
Contractor: San Francisco Public Healt	h Founda	1000	016941	J.					A-1JUL2	1
Address: 1 Hallidie Plaza, Suite 808										
San Francisco, CA 94102				Co	ntract Pu	rchase C	Order No:	_		
				1						
Telephone: 415-504-6738						Funding	Source:	G	eneral Fu	und
Fax:			IEP							
Program Name: Community Health Engage	mont				epartmen	t iD-Auti	nority ID:			
riogram name. Community rieatti Engage	ment				Proje	ct ID-Ac	tivity ID:			
ACE Control #:					110,0		array ib.			
						Invoice	e Period:	07/1	/21 - 07/3	31/21
						FINAL	Invoice		(check if	Yes)
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DELIVERABLES	CONTR		THIS P		TOD	ATE	TOT	TAL		RABLES
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Community Health Engagement - Program Admi Community Home Injury Prevention - Program A	12	1	<u> </u>						12	1
Violence Prevention - Program Administration	12	1							12 12	1
Vision Zero - Program Administration	96	7							96	1 7
Vision Zero - Program Administration	90					-			90	- /
		-								
			0		U				8	
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		10								10
EXPENDITURES	BUD	GET	EXPEI THIS P		EXPEI TO D		% (BUD(REMA BALA	
Total Salaries (See Page B)										
Fringe Benefits		_								
Total Personnel Expenses]				
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities,										
Building Maintenance Supplies and Repairs)										
Materials and Supplies (s. c. Office								_		
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)		-			<u> </u>					
Postage, Printing and Repro., Program Supplies)					-					
General Operating-(e.g., Insurance, Staff	\$6,0	13							\$6,01	3.00
Training, Equipment Rental/Maintenance)	4010									
Staff Travel - (e.g., Local & Out of Town)										
		10.0								
Consultant/Subcontractor	\$553,	428							\$553,4	28.00
Other - (Meals, Audit, Transportation Reimb,									-	
Stipends, Facilitators)										
Total Operating Expenses	\$559,	441							\$559,4	41.00
Capital Expenditures		1				1		1		
TOTAL DIRECT EXPENSES	\$559,4	441 İ							\$559,4	41.00
Indirect Expenses	\$55,9								\$55,94	
TOTAL EXPENSES	\$615,	383							\$615,3	
LESS: Initial Payment Recovery			(NOTES:					
Other Adjustments (Enter as negative, if appropriate	iate)									
REIMBURSEMENT		-								

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

Signature: ______ Date: ______

Date:

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

Title:

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

			Invoice Number
Contractor:	San Francisco Public Health Foundation		A-1JUL21
Address:	1 Hallidie Plaza, Suite 808		
	San Francisco, CA 94102	Contract Purchase Order No:	
Telephone:	415-504-6738	Fund Source:	General Fund
Fax:			
		Department ID-Authority ID:	
rogram Name:	Community Health Engagement		
		Project ID-Activity ID:	
ACE Control #:		1	
		Invoice Period:	07/1/21 - 07/31/21
		FINAL Invoice	(check if Yes

DETAIL PERSONNEL EXPENDITURES PERSONNEL FTE SALARY THIS PERIOD EXPENSES TO DATE 800GET BALANCE BALAN

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: _____

								07/01/2	2022 - 06	/30/2023 PAGE A
		-	act ID #					Ir	voice Nun	nber
Contractor: San Francisco Public Heals Address: 1 Hallidie Plaza, Suite 808	th Founda	1000	016941						A-1JUL2	22
San Francisco, CA 94102				Co	ntract Pu	chase (Order No:			
				Ē			_			
Telephone: 415-504-6738 Fax:		CH	IEP			Funding	y Source:	G	eneral F	und
				D	epartmen	t ID-Aut	hority ID:			
Program Name: Community Health Engage	ment									
ACE Control #:					Proje	ect ID-Ad	tivity ID:		_	
						Invoic	e Period:	07/1	/22 - 07/	31/22
							e 		1	
						FINA	L Invoice		(check if	(Yes)
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DELIVERABLES	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Community Health Engagement - Program Admi	12	1	L						12	1
Community Home Injury Prevention - Program A Violence Prevention - Program Administration	12 12	1							12 12	1
Vision Zero - Program Administration	96	7							96	7
the formation and the second sec		· · · ·								
					1					
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		10	1					noo	1	10
EXPENDITURES	BUDO	GET	EXPEN THIS PI		EXPEI TO D		% e BUD			
Total Salaries (See Page B)										
Fringe Benefits										
Total Personnel Expenses										
Operating Expenses:					<u> </u>					
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	\$6,0	13							\$6,01	3.00
Training, Equipment Rental/Maintenance)			-							
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor	\$553,·	428							\$553,4	28.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)						_				
Total Operating Expenses	\$559,4	441							\$559,4	41.00
Capital Expenditures	\$559,4	441		_					\$559,4	11.00
Indirect Expenses	\$55.9								\$55.94	
TOTAL EXPENSES	\$615,3								\$615,3	
LESS: Initial Payment Recovery					NOTES:				\$010,0	
Other Adjustments (Enter as negative, if appropriate	riate)									
REIMBURSEMENT				_						

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract clied 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:

Date:

APPENDIX F-1c

Send to:	SFDPH Fiscal / Invoice Processing		
	1380 Howard Street, 4th Floor, Suite 403		
	San Francisco, CA 94103	Ву:	Date:
	Attn: Contract Payments	(DPH Authorized Signatory)	

APPENDIX F-1c 07/01/2022 - 06/30/2023 R

			Invoice Number
Contractor:	San Francisco Public Health Foundation		A-1JUL22
Address:	1 Hallidie Plaza, Suite 808	1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 - 1977 -	
	San Francisco, CA 94102	Contract Purchase Order No:	
Telephone: Fax:	415-504-6738	Fund Source:	General Fund
		Department ID-Authority ID:	
Program Name:	Community Health Engagement		
-		Project ID-Activity ID:	
ACE Control #:			
		Invoice Period:	07/1/22 - 07/31/22
		FINAL Invoice	(check if Yes)

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

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:

