

****As per State contract requirements, please print Invoice on letterhead****

County of Riverside
10-95281

**Exhibit D-1
Invoice Form**

MINORITY AIDS INITIATIVE INVOICE

OA Date Stamp

Contractor Name

Mailing Address ****This address must match payment remittance address****

(city, state and zip code)

Contract Number

Period of Service (month / year)

	Amounts
A. PERSONNEL	\$ <input type="text"/>
B. OPERATING EXPENSE	\$ <input type="text"/>
C. CAPITAL EXPENDITURES	\$ <input type="text"/>
D. OTHER COSTS	\$ <input type="text"/>
E. INDIRECT COSTS	\$ <input type="text"/>
TOTAL INVOICE	\$ <input type="text" value="-"/>

I hereby certify that the amount claimed is accurate and a true representation of the amount owed.

<hr/>	<hr/>
Authorized Signature	Date
<hr/>	<hr/>
Print name of authorized signature	Title

California Dept. of Public Health
Office of AIDS
MS 7700, P. O. Box 997426
Sacramento, CA 95899-7426

(previous formats are obsolete)

Minority AIDS Initiative Program (MAI)
Expenditure Detail

Exhibit D-2
MAI Expenditure Detail

County of Riverside
10-95281

FY 20XX-XX

Section 1				
Contractor Information				

Contractor: _____ Contract No. _____
 Address: _____
 City: _____ Counties: _____
 Contact Person: _____ Service Period: _____

Section 2				
Client Service Costs				
Column 1	Column 2	Column 3	Column 4	Column 5
Services Provided by HRSA Category	Total Allocated	Expenditures Current Month/Quarter	Expenditures to Date	Balance
Outreach			\$ -	\$ -
Treatment Education			\$ -	\$ -
Subtotal Client Service Costs	\$ -	\$ -	\$ -	\$ -

Section 3				
Contractor - Administration Costs				
Column 1	Column 2	Column 3	Column 4	Column 5
Personnel			\$ -	\$ -
Operating Expenses			\$ -	\$ -
Capital Expenses			\$ -	\$ -
Indirect Costs			\$ -	\$ -
Subtotal Contractor Administration Costs	\$ -	\$ -	\$ -	\$ -

Section 4				
Contractor - Client Service Administration Costs				
Column 1	Column 2	Column 3	Column 4	Column 5
Personnel			\$ -	\$ -
Operating Expenses			\$ -	\$ -
Capital Expenses			\$ -	\$ -
Indirect Costs			\$ -	\$ -
Subtotal Contractor Client Service Administration Costs	\$ -	\$ -	\$ -	\$ -

Section 5				
Subcontractor - Client Service Administration Costs				
Column 1	Column 2	Column 3	Column 4	Column 5
Personnel			\$ -	\$ -
Operating Expenses			\$ -	\$ -
Capital Expenses			\$ -	\$ -
Indirect Costs			\$ -	\$ -
Subtotal Subcontractor Client Service Administration Costs	\$ -	\$ -	\$ -	\$ -

Section 6				
Totals				
Column 1	Column 2	Column 3	Column 4	Column 5
TOTAL	\$ -	\$ -	\$ -	\$ -

**Memorandum of Understanding (MOU)
HIV Prevention Program**

1. MOU TERM

The term of this MOU shall be from July 1, 2010 through June 30, 2013.

2. MAXIMUM AMOUNT PAYABLE

The maximum amount payable by the STATE to the CONTRACTOR under this MOU shall not exceed the following:

- A. \$641,735 for the budget period of July 1, 2010 to June 30, 2011.
- B. \$557,396 for the budget period of July 1, 2011 to June 30, 2012.
- C. \$557,396 for the budget period of July 1, 2012 to June 30, 2013.
- D. \$1,756,527 for the entire MOU term.

3. MOU EXHIBITS

The following attached exhibits are incorporated herein, and made a part hereof by this reference:

- A. Exhibit A, entitled "Scope of Work," consisting of six pages.
- B. Exhibit B-1, entitled "Budget," Year 1 consisting of one page.
- C. Exhibit B-2, entitled "Budget," Year 2 consisting of one page.
- D. Exhibit B-3, entitled "Budget," Year 3 consisting of one page.
- E. Exhibit C, entitled "Invoice Form," consisting of one page.

