#### SF-PPR - Review

NCC Progress Report <sup>-</sup>	Tracking # : 00208329	I	Due Date: 10/03/2022   Status: Submitted				
Grant Number: H89HA00048	Original Deadline: 10	/03/2022 <b>Cre</b>	ated On: 09/02/2022				
Project Officer: Gooden, Kar	ren Project Officer Email:	kgooden@hrsa.gov Pro	Project Officer Contact #: (301) 594-4195				
Last Updated By: Gammell,	Paula 9/30/2022 4:30:15 PM						
Resources I							
View							
NCC Progress Report Las	t NoA Program Instructions NCC User Guide	e					
		SF-PPR	Go				
Grantee Organization Informati	on						
Federal Agency and Organization Element to Which Report is Submitted	Health Resources and Services Administration (HRSA)	Federal Grant or Other Identifying Number Assigned by Federal Agency	H89HA00048				
UEI	YZL9FJW2J5H6	Employer Identification	946000529				

UEI	YZL9FJW2J5H6	Employer Identification Number (EIN)	946000529
<b>Recipient Organization</b> (Name and complete address including zip code)	COUNTY OF SACRAMENTO, COUNTY OF SACRAMENTO - DHS - DIV PUBLIC HLTH 7001A EAST PARKWAY, SUITE 600A, SACRAMENTO California 95823 - 2501	Recipient Identifying Number or Account Number	208329
Project / Grant Period	Start Date : 05/08/1996 End Date : 02/28/2025	Reporting Period End Date	02/29/2024
Report Frequency	[X] annual [] semi-annual [] quarterly [] other		

Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

#### SF-PPR - Review | EU | HRSA EHBs

Typed or Printed Name and Title of Authorized Certifying Official	Paula L Gammell , Authorizing Official	<b>Telephone</b> (area code, number and extension)	(916) 876-5548		
Email Address	gammellp@saccounty.gov	Date Report Submitted (Month, Day, Year)	09/30/2022		

Close Window

#### SF-PPR-2 (Cover Page Continuation) - Review

NCC Progress Report Tracking # :	Due Date: 10/03/2022   Status: Submitted	
Grant Number: H89HA00048	Original Deadline: 10/03/2022	Created On: 09/02/2022
Project Officer: Gooden, Karen	Project Officer Email: kgooden@hrsa.gov	Project Officer Contact #: (301) 594-4195
Last Updated By: Gammell, Paula 9/30/202	22 4:30:15 PM	
▼ Resources I		
View		
NCC Progress Report Last NoA Prog	ram Instructions NCC User Guide	

#### SF-PPR-2 (Cover Page Continuation)

Go

 Supplemental Continuation of S-PPR Cover Page

 Department Name
 Department of Health Services
 Division Name
 Public Health

 Name of Federal Agency
 Health Resources and Service Administration
 Funding Opportunity Number
 5-H89-23-001

 Funding Opportunity Title
 Ryan White Part A HIV Emergency Relief Grant Program
 Los Constant Cons

Lobbying Activities
Have you paid any funds for any lobbying activities related to this grant application (progress report)? Reminder, no Federal appropriated funds may be used for lobbying.
<ul><li>Yes</li><li>● No</li></ul>
OMB SF-LLL Disclosure of Lobbying Activities Form
No documents attached

Areas Affected by Project (Cities, County, State, etc.)

10/26/22, 1:47 PM

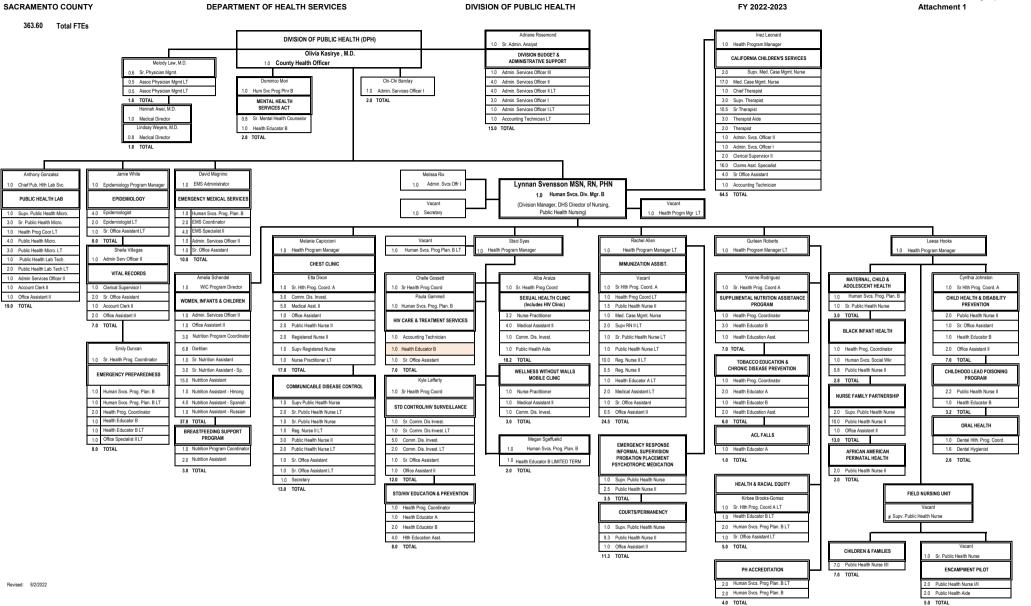
#### SF-PPR-2 (Cover Page Continuation) - Review | EU | HRSA EHBs

Агеа Туре	Affected Area(s)
Fifth	Other
3,4,5	Other

Point of Contact (POC) Information						
Title of Position	Name	Phone	Email			
Point of Contact	Michelle Gossett	(916) 875-2776	gossettm@saccounty.net			

Close Window





#### Attachment 1: Organizational Chart RWHAP Part A Emergency Relief Grant Attachment 1

Ryan White (RW) Key Staff Biographical Sketches/Job Descriptions

Michelle (Chelle) Gossett, AIDS Director and Sr. Health Program Coordinator: Ms. Gossett has over 23 years' experience working with the Ryan White (RW) CARE program as a Part C and D Program Director and Director of Grants Management for the TGA's largest FQHC that specializes in HIV specialty care. She has experience as the Fiscal monitor for the CBO for RW as a subrecipient for Parts A and B. Current duties include complete fiscal and programmatic oversight of the Sacramento County Ryan White CARE Program. Responsibilities include coordinating/facilitating collaborative efforts among multi-faceted organizations; administering program objectives, activities, staffing needs and funding allotments; writing grant applications; preparing/monitoring program budgets; all aspects of subrecipient program monitoring; acting as a liaison/resource to subrecipients, HIV Health Services Planning Council, County Departments, State or other funding sources, and community and business organizations; compiling/maintaining accurate records and files regarding program activities, periodic and special statistical and narrative reports, program documentation, policies, procedures and protocols and other written materials; and monitoring sub-recipients to ensure quality of care to PLWH/A. This position also supervises daily operations of the Accounting Technician. Monitors expenditure rate of CQI activities and budget: Coordinates functions of Part A Continuous Quality Improvement (CQI) program with other RW programs. Assists with the development of the CQI Committee; CQI performance measures; and provision of T.A. to subrecipients on CQI activities.

Paula Gammell, Human Services Program Planner/CQM Program Manager: Ms. Gammell, M.P.A., has over 19 years serving as the Human Services Program Planner with the RW CARE Program. Responsibilities include working with the HIV Health Services Planning Council (HHSPC) to provide assistance and data required for Community Needs Assessments; compiling/analyzing/interpreting data as needed for grant proposals, HIV/AIDS Comprehensive Work Plans, HRSA mandated reports, and local and statewide epidemiological studies; working closely with the RW CARE Program Coordinator to respond to the needs of the HHSPC to assist them in achieving their work plans and goals; providing daily staff support to the HHSPC; and designing/monitoring/evaluating the effectiveness of the CQI Care Program; As the CQI Program Manager, Ms. Gammell oversees daily operations of the CQI program. Continuous improvement and development of Continuous Quality Improvement Plan, tracking of client-level and contractor level data in the program's client–level database (SHARE); provides technical assistance to sub-recipients on CQI performance measures; develops with CQI Committee outcomes and measures, standards/expectations, and performs fiscal and programmatic continuous quality management site visits/audits.