Contractor: San Francisco Public Health Founda 1000016941 Address: 1 Hallide Pizza, Suite 808 San Francisco, CA 94102 Contract Purchase Order No:			-	act ID #	4				In	nvoice Nun	nber	
San Francisco, CA 94102 Contract Purchase Order No: Telephone: 415-504-6738 Fax: Funding Source: General Fund Program Name: Community Health Engagement Check Proglect ID-Activity ID: Invoice Period: 07/1/23 - 07/31/23 ACE Control #: Invoice Period: 07/1/23 - 07/31/23 FINAL Invoice [check if Yes) DeLIVERABLES CONTRACTED DELMERD Yo C NCC UOS		h Founda	10000)16941]					A-1JUL2	23	
Telephone: 415-504-6738 Fax: Funding Source: General Fund Program Name: Community Health Engagement ACE Control #: Project ID-Activity ID: Invoice Period: OT/1/23 - 07/31/23 FINAL Invoice CleverAsLes OUTRAL COUNTRACTED DELIVERABLES OUTRAL COUNTRACTED DELIVERABLES OUTRAL COUNTRACTED DELIVERABLES OUTRAL COUNTRACTED DELIVERABLES OUTRACTED DELIVERABLES OUTRACTED DELIVERABLES NOC NOC <th>-</th> <th></th> <th></th> <th></th> <th>•</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	-				•							
Fax: CHEP Program Name: Community Health Engagement ACE Control #: ACE Control #: Project ID-Activity ID: Invoice Period: 071/1/23 - 07/31/23 FINAL Invoice (check if Yes) DeLIVERABLES CONTRACTED DELIVERED % OF Community Health Engagement - Program Administration 12 1 12 1 Violence Prevention - Program Administration 12 1 12 1 Violence Prevention - Program Administration 12 1 12 1 Number of Clients for Appendix 10 10 10 10 10 EXPENDITURES BUGGET EXPENSES % OF REMAINING REMAINING Pringe Benefits REMAINING TO DATE 10 Total Personnel Expenses OC NOC NOC NOC NOC NOC Operating Expenses Operating Expenses Operating Expenses Stoper REMAINING REMAINING Diff Travel (-g.g., Instructore, Stoff \$6,013 Stoper Stoper Stoper Remaining Expenses Operating (-g.g., Offico, Poetage, Printing Repenses, Faciliatons) Stoper Stoper<	San Francisco, CA 94102				Con	tract Pu	rcnase (order No:				
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Invoice Period: 07/1/23 - 07/31/23 FINAL Invoice (check if Yes) DELIVERABLES CONTRACTED DELIVERED TO DATE 00 NCC						Proje	ect ID-A	tivity ID:				
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Number of Cilents for Appendix 10 10 EXPENDITURES EXPENSES EXPENSES EXPENSES TO DATE % OF REMAINING Total Salaries (See Page B) BUDGET THIS PERIOD TO DATE BUDGET BALANCE Total Personnel Expenses Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) Image: Comparison of C									_	ال		
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BUDGETTHIS PERIODTO DATEBUDGETBALANCETotal Salaries (See Page B) Fringe BenefitsImage See Page B)Image See Page B)Image See Page B)Image See Page B)Total Personnel ExpensesImage See Page B)Image See Page B)Image See Page B)Image See Page B)Total Personnel ExpensesImage See Page B)Image See Page B)Image See Page B)Image See Page B)Occupancy-(e.g., Rental of Property, Utilities,Image See Page B)Image See Page B)Image See Page B)Building Maintenance Supplies and Repairs)Image See Page B)Image See Page B)Image See Page B)Materials and Supplies-(e.g., Office,Image See Page B)Image See Page B)Image See Page B)Postage, Printing and Repro, Program Supplies)Image See Page B)Image See Page B)Image See Page B)General Operating-(e.g., Insurance, Staff\$6,013Image See Page B)Image See Page B)Training, Equipment Rental/Maintenance)Image See Page B)Image See Page B)Image See Page B)Staff Travel - (e.g., Local & Out of Town)Image See Sister B)Image See Sister B)Image See Sister B)Other - (Meals, Audit, Transportation Reimb, Silpends, Facilitators)Image See Sister B)Image See Sister B)Image See Sister B)Total Operating Expenses\$559,441Image See Sister B)Image See Sister B)Image See Sister B)Image See Sister B)Total Operating Expenses\$559,441Image See Sister B)Image See Sister B)Image See Sister B)Image See Sister B)Total	Number of Clients for Appendix		10								10	
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Total Personnel Expenses Image: Construct of Property, Utilities, Sector of Property, Utilitis, Sector of Property, Utilities, Sector of Pro					1							
Operating Expenses:												
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)										l		
Building Maintenance Supplies and Repairs)											_	
Postage, Printing and Repro., Program Supplies)												
Postage, Printing and Repro., Program Supplies)							-					
Training, Equipment Rental/Maintenance) Image: Consultant/Subcontractor Staff Travel - (e.g., Local & Out of Town) Staff Travel - (e.g., Local & Out of Town) Image: Consultant/Subcontractor \$553,428 Consultant/Subcontractor \$553,428 Image: Consultant/Subcontractor Other - (Meals, Audit, Transportation Reimb, Image: Consultant/Subcontractor \$559,441 Stipends, Facilitators) Image: Consultant/Subcontractor \$559,441 Consultant/Subcontractor \$559,441 Image: Consultant/Subcontractor Other - (Meals, Audit, Transportation Reimb, Image: Consultant/Subcontractor \$559,441 Stipends, Facilitators) Image: Consultant/Subcontractor \$559,441 Image: Consultant/Subcontractor Total Operating Expenses \$559,441 Image: Consultant/Subcontractor \$559,441.00 Capital Expenses \$55,942 Image: Sister Si	Materials and Supplies-(e.g., Office.											
Training, Equipment Rental/Maintenance) Image: Consultant/Subcontractor Staff Travel - (e.g., Local & Out of Town) Staff Travel - (e.g., Local & Out of Town) Image: Consultant/Subcontractor \$553,428 Consultant/Subcontractor \$553,428 Image: Consultant/Subcontractor Other - (Meals, Audit, Transportation Reimb, Image: Consultant/Subcontractor \$559,441 Stipends, Facilitators) Image: Consultant/Subcontractor \$559,441 Consultant/Subcontractor \$559,441 Image: Consultant/Subcontractor Other - (Meals, Audit, Transportation Reimb, Image: Consultant/Subcontractor \$559,441 Stipends, Facilitators) Image: Consultant/Subcontractor \$559,441 Image: Consultant/Subcontractor Total Operating Expenses \$559,441 Image: Consultant/Subcontractor \$559,441.00 Capital Expenses \$55,942 Image: Sister Si									l l			
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Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) Image: Constraint of the second seco	Postage, Printing and Repro., Program Supplies) General Operating-(e.g., Insurance, Staff	\$6,0	13							\$6,01	3.00	
Stipends, Facilitators) Stipends, Facilitators) Stipends Total Operating Expenses \$559,441 \$559,441.00 Capital Expenditures State \$559,441.00 Indirect Expenses \$559,441 \$559,441.00 Indirect Expenses \$55,942 \$55,942.00 TOTAL EXPENSES \$615,383 \$615,383.00 LESS: Initial Payment Recovery NOTES: \$	Postage, Printing and Repro., Program Supplies) General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,0	13							\$6,01	3.00	
Stipends, Facilitators) Stipends, Facilitators) Stipends Total Operating Expenses \$559,441 \$559,441.00 Capital Expenditures State \$559,441.00 Indirect Expenses \$559,441 \$559,441.00 Indirect Expenses \$55,942 \$55,942.00 TOTAL EXPENSES \$615,383 \$615,383.00 LESS: Initial Payment Recovery NOTES: \$	Postage, Printing and Repro., Program Supplies) General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) Staff Travel - (e.g., Local & Out of Town)											
Capital Expenditures State rOTAL DIRECT EXPENSES \$559,441 \$559,441.00 Indirect Expenses \$55,942 \$55,942.00 rOTAL EXPENSES \$615,383 \$615,383.00 LESS: Initial Payment Recovery NOTES: \$615,383.00	Postage, Printing and Repro., Program Supplies) General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) Staff Travel - (e.g., Local & Out of Town) Consultant/Subcontractor											
Capital Expenditures State rOTAL DIRECT EXPENSES \$559,441 \$559,441.00 Indirect Expenses \$55,942 \$55,942.00 rOTAL EXPENSES \$615,383 \$615,383.00 LESS: Initial Payment Recovery NOTES: \$615,383.00	Postage, Printing and Repro., Program Supplies) General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) Staff Travel - (e.g., Local & Out of Town) Consultant/Subcontractor Other - (Meals, Audit, Transportation Reimb,											
TOTAL DIRECT EXPENSES \$559,441 \$559,441.00 Indirect Expenses \$55,942 \$55,942.00 TOTAL EXPENSES \$615,383 \$615,383.00 LESS: Initial Payment Recovery NOTES: \$615,383.00	Postage, Printing and Repro., Program Supplies) General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) Staff Travel - (e.g., Local & Out of Town) Consultant/Subcontractor Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$553,	428							\$553,4	28.00	
Indirect Expenses \$55,942 \$55,942.00 IOTAL EXPENSES \$615,383 \$615,383.00 LESS: Initial Payment Recovery NOTES:	Postage, Printing and Repro., Program Supplies) General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) Staff Travel - (e.g., Local & Out of Town) Consultant/Subcontractor Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) Total Operating Expenses	\$553,	428							\$553,4	28.00	
Senses \$615,383 \$615,383.00 LESS: Initial Payment Recovery NOTES:	Postage, Printing and Repro., Program Supplies) General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) Staff Travel - (e.g., Local & Out of Town) Consultant/Subcontractor Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) Total Operating Expenses Capital Expenditures	\$553, \$559,	428							\$553,4 \$559,4	28.00 41.00	
LESS: Initial Payment Recovery NOTES:	Postage, Printing and Repro., Program Supplies) General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) Staff Travel - (e.g., Local & Out of Town) Consultant/Subcontractor Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) Total Operating Expenses Capital Expenditures OTAL DIRECT EXPENSES	\$553, \$559, \$559,	428							\$553,4 \$559,4 \$559,4	28.00 41.00 41.00	
	Postage, Printing and Repro., Program Supplies) General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) Staff Travel - (e.g., Local & Out of Town) Consultant/Subcontractor Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) Total Operating Expenses Capital Expenditures TOTAL DIRECT EXPENSES Indirect Expenses	\$553, \$559, \$559, \$55,9	428 441 441 441 942							\$553,4 \$559,4 \$559,4 \$55,94	28.00 41.00 41.00 12.00	

