

**COUNTY OF MONTEREY STANDARD AGREEMENT
(MORE THAN \$100,000)**

This **Agreement** is made by and between the County of Monterey, a political subdivision of the State of California (hereinafter "County") and:

Access Support Network

(hereinafter "CONTRACTOR").

In consideration of the mutual covenants and conditions set forth in this Agreement, the parties agree as follows:

1.0 GENERAL DESCRIPTION.

1.01 The County hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in **Exhibit A** in conformity with the terms of this Agreement. The goods and/or services are generally described as follows:

Provide onsite Human Immunodeficiency Virus (HIV) and hepatitis C virus (HCV) education, counseling, and testing to individuals as well as linkage to care. See Exhibit A for details.

2.0 PAYMENT PROVISIONS.

2.01 County shall pay the CONTRACTOR in accordance with the payment provisions set forth in **Exhibit A**, subject to the limitations set forth in this Agreement. The total amount payable by County to CONTRACTOR under this Agreement shall not exceed the sum of \$ 114,000.

3.0 TERM OF AGREEMENT.

3.01 The term of this Agreement is from November 23, 2015 to June 30, 2018, unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no force or effect until signed by both CONTRACTOR and County and with County signing last, and **CONTRACTOR may not commence work before County signs this Agreement.**

3.02 The County reserves the right to cancel this Agreement, or any extension of this Agreement, without cause, with a thirty day (30) written notice, or with cause immediately.

4.0 SCOPE OF SERVICES AND ADDITIONAL PROVISIONS.

4.01 The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:

Exhibit A	Scope of Services/Payment Provisions
Exhibit B	Service Locations
Exhibit C	Funding Allocation
Exhibit D	Sample Invoice
Exhibit E	Business Associate Agreement

5.0 PERFORMANCE STANDARDS.

- 5.01 CONTRACTOR warrants that CONTRACTOR and CONTRACTOR's agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required under this Agreement and are not employees of the County, or immediate family of an employee of the County.
- 5.02 CONTRACTOR, its agents, employees, and subcontractors shall perform all work in a safe and skillful manner and in compliance with all applicable laws and regulations. All work performed under this Agreement that is required by law to be performed or supervised by licensed personnel shall be performed in accordance with such licensing requirements.
- 5.03 CONTRACTOR shall furnish, at its own expense, all materials, equipment, and personnel necessary to carry out the terms of this Agreement, except as otherwise specified in this Agreement. CONTRACTOR shall not use County premises, property (including equipment, instruments, or supplies) or personnel for any purpose other than in the performance of its obligations under this Agreement.

6.0 PAYMENT CONDITIONS.

- 6.01 Prices shall remain firm for the initial term of the Agreement and, thereafter, may be adjusted annually as provided in this paragraph. The County does not guarantee any minimum or maximum amount of dollars to be spent under this Agreement.
- 6.02 Negotiations for rate changes shall be commenced, by CONTRACTOR, a minimum of ninety days (90) prior to the expiration of the Agreement. Rate changes are not binding unless mutually agreed upon in writing by the County and the CONTRACTOR.
- 6.03 Invoice amounts shall be billed directly to the ordering department.
- 6.04 CONTRACTOR shall submit such invoice periodically or at the completion of services, but in any event, not later than 30 days after completion of services. The invoice shall set forth the amounts claimed by CONTRACTOR for the previous period, together with an itemized basis for the amounts claimed, and such other information pertinent to the invoice. The County shall certify the invoice, either in the requested amount or in such other amount as the County approves in conformity with this Agreement, and shall promptly submit such invoice to the County Auditor-Controller for payment. The County Auditor-Controller shall pay the amount certified within 30 days of receiving the certified invoice.

7.0 TERMINATION.

- 7.01 During the term of this Agreement, the County may terminate the Agreement for any reason by giving written notice of termination to the CONTRACTOR at least thirty (30) days prior to the effective date of termination. Such notice shall set forth the effective date of termination. In the event of such termination, the amount payable under this Agreement shall be reduced in proportion to the services provided prior to the date of termination.