<u>Mai Chang, Account Technician</u>: With a Bachelor's Degree in Business Administration and six years' experience working in a governmental capacity, Ms. Chang is responsible for processing subrecipients' invoices, reconciling internal grant workbooks, assists with subrecipient budget revisions, reconciliation between program and fiscal departments and assisting the Senior Health Program Coordinator with the fiscal oversight of the Sacramento County Ryan White CARE Program.

<u>Alden Hunter, Administrative Services Officer II</u>: With a Bachelor's Degree in Health Administration and over 13 years providing program support for various County services, Mr. Hunter is the program's liaison with the fiscal and contracts units who is responsible for contract preparation, subrecipient compliance, and assists with claims processing, budget preparation, and subrecipient procurement.

<u>Ashley Leal, Administrative Services Officer I</u>: With over five years' experience working for Sacramento County, Ms. Leal's responsibilities include providing hiring support including job postings and job offers,, preparing and updating organization charts, as well as other support including processing travel and mileage claims and Planning Council Member reimbursement expenses. Supports program through routine clerical assistance.

**Danielle Caravella, Health Educator B:** Ms. Caravella began her career with Sacramento County Public Health with an internship in 2018 while completing her Bachelor's Degree in Psychology and Bachelor's Degree in Public Health with a concentration in Health Policy and Management. Future positions included an Office Assistant with the County's Sexual Health Clinic, COVID Specimen Testing Coordinator with the Public Health Laboratory, and upon completing of her Master's in Public Health, becoming a Communicable Disease Investigator (Disease Intervention Specialist). As a Communicable Disease Investigator, Ms. Caravella primary focus was investigating HIV cases and conducting partner notifications.

Helen Zheng, Epidemiologist: With a Master's in Public Health, Ms. Zheng has over 18 years serving as the providing epidemiological data in the Sacramento County Division of Public Health. Ms. Zheng provides epidemiology data to program for grant writing and other reporting purposes. Assists program with HIV cluster and other relevant programmatic information. Supports the CQI program by preparing Epidemiological reports, studies and tracking systems. Codes and prepares Access queries designed and developed by the CQI Committee to track new Performance measures. Downloads and analyzes statewide and national epidemiological data for local comparison on selected CQI Performance Measures.

<u>Jan Resler, Dental Program Coordinator</u>: As a Registered Dental Hygienist with a Master's in Public Administration and Bachelor's in Dental Hygiene, Ms. Resler oversees pre-authorizations for Dental Project services to assure compliance with Dental Rate Schedule and Eligible Dental Procedures.

**Staci Syas, Health Program Manager:** Ms. Syas, M.P.H., has over 26 years' experience with Sacramento County Public Health. Ms. Syas provides oversight and development of programs addressing the full continuum of Sacramento County HIV and STD service efforts; coordinates the integration of efforts between HIV/STD Prevention Program, HIV/STD Surveillance Unit, Ryan White Care Program, Epidemiology Unit, and the County STD Controller. Facilitates the development and implementation of a Community STD Prevention Action Plan through engagement with community stakeholders, health care providers, and staff of schools and state agencies. Ms. Syas is presently a member of the California STD Controllers Association and National Coalition of STD Directors.

#### MAINTENANCE OF EFFORT

#### Core Medical Service and Support Service Budget Elements to Document MOE

ltem No.	Item Description	Agency/Department/Other Government Unit	FY 22 Actual Expenditures	FY 23 Estimated Expenditures		
1	Outpatient Ambulatory Care-Ryan White CARE Program	Department of Health Services, Ryan White CARE Program	\$250,000	\$250,000		
		Total	\$250,000	\$250,000		

#### MOE Expenditures Based on Core Medical Services and Support Services

#### Process Used to Determine Amount of Expenditures in MOE Table

The Maintenance of Effort (MOE) computations are made in accordance with the Section IV, Chapter 6: Maintenance of Effort of the Ryan White HIV/AIDS Program Part A manual. MOE computations for the Sacramento TGA include actual expenditures for HIV-related core and support services from all sources in Sacramento, Placer and El Dorado counties. All counties operate on a July 1 through June 30 Fiscal Year. Currently, the only Core service supported directly by the Sacramento TGA is Outpatient Ambulatory Care. MOE funding is used to fund HIV outpatient Ambulatory care services for the Sacramento County Sexual Health clinic. MOE computations for all expenditures for FY22 were compiled using a coding system that applies each of the expenditures to the applicable program in each of the County's accounting and reporting systems. For FY23, all HIV related expenditures funded locally in the Sacramento TGA are spent in Sacramento County, by the Sacramento County DHS, which has a line item budget that funds HIV related activities. Sacramento County DHS incurs additional expenditures to supplement the revenues from grants that do not pay for indirect expenses, or are under-funded. All HIV/AIDS activities are coded by a system of order numbers that track each separate program and activity in Sacramento County DHS' accounting and reporting system (COMPASS). MOE funding does not supplant the Sacramento TGA spending but instead it does expand and enrich Outpatient Ambulatory Care services.

As the basis for the Maintenance of Effort, the Sacramento County Board of Supervisors authorizes general funds in the amount of \$250,000 *annually* to support needed Core services in the Ryan White CARE Program. For Fiscal Year 2022, MOE funds were expended on Outpatient Ambulatory Care services to PLWH. This action has ensured annual Maintenance of Effort at previous levels. The Sacramento County Board of Supervisors has already authorized the \$250,000 for the current FY23 and it is anticipated that all of these funds will be expended by June 30, 2023.

### MAINTENANCE OF EFFORT

#### Core Medical Service and Support Service Budget Elements to Document MOE

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#### MOE Expenditures Based on Core Medical Services and Support Services

#### Process Used to Determine Amount of Expenditures in MOE Table

The Maintenance of Effort (MOE) computations are made in accordance with the Section IV, Chapter 6: Maintenance of Effort of the Ryan White HIV/AIDS Program Part A manual. MOE computations for the Sacramento TGA include actual expenditures for HIV-related core and support services from all sources in Sacramento, Placer and El Dorado counties. All counties operate on a July 1 through June 30 Fiscal Year. Currently, the only Core service supported directly by the Sacramento TGA is Outpatient Ambulatory Care. MOE funding is used to fund HIV outpatient Ambulatory care services for the Sacramento County Sexual Health clinic. MOE computations for all expenditures for FY22 were compiled using a coding system that applies each of the expenditures to the applicable program in each of the County's accounting and reporting systems. For FY23, all HIV related expenditures funded locally in the Sacramento TGA are spent in Sacramento County, by the Sacramento County DHS, which has a line item budget that funds HIV related activities. Sacramento County DHS incurs additional expenditures to supplement the revenues from grants that do not pay for indirect expenses, or are under-funded. All HIV/AIDS activities are coded by a system of order numbers that track each separate program and activity in Sacramento County DHS' accounting and reporting system (COMPASS). MOE funding does not supplant the Sacramento TGA spending but instead it does expand and enrich Outpatient Ambulatory Care services.

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Sacramento, Ca 95827 (916) 875-5881

# HIV Health Services Planning Council 9616 Micron Ave, Suite 930



September 6, 2022

Sandy Damiano, Interim Director Sacramento County Department of Health Services 7001-A East Parkway, Suite 1000 Sacramento, CA 95823

RE: Letter of Concurrence from Planning Council Chair

Dear Ms. Damiano:

This letter is written to provide concurrence that the following mandates have been addressed by the HIV Health Services Planning Council (Council) and the Ryan White program.

- a) The Sacramento TGA conducted a comprehensive *HIV Needs Assessment of RW clients* in 2018 and a *Young Adult Targeted Needs Assessment* in 2021. In December 2020 the *Sacramento County Ending the HIV Epidemic Report* was published by the California State Office of AIDS with input from the TGA's RW Program. In 2016, the TGA participated in *Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention and Care Plan.*
- b) Priority Setting and Resource Allocation
  - i) Priority Setting and Resource Allocations (PSRA) for FY 2022 were determined by the Council using the Council approved priority setting process outlined in policy document PAC 01 – PRSA Processes. This included review of the HIV needs assessments; TGA-wide epidemiology and demographic data; RW client utilization data; cost per RW client data; and financial data, such as increases or decreases in other funding streams.

