FORM APPROVED COUNTY COUNSEL
BY: NEAL R. KIPNIS DATE 8/7/13

Departmental Concurrence

PURCHASING & FLEET SERVICES: Robert Howdyshell, Director

☐ Consent ☒ Policy

☐ Consent ☒ Policy

SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

454

FROM: Department of Public Health

SUBMITTAL DATE: July 26, 2013

SUBJECT: Ratify the First Amendment to the Agreement #11-10052 between the California Department of Public Health, Sexually Transmitted Disease Control Branch and the Department of Public Health and ratify the agreement #13-070 with Desert AIDS Project for STD Services.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify the Amendment (11-10052, A01) with the California Department of Public Health (CDPH), Sexually Transmitted Disease (STD) Control Branch and the County of Riverside Department of Public Health, HIV/STD Program to extend the performance period from July 1, 2011 through June 30, 2013 to July 1, 2011 through June 30, 2015 for an increase amount of $311,888; and

RECOMMENDED MOTIONS: (Continued on Page 2)

VJB/al:ys

Susan D. Harrington, Director
Department of Public Health

FINANCIAL DATA				
	F.Y. Total Cost 13/14:	$ 155,944	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	$ 0	Budget Adjustment:	NO
	Annual Net County Cost:	$ 0	For Fiscal Year:	13/14

SOURCE OF FUNDS: 100% State Grant Funds.

Positions To Be Deleted Per A-30 ☐

Requires 4/5 Vote ☐

C.E.O. RECOMMENDATION: APPROVE

BY: Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Stone, seconded by Supervisor Ashley and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Stone, Benoit and Ashley
Nays: None
Absent: None
Date: August 20, 2013
xc: Public Health, Purchasing

Kecia Harper-Ihem
Clerk of the Board
By: Deputy

Dep't Recomm.:

Per Exec. Ofc.:

Prev. Agn. Ref.: 1/10/2012, Item 3.19 and 11/6/12, Item 3.49

District: All/All

Agenda Number: 3-63

ATTACHMENTS FILED

SUBJECT: Ratify the First Amendment to the Agreement #11-10052 between the California Department of Public Health, Sexually Transmitted Disease Control Branch and the Department of Public Health and ratify the agreement #13-070 with Desert AIDS Project for STD Services.

MOTIONS: (Continued)

2. Ratify the agreement between the Department of Public Health, HIV/STD Branch and the Desert AIDS Project to extend the period of performance period from November 6, 2012 in the amount of $76,500 for the performance period of July 1, 2013 through June 30, 2015; and

3. Authorize the Chairperson to sign five (5) originals of each said Agreement on behalf of the County; and

4. Authorize the Purchasing Agent to sign subsequent ministerial amendments to agreements with CDPH and DAP that do not exceed the amount approved by the Board of Supervisors for the period of performance of July 1, 2013 through June 30, 2015

BACKGROUND:
The purpose of this First Amendment is to extend the contract term for two additional years; which continues the Scope of Work activities into Year 3 and Year 4 of the contract; and increases the total budget to compensate the contractor and subcontractor Desert AIDS Project for continued services. The California Department of Public Health, STD Control Branch awarded Riverside County and additional amount of $311,888 to support expanded STD Control activities for the additional two-year contract period through June 30, 2015. The award amount will be split equally between the additional two year performance periods. For a total amount of $640,506.

This award provides funding for the following four programs:
STD Community Interventions Program (SCIP): increases the local capacity of STD staff to promote awareness and prevention of Chlamydia trachomatis (CT) and other STDs among the youth and young adults who suffer the highest CT rates in Riverside County. Total award for this program is $54,218.

Disease Intervention and Surveillance Program (DIS): increases the local capacity to implement timely STD surveillance and disease intervention and control activities for infectious syphilis, gonorrhea, Chlamydia and other priority STDs. Total award for this program is $54,000.

Chlamydia Screening Project (CLASP): provides routine Chlamydia and Gonorrhea screening for high-risk adolescents through effective working partnerships between juvenile justice and local health department STD control programs. Total award for this program is $33,670.

Syphilis Elimination (SE): supports education and outreach to medical providers and target population to reduce new infection of syphilis. This award also supports the Syphilis Outreach Project which provides syphilis testing in conjunction with HIV testing at Desert AIDS Project. Total award for this program is $170,000.

FINANCIAL DATA:

	FY 11/12	FY 12/13	FY 13/14	FY 14/15
Breakdown of Award:	$164,309	$164,309	$155,944	$155,944

Date: **May 30, 2013**

From: **Susan Harrington, Director of Public Health**

Department/Agency: **Department of Public Health/HIV/STD Program**

To: Board of Supervisors

Via: Purchasing Agent

Subject: **Sole Source Procurement**; Request that Desert AIDS Project provide STD Syphilis testing in conjunction with HIV testing for the Riverside County Department of Public Health HIV/STD Program.

The below information is provided in support of my Department request for approval of a sole source vendor. Outside of a duly declared emergency, the time to develop a statement of work or specifications is not in itself justification for sole source.

Supply/Service being requested: Authorization for a two-year agreement with Desert AIDS Project to provide STD syphilis testing in conjunction with HIV testing services in Eastern Riverside County. The agreement between the County of Riverside and the California STD Branch requires that Syphilis testing is provided in a geographic area with high rates of Syphilis and HIV disease. In Riverside County, the only agency meeting these criteria is the Desert AIDS Project.

Supplier being requested: Desert AIDS Project (DAP)

Alternative suppliers that can or might be able to provide supply/service:
There are no other agencies/organizations that can supply the level of services specified in the contract with the State of California STD Control Branch. Desert AIDS Project has been working with Riverside County's HIV and STD Programs for over twenty years. During that time, DAP has developed an effective Syphilis testing program in conjunction with HIV testing that meets the specific goals and objectives of the State of California STD Control Branch. Desert AIDS Project is highly regarded by the community as a leading resource in the fight against HIV and STDs. Desert AIDS Project's extensive experience and long-standing relationship with the community enhances the effectiveness of its programs and cannot be replicated by any other agency.

Extent of market search conducted:
Desert AIDS Project is the only agency in Eastern Riverside County that has the capacity to offer the scope of services necessary to meet the contract requirements of the State of California STD Control Branch.

Unique features of the supply/service being requested from this supplier, which no alternative supplier can provide: Desert AIDS Project has provided HIV and STD testing services for Riverside County's desert region since 1985. Desert AIDS Project has the organizational capacity, facilities and experience required to optimize the provision of syphilis testing services in conjunction with HIV testing in accordance with the contractual requirements of the State of California STD Control Branch. In addition, many individuals at high risk for

syphilis infection are more willing to access testing services at DAP because it is well-known, community-based, and has an established history of credibility.

Reasons why my department requires these unique features and what benefit will accrue to the county: Eastern Riverside County has one of the highest syphilis rates in the state including HIV and syphilis co-infection. Syphilis and other STDs increase a person's risk of acquiring HIV. Testing is an essential component to decreasing the spread of syphilis in Riverside County as well as decreasing HIV transmission rates by decreasing the number of HIV/STD co-infected individuals.

Price Reasonableness: The rate this vendor is charging is consistent with community standards for the same service in the eastern area of the County and does not exceed the total amount of $76,500, or $38,250 per year, which will be reimbursed to Riverside County by the California Department of Public Health, STD Control Branch to pay for syphilis testing services. Based on this comparison, the cost for the services is deemed to be "fair and reasonable."

Period of Performance: From July 1, 2013-June 30, 2015

Not to exceed a total of $76,500, or $38,250 per year, during the performance period.