4. PROJECT REPRESENTATIVES

The project representatives during the term of this MOU will be:

Department of Public Health Clar Rohde Prevention Operations Advisor Prevention Operations Section Office of AIDS MS 7700 P.O. Box 997426 Sacramento, CA 95899-7426 Telephone: (916) 445-4346 Fax: (916) 449-5800 E-Mail: Clar.Rohde@cdph.ca.gov	County of Riverside Carolyn Lieber Program Director P.O. Box 7600 Riverside, CA 92513-7600 Telephone: (951) 358-5307 Fax:(951) 358-5407 E-Mail: clieber@co.riverside.ca.us
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Exhibit A
Scope of Work
July 1, 2010 – June 30, 2013

1. Service Overview

The Contractor agrees to administer the HIV Prevention Program (HPP) and to ensure the provision of HIV prevention services as described in this SOW. The Contractor may provide direct client services exclusively or subcontract all or part of the client services. The Contractor ensures that, if all or part of the client services are subcontracted to other service providers, all services provided by the subcontractor will be in accordance with the HPP.

The Contractor will plan, develop, and ensure the delivery of prevention services to clients. Services should be designed to meet the identified needs of individuals at high risk for HIV in the service area.

2. Services to be Performed

The Local Health Jurisdiction (LHJ) will identify one HPP Coordinator who will attend CDPH/OA required meetings when convened.

Allowable interventions include:

- Section 1: HIV Testing (with/without counseling) Services
- Section 2: Hepatitis C (HCV) Testing
- Section 3: Prevention with Positives (PwP) in Care and non-Care settings
- Section 4: Centers for Disease Control and Prevention (CDC)-Diffusion of Effective Behavioral Interventions (DEBI) Project and non-DEBI Interventions
- Section 5: Syringe Exchange Programs (SEPs), where locally authorized
- Section 6: Services for African Americans
- Section 7: Partner Services (PS)

Exhibit A
Scope of Work
July 1, 2010 – June 30, 2013

SECTION 1: HIV Testing (with/without counseling) Services

The Contractor shall administer HIV testing by providing anonymous and/or confidential (with or without counseling) HIV testing services to Californians with perceived risk for HIV. Both anonymous and confidential HIV testing services may (or may not) provide client-focused prevention counseling and assessment of client needs regarding HIV transmission, personal risk behaviors, risk-reduction planning, and referral to other services.

At a minimum, individuals seeking testing services shall be informed about the validity and accuracy of the antibody test before consent to test is performed. Furthermore, all individuals who are tested at CDPH/OA-funded sites shall be given the results of this test in person. Risk information collected during the client assessment and the counseling session (if applicable) will be used as a basis for data collection and program development.

As in the past, CDPH/OA encourages LHJs to continue providing testing services to populations at highest risk for HIV infection. LHJs should continue to prioritize testing in clinics/venues where high-risk clients access services. If the program is offering counseling, high-risk clients should be offered a 20 minute counseling session. High-risk negatives should receive appropriate referrals to other prevention services, multi-session groups and other appropriate social and support services.

When a client has an HIV-positive test result then the client should be given as much time as needed for the results disclosure session and a Counselor Information Form (CIF) would need to be completed for this encounter.

A. Client Services to be performed

1. Contractor shall provide testing services to clients in accordance with this agreement and as defined in the HIV Testing Guidelines and OraQuick Rapid HIV Testing Guidelines.
2. Client records relating to any program activity or services executed under this agreement containing personally identifying information which was developed or acquired by the Contractor shall be confidential and shall not be disclosed, except as otherwise provided by law for public health purposes or pursuant to a written authorization by the person who is the subject of the record or by his or her guardian conservator.
3. Agencies must comply with all applicable Federal and State laws.
4. Contractor shall obtain informed consent from clients served under this contract to verify consent given by the client. Informed consent is required by statute.
5. Contractor shall provide HIV test result disclosure in person.
6. Contractor shall subcontract with qualified agencies for services provided under this contract to the client as part of this agreement.

Exhibit A
Scope of Work
July 1, 2010 – June 30, 2013

7. Testing sites shall provide laboratory testing services from a CDPH/OA approved laboratory or via Clinical Laboratory Improvement Amendments (CLIA)-waived rapid testing in accordance with all laws, regulations and guidelines. The testing process shall consist of a Food and Drug Administration (FDA) approved screening procedure (e.g., enzyme-linked immunosorbent assay [ELISA], OraQuick Advance). Initially reactive and indeterminate ELISA results shall be repeated according to established testing protocols. Repeatedly reactive ELISA, preliminary positive OraQuick or indeterminate results are to be confirmed by an FDA approved HIV antibody supplemental test (e.g., Immunofluorescent Assay or Western Blot.)
8. LHJs that have operational blood and plasma facilities, such as blood banks, shall ensure continued reasonable access to anonymous HIV testing through Alternative Test Sites (ATS). HIV testing services shall be free of charge at an ATS. Voluntary, non-coercive anonymous donations may be accepted. Other than at an ATS, testing may be conducted on an anonymous or confidential basis and co-payments of up to \$15.00 and/or donations may be accepted. Funds collected must remain in the HIV testing program.
9. The contractor shall ensure that all HIV counseling interventions are provided by staff who have successfully completed the OA HIV counselor training according to current OA HIV Counselor Training Program Guidelines.
10. HIV Counseling & Testing information such as Client Assessment Questionnaires, CIFs, invoices, etc. must be retained by the Contractor for three years in addition to the current year.