In addition, Unmet Need framework estimates, HIV Care Continuum and Early Identification of Individuals with HIV/AIDS (EIIHA) data also were reviewed to address the needs of the populations with HIV with unmet need and those unaware of their HIV status. Through this data driven PSRA process, the Council works to maximize access to services for historically underserved communities, including subpopulations and women, infants, children and youth.

- ii) There are four seated non-aligned PLWH who are consumers of the RW Program involved in planning on the Priorities and Allocations Committee. Additionally, final decisions are determined by the Planning Council which includes an additional eight seated non-aligned consumers. Consumer input is highly valued and instrumental in the PSRA process.
- iii) According to monthly expenditure reports, the Ryan White FY 2021 Part A Formula, MAI and Supplemental funds awarded to the Transitional Grant Area (TGA) are being expended according to the priorities and allocations established by the Council.
- iv) During the PSRA process, all RWHAP HIV core medical and support services were prioritized as per sections 2602(b)(4)(C) and 2602(d)(1) of the PHS Act.

Sacramento TGA Grant #H89HA00048

- c) In addition to all Priorities and Allocation Committee (PAC) members receiving an annual PAC process training (5/9/22), the Council received annual membership training on the Mechanics of the Planning Council on 3/23/22. The Council also receives ongoing monthly trainings which include presentations from community-based organizations, Recipient training on administrative and legislative mandates; and issues and trends as they relate to local, state and federal HIV issues.
- d) The Administrative Assessment was conducted on June 10, 2022, and all standards were "met and exceeded" including PSRA, fiscal and program monitoring and timeliness of allocation and contracting of funds and payments to contractors.

Thank you for your time and attention,

Richard Benavidez, Chair Sacramento TGA HIV Health Services Planning Council

#### Sacramento TGA Grant #H89HA00048

#### Attachment 4 SF424 & Budget Narrative RWHAP Part A Emergency Relief Grant

#### **BUDGET INFORMATION - Non-Construction Programs**

OMB Number: 4040-0006 Expiration Date: 02/28/2022

#### SECTION A - BUDGET SUMMARY Grant Program Catalog of Federal **Estimated Unobligated Funds** New or Revised Budget Function or Domestic Assistance Activity Number Non-Federal Federal Federal Non-Federal Total (b) (c) (d) (e) (f) (a) (g) 1. Administrative 93.914 \$ \$ \$ \$ 369,431.00 \$ 369,431.00 2. CQM 93.914 184,715.00 184,715.00 93.914 HIV Services 3. 3,140,167.00 3,140,167.00 4. \$ \$ \$ \$ 5. Totals \$ 3,694,313.00 3,694,313.00

Standard Form 424A (Rev. 7- 97) Prescribed by OMB (Circular A -102) Page 1

#### SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY			Total					
0. Object class categories	(1)		(2	)	(3)		)	(5)	
		Administrative		CQM		HIV Services			
a. Personnel	\$	145,973.00	\$	85,901.00	\$	0.00 \$	\$	231,874.00	
b. Fringe Benefits		92,320.00		46,853.00		0.00		139,173.00	
c. Travel		6,974.00		1,000.00		0.00		7,974.00	
d. Equipment		0.00		0.00		0.00		0.00	
e. Supplies		6,416.00		2,015.00		0.00		8,431.00	
f. Contractual		41,500.00		0.00		3,140,167.00		3,181,667.00	
g. Construction		0.00		0.00		0.00		0.00	
h. Other		42,663.00		32,154.00		0.00		74,817.00	
i. Total Direct Charges (sum of 6a-6h)		335,846.00		167,923.00		3,140,167.00	\$	3,643,936.00	
j. Indirect Charges		33,585.00		16,792.00		0.00	\$	50,377.00	
k. TOTALS (sum of 6i and 6j)	\$	369,431.00	\$	184,715.00	\$	3,140,167.00	\$	3,694,313.00	
7. Program Income	\$	0.00	\$	0.00	\$	0.00 \$	\$	0.00	

Prescribed by OMB (Circular A -102) Page 1A

	SECTION C - NON-FEDERAL RESOURCES									
	(a) Grant Program			(b) Applicant		(c) State		(d) Other Sources		(e)TOTALS
8.	Administrative		\$	0.00	\$	0.00	\$	0.00	\$ [	0.00
9.	CQM			0.00		0.00		0.00	[	0.00
10.	HIV Services			0.00		0.00		0.00		0.00
11.						· · · · · · · · · · · · · · · · · · ·				
12. <sup>-</sup>	TOTAL (sum of lines 8-11)		\$	0.00	\$	0.00	\$	0.00	\$	0.00
		SECTION	D	- FORECASTED CASH	NE	EDS				
		Total for 1st Year		1st Quarter		2nd Quarter		3rd Quarter	_	4th Quarter
13.	Federal	\$ 3,694,313.0	• \$	923,578.00	\$	923,578.00	\$	923,578.00	\$	923,579.00
14.	Non-Federal	\$			[		[			
15.	TOTAL (sum of lines 13 and 14)	\$ 3,694,313.0	₀ \$	923,578.00	\$	923,578.00	\$	923,578.00	\$	923,579.00
	SECTION E - BUD	GET ESTIMATES OF F	EDE	RAL FUNDS NEEDED	FO	R BALANCE OF THE	PR	OJECT		
	(a) Grant Program					FUTURE FUNDING	-			
				(b)First		(c) Second		(d) Third		(e) Fourth
16.	Administrative		\$	369,431.00	\$		\$		\$[	
17.	CQM			184,715.00			[			
18.	HIV Services	`		3,140,167.00	[		[			
19.										]
20. TOTAL (sum of lines 16 - 19)		\$	3,694,313.00	\$		\$		\$		
		SECTION	- 0	OTHER BUDGET INFOR	RM/	ATION				
21.	21. Direct Charges: 22. Indirect Charges: 10% de minimis									
23.	23. Remarks: using the 10% de minimis charge for indirect									

1

Authorized for Local Reproduction

**Program Income** 

\$

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RWHAP PART A BUDGET SUMMARY RECIPIENT: FISCAL YEAR: 2023												
			Part A				Mino	ority	AIDS Initiative (M	MA	I)	Total
<b>Object Class Categories</b>	Administration	1	CQM	I	HIV Services	A	dministration		CQM		HIV Services	
a. Personnel	\$ 134,	308	\$ 79,953	\$	-	\$	11,665	\$	5,948	\$	-	\$ 231,875
b. Fringe Benefits	\$ 85,0	071	\$ 43,285	\$	-	\$	7,248	\$	3,568	\$	-	\$ 139,173
c. Travel	\$ 6,9	074	\$ 1,000	\$	-	\$	-	\$	-	\$	-	\$ 7,974
d. Equipment	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-	\$ -
e. Supplies	\$ 6,3	600	\$ 2,015	\$	-	\$	116	\$	-	\$	-	\$ 8,431
f. Contractual	\$ 41,5	500	\$ -	\$	2,946,845	\$	-	\$	-	\$	193,322	\$ 3,181,667
g. Other	\$ 41,0	017	\$ 31,332	\$	-	\$	1,646	\$	822	\$	-	\$ 74,817
Direct Charges	\$ 315,1	71	\$ 157,585	\$	2,946,845	\$	20,676	\$	10,338	\$	193,322	\$ 3,643,936
Indirect Charges	\$ 31,5	517	\$ 15,758			\$	2,068	\$	1,034			\$ 50,377
TOTALS	\$ 346,0	588	\$ 173,343	\$	2,946,845	\$	22,744	\$	11,372	\$	193,322	\$ 3,694,313

FY2023 Funding Ceiling:	3,694,313
Part A Funding	\$ 3,466,876
MAI Funding	\$ 227,438
Total:	\$ 3,694,313