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. Signature: Date:

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

Title:_____

APPENDIX F-1d

DETAIL PERSONNEL EXPENDITURES

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

			Invoice Number
Contractor:	San Francisco Public Health Foundation		A-1JUL23
Address:	1 Hallidie Plaza, Suite 808		
	San Francisco, CA 94102	Contract Purchase Order No:	
Telephone:	415-504-6738	Fund Source:	General Fund
Fax:			
		Department ID-Authority ID:	
rogram Name:	Community Health Engagement		
		Project ID-Activity ID:	
ACE Control #:			
		Involce Period:	07/1/23 - 07/31/23
		FINAL Invoice	(check if Yes

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

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

Certified By: _____

Date:

Title:

Contractor: San Francisco Public Health Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 Telephone: 415-504-6738	n Founda	1	ict ID #								
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	n Founda	10000		÷			4	In	voice Num	iber	
San Francisco, CA 94102		1	16941				1		A-2FEB2	.0	
				Cor	utract Pu	rchase (Order No:				
Telephone: 415-504 6720											
-		CU	ED		Funding Source:				General Fund		
Fax:		СН	EF	De	epartmen	t ID-Aut	hority ID:				
Program Name: Community Health Engagem	nent				-						
ACE Control #:					Proje	ect ID-A	ctivity ID:				
						Ιπνοίς	e Period:	02/1	/20 - 02/:	29/20	
						FINA	L Invoice		(check if	'Yes)	
DELIVERABLES	TOT CONTR	ACTED	DELIVI THIS PI	ERIOD	TOE	ERED	% (TOT	AL	DELIVE	AINING RABLES	
Program Administration	UOS 234	NOC N/A	UOS	NOC	UOS	NOC	UOS	NOC	UOS 234	NOC N/A	
	201	1477							204	N/A	
								_			
						<u> </u>					
							1		l		
		NOC		NOC	Y	NOC		NOC		NOC	
Number of Clients for Appendix		N/A			[N/A	
EXPENDITURES	BUDO	GET	EXPEN THIS PE		EXPE TO D		% C BUD(
Total Salaries (See Page B)	\$8,0							2	\$8,03		
Fringe Benefits	\$1,4								\$1,43		
Total Personnel Expenses Operating Expenses:	\$9,4	/0							\$9,47	0.00	
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											
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)											
Total Operating Expenses											
Capital Expenditures											
TOTAL DIRECT EXPENSES	\$9,47								\$9,47		
Indirect Expenses TOTAL EXPENSES	\$94 \$10,4								\$947		
LESS: Initial Payment Recovery	ψ10,4	<u></u>			NOTES:				\$10,41	1.00	
Other Adjustments (Enter as negative, if appropria	ate)										
REIMBURSEMENT											

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

Signature: ______ Date: ______

Title:

Date: _____

APPENDIX F-2

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

APPENDIX F-2 02/01/2020 - 06/30/2020

PAGE B

			Invoice Number
Contractor:	San Francisco Public Health Foundation		A-2FEB20
Address:	1 Hallidie Plaza, Suite 808		
	San Francisco, CA 94102	Contract Purchase Order No:	
Telephone:	415-504-6738	Fund Source:	General Fund
Fax:			
		Department ID-Authority ID:	
Program Name:	Community Health Engagement		
		Project ID-Activity ID:	
ACE Control #:			
	N	Invoice Period:	02/1/20 - 02/29/20
		FINAL Invoice	(check if Yes)

		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
End Hep C SF Project Coordinator	0.41	\$8,033				\$8,033.00
					1 1	
					<u>+ </u>	
					1	
				l	1	
					1	
				l		
					1	
					<u>├</u>	
-					1	
	1				<u> </u>	
		i			+	
					+	
					1	
TOTAL SALARIES	0.41	\$8,033				\$8,033.00