Does moving forward on this product or service further obligate the county to future similar contractual arrangements? No, the county is not under any obligation for any future contractual arrangements with this purchase.

Susan D. Haughton 7/25/13

Department Head Signature **Date**

Purchasing Department Comments:

#14-089

Approve Approve with Condition/s Disapprove

8/5/13

Purchasing Agent **Date**

WHEN DOCUMENT IS FULLY EXECUTED RE...
CLERK'S COPY
to Riverside County Clerk of the Board, Stop 1010
Post Office Box 1147, Riverside, Ca 92502-1147
Thank you

STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
STD 213A (Rev 6/03)

☒ Check here if additional pages are added: 1 Page(s)

Agreement Number	Amendment Number
11-10052	A01
Registration Number:	

1. This Agreement is entered into between the State Agency and Contractor named below:

State Agency's Name (Also known as CDPH or the State)
California Department of Public Health

Contractor's Name (Also referred to as Contractor)
Riverside County Department of Public Health

2. The term of this Agreement is: July 1, 2011 through June 30, 2015

3. The maximum amount of this Agreement after this amendment is: $ 640,506 Six Hundred Forty Thousand, Five Hundred Six Dollars

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

I. Purpose of amendment: The amendment extends the contract term for two additional years; continues the Scope of Work activities into Year 3 and Year 4; and increases the total budget to compensate the Contractor for continued services.

II. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

III. STD 213, on the original face, Paragraph 2, is amended to read: July 1, 2011 through ~~June 30, 2013~~ **June 30, 2015**.

IV. STD 213, on the original face sheet, Paragraph 3, is increased by **$311,888** and is amended to read as follows: ~~$328,618 (Three Hundred Twenty Eight Thousand, Six Hundred Eighteen Dollars)~~ **$640,506 (Six Hundred Forty Thousand, Five Hundred Six Dollars)**.

ATTEST:
KECIA HARPER-IHEM, Clerk
By _____ DEPUTY

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

Contractor's Name *(If other than an individual, state whether a corporation, partnership, etc.)*

By *(Authorized Signature)* ✍ — Date Signed *(Do not type)* 8/20/13

Printed Name and Title of Person Signing
JOHN J. BENOIT CHAIRMAN, BOARD OF SUPERVISORS

Address

APPROVED COUNTY COUNSEL
BY: NEAL R. KIPNIS
DATE 8/7/13

STATE OF CALIFORNIA

Agency Name
California Department of Public Health

By *(Authorized Signature)* ✍ — Date Signed *(Do not type)*

Printed Name and Title of Person Signing
Yolanda Murillo, Chief, Contracts Management Unit

Address
1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377,
Sacramento, CA 95899-7377

CALIFORNIA
Department of General Services
Use Only

☐ Exempt per:

AUG 20 2013 3-63

V. Exhibit A, Original Scope of Work, pages 10 – 13, are hereby amended as follows:

"Replace Exhibit A, SOW, pages 10-13 with the attached Exhibit A A01, SOW, pages 10-14, dated 5/20/13."

VI. Exhibit B, Original Budget Detail and Payment Provisions, page 2, is hereby amended as follows:

"Replace Exhibit B, Budget Detail and Payment Provisions, page 2, with the attached Exhibit B A01, Budget Detail and Payment Provisions, page 1, dated 5/20/13."

Exhibit B A01, Attachments III, Year 3 and Attachment IV, Year 4 are hereby augmented to this agreement.

VII. Exhibit G, Travel Reimbursement Information (Rev. 01/01/13), is hereby replaced in its entirety.

Exhibit A – A1
Scope of Work

1. Service Overview

Contractor agrees to provide to the California Department of Public Health (CDPH) the services described herein.

Conduct a sexually transmitted disease (STD) prevention and control program incorporating education, awareness, outreach, counseling, testing, treatment, surveillance, reporting, and/or partner services with special emphasis on individuals at high-risk for chlamydia, gonorrhea, and/or infectious syphilis.

2. Service Location

The services shall be performed at applicable facilities in the County of Riverside.

3. Service Hours

The services shall be provided primarily Monday through Friday from 8:00 a.m. to 5:00 p.m. and evenings, weekends, and holidays as needed.

4. Project Representatives

A. The project representatives during the term of this agreement will be:

California Department of Public Health	**Riverside County Department of Public Health**
Jacqueline Mincks Assistant Branch Chief Telephone: (916) 552-9819 Fax: (916) 552-9777 Email: Jacqueline.Mincks@cdph.ca.gov	Carolyn Lieber Program Director Telephone: (951) 358-5307 Fax: (951) 358-5407 Email: clieber@rivcocha.org

B. Direct all inquiries to:

California Department of Public Health	**Riverside County Department of Public Health**
STD Control Branch Attention: May Otow 1616 Capitol Avenue, MS 7320 P.O. Box 997377 Sacramento, CA 95899-7377 Telephone: (916) 552-9788 Fax: (916) 440-5112 Email: May.Otow@cdph.ca.gov	Carolyn Lieber Program Director P.O. Box 7600 Riverside, CA 92513-7600 Telephone: (951) 358-5307 Fax: (951) 358-5407 Email: clieber@rivcocha.org

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

5. **Services to be Performed**

Part 1: STD Community Interventions Program (SCIP)

Goal: Facilitate, develop, and enhance local capacity for the prevention, awareness, and control of chlamydia (CT) and other STDs through a process of community and health department collaborations.

The Scope of Work below is a blueprint for an annual individualized Work Plan developed between the local SCIP Coordinator and the State SCIP Regional Health Educator based on the level of funding allocated to each jurisdiction and local needs. These SCIP funds shall be used to support primary prevention activities and may not be used to pay for testing, screening, or treatment.

Objective 1: Identify high morbidity areas and agencies within those areas to prioritize for services.

Review and/or update data from local resources to prioritize intervention, training, and/or technical assistance strategies within selected high morbidity areas and priority populations.

Key Activities:
1. Work with local and/or State epidemiologists and other available data sources to select specific high morbidity areas and priority populations to strategize and tailor SCIP activities (e.g. CT and other STD/Human immunodeficiency virus (HIV) rates, teen birth rates, incarceration rates, school drop-out rates, and/or youth behavioral data by zip code or census tract).
2. Monitor data from local agencies such as schools and community-based organizations that serve the selected priority populations and target these agencies for SCIP trainings and technical assistance. Use existing network connections, directories, SCIP Community Resource Assessment Tool (CRAT) assessments, and SCIP Training and Technical Assistance (TTA) assessments.
3. Facilitate implementation of a youth risk behavioral survey (e.g. Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey or the Health Kids Survey with the sexuality module) on a population level.

Timeline: Ongoing

Objective 2: Increase community awareness and knowledge of STDs, including strategies for prevention.

Based on the needs identified through community collaborations and data in Objective 1, provide STD-related training, workshops, and/or technical assistance to staff of prioritized schools and community agencies serving priority populations in high morbidity areas.

Key Activities:
Local capacity-building efforts should be directed by the local assessment of needs. However, some examples of training and technical assistance could include the following:

1. Provide trainings for local providers (i.e., teachers, community agency staff, and juvenile hall staff) serving the priority population on STDs, intimate violence, minor rights, racial/ethnic disparities, local data, program planning, etc.
2. Implement tailored technical assistance with a few key agencies based on the prioritized needs from Objective 1 (e.g. assist n STD curriculum development of a peer education program or assist with a parent-teen communication workshop).
3. Identify local community agencies or health department programs that have expertise in providing training on the topics identified as a high need in the assessment and organize the implementation of one of these trainings locally.