Administrative Budget 10%

Part A and MAI Within Limit

CQM Budget 5%

Part A and MAI Within Limit

			PART A ADMINISTRATIVE BUDGET		
		L.	RECIPIENT:		
			FISCAL YEAR: 2023		
			Personnel		
Salary	1	1	rersonnei		
[Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	<b>Budget Impact Justification</b> [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]		Amount
\$ 124,46	7 0.16	Sr. Health Program	Oversees daily operations of Part A. Monitors contractual obligations of contractors, MOU's with participating counties; Monitors expenditure rate and reallocation process, Negotiates yearly contract rates with contractors, Provides technical assistance, Coordinates functions of Part A program with other AIDS programs, including Part B, C and D program, AIDS Drug Assistance Program, and County STD, Public Health Surveillance and Prevention. Engage Planning Council in long-range planning. Keep Council apprised of strategic issues and trends in health and human services in the region. Facilitate collaboration in carrying out Planning Council activities. Develop performance improvement plans and monitor and report on Performance Outcomes. Identify and pursue opportunities for program enhancement. Run specialized data reports from Report Manager, special studies, and contractor monitoring visits.	\$	19,330
\$ 126.80	1 0.19	Human Services Program Planner, (Gammell) 12 mos	Assists the Sr. Health Program Coordinator in overseeing daily operations of Part A and Part A MAI Programs and contract monitoring as well as expenditure and utilization monitoring. Disseminates program changes and program reports to sub-recipients. prepares various mandatory program reports and Conditions of Award. Assists sub-recipients in accessing SHARE database and database issues and provides Technical Assistance on various issues. Run specialized data reports from Report Manager, special studies, and contractor monitoring visits.	\$	23.458
\$ 60,93		Account Technician, (Chang) 12 mos	Supports program by keeping track of sub-recipient expenditures with the SHARE data base, processes invoices for Sr. Health Program Coordinator to review, reconciles program spreadsheets, keeps program files accurate and in order, prepares and runs reports for the program as needed, works with sub-recipients who have program invoicing questions.	\$	32,949
\$ 113,07	1 0.07	Dental Program Coordinator (Resler) 12 mos	Oversees pre-authorizations for Dental Project services to assure compliance with Dental Rate Schedule and Eligible Dental Procedures	\$	7,429
\$ 106,06	7 0.27	Admin. Services Officer II (Hunter) 12 mos	Supports program through preparing direct services contracts and amendments, tracking their expenditures and related required documentation. Assist in the Ryan White claims process, drafts Board Letters, implements sub-recipient contract changes; and provides routine clerical support to Ryan White program staff;	\$	28,113
\$ 75,14	1 0.10	Admin. Services Officer I (Leal) 12 mos	Liaison with Fiscal Department, travel and mileage claims, and Planning Council Member reimbursement expenses. Supports program through routine clerical assistance.	\$	7,199
,,			Personnel Total	\$	118,477
			Fringe Benefits		
<b>Percentage</b> [Insert as %]		[List com	<b>Components</b> ponents that comprise the fringe benefit rate.]		Amount
	% Retirement	alth Caulace Area (		\$ \$	27,037
	% Retirement He % 401K Match	alth Savings Account		\$ \$	4,739
	% FICA/SSI			\$	9,075
	Health insuran	се		\$	30,437
			Fringe Benefit Total	\$	75,766
			Travel		
			Local		
Mileage Rate	e Number of Miles	Name, Position of Traveler(s)	<b>Travel Expenses/Budget Impact Justification</b> [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.		Amount
0.57	5 72.46/mo	Sr. Health Program Coordinator, Gossett	Local mileage - Conduct site sub-recipient site visits; attend HIV Planning Council committee meetings; provide TA to sub-recipients; attend off-site Training opportunities; participate in community continuum of care meetings and events.	\$	500
			Local mileage - Conduct site sub-recipient site visits; attend HIV Planning Council committee meetings; provide TA to sub-recipients; attend off-site Training opportunities; participate in	\$	500
0.57	5 72.46/mo	Human Services Program Planner, Gammell	community continuum of care meetings and events.		

	F	PART A ADMINISTRATIVE BUDGET RECIPIENT: FISCAL YEAR: 2023		
		Long Distance		
Type of Travel	Name, Position of Traveler(s)	<b>Travel Expenses/Budget Impact Justification</b> [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.		Amount
Air	Sr. Health Program Coordinator, Gossett, ASOII, Hunter	Airfare = \$550, Hotel = \$189 +20% taxes and fees x 4 nights = \$907, meals at per diem rates \$71 x 5 days = \$355; parking = \$18/day x 5 days = \$90, transportation to and from airport = \$31, incidentals \$5/day x 5 days = \$25; Attend US Conference on HIV/AIDS to obtain current information and best practices for administering HIV/AIDS programs x 2 staff		3,916
		Long Distance Travel Sub-Total	\$	3,916
		Travel Total	\$	4,916
[Equipment is defined as a t		Equipment re and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Budget Impact Justification		
List of Equ	ipment	[Description of need to carry out the program's objectives/goals.] Show breakdown of costs.		Amount
		Equipment Total	6	
[Supplies is defined as prope		<b>Supplies</b> \$5,000. <u>Note</u> : Items such as laptops, tablets, and desktop computers are classified as a under the \$5,000 threshold.] Show breakdown of costs.		
List of Su	supply if the value is	\$5,000. <u>Note</u> : Items such as laptops, tablets, and desktop computers are classified as a		Amount
	supply if the value is upplies Pens, Highlighters, Pencils, ips, Pens, Flash Drives,	\$5,000. <u>Note</u> : Items such as laptops, tablets, and desktop computers are classified as a under the \$5,000 threshold.] Show breakdown of costs. Budget Impact Justification	\$	<b>Amount</b> 2,700
List of Su Copy Paper, Printer Cartridges, I Erasers, Post It Notes, Paper Cli	supply if the value is upplies Pens, Highlighters, Pencils, ips, Pens, Flash Drives,	\$5,000. <u>Note</u> : Items such as laptops, tablets, and desktop computers are classified as a under the \$5,000 threshold.] Show breakdown of costs.           Budget Impact Justification           [Description of need to carry out the program's objectives/goals.]           General consumable office supplies necessary to perform the work of administering the Ryan White Care act funds.		2,700
List of Su Copy Paper, Printer Cartridges, I Erasers, Post It Notes, Paper Cli	supply if the value is upplies Pens, Highlighters, Pencils, ips, Pens, Flash Drives,	\$5,000. <u>Note</u> : Items such as laptops, tablets, and desktop computers are classified as a under the \$5,000 threshold.] Show breakdown of costs.           Budget Impact Justification           [Description of need to carry out the program's objectives/goals.]           General consumable office supplies necessary to perform the work of administering the Ryan		
List of Su Copy Paper, Printer Cartridges, I Erasers, Post It Notes, Paper Cli	supply if the value is upplies Pens, Highlighters, Pencils, ips, Pens, Flash Drives,	\$5,000. <u>Note</u> : Items such as laptops, tablets, and desktop computers are classified as a under the \$5,000 threshold.] Show breakdown of costs.           Budget Impact Justification           [Description of need to carry out the program's objectives/goals.]         General consumable office supplies necessary to perform the work of administering the Ryan White Care act funds.           Supplies Total		2,700
List of Su Copy Paper, Printer Cartridges, Erasers, Post It Notes, Paper Cli Highlighters, Pencils, Erasers, It	supply if the value is pplics Pens, Highlighters, Pencils, lips, Pens, Flash Drives, nk Refill, etc.	\$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a under the \$5,000 threshold.] Show breakdown of costs.           Budget Impact Justification           [Description of need to carry out the program's objectives/goals.]         General consumable office supplies necessary to perform the work of administering the Ryan White Care act funds.           Supplies Total         Supplies Total           Budget Impact Justification         [Description of need to carry out the program's objectives/goals.]	\$	2,700 2,700