B. Program Description and Other Requirements

The Contractor shall provide required program descriptions in a manner specified by CDPH/OA. The contractor will develop a comprehensive, written protocol for the provision of the following testing services. Where multiple testing sites exist within one jurisdiction, the written protocol must address operational differences that may occur from site to site (e.g., HIV clinic, sexually transmitted disease clinic, and off-site testing clinics, etc.).

1. If the contractor is providing rapid HIV testing services, a written Quality Assurance Plan and site-specific testing protocols will be developed and maintained.
2. The contractor must maintain a referral list with contact information. The referral list must be updated annually.

The contractor shall set up and maintain CDPH/OA's Local Evaluation Online (LEO) process monitoring system for all testing activities.

1. Activities will be documented by:
 - a. Completing the appropriate CDPH/OA LEO data forms;
 - b. Entering initial client data into the LEO system within 30 days of each client encounter; and
 - c. Completing and closing each client record within three months of the initial client encounter.

Exhibit A
Scope of Work
July 1, 2010 – June 30, 2013

SECTION 2: HCV Testing

The Contractor can integrate HIV and HCV testing services to increase the number of injection drug users (IDUs) and men who have sex with men (MSMs) who receive HIV testing services and learn their HIV status by offering HCV screening in coordination with HIV testing. CDPH/OA will allow IDU and MSM clients to test only for HCV if they choose not to take an HIV test.

SECTION 3: PwP in Care and non-Care settings

CDC-DEBI and non-DEBI intervention services may be provided to clients in care and non-care settings. PwP encompasses interventions that assess risk for HIV transmission, support behavioral change, and assist HIV-infected clients in developing risk reduction plans. PwP can be implemented as an individual intervention or can focus on couples, group, or community-based approaches. Interventions delivered in clinic settings can be reinforced by incorporating complementary interventions in community or home settings. The emphasis in recent years on PwP in both care and non-care settings has resulted in the availability of tested, science-based interventions with demonstrated evidence of effectiveness in reducing HIV transmission risk.

SECTION 4: CDC-DEBI and non-DEBI Behavioral Interventions

A. Client Services to be performed

1. Contractor shall provide Health Education/Risk Reduction (HE/RR) services to clients in accordance with this agreement and as defined in the Education and Prevention 2007-2010 Program Guidance (with the exception of the training requirements for behavioral interventions, which are no longer required).
2. HE/RR activities may include:
 - a. Targeted prevention activities for high-risk HIV-negative and HIV-positive persons (TPA);
 - b. Individual level interventions (ILI);
 - c. Group level interventions (GLI);
 - d. Comprehensive Risk Counseling and Services (CRCS) for individuals with multiple health needs;
 - e. Health Communication/Public Information (HC/PI) programs for at-risk behavioral risk groups (BRGs). Note: HC/PI activities must be pre-approved by OA.
3. All selected activities will be targeted to LHJ prioritized BRGs most likely to become infected with or transmit HIV disease. Recent epidemiological data, needs assessments, gap analyses, community input and/or other relevant information will be used in selecting BRGs.

B. Program Description and Other Requirements

1. CDPH/OA's LEO process monitoring system will be set up for all selected activities, including entering BRGs, anticipated numbers to be reached, and estimated dollar amounts dedicated to each BRG within each activity.
2. Activities will be documented by:

Exhibit A
Scope of Work
July 1, 2010 – June 30, 2013

- a. Completing the appropriate CDPH/OA LEO data forms; and
- b. Entering data into the LEO system within 30 days of each client encounter. Optimally, enter data into the LEO system within one week of each client encounter.

SECTION 5: SEPs where authorized

Syringe Exchange services constitute an additional allowable service category as of Fiscal Year 2010 due to recent change in federal law. In December 2009, President Obama signed legislation which lifted the federal ban on the use of federal funds to support syringe exchange. California LHJs may now use allocated HIV Prevention funding to support syringe exchange and satellite syringe exchange activities where authorized by either the county or city government. SEPs which operate under city authorization alone may be funded to operate within city limits with CDPH/OA HIV Prevention Funds.

Data collection should not be a barrier to LHJs funding locally authorized programs. OA has several options available to help both LHJs and SEPs track their services in a way which provides valuable feedback for programs. Contact Alessandra Ross, Injection Drug Use Specialist, at Alessandra.Ross@cdph.ca.gov for more information.