Timeline: Ongoing

Objective 3: Improve integration of STD primary prevention messages and/or prevention strategies into existing programs.

Strengthen current partnerships and/or build new partnerships among agencies and institutions that serve priority populations in high STD morbidity areas and provide linkages to sexual health resources, including SCIP educational tools (e.g. STD Lesson Plans) to local agencies.

Key Activities:

1. Continue to attend and/or join any relevant local coalitions, curricula committees, and/or task forces and bring STDs and related sexual health issues to the agenda and into collaborative projects.
2. Distribute links to STD resources via email, health department, or other local website links, coalitions, health fairs, conferences, and local provider trainings such as:
    - Website tools (e.g. SWAP, SCIP Lesson Plans, STD 101 for Teens)
    - Racial/ethnic disparities information and strategies
    - Core Competencies for Providers of Sexual and Reproductive Health
    - Relevant reports and studies to support local STD prevention efforts

Timeline: Ongoing

Objective 4: Implement a STD primary prevention strategy or effective behavioral intervention with high-risk clients in high morbidity areas.

Based on the needs identified in Objectives 1, 2, and 3, expand the implementation of and/or implement a new health education and/or effective behavioral intervention in partnership with schools, clinics, and/or community agencies serving high-risk populations in high morbidity areas.

Key Activities:
Work with SCIP partners to implement some types of STD primary prevention strategy or effective behavioral intervention, along with an evaluation component. Below are some examples and possible interventions to implement.

1. Place STD/HIV educational videos in waiting rooms of clinics, etc. (e.g. Safe in the City).
2. Work with local disease investigators, juvenile hall staff, clinic staff, or other community partners to implement a behavioral intervention into current client interactions (e.g. one-on-one risk reduction counseling like RESPECT, VOICES/VOCES). For more information on the CDC Effective Behavioral Intervention (EBI) go to http://effectiveinterventions.org.
3. Integrate STDs into a collaborative social marketing campaign for high-risk youth.
4. Implement an interactive website, video game, text message services, or other technological STD intervention with a high priority population.

Timeline: Ongoing

Objective 5: Evaluate local SCIP efforts

Implement individual training evaluations and conduct an annual SCIP evaluation (i.e. via internet survey) with community partners to determine changes in knowledge and/or skills as well as any STD-integration programmatic changes that resulted from local SCIP capacity-building efforts.

Key Activities:

1. For each local training provided to SCIP partners, collect a brief retrospective evaluation that addresses knowledge, skills, and intentions to utilize STD information in program or curricula.
2. Toward the end of each year, follow-up with priority community agencies and schools that have participated in SCIP activities and/or received SCIP resources and evaluate the impact on their current programs. Compensate community partners for the time needed to complete the evaluation survey. Generate an evaluation report and submit it as part of the End-of-Year Report.

Timeline: By June 30 of each year and ongoing

Part 2: STD Intervention and Surveillance Program

Goal: Increase local capacity to implement timely STD surveillance and disease intervention and control activities for infectious syphilis, gonorrhea, chlamydia, and other priority STDs.

The Scope of Work below is a blueprint for an annual individualized Work Plan developed by the local STD Controller or their designee. Based on the local STD program structure, systems, resources, and morbidity and the State funding allocation, services to be performed are to be selected from the following types of key activities to augment local STD intervention and control efforts, as State and local priorities dictate. These disease intervention and surveillance (DIS) funds can be used to support secondary prevention activities and may be used to pay for disease intervention specialists/communicable disease investigators or data entry staff, laboratory tests, or medications.

Objective 1: STD Confidential Morbidity Reporting (CMR) and Case-Report Surveillance

Ensure timely submission of complete STD morbidity and case report risk factor surveillance data to CDPH, STD Control Branch for public health action and program priority setting.

Key Activities:

1. Receive, process, and conduct data entry of STD confidential morbidity reports into appropriate local and/or State electronic STD surveillance systems (STD EPI Info, STD MIV, AVIS, ATLAS, and other surveillance systems as they become available) and submit data, through a secured transmission, to the STD Control Branch Surveillance Unit in accordance with NETSS and State timeframes and protocols.
2. Triage incoming syphilis reactive serologies, conduct record searches to ascertain previous history, and prioritize for follow-up in accordance with State or locally revised syphilis reactor grids.
3. Collaborate with medical providers and laboratories to facilitate timely and complete reporting in accordance with Title 17 regulations.
4. Evaluate semi-annually the timeliness and completeness of provider and laboratory reporting.
5. Verify STD surveillance case diagnosis and treatment with medical and laboratory providers using fax back form.
6. Conduct case report risk factor surveillance by identifying and assigning infectious syphilis, congenital syphilis, selected gonorrhea, chlamydia, and/or other priority STD cases (e.g., cephalosporin resistant gonorrhea) as determined by national, State, and local epidemiology and priorities for interview and/or medical record review, in accordance with State and national protocols.
7. Conduct case report risk factor surveillance interviews and/or medical record reviews and complete the respective standardized case report surveillance form (e.g. syphilis interview record, congenital syphilis report form, gonorrhea case report surveillance form, resistant gonorrhea case report form), in accordance with State and national protocols, standards, and guidelines.
8. Submit, through secure transmission, standardized case report surveillance forms or datasets to the STD Control Branch Surveillance Unit, in accordance with State and national timeframes and protocols.

Timeline: Ongoing

Objective 2: STD case diagnosis and treatment

Ensure accurate diagnosis and timely and recommended treatment of clients diagnosed with STDs, especially infectious syphilis, gonorrhea, and chlamydia, in accordance with State and national standards and protocols.

Key Activities:

1. Provide health department follow-up of untreated STD patients to ensure recommended treatment.
2. Conduct provider and laboratory visitation, when necessary, to facilitate accurate diagnosis and timely and recommended treatment, in accordance with State and CDC Diagnostic and Treatment Guidelines, to provide updated diagnosis, treatment, and partner services resources and to problem-solve systems issues.
3. Distribute State and CDC STD Diagnostic and Treatment Guidelines and other up-to-date clinical, diagnostic, treatment, and partner services resources to local clinicians via email, health department, other local clinical website links, and local clinical newsletters.

4. Verify STD diagnosis and treatment with medical providers, ensuring the use of State and CDC recommended regimens using fax back form.
5. Provide expedited patient/partner therapy (EPT) for untreated patients/partners who are unable to seek clinical care, in accordance with State and national standards and guidelines.
6. Evaluate semi-annually the timeliness and quality of STD case treatment.
7. Augment local STD outreach education and/or screening and treatment in settings or venues serving at-risk STD populations, if justified by local epidemiological data, resources, and priorities.

Timeline: Ongoing

Objective 3: STD case management and partner services

Ensure client-centered, risk reduction counseling, case management, and partner services for suspected infectious syphilis and other priority STD cases, as determined by national, State, and local epidemiology and priorities and in accordance with State and national standards and guidelines. Provide comprehensive, integrated STD/HIV partner services (offer, elicitation, and third party notification) for clients diagnosed with STD and HIV.