			PART A ADMINISTRATIVE BUDGET RECIPIENT: FISCAL YEAR: 2023		
		[List all	<b>Other</b> costs that do not fit into any other category]		
	List of O	ther	<b>Budget Impact Justification</b> [Impact on the program's objectives/goals.] Show breakdown of costs.		Amount
	Office Lea	ase	Cost of rent per person for building. All rent charges are applied on a per FTE basis. 1.31 FTEs	\$	8,090
	Communication	Services	Monthly IT staff charges, server charges, network charges, cell phones and telecomm charges, VPN charges based on FTE totals. 1.31 FTEs	\$	10,620
	Training	9	Cost of mandatory supervisory County training sessions for Sr. Health program Coordinator and Program Planner; training on new software for staff. Health Equity training for RW staff.	\$	2,285
OCIT-Data Processing/SHARE/MIS			SHARE is the unique client-level database for the Sacramento TGA. This expense includes data Processing for the RSR; Development and on-going maintenance of the data import program from sub-recipients; update of SHARE database reports; (IT programming \$100 per hour x 28.71 hours)	\$	2,87
	Postag	9	Routine postage, share of postage machine equipment and maintenance and federal Express		
	Printing/Dupl	icating	Printing of routine administrative documents		
(	Copy machine m	aintenance	Copy machine lease and maintenance agreements. Software license fees;	\$	2,200
			Other Costs Total	\$	31,372
			Total Direct Cost		
				\$	257,232
			Indirect Cost		
Type of Indirect Cost [Select from dropdown list]	Rate [Insert rate below]		Insert Base	[Ins	Total sert Indirect]
Fixed	10% de minimis	Services; GS Purchasir	nclude Security Svc; Data Processing General; Software, System Dev Svc; WAN Allocation, Alarm g; GS Warehouse, GS Surplus property Svc; GS Store Charges; GS Equip Rental; Water; <sup>2</sup> ersonnel Svc; Safety Program.	\$	25,723
			Part A Administrative Total		
				\$	282,955

		PART A C	LINICAL QUALITY MANAGEMENT BUDGET RECIPIENT:		
			FISCAL YEAR: 2023		
			Personnel		
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	<b>Budget Impact Justification</b> [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.] Only include duties that are allocable to the CQM budget.		Amount
\$ 124,467	0.10	Sr. Health Program Coordinator, (Gossett)	Coordinates outcome measures of Part A CQM program with other RW CQM programs; Assist as the CQM Program Manager with the on-going recruitment of the CQM Committee, development of CQM Performance measures, and provision of technical assistance to sub-recipients on CQI activities and site visits. Oversees subrecipients quality projects.	\$	12,447
\$ 126,801	0.27	Human Services Program Planner, (Gammell)	for Quality Management reviews.		34,236
\$ 110,900	0.30	Epidemiologist, (Zheng)	Supports the CQM program by preparing Epidemiological reports, studies and tracking systems. Codes and prepares Access queries designed and developed by the CQM Committee to track new Performance measures. Downloads and analyzes statewide and national epidemiological data for local comparison on selected CQM Performance Measures.		33,270
				\$ \$	-
			Personnel Total	» Տ	79,953
			Fringe Benefits		
Percentage			Components		
[Insert as %]		[List com]	ponents that comprise the fringe benefit rate.]		Amount
19.61%	Retirement			\$	15,676
		Ith Savings Account		\$	1,991
	401K Match			\$	2,183
	FICA/SSI			\$	6,124
21.65%	Health insurance	e		\$	17,311
			Fringe Benefit Total	\$	43,285
			Travel		
			Local		
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	<b>Travel Expenses/Budget Impact Justification</b> [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.		Amount
0.575	1,739	Human Services Program Planner, (Gammell)	Local travel to Continuous Quality Management Committee meetings; travel to sub-recipient sites to perform CQI site visits and other relevant travel for CQM activities.	\$	1,000
		•	Local Travel Sub-Total	\$	1,000
			Long Distance		
Type of	Travel	Name, Position of Traveler(s)	<b>Travel Expenses/Budget Impact Justification</b> [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.		Amount
			Long Distance Travel Sub-Total Travel Total		- 1,000

[Equipment i.	s defined as a u		<b>Equipment</b> ore and a useful life of 1 or more years. (If your agency uses a different definition, please r agency's definition.).] Show breakdown of costs.		
List of Equipment			Budget Impact Justification [Description of need to carry out the program's objectives/goals.]		Amount
			Equipment Total	\$	
[Supplies is de	efined as proper	•	<b>Supplies</b> er \$5,000. <u>Note</u> : Items such as laptops, tablets, and desktop computers are classified as a s under the \$5,000 threshold.] Show breakdown of costs.		
	List of Sup		Budget Impact Justification [Description of need to carry out the program's objectives/goals.]		Amount
Gener	al Consumable	office supplies	Supplies necessary to provide quarterly reports to the CQM committee; file folders for CQI documentation; Refreshments for quarterly CQM Committee meetings.	\$	2,01
			Supplies Total	\$	2,01
			Contractual		
List of C	Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.		Amount
			Contracts Total	\$	•
		[List all costs that do	<b>Other</b> o not fit into any other category]Show breakdown of costs.		
	List of Ot	her	<b>Budget Impact Justification</b> [Impact on the program's objectives/goals]		Amount
	Office Lea	se	Cost of rent per person for building. All rent charges are applied on a per FTE basis67 FTEs	\$	4,33
	Communication	Services	Monthly IT staff charges, server charges, network charges, cell phones and telecomm charges, VPN charges based on FTE totals67 FTEs		4,31
	Postage	9	Routine postage, share of postage machine equipment and maintenance and federal Express charges for CQM activities	\$	30
	Printing/Dupli	cation	Printing of routine CQM documents and special reports	\$	71
OCI.	T-Data Processin	g/SHARE/MIS	Maintenance of Sacramento HIV/AIDS Reporting Engine (SHARE) to provide CQI committee with on-going progress in achieving selected Performance Indicators. Costs to update and maintain SHARE. (IT programming \$100 per hour x 210.36 hours)	\$	21,36
(	Copy machine ma	aintenance	Copy machine lease and maintenance agreements. Software license fees;	\$	31
			Other Costs Total	\$	31,332
			Total Direct Cost		
			Indianat Cost	\$	157,585
			Indirect Cost		
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)		Insert Base	[In	Total sert Indirect
ixed	10% de minimis	Services; GS Purchasi	include Security Svc; Data Processing General; Software, System Dev Svc; WAN Allocation, Alarm ng; GS Warehouse, GS Surplus property Svc; GS Store Charges; GS Equip Rental; Water; Personnel Svc; Safety Program.	\$	15,758.0
		Part A	Clinical Quality Management Total		
			- • 0	\$	173,34

		PART A PLA	ANNING COUNCIL/PLANNING BODY BUDGET RECIPIENT: FISCAL YEAR: 2023		
			Personnel		
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]		Amount
\$ 79,154	0.20	Health Educator Range B, (Caravella)	Manage operational staff support to the HIV Services Planning Council. Assist the council in how they need to meet their obligations which include adequate structure and governance, diverse and representative membership; annual priorities and allocations process; administrative assessment of the grantee; development of a comprehensive HIV Services Plan for the Sacramento TGA; increase access to services; Assessment of need for HIV services; assist the Sr. Health Program Coordinator and Health Services Program planner with programmatic aspects of Part A. Personnel Total	\$ \$	15,831 <b>15,831</b>
			Fringe Benefits		
Percentage [Insert as %]		[List comp	Components vonents that comprise the fringe benefit rate.]		Amount
3.46% 3.41% 7.65%	Retirement Retirement Heal 401K Match FICA/SSI Health insurance	th Savings Account		\$ \$ \$	3,262 548 540 1,211 3,744
23.03%		5	Fringe Benefit Total	•	9,305
			Travel		
			Local		
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.		Amount
0.575	174	Health Educator Range B, (Caravella)	Local travel to Planning Council Committee meetings; other relevant travel for Planning Council activities.	\$	100
			Local Travel Sub-Total	\$	100
		-	Long Distance	1	
Type of	Travel	Name, Position of Traveler(s)	<b>Travel Expenses/Budget Impact Justification</b> [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.		Amount
Ai	r	Health Educator Range B, (Caravella)	Airfare = \$550, Hotel = \$189 +20% taxes and fees x 4 nights = \$907, meals at per diem rates \$71 x 5 days = \$355; parking = \$18/day x 5 days = \$90, transportation to and from airport = \$31, incidentals \$5/day x 5 days = \$25; Attend US Conference on HIV/AIDS to obtain current information and best practices for administering HIV/AIDS programs.	\$	1,958
			Long Distance Travel Sub-Total	\$ \$	1,958 2,058
[Equipment is	defined as a u		Travel Total Equipment re and a useful life of 1 or more years. (If your agency uses a different definition, please agency's definition.)] Show breakdown of costs.	J.	2,038
	List of Equi	pment	<b>Budget Impact Justification</b> [Description of need to carry out the program's objectives/goals.]		Amount
			Equipment Total	\$	-