- 7.02 The County may cancel and terminate this Agreement for good cause effective immediately upon written notice to CONTRACTOR. "Good cause" includes the failure of CONTRACTOR to perform the required services at the time and in the manner provided under this Agreement. If County terminates this Agreement for good cause, the County may be relieved of the payment of any consideration to CONTRACTOR, and the County may proceed with the work in any manner, which County deems proper. The cost to the County shall be deducted from any sum due the CONTRACTOR under this Agreement.
- 7.03 The County's payments to CONTRACTOR under this Agreement are funded by local, state and federal governments. If funds from local, state and federal sources are not obtained and continued at a level sufficient to allow for the County's purchase of the indicated quantity of services, then the County may give written notice of this fact to CONTRACTOR, and the obligations of the parties under this Agreement shall terminate immediately, or on such date thereafter, as the County may specify in its notice, unless in the meanwhile the parties enter into a written amendment modifying this Agreement.

8.0 INDEMNIFICATION.

- 8.01 CONTRACTOR shall indemnify, defend, and hold harmless the County, its officers, agents, and employees, from and against any and all claims, liabilities, and losses whatsoever (including damages to property and injuries to or death of persons, court costs, and reasonable attorneys' fees) occurring or resulting to any and all persons, firms or corporations furnishing or supplying work, services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims, liabilities, and losses occurring or resulting to any person, firm, or corporation for damage, injury, or death arising out of or connected with the CONTRACTOR's performance of this Agreement, unless such claims, liabilities, or losses arise out of the sole negligence or willful misconduct of the County. "CONTRACTOR's performance" includes CONTRACTOR's action or inaction and the action or inaction of CONTRACTOR's officers, employees, agents and subcontractors.

9.0 INSURANCE REQUIREMENTS.

9.01 Evidence of Coverage:

Prior to commencement of this Agreement, the Contractor shall provide a "Certificate of Insurance" certifying that coverage as required herein has been obtained. Individual endorsements executed by the insurance carrier shall accompany the certificate. In addition, the Contractor upon request shall provide a certified copy of the policy or policies.

This verification of coverage shall be sent to the County's Contracts/Purchasing Department, unless otherwise directed. The Contractor shall not receive a "Notice to Proceed" with the work under this Agreement until it has obtained all insurance required and the County has approved such insurance. This approval of insurance shall neither relieve nor decrease the liability of the Contractor.

9.02 Qualifying Insurers:

All coverage's, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A- VII, according to

the current Best's Key Rating Guide or a company of equal financial stability that is approved by the County's Purchasing Manager.

- 9.03 **Insurance Coverage Requirements:** Without limiting CONTRACTOR's duty to indemnify, CONTRACTOR shall maintain in effect throughout the term of this Agreement a policy or policies of insurance with the following minimum limits of liability:

Commercial General Liability Insurance, including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broad form Property Damage, Independent Contractors, Products and Completed Operations, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

(Note: any proposed modifications to these general liability insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)

Business Automobile Liability Insurance, covering all motor vehicles, including owned, leased, non-owned, and hired vehicles, used in providing services under this Agreement, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

(Note: any proposed modifications to these auto insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)

Workers' Compensation Insurance, if CONTRACTOR employs others in the performance of this Agreement, in accordance with California Labor Code section 3700 and with Employer's Liability limits not less than \$1,000,000 each person, \$1,000,000 each accident and \$1,000,000 each disease.

(Note: any proposed modifications to these workers' compensation insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)

Professional Liability Insurance, if required for the professional services being provided, (e.g., those persons authorized by a license to engage in a business or profession regulated by the California Business and Professions Code), in the amount of not less than \$1,000,000 per claim and \$2,000,000 in the aggregate, to cover liability for malpractice or errors or omissions made in the course of rendering professional services. If professional liability insurance is written on a "claims-made" basis rather than an occurrence basis, the CONTRACTOR shall, upon the expiration or earlier termination of this Agreement, obtain extended reporting coverage ("tail coverage") with the same liability limits. Any such tail coverage shall continue for at least three years following the expiration or earlier termination of this Agreement.