Key Activities:

1. Assign priority syphilis and other priority STD cases, as determined by national, State, and local epidemiology and priorities, to disease intervention specialists/communicable disease investigators for timely follow-up, case management, and partner services.
2. Conduct timely STD interviews including the provision of client-centered, risk reduction counseling, STD health education, and partner services (offer and partner elicitation) and document epidemiologic and risk factor data on the interview record for priority syphilis and other priority STD patients.
3. Conduct field investigations, as necessary, to arrange a private, confidential setting to perform client counseling/interview and partner counseling/notification and document investigation data on the field record.
4. Conduct timely partner notification activities for patients requesting third party notification of their partners, including record searches and field investigation, and document investigation data on the field record.
5. Conduct STD case and sexual and social network analysis, including re-interview of index patient and follow-up of social contacts, as necessary.
6. Provide integrated STD/HIV health education and disease information and comprehensive STD/HIV partner services for those HIV-infected patients diagnosed with a STD.
7. Submit, through secure transmission, accurate and complete interview record forms or datasets, other case report forms or datasets and associated partner field records to the STD Control Branch Surveillance Unit, in accordance with State and national standards, protocols, and guidelines.
8. Evaluate STD interview an partner services outcomes to identify and resolve workforce capacity, systems issues, and performance problems and to review overall effectiveness.

Timeline: Ongoing

Objective 4: STD intervention and control program evaluation and quality improvement

Design evidence-based, cost-effective STD intervention and control programs.

Key Activities:
1. Collaborate with the State to implement national STD Prevention and Control Program performance measures in the areas of quality surveillance systems, quality screening programs, timely treatment of infected patients, and quality partner notification activities, in accordance with national protocols and guidelines.
2. Use performance measure data to design programmatic quality improvement initiatives.
3. Provide other priority clinical or other programmatic evaluation data to the State as determined by State and local priorities and available resources.

Timeline: Ongoing

Part 3: Chlamydia Screening Project (ClaSP), if applicable

Goal: Facilitate the implementation of chlamydia screening and treatment programs for high-risk adolescent females in juvenile justice facilities.

The Scope of Work below provides details of screening, treatment, data, and program improvement activities required for adherence to this contract.

Objective 1: To screen at least 80 percent of female bookings in juvenile justice facilities.

Those Contractors with a screening performance of <80 percent shall increase their screening activities by no less than 2 percent per year. Those Contractors with a screening performance of >80 percent shall continue to screen as many female booked as possible as close to booking as possible.

Key Activities:
1. Provide chlamydia screening to all eligible females at juvenile justice sites at intake or as close to intake as possible (must be within 0 to 48 hours).
2. Ensure rapid notification of positive test results.

Timeline: Ongoing

Objective 2: To treat at least 80 percent of females testing positive for CT or gonorrhea (GC) in juvenile justice facilities.

Key Activities:
1. Provide appropriate and expedient treatment.
2. Ensure rapid follow-up and appropriate referral for those testing positive that are released prior to treatment.

Timeline: Ongoing

Objective 3: To provide accurate, complete, and timely data.

Key Activities:
1. Assist the State in obtaining national performance measure data by collecting all data elements delineated in the data dictionary provided by the State ClaSP Project Manager.
2. Electronically submit quarterly data.

Timeline: Ongoing

Objective 4: To participate in program improvement activities.

Key Activities:
1. Contractor will identify a project manager who is responsible for the coordination and implementation of this project.
2. Contractor will participate in and plan site visitations from the State ClaSP Project Manager.
3. Contractor will attend meetings and conference calls, as scheduled; participate in committees and workgroups; and assist in planning meetings, as requested.
4. Contractor will subcontract as necessary with the juvenile justice center(s) to enhance program activities.

Timeline: Ongoing

Part 4: Syphilis Elimination, if applicable

The Scope of Work below provides a blueprint for an individualized Work Plan developed between the Syphilis Elimination Coordinator and the STD Program Manager (or designee), based on the level of funding allocated to each jurisdiction, individual needs, and infrastructure. Local health jurisdictions are not expected to conduct all activities listed in the Scope of Work, but the Work Plan must fit into the Scope of Work described below.

Funds are allocated for the Syphilis Elimination Effort (SEE) to support programmatic activities related to syphilis through a federal grant. SEE monies shall not be used to purchase medication, fund local research, or purchase food at events, including those related to SEE.

Objective 1: Improve integration of syphilis and HIV prevention program activities at the client level. Client-level services should be integrated, including screening, education, management, partner services, and provider education for populations at-risk for STD/HIV co-infection.

A. Key Activities:
   1. Collaborate with local community-based organizations to provide information, testing, and/or referrals for syphilis testing where HIV testing is offered, including HIV Counseling and Testing sites and HIV care providers.
   2. Conduct trainings for HIV service providers and other providers who see gay men/MSM or other populations at risk for syphilis infection.
   3. Implement a provider visitation program to enhance disease investigation and case finding through collaboration with medical providers serving individuals with HIV.

B. Timeline: Ongoing

Objective 2: Improve laboratory services available in STD and non-STD clinical settings.
Where appropriate, local health jurisdictions should work with private and public laboratories to ensure timely and accurate testing for syphilis and provide technical assistance to medical providers in the interpretation of syphilis results, where needed.

A. Key Activities:
   1. Conduct laboratory visitation and outreach to ensure timely and complete laboratory reporting.
   2. Offer multiplex PCR test for syphilis and herpes in local public health laboratory.
   3. Provide training/technical assistance to medical providers on interpretation of EIA/CLIA test results.

B. Timeline: Ongoing

Objective 3: Increase access to and utilization of local syphilis testing resources.
Collaborate with local medical providers, including STD clinics, to establish and promote evening and weekend hours for STD testing.

A. Key Activities:
   1. Support weekend and/or evening hours at local community-based organizations that provide services to populations at risk for syphilis infection.
   2. Support weekend and/or evening hours at local county-run STD clinics.
   3. Conduct promotion of extended clinic hours through print media, palmcards, internet advertising, or other locally-relevant interventions to increase access to testing resources.

B. Timeline: Ongoing

Objective 4: Conduct interventions to raise awareness about syphilis in targeted populations.
Collaborate with local community-based organizations to design and implement social marketing campaigns or other interventions targeting at-risk populations.

A. Key Activities:
   1. Convene a Community Taskforce on project-specific community group meetings to identify appropriate interventions for local communities at risk for syphilis infection. These may be stand-alone taskforces or may be integrated into existing community groups, such as those focused on HIV.
   2. Conduct community outreach and education at gay/MSM specific venues, including local bathhouses, bars, resorts, and clubs.
   3. Conduct internet-based interventions and promotion, driven by local epidemiology.
   4. Conduct social marketing campaigns related to increased testing, behavior change, symptom recognition, or other issues relevant to the local populations at risk for syphilis.
   5. Conduct interventions to increase timeliness of syphilis testing, treatment of cases and/or partners, or partner services.

B. Timeline: Ongoing

Objective 5: Evaluate local syphilis elimination efforts.
Syphilis elimination efforts shall be evidence-based, and evaluation of activities is expected to ensure cost-effective programmatic activities. Adjustments to the Work Plan may be made for activities without demonstrated effectiveness.

A. Key Activities:
1. Develop evaluation plans prior to implementation of new intervention.
2. Conduct evaluation of interventions using existing data or additional data collected as part of the intervention.

B. Timeline: Ongoing

Part 5: Gonorrhea Isolate Surveillance Project, if applicable

Goal: Monitor antimicrobial susceptibility of strains of *Neisseria gonorrhea* in California.

Objective 1: Provide specimens for the Gonorrhea Isolate Surveillance Project (GISP) to monitor trends in antimicrobial susceptibility of strains of *Neisseria gonorrhea*.

Key Activities:
1. Continue the collection and submission of 25 *Neisseria gonorrhea* culture specimens and patient demographic and clinical data per month, per GISP protocols.
2. Review STD clinic and laboratory data to ensure that specimens submitted are from the first 25 sequential male urethral cases monthly, regardless of symptom status.
3. Consider expanding site participation to additional county public health clinics to facilitate capturing the target number of specimens.