DETAIL PERSONNEL EXPENDITURES

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:_____

								07/01/	2020 - 06	/30/202 PAGE
		-	act ID #	ĩ					nvoice Nun	
Contractor: San Francisco Public Healt	h Founda	10000	16941						A-2JUL2	20
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102				Cor	ntract Pu	rchase (Order No:	<u> </u>		
				,						
Telephone: 415-504-6738 Fax:	CHEP				Funding	g Source:		eneral F	und	
				De	epartmen	t ID-Aut	hority ID:			
Program Name: Community Health Engage	ment				Proje	ect ID-A	ctivity ID:			_
ACE Control #:					-				100 071	
						Invoic	e Period:	07/	1/20 - 07/	31/20
						FINA	L Invoice		(check if	Yes)
	TOT CONTR	ACTED	DELIVI THIS PI	ERIOD	TO	ERED	TO	OF TAL	DELIVE	AINING RABLES
DELIVERABLES Program Administration	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
riogram Administration	536	N/A		-					536	N/A
								_		
					I					
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A			1				1	N/A
EXPENDITURES	BUD	3FT	EXPEN THIS PE		EXPE TO D		% BUD			
Total Salaries (See Page B)	\$18,3			1					\$18,3	-
Fringe Benefits	\$4,3								\$4,34	1.00
Total Personnel Expenses	\$22,	727							\$22,7	27.00
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										
Other - (Meals, Audit, Transportation Reimb,										
Stipends, Facilitators)										
T.(10,000)										
Total Operating Expenses										
Capital Expenditures	\$22,7	27							E00 7	7 00
Indirect Expenses	\$2,2								\$22,72 \$2,27	
TOTAL EXPENSES	\$25,0								\$25,00	
LESS: Initial Payment Recovery					NOTES:				φ20,00	
Other Adjustments (Enter as negative, if appropr	iate)									

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:

Date:

APPENDIX F-2a

Send to:	SFDPH Fiscal / Invoice Processing			
	1380 Howard Street, 4th Floor, Suite 403			
	San Francisco, CA 94103	By:	Date:	
	Attn: Contract Payments	(DPH Authorized Si	gnatory)	

DETAIL PERSONNEL EXPENDITURES

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-2a 07/01/2020 - 06/30/2021 B

			Invoice Number
Contractor	San Francisco Public Health Foundation		A-2JUL20
Address	1 Hallidie Plaza, Suite 808		
	San Francisco, CA 94102	Contract Purchase Order No:	
Telephone :	415-504-6738	Fund Source:	General Fund
Fax			
		Department ID-Authority ID:	
Program Name:	Community Health Engagement		
		Project ID-Activity ID:	
ACE Control #:			
		Invoice Period:	07/1/20 - 07/31/20
		FINAL Invoice	(check if Yes)

BUDGETED EXPENSES EXPENSES % OF REMAINING PERSONNEL BUDGET FTE SALARY THIS PERIOD TO DATE BALANCE End Hep C SF Project Coordinator 0.25 \$18,386 \$18,386.00 TOTAL SALARIES 0.25

 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 up to the two services.
 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:

								07/01/2	2021 - 06	/30/2022 PAGE A
		-	act ID #	2				lr	voice Nun	nber
Contractor: San Francisco Public Healt	th Found	10000)16941						A-2JUL2	!1
Address: 1 Hallidie Plaza, Sulte 808 San Francisco, CA 94102				Co	ofract Du	rehaco (Order No:	r		
San Francisco, CA 34102				ÇŬ		icnase (Jrder NO:	L		
Telephone: 415-504-6738						Funding	Source:	G	eneral F	und
Fax:		CHEP		Department ID-Authority ID:						
Program Name: Community Health Engage	ment			U	epartmen	t ID-Aut	nority ID:			
					Proje	ect ID-Ad	ctivity ID:			
ACE Control #:							s i	074	10.4	
						Invoic	e Period:	07/1	/21 - 07/	31/21
						FINA	L Invoice		(check if	Yes)
	то	TAL	DELIV	ERED	DELIV	'ERED	%	OF	REM/	AINING
DELIVERABLES	CONTR UOS	ACTED NOC	THIS P UOS	ERIOD NOC	TO E UOS	DATE NOC		TAL NOC	DELIVE UOS	RABLES
Program Administration	536	N/A	003	NOC	1	NOC	003	NUC	536	NOC N/A
		10/1		1					000	
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A					1			N/A
EXPENDITURES	BUD	GET	EXPEN THIS PE			NSES DATE	% (BUD			
Total Salaries (See Page B)	\$18,3				1		000	UL1	\$18.3	
Fringe Benefits	\$4,3						-		\$4,34	
Total Personnel Expenses	\$22,	727							\$22,7	
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										
Other - (Meals, Audit, Transportation Reimb,										
Stipends, Facilitators)										
T-4-2 On the F										
Total Operating Expenses	_									
Capital Expenditures	\$22,7	77							\$22,72	27.00
Indirect Expenses	\$2,2								\$2,27	
TOTAL EXPENSES	\$25,0								\$25,00	
LESS: Initial Payment Recovery	420,0				NOTES:				ψ20,00	
Other Adjustments (Enter as negative, if appropri	riate)									
REIMBURSEMENT		Ï								

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:

Date:

APPENDIX F-2b

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

DETAIL PERSONNEL EXPENDITURES

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-2b 07/01/2021 - 06/30/2022 PAGE B

			Invoice Number
Contractor:	San Francisco Public Health Foundation		A-2JUL21
Address:	1 Hallidie Plaza, Suite 808		
	San Francisco, CA 94102	Contract Purchase Order No:	
•	415-504-6738	Fund Source:	General Fund
Fax:			
		Department ID-Authority ID:	
rogram Name:	Community Health Engagement		
5		Project ID-Activity ID:	
ACE Control #:		24	
		Invoice Period:	07/1/21 - 07/31/21
		FINAL Invoice	(check if Yes

BUDGETED EXPENSES EXPENSES % OF REMAINING PERSONNEL FTE SALARY THIS PERIOD TO DATE BUDGET BALANCE End Hep C SF Project Coordinator 0.25 \$18,386 \$18,386.00 TOTAL SALARIES 0.25 \$18,386 \$18,386.00 I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in \$18,386.00 TOTAL SALARIES 0.25 \$18,386

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:

								07/01/2	2022 - 06	/30/2023 PAGE A
			act ID #					lr	voice Nun	iber
Contractor: San Francisco Public Healt	th Foundation	10000	16941						A-2JUL2	2
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102				Col	ntract Pu	rchasa (Order No:			
				00		I CHASE V	order No.			
Telephone: 415-504-6738					Funding Source:				eneral F	und
Fax:		CH	EP	De	enartmen	t ID-Aut	hority ID:			
Program Name: Community Health Engage	ment				-					
ACE Control #:					Proje	ect ID-A	ctivity ID:			
						Invoic	e Period:	07/1	/22 - 07/	31/22
						FINA	L Invoice		(check if	Yes)
	TOT CONTR		DELIVI THIS PI			ERED	% (TO			AINING RABLES
DELIVERABLES	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Program Administration	536	N/A							536	N/A
					-					
								_		
			(1i				
		NOC		100		NOO				
Number of Clients for Appendix		NOC N/A		NOC	r	NOC	r	NOC		NOC N/A
EXPENDITURES	BUD	GET	EXPEN THIS PE			NSES DATE	% (BUD)			
Total Salaries (See Page B)	\$18,3	386							\$18,3	86.00
Fringe Benefits	\$4,3								\$4,34	
Total Personnel Expenses	\$22,7	727							\$22,7	27.00
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	_									
Other - (Meals, Audit, Transportation Reimb,										
Stipends, Facilitators)										
Total Operating Expenses]								
Capital Expenditures	600 5	07								7.00
TOTAL DIRECT EXPENSES	\$22,7								\$22,72	
Indirect Expenses TOTAL EXPENSES	\$2,2 \$25,0								\$2,27	
LESS: Initial Payment Recovery	¢∠5,0	00			NOTES:				\$25,00	0.00
Other Adjustments (Enter as negative, if appropriate appropriate and a second s	riato				NUTES:					
REIMBURSEMENT	iat6)				4					