(Note: any proposed modifications to these insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)

9.04 Other Requirements:

All insurance required by this Agreement shall be with a company acceptable to the County and issued and executed by an admitted insurer authorized to transact Insurance business in the State of California. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three years following the date CONTRACTOR completes its performance of services under this Agreement.

Each liability policy shall provide that the County shall be given notice in writing at least thirty days in advance of any endorsed reduction in coverage or limit, cancellation, or intended non-renewal thereof. Each policy shall provide coverage for Contractor and additional insureds with respect to claims arising from each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance from each subcontractor showing each subcontractor has identical insurance coverage to the above requirements.

Commercial general liability and automobile liability policies shall provide an endorsement naming the County of Monterey, its officers, agents, and employees as Additional Insureds with respect to liability arising out of the CONTRACTOR'S work, including ongoing and completed operations, and shall further provide that such insurance is primary insurance to any insurance or self-insurance maintained by the County and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the CONTRACTOR'S insurance. The required endorsement form for Commercial General Liability Additional Insured is ISO Form CG 20 10 11-85 or CG 20 10 10 01 in tandem with CG 20 37 10 01 (2000). The required endorsement form for Automobile Additional Insured endorsement is ISO Form CA 20 48 02 99.

Prior to the execution of this Agreement by the County, CONTRACTOR shall file certificates of insurance with the County's contract administrator and County's Contracts/Purchasing Division, showing that the CONTRACTOR has in effect the insurance required by this Agreement. The CONTRACTOR shall file a new or amended certificate of insurance within five calendar days after any change is made in any insurance policy, which would alter the information on the certificate then on file. Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect.

CONTRACTOR shall at all times during the term of this Agreement maintain in force the insurance coverage required under this Agreement and shall send, without demand by County, annual certificates to County's Contract Administrator and County's Contracts/Purchasing Division. If the certificate is not received by the expiration date, County shall notify CONTRACTOR and CONTRACTOR shall have five calendar days to send in the certificate, evidencing no lapse in coverage during the interim. Failure by CONTRACTOR to maintain such insurance is a default of this Agreement, which entitles County, at its sole discretion, to terminate this Agreement immediately.

10.0 RECORDS AND CONFIDENTIALITY.

- 10.01 Confidentiality. CONTRACTOR and its officers, employees, agents, and subcontractors shall comply with any and all federal, state, and local laws, which provide for the confidentiality of records and other information. CONTRACTOR shall not disclose any confidential records or other confidential information received from the County or prepared in connection with the performance of this Agreement, unless County specifically permits CONTRACTOR to disclose such records or information. CONTRACTOR shall promptly transmit to County any and all requests for disclosure of any such confidential records or information. CONTRACTOR shall not use any confidential information gained by CONTRACTOR in the performance of this Agreement except for the sole purpose of carrying out CONTRACTOR's obligations under this Agreement.
- 10.02 County Records. When this Agreement expires or terminates, CONTRACTOR shall return to County any County records which CONTRACTOR used or received from County to perform services under this Agreement.
- 10.03 Maintenance of Records. CONTRACTOR shall prepare, maintain, and preserve all reports and records that may be required by federal, state, and County rules and regulations related to services performed under this Agreement. CONTRACTOR shall maintain such records for a period of at least three years after receipt of final payment under this Agreement. If any litigation, claim, negotiation, audit exception, or other action relating to this Agreement is pending at the end of the three year period, then CONTRACTOR shall retain said records until such action is resolved.
- 10.04 Access to and Audit of Records. The County shall have the right to examine, monitor and audit all records, documents, conditions, and activities of the CONTRACTOR and its subcontractors related to services provided under this Agreement. Pursuant to Government Code section 8546.7, if this Agreement involves the expenditure of public funds in excess of \$10,000, the parties to this Agreement may be subject, at the request of the County or as part of any audit of the County, to the examination and audit of the State Auditor pertaining to matters connected with the performance of this Agreement for a period of three years after final payment under the Agreement.
- 10.05 Royalties and Inventions. County shall have a royalty-free, exclusive and irrevocable license to reproduce, publish, and use, and authorize others to do so, all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced in the course of or under this Agreement. CONTRACTOR shall not publish any such material without the prior written approval of County.