Timeline: Ongoing

6. Required Reports, Data, and Meetings

A. Yearly Work Plans

Part 1: STD Community Interventions Program
Development of yearly Work Plans will be initiated by the State Regional SCIP Health Educator in May/June each year. The Work Plans are tailored to each jurisdiction based on that jurisdiction's funding allocation and local needs. The Work Plan should include:

1. Those activities being continued from the previous year.
2. Specific objectives being addressed in the current 12-month period.
3. Description of key activities to achieve the specific objectives.
4. Which staff is responsible for conducting the key activities.
5. Timelines for key activities and achievements of the objective(s).

Period: July 1, 2011 – June 30, 2012	Due: July 31, 2011
Period: July 1, 2012 – June 30, 2013	Due: July 31, 2012
Period: July 1, 2013 – June 30, 2014	**Due: July 31, 2013**
Period: July 1, 2014 – June 30, 2015	**Due: July 31, 2014**

B. Quarterly or Mid-Year Report

Part 1: STD Community Interventions Program
Submit brief, electronic mid-year progress reports addressing objectives and activities in the Work Plan described above. These reports should include progress on objectives achieved, challenges or barriers to meeting the objectives with action plans to address these challenges or barriers, and any needed changes or adjustments to Work Plans with a short justification.

Period: July 1, 2011 – December 31, 2011	Due: January 31, 2012
Period: July 1, 2012 – December 31, 2012	Due: January 31, 2013
Period: July 1, 2013 – December 31, 2013	**Due: January 31, 2014**
Period: July 1, 2014 – December 31, 2014	**Due: January 31, 2015**

Part 2: Disease Investigation and Surveillance
Submit brief, electronic mid-year progress reports addressing the objectives and activities in the Scope of Work developed using the template provided by the DIS Project Manager. These reports should include progress on objectives achieved, challenges or barriers to meeting the objectives with action plans to address these challenges or barriers, any needed changes or adjustments to the Scope of Work with a short justification, and any performance measure results.

Period: July 1, 2011 – December 31, 2011	Due: January 31, 2012
Period: July 1, 2012 – December 31, 2012	Due: January 31, 2013
Period: July 1, 2013 – December 31, 2013	**Due: January 31, 2014**
Period: July 1, 2014 – December 31, 2014	**Due: January 31, 2015**

Part 3: Chlamydia Screening Project, if applicable
Submit electronic communication reports and line listed data quarterly using the template and data dictionary provided by the State ClaSP Project Manager. Line listed data (calendar year cumulative beginning with 1-1-XX) should be sent to Clasp@cdph.ca.gov and the Quarterly Communication Reports (QCR) and Annual Communication Report (ACR) should be sent to the State ClaSP Project Manager.

Period: July 1, 2011 – September 30, 2011	Due: October 31, 2011
Period: October 1, 2011 – December 31, 2011	Due: January 31, 2012
Period: January 1, 2012 – March 31, 2012	Due: April 30, 2012
Period: April 1, 2012 – June 30, 2012	Due: July 31, 2012
Period: July 1, 2012 – September 30, 2012	Due: October 31, 2012
Period: October 1, 2012 – December 31, 2012	Due: January 31, 2013
Period: January 1, 2013– March 31, 2013	Due: April 30, 2013
Period: April 1, 2013 – June 30, 2013	Due: July 31, 2013
Period: July 1, 2013 – September 30, 2013	**Due: October 31, 2013**
Period: October 1, 2013 – December 31, 2013	**Due: January 31, 2014**
Period: January 1, 2014– March 31, 2014	**Due: April 30, 2014**
Period: April 1, 2014 – June 30, 2014	**Due: July 31, 2014**

Period: July 1, 2014 – September 30, 2014	**Due: October 31, 2014**
Period: October 1, 2014 – December 31, 2014	**Due: January 31, 2015**
Period: January 1, 2015– March 31, 2015	**Due: April 30, 2015**
Period: April 1, 2015 – June 30, 2015	**Due: June 30, 2015**

Part 4: Syphilis Elimination, if applicable
Submit brief, electronic mid-year progress reports addressing objectives and activities in the Scope of Work described above using the template provided by the Syphilis Elimination Project Manager. These reports should include progress on objectives achieved, challenges or barriers to meeting the objectives with action plans to address these challenges or barriers, any needed changes or adjustments to the Scope of Work with a short justification, and any evaluation results.

Period: July 1, 2011 – December 31, 2011	Due: January 31, 2012
Period: July 1, 2012 – December 31, 2012	Due: January 31, 2013
Period: July 1, 2013 – December 31, 2013	**Due: January 31, 2014**
Period: July 1, 2014 – December 31, 2014	**Due: January 31, 2015**

Part 5: Gonococcal Isolate Surveillance Project, if applicable
No quarterly or mid-year reports are required by the Contractor because the CDC regional laboratory will distribute site-specific, electronic monthly reports containing results from antimicrobial susceptibility testing to the State GISP epidemiologist and to the designated contact(s) at each local GISP site. These results will be submitted in Excel format for all sites within two months of specimen collection.

C. **End-of-Year Report**

Part 1: STD Community Interventions Program
Provide a brief, electronic End-of-Year Report describing how the Contractor met the objectives and accomplished the activities in the Work Plans described above. This report should provide specific information on the goals and/or objectives achieved, challenges or barriers to meeting the objectives, rationale for any changes or adjustments made, and the evaluation report based on local SCIP program data.

Period: July 1, 2011 – June 30, 2012	Due: July 31, 2012
Period: July 1, 2012 – June 30, 2013	Due: July 31, 2013
Period: July 1, 2013 – June 30, 2014	**Due: July 31, 2014**
Period: July 1, 2014 – June 30, 2015	**Due: June 30, 2015**

Part 2: Disease Investigation and Surveillance
Provide a brief, electronic End-of-Year Report describing how the Contractor met the objectives and accomplished the activities in the Scope of Work. This report should provide specific information on the goals and/or objectives achieved, challenges or barriers to meeting the objectives, rationale for any changes or adjustments made, and any performance measures or other evaluation efforts.

Period: July 1, 2011 – June 30, 2012	Due: July 31, 2012
Period: July 1, 2012 – June 30, 2013	Due: July 31, 2013
Period: July 1, 2013 – June 30, 2014	**Due: July 31, 2014**
Period: July 1, 2014 – June 30, 2015	**Due: June 30, 2015**

Part 3: Chlamydia Screening Project, if applicable
Provide an End-of-Year Report addressing objectives and activities in the ClaSP Scope of Work using the template provided by the State ClaSP Project Manager. Reports should include specific information as to how the objectives and activities were accomplished, barriers encountered, and rationale for any changes or adjustments made.

Period: July 1, 2009 – June 30, 2010	Due: July 31, 2010
Period: July 1, 2010 – June 30, 2011	Due: July 31, 2011
Period: July 1, 2011 – June 30, 2012	**Due: July 31, 2012**
Period: July 1, 2012 – June 30, 2013	**Due: July 31, 2013**
Period: July 1, 2013 – June 30, 2014	**Due: July 31, 2014**
Period: July 1, 2014 – June 30, 2015	**Due: June 30, 2015**

Part 4: Syphilis Elimination, if applicable
Provide a brief, electronic End-of-Year Report describing how the Contractor met the objectives and accomplished the activities in the Scope of Work. This report should provide specific information on the goals and/or objectives achieved, challenges or barriers to meeting the objectives, rationale for any changes or adjustments made, and any performance measures or other evaluation results.