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:

Date: _____

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

APPENDIX F-2c

APPENDIX F-2c 07/01/2022 - 06/30/2023 PAGE B

			Invoice Number	
Contractor:	San Francisco Public Health Foundation		A-2JUL22	
Address:	1 Hallidie Plaza, Suite 808			
	San Francisco, CA 94102	Contract Purchase Order No:		
Telephone:	415-504-6738	Fund Source:	General Fund	
Fax:				
		Department ID-Authority ID:		
Program Name:	Community Health Engagement			
		Project ID-Activity ID:		
ACE Control #:				
		Invoice Period:	07/1/22 - 07/31/22	
		FINAL Invoice	(check if Yes)	

DETAIL PERSONNEL EXPENDITURES

FTE 0.25	SALARY \$18,386		BUDGET	BALANCE \$18,386.00
· · · · ·		 		
		 	<u> </u>	
0.25	\$18,386	 		\$18,386.00
	0.25			

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: _____

								07/01/2	2023 - 06	/30/202 PAGE
			act ID #	ř				Ir	voice Nun	nber
Contractor: San Francisco Public Healt	th Founda	10000	16941						A-2JUL2	23
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102				6.	ntraat Du	rohana (Jedar Nai			
San Francisco, CA 94102				00	intract Pu	rcnase (Order No:			
Telephone: 415-504-6738						Funding	Source:	G	ieneral F	und
Fax:		CH	EP			4 ID 44		r	_	
Program Name: Community Health Engage	ment				epartmen	t ID-Aut	hority ID:			
					Proje	ect ID-Ac	tivity ID:			
ACE Control #:							1			
						Invoic	e Period:	07/1	/23 - 07/	31/23
						FINA	L Invoice		(check if	Yes)
	TOT CONTR		DELIVI THIS PI		DELIV	'ERED DATE		OF TAL		AINING RABLES
DELIVERABLES	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Program Administration	536	N/A							536	N/A
					<u> </u>					
				_						
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A								N/A
EXPENDITURES	BUD	2FT	EXPEN THIS PE		EXPE TO D		% (BUD			
Total Salaries (See Page B)	\$18,3		more				800	GLI	\$18,3	
Fringe Benefits	\$4,3								\$4,34	
Total Personnel Expenses	\$22,7	727							\$22,7	27.00
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)							_	_		
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										
Other - (Meals, Audit, Transportation Reimb,										_
Stipends, Facilitators)										
Total Operating Expenses				_					_	
Capital Expenditures					-				\$22,72	77.00
Capital Expenditures	\$22,7									
Capital Expenditures TOTAL DIRECT EXPENSES Indirect Expenses	\$2,2	73							\$2,27	3.00
Capital Expenditures TOTAL DIRECT EXPENSES Indirect Expenses TOTAL EXPENSES		73			NOTES					3.00
Capital Expenditures TOTAL DIRECT EXPENSES Indirect Expenses	\$2,2 \$25,0	73			NOTES:				\$2,27	3.00

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.

Signature: ______ Date: ______

Date:

APPENDIX F-2d

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

APPENDIX F-2d 07/01/2023 - 06/30/2024

PAGE B

			Invoice Number
Contractor:	San Francisco Public Health Foundation		A-2JUL23
Address:	1 Hallidie Plaza, Suite 808		
	San Francisco, CA 94102	Contract Purchase Order No:	
Telephone:	415-504-6738	Fund Source:	General Fund
Fax:			
		Department ID-Authority ID:	
Program Name:	Community Health Engagement		
		Project ID-Activity ID:	
ACE Control #:			
		Invoice Period:	07/1/23 - 07/31/23
		FINAL Invoice	(check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
End Hep CSF Project Coordinator	0.25	\$18,386				\$18,386.0
	$ \rightarrow $					
					+	
					+	
					1	
					+	
					+	
TOTAL SALARIES	0.25	\$18,386				\$18,386.00

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:_____

								02/01/2	2020 - 12	PAGE A
		Contra	act ID #	21				ir	voice Nur	ıber
Contractor: San Francisco Public Healt	h Founda	10000)16941]					A-2FEB2	20
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102				Co	ntract Pu	rchase (Order No:			
						011030	braci no.			
Telephone: 415-504-6738						Funding	Source:		CDC	
Fax:		ГСП	EP	D	epartmen	t ID-Aut	hority ID:			
Program Name: Community Health Engage	ment			0	-					_
ACE Control #:					Proje	ect ID-A	ctivity ID:			
						Invoic	e Period:	02/1	/20 - 02/	29/20
						FINA	L Invoice		(check if	Yes)
	TO CONTR	ACTED	DELIVI THIS PI			'ERED DATE	% (TOT			AINING RABLES
DELIVERABLES	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Program Administration	520	N/A							520	N/A
		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A		1100	ſ	1100	1	NOC	1	N/A
EXPENDITURES	BUD	3FT	EXPEN THIS PE		EXPE TO D		% (BUD			
Total Salaries (See Page B)	\$17,8				100		1	021	\$17,8	
Fringe Benefits	\$2,9								\$2,98	
Total Personnel Expenses	\$20,8	333							\$20,8	33.00
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										
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)							<u> </u>			
training = dobulout renter maintenance)										
Staff Travel - (e.g., Local & Out of Town)										
Consultant/Subcontractor										
Others for the second s										
Other - (Meals, Audit, Transportation Reimb,										
Stipends, Facilitators)										
Total Operating Expenses						_	-			
Capital Expenditures										
TOTAL DIRECT EXPENSES	\$20,8								\$20,83	
Indirect Expenses	\$2,0								\$2,08	
TOTAL EXPENSES	\$22,9	17							\$22,91	7.00
LESS: Initial Payment Recovery					NOTES:					
Other Adjustments (Enter as negative, if appropr REIMBURSEMENT	nate)									
				_						

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:

Date: _____

APPENDIX F-3

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

APPENDIX F-3 02/01/2020 - 12/31/2020

Contractor:	San Francisco Public Health Foundation		Invoice Number A-2FEB20
Address:	1 Hallidie Plaza, Suite 808 San Francisco, CA 94102	Contract Purchase Order No:	
Telephone: Fax:	415-504-6738	Fund Source:	CDC
		Department ID-Authority ID:	
Program Name: ACE Control #:	Community Health Engagement	Project ID-Activity ID:	
AGE Control #:		Invoice Period:	02/1/20 - 02/29/20
		FINAL Invoice	(check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTF	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
End Hep C SF Project Coordinator	0.25	\$17,850				\$17,850.0
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					+	
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OTAL SALARIES	0.25	\$17,850				\$17,850.00

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: _____

Program Administration 567 N/A 677 Program Administration 567 N/A 677 NOC NOC NOC NOC NOC Number of Clients for Appendix N/A 1 1 EXPENDITURES BUDGET THIS PERIOD TO DATE BUDGET Tringe Benefits \$3,255 THIS PERIOD S3,255 S3,255 Total Personnel Expenses \$22,727 \$22,727.1 \$22,727.1 Operating Expenses: 0 0 0 0 Postage, Prining and Repro, Progerts, Utilities, Building Maintenance Supplies and Repairs) 0 0 0 Materials and Supplies-(e.g., Office, Postage, Prining and Repro, Program Supplies) 0 0 0 Staff Travel - (e.g., Local & Out of Town) 0 0 0 0 0 Stigends, Facilitators) 0 0 0 0 0 0 Training, Equipment Rental/Maintenance) 0 0 0 0 0 0 0 0 Total Operating									01/01/2	APPEN 2021 - 12	DIX F-3a /31/2021 PAGE A	
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 Telephone: 415-504-6738 Fax: Program Name: Community Health Engagement ACE Control #: CHEP Program Name: Community Health Engagement ACE Control #: Department ID-Authority ID: Trial Invoice Period: CONTRACTED DELIVERABLES DELIVERABLES DELIVERABLES DELIVERABLES NOC NOC NOC NOC NOC NOC NOC NOC									Ir	voice Num	ber	
San Francisco, CA 94102 Telephone: 415-504-6738 Fax: Program Name: Community Health Engagement ACE Control #: TOTAL CONTRACTED US NCC US NC		th Founda	10000	016941						A-2JAN2	!1	
Telephone: 415-504-6738 Fax: Program Name: Community Health Engagement ACE Control #: COTAL Department ID-Authority ID: Project ID-Activity ID: Control #: OTAL DELIVERABLES % OF REMAINING DELIVERABLES % OF REMAINING OTAL DELIVERABLES % OF REMAINING NOC NOC <th co<="" th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></th>	<th></th>											
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Fax: CHEP Department ID-Authority ID: Program Name: Community Health Engagement Project ID-Activity ID: Project ID-Activity ID: ACE Control #: Invoice Period: 01/1/21 - 01/31/2 FINAL Invoice (chock if Ye Program Administration 567 N/A Program Administration 567 N/A Program Administration 567 N/A NOC NOC NOC NOC NMmber of Clients for Appendix N/A Interpretation Total Salaries (See Page B) \$19,472 Fils PERIOD Total Salaries (See Page B) \$19,472 S22,727 Occupancy (e.g., Rental of Property, Unities, Decemposes S22,727 S22,727 Orderand Operating Expenses \$20,727 S22,727 Operating Local & Out of Town) Interpretation Interpretation Staff Travel - (e.g., Local & Out of Town) Interpretation Interpretation Staff Travel - (e.g., Local & Out of Town) Interpretation Interpretation Consultant/Subcontractor Interpretation Interpretation Other - (Madis, Audit, Transportation Relimb, S22,727 S22,727.0	Talaphana: 415 504 6729				1		E	Course		000		
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Building Maintenance Supplies and Repairs)				<u> </u>								
Postage, Printing and Repro., Program Supplies)												
Postage, Printing and Repro., Program Supplies)												
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Training, Equipment Rental/Maintenance)	Postage, Printing and Repro., Program Supplies)											
Training, Equipment Rental/Maintenance)	General Operating-(e.g., Insurance, Staff							1				
Consultant/Subcontractor												
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) Image: Constraint of the second seco	Staff Travel - (e.g., Local & Out of Town)											
Stipends, Facilitators)	Consultant/Subcontractor											
Total Operating Expenses	Other - (Meals, Audit, Transportation Reimb,											
Capital Expenditures Second Seco	Stipends, Facilitators)											
Capital Expenditures Second Seco	Tetal Operating E											
TOTAL DIRECT EXPENSES \$22,727 \$22,727.0 Indirect Expenses \$2,273 \$2,273.0 TOTAL EXPENSES \$25,000 \$25,000.0												
Indirect Expenses \$2,273 \$2,273.0 TOTAL EXPENSES \$25,000 \$25,000.0		\$22.7	27			<u> </u>				\$22.72	7.00	
TOTAL EXPENSES \$25,000 \$25,000												
LESS: Initial Payment Pasavany	TOTAL EXPENSES											
	LESS: Initial Payment Recovery				_	NOTES:						
Other Adjustments (Enter as negative, if appropriate)		riate)		-								
REIMBURSEMENT	REIMBURGEMEN				_							

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.

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Title: _____

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Send to:	SFDPH Fiscal / Invoice Processing			
	1380 Howard Street, 4th Floor, Suite 403			
	San Francisco, CA 94103	By:	Date:	
	Attn: Contract Payments	(DPH Authorized Si	gnatory)	

APPENDIX F-3a 01/01/2021 - 12/31/2021 PAGE B

			Invoice Number
Contractor:	San Francisco Public Health Foundation		A-2JAN21
Address:	1 Hallidie Plaza, Suite 808		
	San Francisco, CA 94102	Contract Purchase Order No:	
Telephone: Fax:	415-504-6738	Fund Source:	CDC
		Department ID-Authority ID;	
Program Name:	Community Health Engagement		
		Project ID-Activity ID:	
ACE Control #:			
		Invoice Period:	01/1/21 - 01/31/21
		FINAL Invoice	(check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
End Hep C SF Project Coordinator	0.26477	\$19,472			T	\$19,472.00
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OTAL SALARIES	0.26477	\$19,472				\$19,472.00