[Supplies is def	fined as proper		<b>Supplies</b> \$5,000. <u>Note</u> : Items such as laptops, tablets, and desktop computers are classified as a under the \$5,000 threshold.] Show breakdown of costs.		
	List of Sup	plies	<b>Budget Impact Justification</b> [Description of need to carry out the program's objectives/goals].		Amount
Refreshments for (\$25/mo. x 12; \$3		s and annual retreat eeting)	Provide non-aligned Council members with refreshments during Council meetings to help maintain their energy during long meetings.	\$	600
	r cartridges; stic	aples; writing pads; pens; kie notes; rubber bands; ance manual; etc.	General consumable office supplies to support the work of the HIV Health Services Council	\$	3,000
			Supplies Total	\$	3,600
			Contractual	1	
List of Co	ontracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.		Amount
Lili Joy Consulting	g Company	Ryan White Statistical Analysis reports; Needs Assessment data analysis. Prepare Client	Consultant for needs assessment tools for clients; evaluations of data research; prepares summaries of data reports; analyzes needs assessment data and quality measurement outcome data. Information the Planning Council uses in their decision making processes. (171.99 hrs x \$101.75/hr.)		
		Needs Assessment	Contracts Total	\$ \$	17,500 17,500
				Ð	17,500
		[List all costs that do r	<b>Other</b> not fit into any other category.] Show breakdown of costs.		
	List of Ot	her	<b>Budget Impact Justification</b> [Impact on the program's objectives/goals.]		Amount
	Communication	Services	Monthly IT staff charges, server charges, network charges, cell phones and telecomm charges, VPN charges based on FTE totals20 FTE	\$	5,240
	Leases		Cost of rent per person for building. All rent charges are applied on a per FTE basis. 20 FTE Additional charges are included for Planning Council Outreach event fees to participate in community events (table rentals, etc.) in order to promote the Council and recruit new members.	\$	4,005
Copy Machine Le	ase and mainter	nance agreements	Provide HHSPC with required documentation for Council meetings (\$25/mo. x 12/mos.)	\$	100
	Printing/Dupli	cating	Printing/duplicating of routine Council documents; printing of Council publications such as Needs Assessments, Comprehensive Plans, special studies.	\$	300
			Other Costs Total	\$	9,645
			Total Direct Cost	1	
				\$	57,939
			Indirect Cost	-	
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)		Insert Base	[In	Total sert Indirect]
Fixed	10% de minimis	Services; GS Purchasing	nclude Security Svc; Data Processing General; Software, System Dev Svc; WAN Allocation, Alarm g; GS Warehouse, GS Surplus property Svc; GS Store Charges; GS Equip Rental; Water; rersonnel Svc; Safety Program.		5,794
		Part A P	lanning Council/Planning Body Total		
				\$	63,733

			PART A HIV SERVICES BUDGET	
			<b>RECIPIENT:</b>	
			FISCAL YEAR: 2023	
	-		Personnel	
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	<b>Budget Impact Justification</b> [Description of duties, impact on program goals and outcomes, payment source for balance of FTE]	Amount
				<u>\$</u> \$
			Personnel Total	\$
			Fringe Benefits	
<b>Percentage</b> Insert as %]		[List comp	Components ponents that comprise the fringe benefit rate]	Amount
				\$\$
			Fringe Benefit Total	
			Travel	
			Local	
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	<b>Travel Expenses/Budget Impact Justification</b> [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	Amount
			Local Travel Sub-Total	\$
			Long Distance	
Type of	Travel	Name, Position of Traveler(s)	<b>Travel Expenses/Budget Impact Justification</b> [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	Amount
			Long Distance Travel Sub-Total	\$
			Travel Total	
[Equipment is	s defined as a u	*	<b>Equipment</b> re and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]	
	List of Equi	pment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]Show breakdown of costs	Amount
			Equipment Total	\$
[Supplies is de	fined as proper		<b>Supplies</b> \$5,000. <u>Note:</u> Items such as laptops, tablets, and desktop computers are classified as a under the \$5,000 threshold.]Show breakdown of costs.	
	List of Sup	plies	<b>Budget Impact Justification</b> [Description of need to carry out the program's objectives/goals]	Amount
			Supplies Total	\$

		Contractual	
List of Contracts	Deliverables	<b>Budget Impact Justification</b> [Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.	Amount
Sierra Foothills AIDS Foundation- El Dorado County (LOI)	Oral Health Care; Medical CM; Mental Health; Substance Abuse- Outpatient; EFA; Transportation	Provision of direct client services. Costs estimated based on prior utilization figures and comparable community rates.	\$ 194,461
Sierra Foothills AIDS Foundation- Placer County (LOI)	Outpatient Amb Care; Oral Health Care; Medical CM; Mental Health; Substance Abuse- Outpatient; EFA; Transportation	Direct client services. Costs estimated based on prior utilization figures and comparable community rates.	\$ 197,501
U.C. Davis Pediatric Infectious Disease (LOI)	Outpatient Pediatric Ambulatory Care; Medical CM; Transportation	Direct client services. Costs estimated based on prior utilization figures and comparable community rates.	\$ 137,800
Contractor pending current RFP	Ambulatory/Outpatient Medical Care	Service category amount allocated by Planning Council.	\$ 374,251
Contractor pending current RFP	Health Insurance Premium Asst, Copay and Deductible	Service category amount allocated by Planning Council.	\$ 5,000
Contractor pending current RFP	Oral Health Care	Service category amount allocated by Planning Council.	\$ 291,147
Contractor pending current RFP	Medical Case Management Services	Service category amount allocated by Planning Council.	\$ 799,710
Contractor pending current RFP	Non-Medical Case Management	Service category amount allocated by Planning Council.	\$ 54,582
Contractor pending current RFP	Food Bank/Home Delivered Meals	Service category amount allocated by Planning Council.	\$ 32,500
Contractor pending current RFP	Mental Health Services	Service category amount allocated by Planning Council.	\$ 439,752
Contractor pending current RFP	Medical Transportation Services	Service category amount allocated by Planning Council.	\$ 77,833
Contractor pending current RFP	Substance Abuse Services - Outpatient	Service category amount allocated by Planning Council.	\$ 201,661
Contractor pending current RFP	Substance Abuse Services – Residential	Service category amount allocated by Planning Council.	\$ 63,408
Contractor pending current RFP	Housing Assistance	Service category amount allocated by Planning Council.	\$ 21,862
Contractor pending current RFP	Child Care Services	Service category amount allocated by Planning Council.	\$ 20,000
Contractor pending current RFP	Emergency Financial Assistance	Service category amount allocated by Planning Council.	\$ 20,389
Contractor pending current RFP	Medical Nutritional Therapy	Service category amount allocated by Planning Council.	\$ 10,220
Contractor pending current RFP	Health Education Risk Reduction	Service category amount allocated by Planning Council. Contracts Total	\$ 4,768 <b>2,946,845</b>

		[List all costs that do	<b>Other</b> not fit into any other category]Show breakdown of costs.	
List of Other			<b>Budget Impact Justification</b> [Impact on the program's objectives/goals]	Amount
			Other Costs Total	\$ -
			Total Direct Cost	
				\$ 2,946,845
			Indirect Cost	
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)		Insert Base	Total [Insert Indirect]
			Part A HIV Services Total	
				\$ 2,946,845