Period: July 1, 2009 – June 30, 2010	Due: July 31, 2010
Period: July 1, 2010 – June 30, 2011	Due: July 31, 2011
Period: July 1, 2011 – June 30, 2012	**Due: July 31, 2012**
Period: July 1, 2012 – June 30, 2013	**Due: July 31, 2013**
Period: July 1, 2013 – June 30, 2014	**Due: July 31, 2014**
Period: July 1, 2014 – June 30, 2015	**Due: June 30, 2015**

Part 5: Gonococcal Isolate Surveillance Project, if applicable
No End-of-Year Report is required by the Contractor because CDC generates the annual GISP report.

D. Program Meetings and Training

Program Coordinators or their representatives should attend statewide meetings and/or training as scheduled and required in the Scope of Work. Budgets should include a line item to support travel costs for these meetings, as needed.

7. Scope of Work Changes

A. Pursuant to Health and Safety code Section 38077(b)(2), changes and revisions to the Scope of Work contained in the agreement, utilizing the "allowable cost payment system", may be proposed by the Contractor in writing. Failure to notify the State of proposed revisions to the Scope of Work may result in an audit finding.

B. The State will respond, in writing, as to the approval or disapproval of all such requests for changes or revisions to the Scope of Work within 30 calendar days of the date the request is first received in the Department. Should the State fail to respond to the Contractor's request within 30 calendar days of receipt, the Contractor's request shall be deemed approved.

C. The State may also request changes and revisions to the Scope of Work. The State will make a good-faith effort to provide the Contractor 30 calendar days advance written notice of said changes or revisions.

D. No changes to the Scope of Work agreed to pursuant to this paragraph shall take effect until the cooperative agreement is amended and the amendment is approved as required by law and this agreement.

Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

A. For services satisfactorily rendered, and upon receipt and approval of the invoices, the State agrees to compensate the Contractor for actual expenditures incurred in accordance with the budget(s) attached hereto.

B. Invoices shall include the Agreement Number and shall be submitted in duplicate not more frequently than quarterly in arrears to:

May Otow
California Department of Public Health
STD Control Branch
MS Code 7320
P.O. Box 997377
Sacramento, CA 95899-7377

C. Invoices shall:

1) Be prepared on Contractor letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represents actual expenses for the service performed under this contract.
2) Bear the Contractor's name as shown on the agreement.
3) Identify the billing and/or performance period covered by the invoice.
4) Itemize costs for the billing period in the same or greater level of detail as indicated in this agreement. Subject to the terms of this agreement, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable in this agreement and approved by CDPH.

2. Budget Contingency Clause

A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions of this Agreement.

B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Contractor to reflect the reduced amount.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

Exhibit B
Budget Detail and Payment Provisions

4. Amounts Payable

A. The amounts payable under this agreement shall not exceed:

1) $164,309 for the budget period of 07/01/11 through 06/30/12.
2) $164,309 for the budget period of 07/01/12 through 06/30/13.
3) **$155,944 for the budget period of 07/01/13 through 06/30/14.**
4) **$155,944 for the budget period of 07/01/14 through 06/30/15.**

B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are performed and/or goods are received.

5. Timely Submission of Final Invoice

A. A final undisputed invoice shall be submitted for payment no more than ninety (90) calendar days following the expiration or termination date of this agreement, unless a later or alternate deadline is agreed to in writing by the program contract manager. Said invoice should be clearly marked "Final Invoice", thus indicating that all payment obligations of the State under this agreement have ceased and that no further payments are due or outstanding.

B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Contractor fails to obtain prior written State approval of an alternate final invoice submission deadline. Written State approval shall be sought from the program contract manager prior to the expiration or termination date of this agreement.

C. The Contractor is hereby advised of its obligation to submit, with the final invoice, a **"Contractor's Release (Exhibit F)"** acknowledging submission of the final invoice to the State and certifying the approximate percentage amount, if any, of recycled products used in performance of this agreement.

6. Allowable Line Item Shifts

A. Subject to the prior review and approval of the State, line item shifts of up to fifteen percent (15%) of the annual contract total, not to exceed a maximum of one hundred thousand ($100,000) annually, whichever is less, are allowed, so long as the annual agreement total neither increases nor decreases.

The $100,000 maximum limit shall be assessed annually and automatically adjusted by the State in accordance with cost-of-living indexes. Said adjustments shall not require a formal agreement amendment. The State shall annually inform the Contractor in writing of the adjusted maximum.

B. Line item shifts meeting these criteria shall not require a formal agreement amendment.

C. The Contractor shall adhere to State requirements regarding the process to follow in requesting approval to make line item shifts.

D. Line item shifts may be proposed/requested by either the State or the Contractor.

Exhibit B
Budget Detail and Payment Provisions

7. Expense Allowability / Fiscal Documentation

A. Invoices, received from a Contractor and accepted and/or submitted for payment by the State, shall not be deemed evidence of allowable agreement costs.

B. Contractor shall maintain for review and audit and supply to CDPH upon request, adequate documentation of all expenses claimed pursuant to this agreement to permit a determination of expense allowability.

C. If the allowability or appropriateness of an expense cannot be determined by the State because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate according to generally accepted accounting principles or practices, all questionable costs may be disallowed and payment may be withheld by the State. Upon receipt of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.

D. If travel is a reimbursable expense, receipts must be maintained to support the claimed expenditures. For more information on allowable travel and per diem expenses and required documentation, see Exhibit G entitled, "Travel Reimbursement Information".

E. Costs and/or expenses deemed unallowable are subject to recovery by CDPH. See provision 8 in this exhibit entitled, "Recovery of Overpayments" for more information.

8. Recovery of Overpayments

A. Contractor agrees that claims based upon a contractual agreement or an audit finding and/or an audit finding that is appealed and upheld, will be recovered by the State and/or Federal Government by one of the following options:

1) Contractor's remittance to the State of the full amount of the audit exception within 30 days following the State's request for repayment;

2) A repayment schedule which is agreeable to both the State and the Contractor.

B. The State reserves the right to select which option will be employed and the Contractor will be notified by the State in writing of the claim procedure to be utilized.

C. Interest on the unpaid balance of the audit finding or debt will accrue at a rate equal to the monthly average of the rate received on investments in the Pooled Money Investment Fund commencing on the date that an audit or examination finding is mailed to the Contractor, beginning 30 days after Contractor's receipt of the State's demand for repayment.

D. If the Contractor has filed a valid appeal regarding the report of audit findings, recovery of the overpayments will be deferred until a final administrative decision on the appeal has been reached. If the Contractor loses the final administrative appeal, Contractor shall repay, to the State, the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from the Contractor's first receipt of State's notice requesting reimbursement of questioned audit costs or disallowed expenses.

Exhibit B - Attachment III
Budget
Year 3
July 1, 2013 – June 30, 2014

PERSONNEL

Classification	Monthly Salary	Percent of Time	Months	Budget
Commuicable Disease Specialist (SCIP)	$4,718	0.36002	12	$20,383
Office Assistant II (CLASP) *	$2,110	0.500	12	$12,660
Office Assistant III (DIS)	$3,035	0.250	12	$9,105
Sr. Communicable Disease Specialist (DIS)	$4,443	0.210	12	$11,196
Communicable Disease Specialist (SE) *	$4,300	0.580	12	$29,928
Total Personnel				**$83,272**
Fringe Benefits (33% of Personnel)				$27,472
Total Personnel & Fringe				**$110,744**

OPERATING EXPENSES

Lab Services ($25 x 278 tests)	$6,950
Total Operating Expenses	**$6,950**

TRAVEL (meetings/patient follow-up)	**$0**

SUBCONTRACTORS

Desert AIDS Project (see Exhibit A, Paragraph 5, Part 4)	$38,250
Total Subcontractors	**$38,250**
OTHER COSTS	**$0**
INDIRECT COSTS	**$0**
BUDGET GRAND TOTAL	**$155,944**

* Fringe Benefits for some line staff may be reduced to accommodate funding shortages.