11.0 NON-DISCRIMINATION.

- 11.01 During the performance of this Agreement, CONTRACTOR, and its subcontractors, shall not unlawfully discriminate against any person because of race, religious creed, color, sex, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age (over 40), or sexual orientation, either in CONTRACTOR's employment practices or in the furnishing of services to recipients. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment and all persons receiving and requesting services are free of such discrimination. CONTRACTOR and any subcontractor shall, in the performance of this Agreement, fully comply with all federal,

state, and local laws and regulations which prohibit discrimination. The provision of services primarily or exclusively to such target population as may be designated in this Agreement shall not be deemed to be prohibited discrimination.

12.0 COMPLIANCE WITH TERMS OF STATE OR FEDERAL GRANTS.

12.01 If this Agreement has been or will be funded with monies received by the County pursuant to a contract with the state or federal government in which the County is the grantee, CONTRACTOR will comply with all the provisions of said contract, to the extent applicable to CONTRACTOR as a subgrantee under said contract, and said provisions shall be deemed a part of this Agreement, as though fully set forth herein. Upon request, County will deliver a copy of said contract to CONTRACTOR, at no cost to CONTRACTOR.

13.0 INDEPENDENT CONTRACTOR.

13.01 In the performance of work, duties, and obligations under this Agreement, CONTRACTOR is at all times acting and performing as an independent contractor and not as an employee of the County. No offer or obligation of permanent employment with the County or particular County department or agency is intended in any manner, and CONTRACTOR shall not become entitled by virtue of this Agreement to receive from County any form of employee benefits including but not limited to sick leave, vacation, retirement benefits, workers' compensation coverage, insurance or disability benefits. CONTRACTOR shall be solely liable for and obligated to pay directly all applicable taxes, including federal and state income taxes and social security, arising out of CONTRACTOR's performance of this Agreement. In connection therewith, CONTRACTOR shall defend, indemnify, and hold County harmless from any and all liability which County may incur because of CONTRACTOR's failure to pay such taxes.

14.0 NOTICES.

14.01 Notices required under this Agreement shall be delivered personally or by first-class, postage pre-paid mail to the County and CONTRACTOR'S contract administrators at the addresses listed below:

FOR COUNTY:	FOR CONTRACTOR:
Kristy Michie, Program Manager I	David Kilburn, Executive Director
Name and Title 1270 Natividad Road Salinas, CA 93906	Name and Title PO Box 12158 San Luis Obispo, CA 93406
Address	Address
831-755-4503	805-781-3660 x 212
Phone	Phone

15.0 MISCELLANEOUS PROVISIONS.

- 15.01 Conflict of Interest. CONTRACTOR represents that it presently has no interest and agrees not to acquire any interest during the term of this Agreement, which would directly, or indirectly conflict in any manner or to any degree with the full and complete performance of the services required to be rendered under this Agreement.
- 15.02 Amendment. This Agreement may be amended or modified only by an instrument in writing signed by the County and the CONTRACTOR.
- 15.03 Waiver. Any waiver of any terms and conditions of this Agreement must be in writing and signed by the County and the CONTRACTOR. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms or conditions in this Agreement.
- 15.04 Contractor. The term "CONTRACTOR" as used in this Agreement includes CONTRACTOR's officers, agents, and employees acting on CONTRACTOR's behalf in the performance of this Agreement.
- 15.05 Disputes. CONTRACTOR shall continue to perform under this Agreement during any dispute.
- 15.06 Assignment and Subcontracting. The CONTRACTOR shall not assign, sell, or otherwise transfer its interest or obligations in this Agreement without the prior written consent of the County. None of the services covered by this Agreement shall be subcontracted without the prior written approval of the County. Notwithstanding any such subcontract, CONTRACTOR shall continue to be liable for the performance of all requirements of this Agreement.
- 15.07 Successors and Assigns. This Agreement and the rights, privileges, duties, and obligations of the County and CONTRACTOR under this Agreement, to the extent assignable or delegable, shall be binding upon and inure to the benefit of the parties and their respective successors, permitted assigns, and heirs.
- 15.08 Compliance with Applicable Law. The parties shall comply with all applicable federal, state, and local laws and regulations in performing this Agreement.
- 15.09 Headings. The headings are for convenience only and shall not be used to interpret the terms of this Agreement.
- 15.10 Time is of the Essence. Time is of the essence in each and all of the provisions of this Agreement.
- 15.11 Governing Law. This Agreement shall be governed by and interpreted under the laws of the State of California.
- 15.12 Non-exclusive Agreement. This Agreement is non-exclusive and both County and CONTRACTOR expressly reserve the right to contract with other entities for the same or similar services.