SECTION 6: Services for African Americans

LHJs receiving OA prevention funding will be **required to certify in the first progress report** (without providing documentation) that they spend prevention allocation dollars on prevention interventions focused on African Americans in proportion greater or equal to two times the proportion of living African American male HIV/AIDS cases in their jurisdiction. LHJs may request a waiver from OA. The waiver request should be no more than two pages and must include a narrative that addresses the means by which the LHJ plans to programmatically fulfill the intent of this requirement, including the data used to support this funding decision. Waiver requests must be submitted to Sandy Simms, Chief, Program Operations Section, at Sandy.Simms@cdph.ca.gov.

SECTION 7: Partner Services

1. CDPH/OA places a high value on increasing access to PS for individuals diagnosed with HIV infection, and their sexual and needle-sharing partners. LHJs receiving a PS allocation must use those funds specifically for PS. Testing staff will refer clients diagnosed with HIV infection to Disease Intervention Specialists (DIS)/PS staff. Some testing and other prevention services staff may also be cross-trained in PS activities, in which case PS activities may be done on-site by these trained staff members.
2. Data Collection/Data Entry: A referral to PS is to be documented on both the CIF and the HE/RR forms and the data entered into LEO. In the circumstance where testing staff have training and expertise to provide PS offer and elicitation, then the PS activities (including the type of disclosure [i.e., self-disclosure, dual disclosure, or anonymous third-party disclosure] and number of sex and needle-sharing partners to be notified will be documented on the CIF/HE/RR form. The CIF and HE/RR form data will be entered into LEO. Partner information elicited for dual and third-party notification will be documented on a Partner Information Form (PIF) and the data entered into LEO. PIFs must be entered within one business day of the original client encounter.

Exhibit A
Scope of Work
July 1, 2010 – June 30, 2013

Reporting Requirements

A. Progress Reports

Progress Reports will be required on a semi-annual basis to be submitted to the LHJ assigned Prevention Operations Advisor via email. The first progress report will cover the first six months of the contract year from July 1 to December 31. This report will be due on February 15. The second and the comprehensive year-end report will cover the period of January 1 through June 30. The second and comprehensive year-end report will be due August 15.

The second and comprehensive year-end report should address items in the second six months of the contract year as well as a comprehensive year-end report. The comprehensive year-end report should include activities for the project year covering July 1 through June 30.

The progress report should address, but is not limited to the following categories:

1. Administrative Issues
 - a. Challenges and Barriers
 - b. Strategies to Overcome Challenges and Barriers
 - c. Successes
2. Programmatic Issues
 - a. Challenges and Barriers
 - b. Strategies to Overcome Challenges and Barriers
 - c. Successes
3. Major Programmatic Changes and Developments
4. Technical Assistance Needs/Capacity Building Needs
5. Evaluation Efforts

Exhibit B-1
BUDGET - Year 1
July 1, 2010 to June 30, 2011

A. PERSONNEL	\$443,642
B. OPERATING EXPENSES	\$102,765
C. CAPITAL EXPENDITURES	\$0
D. OTHER COSTS	\$28,783
E. INDIRECT COSTS	\$66,545
TOTALS	\$641,735

Exhibit B-2
BUDGET - Year 2
July 1, 2011 to June 30, 2012

A. PERSONNEL	\$385,337
B. OPERATING EXPENSES	\$89,259
C. CAPITAL EXPENDITURES	\$0
D. OTHER COSTS	\$25,000
E. INDIRECT COSTS	\$57,800
TOTALS	\$557,396

Exhibit B-3
BUDGET - Year 3
July 1, 2012 to June 30, 2013

A. PERSONNEL	\$385,337
B. OPERATING EXPENSES	\$89,259
C. CAPITAL EXPENDITURES	\$0
D. OTHER COSTS	\$25,000
E. INDIRECT COSTS	\$57,800
TOTALS	\$557,396

****As per State contract requirements, please print Invoice on letterhead****

**Exhibit C
Invoice Form**

HIV PREVENTION PROGRAM INVOICE

OA Date Stamp

Contractor Name

Mailing Address ****This address must match payment remittance address****

Contract Number

(city, state and zip code)

Period of Service (month / year)

Expense Category		Amounts	
A. Personnel			\$ -
Prevention	\$ -		
Partner Services	\$ -		
B. Operating Expenses			\$ -
Prevention	\$ -		
Partner Services	\$ -		
C. Capital Expenses			\$ -
Prevention	\$ -		
Partner Services	\$ -		
D. Subcontracts			\$ -
Prevention	\$ -		
Partner Services	\$ -		
E. Indirect Costs (up to 15%)			\$ -
Prevention	\$ -		
Partner Services	\$ -		
TOTAL INVOICE			\$ -
Prevention	\$ -		
Partner Services	\$ -		

I hereby certify that the amount claimed is accurate and a true representation of the amount owed.

Authorized Signature

Date

Print name of authorized signature

Title

California Dept. of Public Health
Office of AIDS
MS 7700, P. O. Box 997426
Sacramento, CA 95899-7426

(previous formats are obsolete)