

**AMENDMENT NO. 1 TO AGREEMENT A-12219
BETWEEN THE
COUNTY OF MONTEREY
AND
CENTRAL COAST HIV/AIDS SERVICES**

This Amendment No. 1 to Agreement A-12219 is made and entered into by and between the County of Monterey, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and Central Coast HIV/AIDS Services (CCHAS), hereinafter referred to as "CONTRACTOR."

WHEREAS, on July 1, 2011, the COUNTY entered into Agreement A-12219 with CONTRACTOR to provide education, counseling and testing services in relation to HIV/AIDS, STDs, and Hepatitis C for: local alcohol/drug treatment recovery centers; at detention settings; and during hours of Syringe Exchange Programs operations.

WHEREAS, the Board of Supervisors approved and authorized the Contracts/Purchasing Officer to execute Professional Services Agreement A-12219 with Contractor in an amount not to exceed \$30,000, for the period of July 1, 2011 through June 30, 2013; and

WHEREAS, the California Department of Public Health, Office of AIDS (CDPH/OA) provided: 1) additional funding for the Substance Abuse Prevention and Treatment (SAPT) program in the amount of \$10,000, for a revised amount of \$40,000; and 2) new funding for the provision of HIV Targeted Prevention (HIVTP) services in the amount of \$60,000, for a revised total amount of \$100,000 for Agreement A-12219; and

WHEREAS, this Amendment No. 1 revises the scope of services for SAPT; and adds scope of work/budgets for HIVTP,

NOW THEREFORE, the COUNTY and Contractor hereby agree to amend Agreement A-12219 as follows:

1. Amend 2. PAYMENTS BY COUNTY second sentence, to read as follows: The total amount payable by County to CONTRACTOR under this Agreement A-12219 shall not exceed the sum of \$100,000.
2. Exhibit A is replaced by Exhibit A1 (revised scope of services for SAPT); and Exhibit D is added - Scope of Work for HIV Targeted Prevention; and Exhibit D1 is added - CCHAS Prevention Budget FY 2011-12; and Exhibit D2 is added - CCHAS Prevention Budget FY 2012-13
3. All other terms and conditions of Agreement A-12219 remain unchanged and in full force. This Amendment No. 1 shall be attached to Agreement A-12219 and incorporated therein as if fully set forth in the Agreement.

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this Amendment No. 1 to Agreement A-12219 as of the day and year last 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 Form ¹

By: _____
Deputy County Counsel

Date: 11/16/12

Approved as to Fiscal Provisions²

By: _____
Auditor/Controller

Date: 11/16/12

Approved as to Liability Provisions³

By: _____
Risk Management

Date: _____

CONTRACTOR

Central Coast HIV/AIDS Services

By: _____
Contractor's Business Name*

By: _____
(Signature of Chair, President, or Vice-President)*
Jerilyn Shapiro, Chairperson
Name and Title

Date: 25 Oct 2012

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

_____ CFO
Name and Title

Date: 25 OCTOBER 2012

County Board of Supervisors' Agreement Number: A-12219

*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.

**Exhibit A1 (replaces Exhibit A)
Budget and Scope of Work**

Contract Term: 7/01/2011-6/30/2013

Program Name: Recovery Program

Services to be Provided and Subcontractor Duties and Responsibilities Years 1 and 2:

1. Provide onsite HIV and Hepatitis C 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 onsite services on a consistent basis at local settings as indicated below.
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 Program 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 Hepatitis C services to their clients. Training and assistance includes but is not limited to universal precautions, disclosure in groups, client-centered counseling, opportunistic diseases and information and access to the local HIV/AIDS 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 PCRS Guidelines.
6. Enter HIV/HCV testing data into the Office of AIDS Local Evaluation Online (LEO) system and submit quarterly progress reports to Monterey County Health Department HIV/AIDS Programs Coordinator for program evaluations.