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:_____

		Contra	act ID #					In	voice Nurr	ber
Contractor: San Francisco Public Healt	th Founda	10000	16941						A-2JAN2	
Address: 1 Hallidie Plaza, Suite 808										
San Francisco, CA 94102				Cor	ntract Pu	rchase (Order No:		_	_
Telephone: 415-504-6738				1		Funding	Source:		CDC	
Fax:		CH	EP	-						
Program Name: Community Health Engage	ment			De	epartmen	t ID-Aut	hority ID:			
					Proje	ect ID-Ac	ctivity ID:			
ACE Control #:						Invoic	e Period:	01/1	/22 - 01/	31/22
						FINA	L Invoice](check if	Yes)
	TOT	ACTED	DELIV THIS PI	ERIOD	TOE	ERED		TAL	DELIVE	INING RABLES
DELIVERABLES Program Administration	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Flogram Auministration	567	N/A				-			567	N/A
						<u> </u>				
									-	
		100								
Number of Clients for Appendix		NOC N/A		NOC	11	NOC	r	NOC	í	NOC N/A
EXPENDITURES	BUD	GET	EXPEN THIS PE		EXPE TO D		% (BUD		REMA BALA	
Total Salaries (See Page B)	\$19,4								\$19,4	
Fringe Benefits	\$3,2								\$3,25	
Total Personnel Expenses	\$22,7	27			L				\$22,72	27.00
Operating Expenses: Occupancy-(e.g., Rental of Property, Utilities,			_							_
Building Maintenance Supplies and Repairs)										
building Maintenance Supplies and Repairs)										
Materials and Supplies-(e.g., Office,										_
Postage, Printing and Repro., Program Supplies)										
General Operating-(e.g., Insurance, Staff										
										_
General Operating-(e.g., Insurance, Staff										
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)										
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) Staff Travel - (e.g., Local & Out of Town)										
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) Staff Travel - (e.g., Local & Out of Town) Consultant/Subcontractor										
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)										
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,										
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) Total Operating Expenses	\$22,7	27							\$22,72	7.00
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) Total Operating Expenses Capital Expenditures OTAL DIRECT EXPENSES Indirect Expenses	\$2,2	73							\$22,72 \$2,72	
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) Total Operating Expenses Capital Expenditures OTAL DIRECT EXPENSES Indirect Expenses TOTAL EXPENSES		73								3.00
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) Total Operating Expenses Capital Expenditures OTAL DIRECT EXPENSES Indirect Expenses	\$2,2 \$25,0	73			NOTES:				\$2,27	3.00

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.

Signature: _____ Date: _____

Title:

Date:

APPENDIX F-3b

Send to:	SFDPH Fiscal / Invoice Processing			
	1380 Howard Street, 4th Floor, Suite 403			
	San Francisco, CA 94103	By:		Date:
	Attn: Contract Payments	(D	PH Authorized Signatory)	

DETAIL PERSONNEL EXPENDITURES

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-3b 01/01/2022 - 12/31/2022 PAGE B

	Invoice Number
	A-2JAN22
Contract Purchase Order No:	
Fund Source:	CDC
Department ID-Authority ID:	
Project ID-Activity ID:	
Invoice Period:	01/1/22 - 01/31/22
FINAL Invoice	(check if Yes)
	Fund Source:

BUDGETED EXPENSES EXPENSES % OF REMAINING PERSONNEL THIS PERIOD FTE SALARY TO DATE BUDGET BALANCE End Hep C SF Project Coordinator 0.26477 \$19,472 \$19,472.00 \$19,472.00 TOTAL SALARIES 0.26477 \$19,472

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:

								01/01/2	2023 - 12	/31/2023 PAGE A
		Contr	act ID #					Ir	voice Num	
Contractor: San Francisco Public Healt	h Founda	-	016941	1					A-2JAN2	
Address: 1 Hallidie Plaza, Suite 808		h		2				L		
San Francisco, CA 94102				Co	ntract Pu	rchase (Order No:			
				3						
Telephone: 415-504-6738						Funding	g Source:		CDC	
Fax:		CH	IEP							
				D	epartmen	t ID-Aut	hority ID:			
Program Name: Community Health Engager	nent									
					Proje	ect ID-A	ctivity ID:			
ACE Control #:									10.0 0.1.1	
						Invoic	e Period:	01/1	/23 - 01/3	31/23
						EINA	L Invoice		(check if	·V)
						FINA	L INVOICE			ies)
	тот	AL	DELIV	ERED	DELIV	ERED	%	OF	REMA	INING
DELIVERABLES	CONTR. UOS	ACTED NOC	THIS PI UOS	ERIOD NOC		NOC		TAL		RABLES
Program Administration	567	N/A	003	NOC	UOS	NUC	UOS	NOC	UOS 567	NOC N/A
i rogram Administration	507	11/74				_			507	IN/A
										1
						ii				
		100		100						
Number of Clients for Appendix		NOC N/A		NOC		NOC	r	NOC		NOC N/A
EXPENDITURES	BUDO		EXPEN THIS PE		EXPE TO D		% BUD		REMA BALA	
Total Salaries (See Page B)	\$19,4								\$19,47	
Fringe Benefits	\$3,2								\$3,25	
Total Personnel Expenses	\$22,7	2/							\$22,72	27.00
Operating Expenses: Occupancy-(e.g., Rental of Property, Utilities,					l		-			
Building Maintenance Supplies and Repairs)					<u> </u>	_				
			-							
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)					<u> </u>					
otal march (e.g., Local a out of rowny										
Consultant/Subcontractor				_						
Other - (Meals, Audit, Transportation Reimb,										
Stipends, Facilitators)										
Total Operating Expanses										
Total Operating Expenses Capital Expenditures										
TOTAL DIRECT EXPENSES	\$22.7	27	-						\$22,72	7 00
Indirect Expenses	\$2,27								\$2.273	
TOTAL EXPENSES	\$25,0								\$25,00	
LESS: Initial Payment Recovery] •				NOTES:				+_0,00	
Other Adjustments (Enter as negative, if appropri	ate)									
REIMBURSEMENT										

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

Title:

Date:

APPENDIX F-3c

Send to:	SFDPH Fiscal / Invoice Processing			
	1380 Howard Street, 4th Floor, Suite 403			
	San Francisco, CA 94103	Ву:		Date:
	Attn: Contract Payments	(DPH Authorized S	gnatory)	

DETAIL PERSONNEL EXPENDITURES

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-3c
01/01/2023 - 12/31/2023
PAGE B

		(T	Invoice Number
Contractor:	San Francisco Public Health Foundation		A-2JAN23
Address:	1 Hallidie Plaza, Suite 808		
	San Francisco, CA 94102	Contract Purchase Order No:	
Telephone: Fax:	415-504-6738	Fund Source:	CDC
		Department ID-Authority ID:	
rogram Name:	Community Health Engagement		
CE Control #:		Project ID-Activity ID:	
		Invoice Period:	01/1/23 - 01/31/23
		FINAL Invoice	(check if Yes)

BUDGETED EXPENSES EXPENSES % OF REMAINING PERSONNEL FTE SALARY THIS PERIOD TO DATE BUDGET BALANCE End Hep C SF Project Coordinator 0.26477 \$19,472 \$19,472.00 TOTAL SALARIES 0.26477 \$19,472 \$19,472.00