			MAI ADMINISTRATIVE BUDGET		
			<b>RECIPIENT:</b>		
			FISCAL YEAR: 2023		
			Personnel		
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	<b>Budget Impact Justification</b> [Description of duties, impact on program goals and outcomes, payment source for balance of FTE]		Amount
\$ 124,467	0.05	Sr. Health Program Coordinator, (Gossett)	Oversees daily operations of Part A MAI Program. Monitors contractual obligations of contractors, MOU's with participating counties. Monitors expenditure rate and reallocation process. Monitors programmatic functions of MAI program and sub-recipient adherence to MAI requirements; Negotiates yearly contract rates with contractors; Provides technical assistance; Coordinates functions of Part A MAI program with other AIDS programs, including Ryan White Parts B, C, D; HIV AIDS Education and Testing programs, and county Surveillance programs.		6,597
\$ 126,801	0.03	Human Services Program Planner, (Gammell) Account Technician,	Assists the Sr. Health Program Coordinator in overseeing daily operations of Part A MAI Program. Continuous improvement/development of Quality Plan, tracking of individual and contractor data, provides technical assistance, develops with HIV Health Services Planning Council outcomes measures and standards/expectations for MAI program; monitors monthly charges to MAI program and prepares annual MAI program reporting functions. Supports program by keeping track of sub-recipient expenditures with the SHARE data base, processes invoices for Sr. Health Program Coordinator to review, reconciles program spreadsheets, keeps program files accurate and in order, prepares and runs reports for the	\$	4,349
\$ 60,938	0.01	(Chang) 12 mos	program as needed, works with sub-recipients who have program invoicing questions.	\$ \$	719
				\$	
			Personnel Total	\$	11,665
			Fringe Benefits		
<b>Percentage</b> [Insert as %]		[List com]	<b>Components</b> ponents that comprise the fringe benefit rate]		Amount
	Retirement			\$	2,520
	401K Match	Ith Savings Account		\$ \$	403
	FICA/SSI			\$	894
	Health insuranc	e		\$	2,992
			Fringe Benefit Total	\$	7,248
			Travel		
			Local		
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	<b>Travel Expenses/Budget Impact Justification</b> [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.		Amount
			Local Travel Sub-Total	\$	
			Local Travel Sub-Total Long Distance	\$	
Type of	f Travel	Name, Position of Traveler(s)		\$	Amount
Type of	î Travel	· · · · · · · · · · · · · · · · · · ·	Long Distance Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.		Amount
Туре о	fTravel	· · · · · · · · · · · · · · · · · · ·	Long Distance Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs. Long Distance Travel Sub-Total	\$	Amount
		Traveler(s)	Long Distance Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs. Long Distance Travel Sub-Total Travel Total Equipment re and a useful life of 1 or more years. (If your agency uses a different definition, please	\$	Amount
		Traveler(s) mit cost of \$5,000 or mo defer to your	Long Distance Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs. Long Distance Travel Sub-Total Travel Total Equipment	\$	Amount - - Amount
	's defined as a u	Traveler(s) mit cost of \$5,000 or mo defer to your	Long Distance Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs. Long Distance Travel Sub-Total Travel Total Equipment re and a useful life of 1 or more years. (If your agency uses a different definition, please agency's definition.)]Show breakdown of costs. Budget Impact Justification	\$	

		<b>Supplies</b> . <u>Note:</u> Items such as laptops, tablets, and desktop computers are classified as a				
supply i	f the value is under t	s under the \$5,000 threshold.]Show breakdown of costs. Budget Impact Justification [Description of need to carry out the program's objectives/goals]				
Copy Paper, Printer Cartridges, Pens, Highligh Erasers, Post It Notes, Paper Clips, Pens, Flas Highlighters, Pencils, Erasers, Ink Refill, etc.	h Drives, General	I consumable office supplies necessary to perform the work of administering the Ryan Care act funds.	\$	11		
		Supplies Total	\$	11		
		Contractual				
List of Contracts Delive	erables [Desc	<b>Budget Impact Justification</b> cription of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.		Amount		
		Contracts Total	\$			
[List all c	osts that do not fit in	<b>Other</b> nto any other category]Show breakdown of costs.				
List of Other	, e	Budget Impact Justification [Impact on the program's objectives/goals]		Amount		
Office Lease	Cost of	rent per person for building. All rent charges are applied on a per FTE basis53 FTEs	\$	84		
Communication Services		IT staff charges, server charges, network charges, cell phones and telecomm charges, arges based on FTE totals53 FTEs	\$	79		
	Other Costs Total					
	T	Fotal Direct Cost		,		
			\$	20,676		
		Indirect Cost				
Type of Indirect CostRate (Insert rate below)		Insert Base	[Ins	Total sert Indirect]		
Fixed 10% de Services; G		ecurity Svc; Data Processing General; Software, System Dev Svc; WAN Allocation, Alarm Varehouse, GS Surplus property Svc; GS Store Charges; GS Equip Rental; Water; I Svc; Safety Program.	\$	2,06		
	MAL	Administrative Total				
			\$	22,744		

Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	NICAL QUALITY MANAGEMENT BUDGET RECIPIENT: FISCAL YEAR: 2023 Personnel Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for		
[Insert total annual	[Insert as	[Insert name, position	FISCAL YEAR: 2023 Personnel Budget Impact Justification		
Insert total annual	[Insert as	[Insert name, position	Budget Impact Justification		
Insert total annual	[Insert as	[Insert name, position	5 I		
annual	[Insert as	[Insert name, position	5 I		
salary]	uecimuij	iniej	balance of FTE] Only include duties that are allocable to the CQM budget.	An	ount
			· · · ·		
\$ 126,801	0.05	Human Services Program Planner, (Gammell)	Oversees daily operation of the MAI CQM program by providing leadership to guide, plan, implement and evaluate the Continuous Quality Improvement Plan; tracks client-level and contractor level data; provides technical assistance to sub-recipients on MAI CQM Performance measures; assists the CQM Committee with the development and analysis of MAI Performance measures and outcomes; standards and expectations; performs fiscal and programmatic MAI CQM site visits to improve patient care health outcomes and client satisfaction.	\$	5,94
			Personnel Total	\$	5,948
			Fringe Benefits		
Percentage Insert as %]		[List comp	<b>Components</b> ponents that comprise the fringe benefit rate]	Amount	
	Retirement			\$	1,22
	Retirement Heal	th Savings Account		\$ \$	20
	FICA/SSI			\$	45
	Health insurance	9		\$	1,46
			Fringe Benefit Total	\$	3,568
			Travel		
			Local		
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	<b>Travel Expenses/Budget Impact Justification</b> [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	An	iount
			Local Travel Sub-Total Long Distance	\$	
Type of	Type of Travel Name, Position of Traveler(s)		<b>Travel Expenses/Budget Impact Justification</b> [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	An	iount
			Long Distance Travel Sub-Total		
			Travel Total	\$	
[Equipment is	defined as a u		<b>Equipment</b> re and a useful life of 1 or more years. (If your agency uses a different definition, please agency's definition.)]Show breakdown of costs.		
List of Equipment			<b>Budget Impact Justification</b> [Description of need to carry out the program's objectives/goals]	An	ount
			Day for a set to set	\$	
10 h · · ·			Equipment Total Supplies	Ψ	
Supplies is dej	ined as proper		\$5,000. <u>Note:</u> Items such as laptops, tablets, and desktop computers are classified as a under the \$5,000 threshold.]Show breakdown of costs.		
List of Supplies		plies	<b>Budget Impact Justification</b> [Description of need to carry out the program's objectives/goals]	An	ount
			Supplies Total	6	

			Contractual				
List of C	Contracts	Deliverables	<b>Budget Impact Justification</b> [Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.	Amount			
			Contracts Total	\$	-		
			Other	+			
		[List all o	costs that do not fit into any other category]				
	List of Ot	her	<b>Budget Impact Justification</b> [Impact on the program's objectives/goals]Show breakdown of costs.		Amount		
Office Lease			Cost of rent per person for building. All rent charges are applied on a per FTE basis05 FTEs	\$	434		
	Communication	Services	Monthly IT staff charges, server charges, network charges, cell phones and telecomm charges, VPN charges based on FTE totals05 FTEs	\$	388		
Other Costs Total							
			Total Direct Cost				
				\$	10,338		
			Indirect Cost				
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)		Insert Base		Insert Base [Inse		Total ert Indirect]
Fixed	10% de minimis	Dept overhead charges include Security Svc; Data Processing General; Software, System Dev Svc; WAN Allocation, Alarm Services; GS Purchasing; GS Warehouse, GS Surplus property Svc; GS Store Charges; GS Equip Rental; Water; Dept/Agency Overhead: Personnel Svc; Safety Program.			1,034.00		
		MAI (	Clinical Quality Management Total				
				\$	11,372		