- 15.13 Construction of Agreement. The County and CONTRACTOR agree that each party has fully participated in the review and revision of this Agreement and that any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement or any amendment to this Agreement.
- 15.14 Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement.
- 15.15 Authority. Any individual executing this Agreement on behalf of the County or the CONTRACTOR represents and warrants hereby that he or she has the requisite authority to enter into this Agreement on behalf of such party and bind the party to the terms and conditions of this Agreement.
- 15.16 Integration. This Agreement, including the exhibits, represent the entire Agreement between the County and the CONTRACTOR with respect to the subject matter of this Agreement and shall supersede all prior negotiations, representations, or agreements, either written or oral, between the County and the CONTRACTOR as of the effective date of this Agreement, which is the date that the County signs the Agreement.
- 15.17 Interpretation of Conflicting Provisions. In the event of any conflict or inconsistency between the provisions of this Agreement and the Provisions of any exhibit or other attachment to this Agreement, the provisions of this Agreement shall prevail and control.

-----*This section left blank intentionally*-----

16.0 SIGNATURE PAGE.

IN WITNESS WHEREOF, County and CONTRACTOR have executed this Agreement as of the day and year written below.

COUNTY OF MONTEREY

By: _____
Contracts/Purchasing Officer

Date: _____

By: _____
Department Head (if applicable)

Date: _____

By: _____
Board of Supervisors (if applicable)

Date: _____

Approved as to Form¹

By: *[Signature]*
Deputy County Counsel

Date: 11/19/15

Approved as to Fiscal Provisions²

By: *[Signature]*
Auditor/Controller

Date: 11/19/15

Approved as to Liability Provisions³

By: _____
Risk Management

Date: _____

CONTRACTOR

Access Support Network
Contractor's Business Name*

By: *[Signature]*
(Signature of Chair, President, or Vice-President)*

Edward Attala, President of Board
Name and Title

Date: 11/3/15

By: *[Signature]*
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)*

Lisa M. Dean Vice President
Name and Title

Date: 11/3/15

County Board of Supervisors' Agreement Number: _____, approved on (date): _____

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

¹Approval by County Counsel is required

²Approval by Auditor-Controller is required

³Approval by Risk Management is necessary only if changes are made in paragraphs 8 or 9

EXHIBIT-A
To the
Standard Agreement
Between the
County of Monterey ("County")
AND
Access Services Network, Inc. ("CONTRACTOR")

Scope of Services / Payment Provisions

A. SCOPE OF SERVICES

CONTRACTOR shall provide services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

Program Name: Recovery Program

1. Provide onsite Human Immunodeficiency Virus (HIV) and hepatitis C virus (HCV) education, counseling, and testing to individuals at local alcohol/drug treatment recovery centers, in detention settings, and during hours of syringe exchange program operation.
2. Provide onset services on a consistent, scheduled basis at the facilities and settings outlined in Contract Exhibit B. Subcontractor will provide a copy of the testing schedule to the Monterey County Health Department Division of Communicable Disease Prevention and Control on a quarterly basis.
3. Maintain standards of practice to assure that all newly identified HIV positive individuals who are enrolled in alcohol/drug treatment programs, incarcerated, or accessing syringe exchange services receive early intervention services and/or referrals appropriate to their needs.
4. Provide technical assistance and training to alcohol and drug treatment centers in developing standards of practice for providing HIV, STD, and HCV services to their clients. Training and assistance includes but is not limited to universal precautions, disclosure in groups, client-centered counseling, opportunistic disease, and information and access to the local HIV continuum of care.
5. Offer and provide Partner Services (PS) to all high-risk partners and all partners of HIV positive individuals as per the Monterey County Health Department PS Guidelines.
6. Enter HIV and HCV testing data into the Office of AIDS Local Evaluation Online (LEO) system and submit quarterly progress reports to Monterey County Health Department Division of Communicable Disease Prevention and Control for Program evaluations.
7. Funds may NOT be used to support syringe exchange.
8. Funds will be used to target the following populations and service areas:
 - a. Pregnant women and women with dependent children
 - b. Intravenous drug users
 - c. Early intervention services for HIV
 - d. Primary prevention services