Exhibit B Attachment III - Schedule 1
Subcontractor Budget
Deseert AIDS Project
(Year 3)
(July 1, 2013 - June 30, 2014)

PERSONNEL

Classification	Monthly Salary	Percent of Time	Months	Budget
Community Health Educator	$4,054	6.16700	12	$3,000
Community Health Educator	$3,219	5.14000	12	$1,985
Community Health Educator	$2,643	6.26000	12	$1,985
Health Educator (Part-Time)	$500	100.00000	12	$6,000
Community Center Manager	$3,214	9.99800	12	$3,856
Director of Social Services	$6,105	4.99900	12	$3,662
Total Personnel				**$20,488**
Fringe Benefits (35% of Personnel)				$7,171
Total Personnel & Fringe				**$27,659**

OPERATING EXPENSES

General Office Expense	$975
Networking/Outreach (Safer Sex Kits - $2.50/kit x approximately 1,557 kits = $3,891) ($5 gift cards x 100 = $500)	$4,391
Postage	$98
Printing/Duplication	$1,000
Total Operating Expenses	**$6,464**
TRAVEL (meetings, field visits, patient follow-up)	**$650**
OTHER COSTS	**$0**
INDIRECT COSTS (10% OF DIRECT COSTS)	**$3,477**
BUDGET GRAND TOTAL	**$38,250**

EXHIBIT B - ATTACHMENT III
Schedule 1
(Year 3)
July 1, 2013 through June 30, 2014

	SCIP Budget	ClaSP Budget	SE Budget	DIS Budget	Total Budget
Personnel	$20,383	$12,660	$29,928	$20,301	$83,272
Fringe Benefits (33% of Personnel)	$6,726	$4,175	$9,872	$6,699	$27,472
Operating Expenses	$0	$0	$6,950	$0	$6,950
Equipment	$0	$0	$0	$0	$0
Travel	$0	$0	$0	$0	$0
Subcontractors	$0	$0	$38,250	$0	$38,250
Other Costs	$0	$0	$0	$0	$0
Indirect Costs	$0	$0	$0	$0	$0
Total	**$27,109**	**$16,835**	**$85,000**	**$27,000**	**$155,944**

Exhibit B - Attachment IV
Budget
Year 4
July 1, 2014 – June 30, 2015

PERSONNEL

Classification	Monthly Salary	Percent of Time	Months	Budget
Commuicable Disease Specialist (SCIP)	$4,718	0.36002	12	$20,383
Office Assistant II (CLASP) *	$2,110	0.500	12	$12,660
Office Assistant III (DIS)	$3,035	0.250	12	$9,105
Sr. Communicable Disease Specialist (DIS)	$4,443	0.210	12	$11,196
Communicable Disease Specialist (SE)	$4,300	0.580	12	$29,928
Total Personnel				**$83,272**
Fringe Benefits (33% of Personnel)				$27,472
Total Personnel & Fringe				**$110,744**

OPERATING EXPENSES

Lab Services ($25 x 278 tests)	$6,950
Total Operating Expenses	**$6,950**

TRAVEL (meetings/patient follow-up)	**$0**

SUBCONTRACTORS

Desert AIDS Project (see Exhibit A, Paragraph 5, Part 4)	$38,250
Total Subcontractors	**$38,250**
OTHER COSTS	**$0**
INDIRECT COSTS	**$0**
BUDGET GRAND TOTAL	**$155,944**

* Fringe Benefits for some line staff may be reduced to accommodate funding shortages.

Exhibit B Attachment IV - Schedule 1
Subcontractor Budget
Deseert AIDS Project
(Year 4)
(July 1, 2014 - June 30, 2015)

PERSONNEL

Classification	Monthly Salary	Percent of Time	Months	Budget
Community Health Educator	$4,054	6.16700	12	$3,000
Community Health Educator	$3,219	5.14000	12	$1,985
Community Health Educator	$2,643	6.26000	12	$1,985
Health Educator (Part-Time)	$500	100.00000	12	$6,000
Community Center Manager	$3,214	9.99800	12	$3,856
Director of Social Services	$6,105	4.99900	12	$3,662
Total Personnel				**$20,488**
Fringe Benefits (35% of Personnel)				$7,171
Total Personnel & Fringe				**$27,659**

OPERATING EXPENSES

General Office Expense	$975
Networking/Outreach (Safer Sex Kits - $2.50/kit x approximately 1,557 kits = $3,891) ($5 gift cards x 100 = $500)	$4,391
Postage	$98
Printing/Duplication	$1,000
Total Operating Expenses	**$6,464**
TRAVEL (meetings, field visits, patient follow-up)	**$650**
OTHER COSTS	**$0**
INDIRECT COSTS (10% OF DIRECT COSTS)	**$3,477**
BUDGET GRAND TOTAL	**$38,250**

EXHIBIT B - ATTACHMENT IV
Schedule 1
(Year 4)
July 1, 2014 through June 30, 2015

	SCIP Budget	ClaSP Budget	SE Budget	DIS Budget	Total Budget
Personnel	$20,383	$12,660	$29,928	$20,301	$83,272
Fringe Benefits (33% of Personnel)	$6,726	$4,175	$9,872	$6,699	$27,472
Operating Expenses	$0	$0	$6,950	$0	$6,950
Equipment	$0	$0	$0	$0	$0
Travel	$0	$0	$0	$0	$0
Subcontractors	$0	$0	$38,250	$0	$38,250
Other Costs	$0	$0	$0	$0	$0
Indirect Costs	$0	$0	$0	$0	$0
Total	**$27,109**	**$16,835**	**$85,000**	**$27,000**	**$155,944**

Travel Reimbursement Information

(Mileage Reimbursement Increase Effective 1/1/13)

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract. The terms "contract" and/or "subcontract" have the same meaning as "grantee" and/or "subgrantee" where applicable.

   a. Reimbursement for travel and/or per diem shall be at the rates established for nonrepresented/excluded state employees. Exceptions to Department of Personnel Administration (DPA) lodging rates may be approved by *the California Department of Public Health (CDPH)* upon the receipt of a statement on/with an invoice indicating that such rates are not available.

   b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever a contract *or* subcontract employee leaves his or her home or headquarters. "Headquarters" is defined as the place where the contracted personnel spends the largest portion of their working time and returns to upon the completion of assignments. Headquarters may be individually established for each traveler and approved verbally or in writing by the program funding the agreement. Verbal approval shall be followed up in writing or email.

   c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on Page 2 of this exhibit to determine the reimbursement allowance. All lodging reimbursement claims must be supported by a receipt*. If a contractor does not or cannot present receipts, lodging expenses will not be reimbursed.

      (1) Lodging (with receipts*):

Travel Location / Area	Reimbursement Rate
Statewide (excluding the counties identified below)	$ 84.00 plus tax
Counties of Los Angeles and San Diego	$110.00 plus tax
Counties of Alameda, San Francisco, San Mateo, and Santa Clara	$140.00 plus tax

      Reimbursement for actual lodging expenses that exceed the above amounts may be allowed with the advance approval of the Deputy Director of the California Department of *Public* Health *(CDPH)* or his or her designee. Receipts are required.