Monterey County Substance Abuse Prevention Treatment Block funded activities are delivered through subcontracts with local HIV/AIDS service providers to serve clients and staff at the following local settings:

* E= Group Education, T= Testing and Counseling

- Genesis House
Co-Ed Residential Program - E: every second Monday per month 2:00p – 4:00p, T: alternate Thursday's 2:00p - 3:30p
- Door to Hope
Women's Residential Program – E: every third Tuesday 1:30p - 3:00p, T: alternate Tuesday's 1:30 - 3:00p
- Nueva Esperanza
Pregnant and Parenting Women and Their Children – upon request only
- Sun Street Center
Men's Residential Program - T: first and third Thursday's of each month 10:00a - 12 noon, E: first Monday of each month 2:30 – 3:30
- Turning Point
High Risk Incarcerated and/or Sex-Offenders – T: alternate Tuesday's 10:00a - 12noon, E: alternate Tuesday's 10:00a - 12noon

- Off Main Clinic
Outpatient Narcotic Replacement Therapy (Methadone) – T: last Tuesday of each month 7:30a - 9:30a

BUDGET Year 1 (FY 11/12)

Item	Amount
Personnel	\$15,000.00
Travel/Training	\$ 0.00
Supplies	\$ <u>0.00</u>
Total	\$15,000.00

Budget Narrative:

0.35 FTE Spanish preferred Speaking HIV Testing Staff @ approx. \$15.00 hourly
 32% fringe benefits for a total of approx. \$20.00 hourly
 14.5 hours per week (\$290/wk) for approx. 52 weeks = \$15,000 for personnel

BUDGET Year 2 (FY 12/13)

Item	Amount
Personnel	\$25,000.00
Travel/Training	\$ 0.00
Supplies	\$ <u>0.00</u>
Total	\$25,000.00

Budget Narrative:

Example:

0.50 FTE Spanish preferred Speaking HIV Testing Staff @ approx. \$15.00 hourly
 32% fringe benefits for a total of approx. \$20.00 hourly
 20 hours per week (\$420/wk) for approx. 52 weeks = \$25,000 for personnel

**Funds may NOT be used to support syringe exchange

Exhibit D- CCHAS 2012-2013 Targeted Prevention Scope of Work

Testing in Non-Healthcare Settings

- Subcontracting CBO provider, Central Coast HIV/AIDS Services (CCHAS), will provide free and targeted rapid HIV testing services and other services associated with testing, i.e. prevention counseling, risk reduction planning, referrals, etc. to approximately 270 high risk individuals
- Conduct interviews with members of target populations to inform ongoing planning and improvement activities that effectively target high risk populations (Coordinator, CCHAS)
- Establish a system to link newly diagnosed and preliminary positives to medical care with a verified medical visit (Coordinator, CCHAS)
- Enter data into LEO (CCHAS)
- Store information collected during client testing sessions for a minimum of 3 years and maintain signed statements of confidentiality from all staff and volunteers (CCHAS)
- Develop written protocol that provides for the annual review of counselor performance standards (CCHAS)
- Adhere to the Quality Assurance Plan (CCHAS)
- Determine outreach needs (CCHAS)
- Maintain supplies inventories (CCHAS)

Training needs: BCST and fingerstick training for Melissa, Rapid Test Operator Proficiency Re-test for Michael, ACST training for all test counselor staff, LEO training for new test counselors as needed, motivational interviewing training and, additional counseling and risk assessment training as needed.

Targets:

Risk Factors	African American/Black	Hispanic	Not Race/Ethnicity Specific
HIV Positive			
Partners of Known HIV-Positives	10	50	20
TG			
MSM	15	75	50
MSM/IDU			
IDU	5	25	20
Other:			

HCV Testing

- Subcontracting CBO provider, Central Coast HIV/AIDS Services (CCHAS), will conduct HCV risk assessments, provide free and targeted HCV testing, education and referral services
- Document services provided and offered in LEO (CCHAS)

Training needs:

Targets:

Risk Factors	African American/Black	Hispanic	Not Race/Ethnicity Specific
HIV Positive			
Partners of Known HIV-Positives	5	10	10
TG			
MSM			
MSM/IDU			
IDU	10	30	30
Other:			

Partner Services (PS)

- Offer/Provide partner services (HIV care and prevention and non-HIV providers, CD, CCHAS)
- Refer clients to medical and social services as necessary (CCHAS)
- Document services provided and offered in LEO (CCHAS)

Training needs:

Targets:

Risk Factors	African American/Black	Hispanic	Not Race/Ethnicity Specific
HIV Positive	4	10	4
Partners of Known HIV Positives			
TG			
MSM			
MSM/IDU			
IDU			
Other:			

Linkage To Care (LTC)

- Establish a system that refers individuals to medical care by creating a standard, two-way referral form (by November 1, 2012) and referral protocol that refers individuals with preliminary and confirmed HIV-positive test results to a medical provider and verifies the medical visit (Coordinator, PH Epi, CCHAS)
- Link HIV positive persons to medical care follow-up and verify visits (HIV care and prevention and non-HIV providers, CD, CCHAS)
- Enter verified medical visits onto CIF and into LEO (CCHAS)
- Continue Salinas Area AIDS Group (SAAG) meetings (CCHAS and NIDO Clinic)

Training needs:

Targets:

Risk Factors	African American/Black	Hispanic	Not Race/Ethnicity Specific
HIV Positive	1	3	1
Partners of Known HIV Positives			
TG			
MSM			
MSM/IDU			
IDU			
Other:			

Retention and Re-engagement in Care (R&R)

- Utilize information learned from target population interviews to develop effective retention strategies for existing and new clients/patients (Coordinator, HIV providers)
- Identify the most effective approaches in assisting newly-diagnosed individuals in making and keeping care appointments and in following-up on referrals outside of the care setting in order to monitor client progress, offer support and address barriers as needed (HIV care and prevention providers)
- Provide the following assistance to clients: educate HIV-pos clients about care eligibility criteria and benefits, offer assistance in negotiating care systems, identify potential barriers to care/assess individuals for their risk of being lost to care and help them remain engaged, assist newly diagnosed individuals in making and keeping care appointments, initial and ongoing HIV treatment education and adherence support, follow up on referrals outside of the care setting in order to monitor client progress, offer support and address barriers as needed (CCHAS)

Training needs: motivational interviewing

Targets:

Risk Factors	African American/Black	Hispanic	Not Race/Ethnicity Specific
HIV Positive	2	7	3
Partners of Known HIV-Positives			
TG			
MSM			
MSM/IDU			
IDU			
Other:			

Treatment Adherence (TA)

- Collaborate to determine the best method to track, monitor, follow-up and evaluate treatment education/adherence activities in non-clinical settings (Coordinator, HIV prevention providers)
- Attend at least one PAETC and/or CSTEP treatment education/adherence training (all CCHAS staff)
- Provide treatment education to clients and document it in LEO (CCHAS)
- Continue Salinas Area AIDS Group (SAAG) meetings (CCHAS and NIDO Clinic)

Training needs: Treatment education/adherence training

Targets:

Risk Factors	African American/Black	Hispanic	Not Race/Ethnicity Specific
HIV Positive	5	30	15
Partners of Known HIV-Positives			
TG			
MSM			
MSM/IDU			
IDU			
Other:			

Other

- Attend and participate in quarterly MCHPG meetings
- Complete and submit all quarterly reports by: **February 1, 2013 and August 1, 2013** (SEP, Prevention, Recovery, rapid testing documentation logs, etc.)