B. PAYMENT PROVISIONS

B.1 COMPENSATION/ PAYMENT

County shall pay an amount **not to exceed \$114, 000.00** for the performance of all things necessary for or incidental to the performance of work as set forth in the Scope of Services. CONTRACTOR'S compensation for services rendered shall be based on the following rates found in Funding Allocations, **Exhibit C**

B.2 CONTRACTORS BILLING PROCEDURES

CONTRACTOR will submit invoices at least on a quarterly basis.

No payments in advance or in anticipation of services or supplies to be provided under this Agreement shall be made by County.

County shall not pay any claims for payment for services submitted more than twelve (12) months after the calendar month in which the services were completed.

DISALLOWED COSTS: CONTRACTOR is responsible for any audit exceptions or disallowed costs incurred by its own organization or that of its subcontractors.

C. INVOICING AND PAYMENTS

1. For services satisfactorily rendered, and upon receipt and approval of the invoices, the County agrees to compensate the Contractor in accordance with the above listed terms. The County Auditor-Controller shall pay the amount certified within 30 days of receiving the certified invoice.
2. Invoices shall be submitted at least quarterly and in duplicate to:

**Monterey County Health Department
Kristy Michie, Program Manager I
1270 Natividad Road
Salinas CA 93906
(831) 755-4503**

3. Invoices shall: See Sample Invoice – **Exhibit D**
 - i. Be prepared on Contractor letterhead. An authorized official, employee, or agent certifying that the expenditures claimed represent services performed under this contract must sign invoices.
 - ii. Bear the Contractor's name as shown on the agreement.
 - iii. Identify the billing and/or performance period covered by the invoice.
 - iv. Itemize costs for the billing period in the same detail as indicated in the scope of services in the agreement. Reimbursement may only be sought for those costs and/or cost

categories expressly identified as allowable in this agreement and approved by the County of Monterey.

D. EXPENSES/FISCAL DOCUMENTATION

1. Invoices, received from Contractor and accepted and/or submitted for payment by the County, shall not be deemed evidence of allowable agreement costs.
2. Contractor shall maintain for review and audit and provide to County upon request, adequate documentation of all expenses claimed pursuant to this agreement to permit a determination of expense allowability.

Contract Exhibit A
Scope of Work

Contract Term: November 16, through June 30, 2018
Program Name: Recovery Program

Services to be Provided and Subcontract Duties and Responsibilities Years 1 – 3:

1. Provide onsite Human Immunodeficiency Virus (HIV) and hepatitis C virus (HCV) education, counseling, and testing to individuals at local alcohol/drug treatment recovery centers, in detention settings, and during hours of syringe exchange program operation.
2. Provide onset services on a consistent, scheduled basis at the facilities and settings outlined in Contract Exhibit B. Subcontractor will provide a copy of the testing schedule to the Monterey County Health Department Division of Communicable Disease Prevention and Control on a quarterly basis.
3. Maintain standards of practice to assure that all newly identified HIV positive individuals who are enrolled in alcohol/drug treatment programs, incarcerated, or accessing syringe exchange services receive early intervention services and/or referrals appropriate to their needs.
4. Provide technical assistance and training to alcohol and drug treatment centers in developing standards of practice for providing HIV, STD, and HCV services to their clients. Training and assistance includes but is not limited to universal precautions, disclosure in groups, client-centered counseling, opportunistic disease, and information and access to the local HIV continuum of care.
5. Offer and provide Partner Services (PS) to all high-risk partners and all partners of HIV positive individuals as per the Monterey County Health Department PS Guidelines.
6. Enter HIV and HCV testing data into the Office of AIDS Local Evaluation Online (LEO) system and submit quarterly progress reports to Monterey County Health Department Division of Communicable Disease Prevention and Control for program evaluations.
7. Funds may NOT be used to support syringe exchange.
8. Funds will be used to target the following populations and service areas:
 - a. Pregnant women and women with dependent children
 - b. Intravenous drug users
 - c. Early intervention services for HIV
 - d. Primary prevention services