      *Receipts from Internet lodging reservation services such as Priceline.com which require prepayment for that service, ARE NOT ACCEPTABLE LODGING RECEIPTS and are not reimbursable without a valid lodging receipt from a lodging establishment.

      (2) Meal/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum for each full 24-hour period of travel.

Meal / Expense	Reimbursement Rate
Breakfast	$ 6.00
Lunch	$ 10.00
Dinner	$ 18.00
Incidental expenses	$ 6.00

   d. Out-of-state travel may only be reimbursed if such travel is necessitated by the scope or statement of work and has been approved in advance by the program with which the contract is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, supported by a receipt, and may be reimbursed for meals and supplemental expenses for each 24-hour period computed at the rates listed in c. (2) above. For all out-of-state travel, contractors/subcontractors must have prior CDPH written or verbal approval. Verbal approval shall be confirmed in writing (email or memo).

   e. In computing allowances for continuous periods of travel of less than 24 hours, consult the chart appearing on Page 2 of this exhibit.

   f. No meal or lodging expenses will be reimbursed for any period of travel that occurs within normal working hours, unless expenses are incurred at least 50 miles from headquarters.

2. If any of the reimbursement rates stated herein is changed by DPA, no formal contract amendment will be required to incorporate the new rates. However, CDPH shall inform the contractor, in writing, of the revised travel reimbursement rates and the applicable effective date of any rate change.

   At CDPH's discretion, changes or revisions made by CDPH to this exhibit, excluding travel reimbursement policies established by DPA may be applied retroactively to any agreement to which a Travel Reimbursement Information exhibit is attached, incorporated by reference, or applied by CDPH program policy. Changes to the travel reimbursement rates stated herein may not be applied earlier than the date a rate change is approved by DPA.

3. For transportation expenses, the contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.

4. **Note on use of autos:** If a contractor uses his/her or a company car for transportation, the rate of reimbursement will be **56.5 cents** maximum per mile. If a contractor uses his/her or a company car "in lieu of" airfare, the air coach fare will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the State. Gasoline and routine automobile repair expenses are not reimbursable.

5. The contractor is required to furnish details surrounding each period of travel. Travel expense reimbursement detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc. Reimbursement for travel expenses may be withheld pending receipt of adequate travel documentation.

6. Contractors are to consult with the program with which the contract is held to obtain specific invoicing procedures.

Per Diem Reimbursement Guide

Length of travel period	This condition exists...	Allowable Meal(s)
Less than 24 hours	Trip begins at or before 6 a.m. and ends at or after 9 a.m.	Breakfast may be claimed.
Less than 24 hours	Trip begins at or before 4 p.m. and ends at or after 7 p.m.	Dinner may be claimed.
*Contractor may **not** claim lunch or incidentals on one-day trips. When trips are **less than 24 hours** and there's no overnight stay, meals claimed are taxable.*		
24 hours	Trip begins at or before 6 a.m.	Breakfast may be claimed.
24 hours	Trip begins at or before 11 a.m.	Lunch may be claimed.
24 hours	Trip begins at or before 5 p.m.	Dinner may be claimed.
More than 24 hours	Trip ends at or after 8 a.m.	Breakfast may be claimed.
More than 24 hours	Trip ends at or after 2 p.m.	Lunch may be claimed.
More than 24 hours	Trip ends at or after 7 p.m.	Dinner may be claimed.
Contractor may ***not*** claim meals provided by the State, meals included in hotel expenses or conference fees, meals included in transportation costs such as airline tickets, or meals that are otherwise provided. Snacks and continental breakfasts such as rolls, juice, and coffee are not considered to be meals.		

EXHIBIT A

SCOPE OF WORK

DESERT AIDS PROJECT

PERFORMANCE PERIOD: JULY 1, 2013 – JUNE 30, 2015

(HIV/STD Branch)

1. BACKGROUND

Desert AIDS Project, hereinafter referred to as CONTRACTOR, herby agrees to perform the following scope of services for the purpose of providing STD/HIV education and prevention as follows:

2. CONTRACTOR shall make staff available for training, specifically, Syphilis overview, risk reduction and other relevant courses in order to enhance the infrastructure necessary to expand integrated STD/HIV outreach.

3. CONTRACTOR shall incorporate Syphilis and other STD prevention and screening programs within their existing outreach programs.

4. CONTRACTOR shall make staff available, after appropriate training, to support Syphilis and other STD screening in bath houses, clubs, and other venues serving men who have sex with men (MSM), as determined by local epidemiological data.

5. CONTRACTOR shall collect line-listed core date elements on all participants who are screened.

6. CONTRACTOR shall establish a working relationship with the COUNTY and appropriate disease intervention and clinical staff in order to facilitate Syphilis treatment and partner referral.

Exhibit B Attachment III - Schedule 1
Subcontractor Budget
Deseert AIDS Project
(Year 3)
(July 1, 2013 - June 30, 2014)

PERSONNEL

Classification	Monthly Salary	Percent of Time	Months	Budget
Community Health Educator	$4,054	6.16700	12	$3,000
Community Health Educator	$3,219	5.14000	12	$1,985
Community Health Educator	$2,643	6.26000	12	$1,985
Health Educator (Part-Time)	$500	100.00000	12	$6,000
Community Center Manager	$3,214	9.99800	12	$3,856
Director of Social Services	$6,105	4.99900	12	$3,662

Total Personnel	**$20,488**
Fringe Benefits (35% of Personnel)	$7,171
Total Personnel & Fringe	**$27,659**

OPERATING EXPENSES

General Office Expense	$975
Networking/Outreach (Safer Sex Kits - $2.50/kit x approximately 1,557 kits = $3,891) ($5 gift cards x 100 = $500)	$4,391
Postage	$98
Printing/Duplication	$1,000
Total Operating Expenses	**$6,464**
TRAVEL (meetings, field visits, patient follow-up)	**$650**
OTHER COSTS	**$0**
INDIRECT COSTS (10% OF DIRECT COSTS)	**$3,477**
BUDGET GRAND TOTAL	**$38,250**

Exhibit B Attachment IV - Schedule 1
Subcontractor Budget
Deseert AIDS Project
(Year 4)
(July 1, 2014 - June 30, 2015)

PERSONNEL

Classification	Monthly Salary	Percent of Time	Months	Budget
Community Health Educator	$4,054	6.16700	12	$3,000
Community Health Educator	$3,219	5.14000	12	$1,985
Community Health Educator	$2,643	6.26000	12	$1,985
Health Educator (Part-Time)	$500	100.00000	12	$6,000
Community Center Manager	$3,214	9.99800	12	$3,856
Director of Social Services	$6,105	4.99900	12	$3,662
Total Personnel				**$20,488**
Fringe Benefits (35% of Personnel)				$7,171
Total Personnel & Fringe				**$27,659**

OPERATING EXPENSES

General Office Expense	$975
Networking/Outreach	$4,391
(Safer Sex Kits - $2.50/kit x approximately 1,557 kits = $3,891)	
($5 gift cards x 100 = $500)	
Postage	$98
Printing/Duplication	$1,000
Total Operating Expenses	**$6,464**
TRAVEL (meetings, field visits, patient follow-up)	**$650**
OTHER COSTS	**$0**
INDIRECT COSTS (10% OF DIRECT COSTS)	**$3,477**
BUDGET GRAND TOTAL	**$38,250**