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:_____

			ict ID #						woice Num	nber
Contractor: San Francisco Public Healt	h Founda	10000	16941	J					A-2JAN2	24
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102				Co	otract Pu	rehaco (Order No:	1		_
				001		I CHASE V	Jidei NO.			_
Telephone: 415-504-6738				1		Funding	g Source:		CDC	
Fax:		СН	EP			4 ID A4	hority ID:			
Program Name: Community Health Engager	nent				-		-			
ACE Control #:					Proje	ect ID-A	ctivity ID:			
						Invoic	e Period:	01/1	/24 - 01/3	31/24
						FINA	L Invoice		(check if	Yes)
	TOT CONTR/	ACTED	DELIVI THIS PI	ERIOD	TO	ERED	TO		DELIVE	
DELIVERABLES Program Administration	UOS 567	NOC N/A	UOS	NOC	UOS	NOC	UOS	NOC	UOS 567	NOC N/A
- Togram Administration	001	11/0		-				_	501	N/A
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Number of Olivets for Announding		NOC		NOC		NOC		NOC		NOC
Number of Clients for Appendix		N/A								N/A
EXPENDITURES	BUDO	GET	EXPEN THIS PE		EXPE TO D		% (BUD			
Total Salaries (See Page B)	\$19,4								\$19,4	
Total Personnel Expenses	\$3,2					_			\$3,25	
Operating Expenses:	\$22,7	21							\$22,72	27.00
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										
Other - (Meals, Audit, Transportation Reimb,										_
Stipends, Facilitators)										
Total Operating Expenses										
Capital Expenditures										
OTAL DIRECT EXPENSES	\$22,7	27							\$22,72	7.00
Indirect Expenses	\$2,27								\$2,27	
									\$25,00	
OTAL EXPENSES	\$25,0	00							+	0.00
OTAL EXPENSES LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropri					NOTES:					0.00

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.

Signature:
Date:

Title:

Date:

APPENDIX F-3d

Send to:	SFDPH Fiscal / Invoice Processing			
	1380 Howard Street, 4th Floor, Suite 403			
	San Francisco, CA 94103	By:		Date:
	Attn: Contract Payments	14	(DPH Authorized Signatory)	

APPENDIX F-3d 01/01/2024 - 12/31/2024 PAGE B

			Invoice Number
Contractor:	San Francisco Public Health Foundation		A-2JAN24
Address:	1 Hallidie Plaza, Suite 808		
	San Francisco, CA 94102	Contract Purchase Order No:	
Telephone:	415-504-6738	Fund Source:	CDC
Fax:			
		Department ID-Authority ID:	
Program Name:	Community Health Engagement		
		Project ID-Activity ID:	
ACE Control #:			
		Invoice Period:	01/1/24 - 01/31/24
		FINAL Invoice	(check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
			THIS FERIOD	TODATE	BUDGET	
End Hep C SF Project Coordinator	0.26477	\$19,472				\$19,472.00
	<u> </u>					
	<u>├──</u>					
					+	
					+	
					t	
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					+	
OTAL SALARIES	0.26477	\$19,472				\$19,472.00

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:

Appendix G

Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions for concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

Appendix G

In addition to the above process, contractors have an additional forum available only for 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.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

ACORD	ER	TIF		BILI		JRANC	E [MM/DD/YYYY)	
C2/04/2020 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			Sale Holder in hea of sale	CONTA		Berkman				
Calender-Robinson Company, Inc.					PHONE (415) 978-3800 FAX Net. (415) 978-3825					
0267063					(A/C, No, Ext): (413) 97 87 88 88 9 E-MAIL ADDRESS: kberkman@calrob.com					
233 Sansome St. Ste 508					3 3.		RDING COVERAGE	r	NAIC #	
San Francisco CA 94104					INSURER A: Nonprofits' Insurance Alliance of CA (NIAC)					
INSURED				INSURER B Hartford Fire Insurance Co.						
San Francisco Public Health Fo	undatio	on		INSURER C : Axis Insurrance Compmany						
1 Haliidie Plaza #808				INSURER D :						
				INSURE						
San Francisco			CA 94102	INSURE	RF:					
			NUMBER: CL202425804				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 TYPE OF INSURANCE	ADDL: INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI			
							EACH OCCURRENCE	s 1,000		
			2000 044 40 1000				PREMISES (Ea occurrence)	\$ 500,0		
A					00/04/0000	00/04/0001	MED EXP (Any one person)	s 20,00		
	İ I		2020-01142-NPO		02/04/2020	02/04/2021	PERSONAL & ADV INJURY	s 1.000		
							GENERAL AGGREGATE	\$ 3,000		
POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 3,000	1,000	
	·				·····		COMBINED SINGLE LIMIT	\$ \$ 1,000	000	
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			2020-01142-1460		02/04/2020	02/04/2021	BODILY INJURY (Per accident) PROPERTY DAMAGE	5 5		
							(Per accident)	Per accident) 5		
	+ +							s 1,000	1 000	
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DED RETENTION \$ 10,000	i						AGGREGATE	\$.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
WORKERS COMPENSATION	+ +						PER OTH- STATUTE ER	5		
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE								s 1,000	0.000	
B OFFICER/MEMBER EXCLUDED?	N/A		57WECAF3VEB		04/19/2020	04/19/2021	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	s 1,000		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	s 1,000		
							Each claim	÷	00,000	
C Cyber Liability Policy			P-001-000153129-01		06/01/2019	06/01/2020	Aggregate	\$ 1,0	00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01. Additional Remarks Schedule	may be at	ttached if more s	pace is required)	L	[
City & County of San Francisco and the Dept. o attached endorsement								le		
				CANC	ELLATION					
City & County of San Francisco Dept. of Public Health				SHO THE ACC	ULD ANY OF T EXPIRATION D ORDANCE WIT	DATE THEREO TH THE POLIC	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVER Y PROVISIONS.		BEFORE	
101 Grove Street # 402					AUTHORIZED REPRESENTATIVE					
San Francisco CA 94102				Karhum Berlen						

The ACORD name and logo are registered marks of ACORD

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Named Insured: San Francisco Public Health Foundation

Policy: 2020-01142-NPO

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, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. 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.

(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 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:

A. In the performance of your on-going operations; or

B. In connection with your premises owned by or rented to you

THE INSURANCE provided under this endorsement is primary & noncontributory to any other valid & collectible insurance carried by the additional insured entity and this insurance will apply separately to each insured against whom a claim is made or a suit is brought.

CG 2026 (07/04)

POLICY NUMBER: 2020-0

2020-01142-NPO

COMMERCIAL AUTO LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies the insurance provided under the following:

COMMERCIAL AUTOMOBILE LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

All entities named in the attached certificate of insurance

(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 automobiles owned, leased, hired or borrowed by or on behalf of the Contractor.

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the schedule (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be otherwise due on such remuneration **\$**0 of the California workers' compensation premium

ंthe	erwise due on			
-			SCHEDULE	
Pers	on or Organiz	ation	Job Description	
IN FAVOR OF: City of San Francisco, Its Officers, Agents & Employees Dept of Public Health 101 Grove St San Francisco, CA 94102			Job: Grant funding Class code: CA 8742 Length: Policy term	. v
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ן: 8	Care Gale	* * \$		
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	1			
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This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 04/19/2019

Policy No: WC 57-10-295-02

Endorsement No:

Countersigned by

Insured: San Francisco Public Health Foundation 375 Laguna Honda Blvd Ste B303

Insurance Company: American Guarantee and Liability Insurance Co.

WC 04 03 06

Copyright 1983 National Council on Compensation Insurance

Hough I for