Contract Exhibit B
Service Locations

Program Name: Recovery Program

The Monterey County Substance Abuse Prevention Treatment (SAPT) Block Grant funded activities are to be delivered at the location below, focusing on individuals and families impacted by substance use disorders (SUDs).

- Community Human Services including Genesis House, Elm House, Off Main Clinic and D.A.I.S.Y.
- Valley Health Associates including Salinas, Monterey, and Greenfield locations
- Door to Hope including The Door, Santa Lucia, and Nueva Esperanza
- Sun Street Center
- Turning Point of Central California
- Monterey County Juvenile Hall
- Monterey County Adult Detention Facility
- Dorothy's Place
- Access Support Network – Monterey County offices

Facilities may be added or remove from the Services Locations list on an as needed basis upon written approval from the Monterey County Health Department Division of Communicable Disease Prevention and Control.

Exhibit C - Funding Allocation - HIV and HCV Recovery Program - Client Service Provider Personnel Detail

Contractor and Contract Number (and Subcontractor):
Access Support Network

Fiscal Year
2015-2016

Position Title	Staff Member's First and Last Name <i>Note: List every Staff Member / Position separately</i>	If vacant, what is the estimated hire date?	
Executive Director	David Kilburn		
Describe Duties (include purpose and destination of any job-related travel)	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
Administer HIV/HCV testing program for Monterey County. Develop and administer Quality Indicators and Quality Management protocols. Provide oversight of staff. Ensure that all data is entered into LEO in a timely manner. Run reports and invoicing on a quarterly basis. THIS POSITION IS PAID THROUGH OTHER FUNDING SOURCES.		#DIV/0!	
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
			\$0
		Subtotal	\$0
Position Title	Staff Member's First and Last Name <i>Note: List every Staff Member / Position separately</i>	If vacant, what is the estimated hire date?	
Certified HIV/HCV Test Counselor	Daniela Mejia		
Describe Duties (include purpose and destination of any job-related travel)	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
HIV/HCV Test Counselors (TC) will be certified through an accredited training entity. TC will provide onsite HIV/HCV education, counseling and testing at local recovery and detention setting and at local Syringe Exchange Program sites. TC will make appropriate referrals and intervention services to all people that test positive for either HIV and/or HCV. Offer and provide Partner Services (PS) to all high-risk partners and all partners of HIV/HCV clients. Enter HIV/HCV testing data into the Office of AIDS Local Evaluation Online (LEO).	\$37,440	0.33	\$12,535
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$2,256	\$2,256
		Subtotal	\$14,791
Position Title	Staff Member's First and Last Name <i>Note: List every Staff Member / Position separately</i>	If vacant, what is the estimated hire date?	
Certified HIV/HCV Test Counselor	Paris de la Rosa		
Describe Duties (include purpose and destination of any job-related travel)	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
HIV/HCV Test Counselors (TC) will be certified through an accredited training entity. TC will provide onsite HIV/HCV education, counseling and testing at local recovery and detention setting and at local Syringe Exchange Program sites. TC will make appropriate referrals and intervention services to all people that test positive for either HIV and/or HCV. Offer and provide Partner Services (PS) to all high-risk partners and all partners of HIV/HCV clients. Enter HIV/HCV testing data into the Office of AIDS Local Evaluation Online (LEO).	\$33,280	0.38	\$12,635
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$2,274	\$2,274
		Subtotal	\$14,909
Position Title	Staff Member's First and Last Name <i>Note: List every Staff Member / Position separately</i>	If vacant, what is the estimated hire date?	
Describe Duties (include purpose and destination of any job-related travel)	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
		#DIV/0!	
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
			\$0
		Subtotal	\$0
Position Title	Staff Member's First and Last Name <i>Note: List every Staff Member / Position separately</i>	If vacant, what is the estimated hire date?	
Describe Duties (include purpose and destination of any job-related travel)	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
		#DIV/0!	
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
			\$0
		Subtotal	\$0
Total Personnel Expenses (this page)			\$29,700