			MAI HIV SERVICES BUDGET	
			<b>RECIPIENT:</b>	
			FISCAL YEAR: 2023	
			Personnel	
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	<b>Budget Impact Justification</b> [Description of duties, impact on program goals and outcomes, payment source for balance of FTE]	Amount
				\$ \$
				\$
				\$ \$
			Personnel Total	\$ \$-
			Fringe Benefits	
Percentage			Components	
[Insert as %]		[List comp	onents that comprise the fringe benefit rate]	Amount
				\$ \$
			Fringe Benefit Total	-
			Travel	
			Local	
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	<b>Travel Expenses/Budget Impact Justification</b> [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	Amount
			Local Travel Sub-Total	\$
			Long Distance	
Type of T	ravel	Name, Position of Traveler(s)	<b>Travel Expenses/Budget Impact Justification</b> [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	Amount
			Long Distance Travel Sub-Total	<b>\$</b> -
			Travel Total	
[Equipment is de	lefined as a u	nit cost of \$5,000 or mor defer to your d	<b>Equipment</b> e and a useful life of 1 or more years. (If your agency uses a different definition, please agency's definition.)]Show breakdown of costs.	
List of Equipment			<b>Budget Impact Justification</b> [Description of need to carry out the program's objectives/goals]	Amount
			Equipment Total	¢

[Supplies is defined as prop		<b>Supplies</b> r \$5,000. <u>Note:</u> Items such as laptops, tablets, and desktop computers are classified as a s under the \$5,000 threshold.]Show breakdown of costs.		
List of S	upplies	<b>Budget Impact Justification</b> [Description of need to carry out the program's objectives/goals]	Amount	
		Supplies Total	¢	
			ъ -	
		Contractual		
List of Contracts	Deliverables	<b>Budget Impact Justification</b> [Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.	Amount	
Contractor pending curren RFP	Medical Case Management Services- MAI	Service category amount calculated from Appendix B in NCC Instructions	\$ 193,322	
		Contracts Total	\$ 193,322	
	[List all costs that do	<b>Other</b> not fit into any other category]Show breakdown of costs.		
List of	Other	<b>Budget Impact Justification</b> [Impact on the program's objectives/goals]	Amount	
		Other Costs Total	s _	
			Ŷ	
		Total Direct Cost	¢ 102.222	
			\$ 193,322	
		Indirect Cost		
Type of Indirect CostRate (Insert rate below)		Insert Base	Total [Insert Indirect]	
•	•	MAI HIV Services Total		
			\$ 193,322	

Attachment 5: HRSA RWHAP Core Medical Services Waiver Request Attestation Form Not Applicable Attachment 6: Indirect Cost Rate Documentation

10 percent de minimis

# FY 2023 AGREEMENTS AND COMPLIANCE ASSURANCES Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program

I, the Chief Elected Official of the Eligible Metropolitan Area or Transitional Grant Area <u>Sacramento</u>, (hereinafter referred to as the EMA/TGA) assure that:

#### Pursuant to Section $2602(a)(2)^{2,3}$

The EMA/TGA will establish a mechanism to allocate funds and a Planning Council that comports with section 2602(b).

#### Pursuant to Section 2602(a)(2)(B)

The EMA/TGA has entered into intergovernmental agreements with the Chief Elected Officials of the political subdivisions in the EMA/TGA that provide HIV-related health services and for which the number of AIDS cases in the last 5 years constitutes not less than 10 percent of the cases reported for the EMA/TGA.

#### Pursuant to Section 2602(b)(4)

The EMA/TGA Planning Council will determine the size and demographics of the population of people with HIV, as well as the size and demographics of the estimated population of people with HIV who are unaware of their HIV status; determine the needs of such population, and develop a comprehensive plan for the organization and delivery of health and support services. The plan must include a strategy with discrete goals, a timetable, and appropriate funding, for identifying people with HIV who do not know their HIV status, making such individuals aware of their HIV status, and enabling such individuals to use the health and support services. The strategy should particularly address disparities in access and services among affected subpopulations and historically underserved communities.

#### Pursuant to Section 2603(c)

The EMA/TGA will comply with statutory requirements regarding the timeframe for obligation and expenditure of funds, and will comply with any cancellation of unobligated funds.

<sup>&</sup>lt;sup>2</sup> All statutory references are to the Public Health Service Act, unless otherwise specified.

 $<sup>^{3}</sup>$  TGAs a re exempted from the requirement related to Planning Councils, butmust provide a process for obtaining community inputs described in **section 2609(d)(1)(A)** of the PHS Act. TGAs that have currently operating Planning Councils are strongly encouraged to maintain that structure.

#### Pursuant to Section 2603(d)

The EMA/TGA will make expenditures in compliance with priorities established by the Planning Council/Planning Body.

### Pursuant to Section 2604(a)

The EMA/TGA will expend funds according to priorities established by the Planning Council/Planning Body, and for core medical services, support services, and administrative expenses only.

#### Pursuant to Section 2604(c)

The EMA/TGA will expend not less than 75 percent of service dollars for core medical services, unless waived by the Secretary.

# Pursuant to Section 2604(f)

The EMA/TGA will, for each of such populations in the eligible area expend, from the grants made for the area under Section 2601(a) for a FY, not less than the percentage constituted by the ratio of the population involved (infants, children, youth, or women in such area) with HIV/AIDS to the general population in such area of people with HIV, unless a waiver from this provision is obtained.

# Pursuant to Section 2604(g)

The EMA/TGA has complied with requirements regarding the Medicaid status of providers, unless waived by the Secretary.

# Pursuant to Section 2604(h)(2), Section 2604(h)(3), Section 2604(h)(4)

The EMA/TGA will expend no more than 10 percent of the grant on administrative costs (including Planning Council or planning body expenses), and in accordance with the legislative definition of administrative activities, and the allocation of funds to subrecipients will not exceed an aggregate amount of 10 percent of such funds for administrative purposes.

# Pursuant to Section 2604(h)(5)

The EMA/TGA will establish a CQM Program that meets HRSA requirements, and that funding for this program shall not exceed the lesser of five percent of program funds or \$3 million.

# Pursuant to Section 2604(i)

The EMA/TGA will not use grant funds for construction or to make cash payments to recipients.

# Pursuant to Section 2605(a)

With regard to the use of funds,

FY 2023 RWHAP Part A Non-Competing Continuation Instructions

- a. funds received under Part A of Title XXVI of the Act will be used to supplement, not supplant, state funds made available in the year for which the grant is awarded to provide HIV related services to individuals with HIV disease;
- b. during the period of performance, political subdivisions within the EMA/TGA will maintain at least their prior FY's level of expenditures for HIV related services for individuals with HIV disease;
- c. political subdivisions within the EMA/TGA will not use funds received under Part A in maintaining the level of expenditures for HIV related services as required in the above paragraph; and
- d. documentation of this MOE will be retained.

# Pursuant to Section 2605(a)(3)

The EMA/TGA will maintain appropriate referral relationships with entities considered key points of access to the health care system for the purpose of facilitating EIS for individuals diagnosed with HIV infection.

#### Pursuant to Section 2605(a)(5)

The EMA/TGA will participate in an established HIV community based continuum of care, if such continuum exists within the EMA/TGA.

#### Pursuant to Section 2605(a)(6)

Part A funds will not be used to pay for any item or service that can reasonably be expected to be paid under any state compensation program, insurance policy, or any Federal or state health benefits program (except for programs related to the Indian Health Service) or by an entity that provides health services on a prepaid basis.

#### Pursuant to Section 2605(a)(7)(A)

Part A funded HIV primary medical care and support services will be provided, to the maximum extent possible, without regard to a) the ability of the individual to pay for such services or b) the current or past health conditions of the individuals to be served.

# Pursuant to Section 2605(a)(7)(B)

Part A funded HIV primary medical care and support will be provided in settings that are accessible to low-income individuals with HIV disease.

# Pursuant to Section 2605(a)(7)(C)

A program of outreach services will be provided to low-income individuals with HIV disease to inform them of the HIV primary medical care and support services.

# Pursuant to Section 2605(a)(8)

The EMA/TGA has participated in the Statewide Coordinated Statement of Need (SCSN) process initiated by the state, and the services provided under the EMA/TGA comprehensive plan are consistent with the SCSN.

#### Pursuant to Section 2605(a)(9)

The EMA/TGA has procedures in place to ensure that services are provided by appropriate entities.

#### Pursuant to Section 2605(a)(10)

The EMA/TGA will submit audits every 2 years to the lead state agency under Part B of Title XXVI of the PHS Act.

#### **Pursuant to Section 2605(e)**

The EMA/TGA will comply with the statutory requirements regarding imposition of charges for services.

#### Pursuant to Section 2681(d)

Services funded will be integrated with other such services, programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.

#### **Pursuant to Section 2684**

No funds shall be used to fund AIDS programs, or to develop materials, designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

Signature Cépte MD Date 9/14/2022