Exhibit C - Funding Allocation - HIV and HCV Recovery Program - Client Service Provider Personnel Detail

Contractor and Contract Number (and Subcontractor):
Access Support Network

Fiscal Year
2015-2016

Position Title	Staff Member's First and Last Name <i>Note: List every Staff Member / Position separately</i>	If vacant, what is the estimated hire date?	
Executive Director	David Kilburn		
Describe Duties (include purpose and destination of any job-related travel)	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
Administer HIV/HCV testing program for Monterey County. Develop and administer Quality Indicators and Quality Management protocols. Provide oversight of staff. Ensure that all data is entered into LEO in a timely manner. Run reports and invoicing on a quarterly basis. THIS POSITION IS PAID THROUGH OTHER FUNDING SOURCES.		#DIV/0!	
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
			\$0
		Subtotal	\$0
Position Title	Staff Member's First and Last Name <i>Note: List every Staff Member / Position separately</i>	If vacant, what is the estimated hire date?	
Certified HIV/HCV Test Counselor	Daniela Mejia		
Describe Duties (include purpose and destination of any job-related travel)	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
HIV/HCV Test Counselors (TC) will be certified through an accredited training entity. TC will provide onsite HIV/HCV education, counseling and testing at local recovery and detention setting and at local Syringe Exchange Program sites. TC will make appropriate referrals and intervention services to all people that test positive for either HIV and/or HCV. Offer and provide Partner Services (PS) to all high-risk partners and all partners of HIV/HCV clients. Enter HIV/HCV testing data into the Office of AIDS Local Evaluation Online (LEO).	\$37,440	0.33	\$12,535
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$2,256	\$2,256
		Subtotal	\$14,791
Position Title	Staff Member's First and Last Name <i>Note: List every Staff Member / Position separately</i>	If vacant, what is the estimated hire date?	
Certified HIV/HCV Test Counselor	Paris de la Rosa		
Describe Duties (include purpose and destination of any job-related travel)	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
HIV/HCV Test Counselors (TC) will be certified through an accredited training entity. TC will provide onsite HIV/HCV education, counseling and testing at local recovery and detention setting and at local Syringe Exchange Program sites. TC will make appropriate referrals and intervention services to all people that test positive for either HIV and/or HCV. Offer and provide Partner Services (PS) to all high-risk partners and all partners of HIV/HCV clients. Enter HIV/HCV testing data into the Office of AIDS Local Evaluation Online (LEO).	\$33,280	0.38	\$12,635
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$2,274	\$2,274
		Subtotal	\$14,909
Position Title	Staff Member's First and Last Name <i>Note: List every Staff Member / Position separately</i>	If vacant, what is the estimated hire date?	
Describe Duties (include purpose and destination of any job-related travel)	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
		#DIV/0!	
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
			\$0
		Subtotal	\$0
Position Title	Staff Member's First and Last Name <i>Note: List every Staff Member / Position separately</i>	If vacant, what is the estimated hire date?	
Describe Duties (include purpose and destination of any job-related travel)	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
		#DIV/0!	
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
			\$0
		Subtotal	\$0
Total Personnel Expenses (this page)			\$29,700

**Exhibit D
Sample Invoice**

Program Name: Recovery Program

HIV & HCV Recovery Program Invoice
Fiscal Year: _____

Contractor Name

Contract Number

Street Address

Period of Service

City, State, and ZIP Code

Expense Category	Amount
Personnel	
Operating Expenses	
Office Supplies	
Postage	
Mileage	
Testing Kits	
Other Medical Supplies	
Printing, Education, & Referral Materials	
Medical Waste Disposal	
Medical Waste Transport Permit	
Capital Expenses	
Other Costs	
Indirect Costs	
Total Invoice	

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