- Attend regular/quarterly All Test Counselor meetings

Language Taken Directly from the CDPH Office of AIDS HIV Prevention Program Scope of Work

HIV Testing

Client Services to be performed

1. Subcontractor shall provide testing services to clients in accordance with this agreement and as defined in the HIV Testing Guidelines and OraQuick Rapid HIV Testing Guidelines.
2. Client records relating to any program activity or services executed under this agreement containing personally identifying information which was developed or acquired by the Subcontractor shall be confidential and shall not be disclosed, except as otherwise provided by law for public health purposes or pursuant to a written authorization by the person who is the subject of the record or by his or her guardian conservator.
3. Agencies must comply with all applicable Federal and State laws.
4. Subcontractor shall obtain informed consent from clients served under this contract to verify consent given by the client. Informed consent is required by statute. Written consent is required for testing in non-healthcare settings; oral consent is required for ATS; and oral consent is allowed for testing in medical settings. All individuals tested with OA funds in non-healthcare settings shall be given the results of their test in person.
5. Subcontractor shall provide HIV test result disclosure in person.
6. Testing sites shall provide laboratory testing services from a CDPH/OA approved laboratory or via Clinical Laboratory Improvement Amendments (CLIA)-waived rapid testing in accordance with all laws, regulations and guidelines. The testing process shall consist of a Food and Drug Administration (FDA) approved screening procedure (e.g., enzyme-linked immunosorbent assay [ELISA], OraQuick Advance). Initially reactive and indeterminate ELISA results shall be repeated according to established testing protocols. Repeatedly reactive ELISA, preliminary positive OraQuick or indeterminate results are to be confirmed by an FDA approved HIV antibody supplemental test (e.g., Immunofluorescent Assay or Western Blot.)
8. The Subcontractor shall ensure that all HIV counseling interventions are provided by staff who have successfully completed the OA HIV counselor training according to current OA HIV Counselor Training Program Guidelines.
9. HIV Counseling & Testing information such as Client Assessment Questionnaires, CIFs, invoices, et cetera must be retained by the Subcontractor for three years in addition to the current year.
10. The test site must submit a comprehensive, written protocol that provides for annual review of counselor performance with appropriate standards, client surveys, outreach needs, accessibility of clinic location(s), return rates for disclosure sessions, and the availability of and referral to HIV prevention services for HIV positive and high-risk HIV negative clients.
11. The test site shall maintain signed statements of confidentiality for employees and volunteers who have access to client files of individuals.

Program Description and Other Requirements

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

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

The Subcontractor shall set up and enter data into the CDPH/OA's Local Evaluation Online (LEO) process monitoring system for all testing and Health Education/Risk Reduction (HE/RR) activities.

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

Reporting Requirements- Progress Reports

Progress Reports will be required on a semi-annual basis to be submitted to the Monterey County Health Department HIV/AIDS Programs Coordinator via email. The first progress report will cover the first six months of the subcontract from July 1, 2012 to December 31, 2012 and will be due February 1, 2013. The second progress report must address the period of January 1, 2013 through June 30, 2013 and FY 2012-2013 comprehensive activities. The second/final and comprehensive year-end report will be due August 1, 2013.

The progress reports should address all applicable services performed in Tier I and/or Tier II activities that the LHJ and subcontracted agencies have implemented including HIV Testing (with/without counseling), LTC, Retention and Re-engagement in Care, PS, Risk Assessment, linkages to services and behavioral interventions for people living with HIV/AIDS, HIV Treatment Adherence, Syringe Exchange Program, condom distribution, Healthcare Reform, Hepatitis C Testing, Behavioral Interventions for High-Risk Negative People, Social Marketing, Media and Mobilization, and Pre-Exposure Prophylaxis (PrEP) Planning and/or Delivery.

Please limit your reports to 5 - 15 pages, including attachments.

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

- 1. Administrative Issues:**
 - a. Successes – Examples include, but are not limited to the following:
 - Staffing (e.g., vacancies and/or staff accomplishments).
 - Training/Capacity Building (e.g., attended and/or provided).
 - Collaborative Activities (e.g., with subcontracted agencies and/or other service providers).
 - b. Challenges and Barriers – Examples include, but are not limited to the following:
 - Staffing (e.g., gaps and/or turnover).
 - Training/Capacity Building (e.g., capacity limited, training unavailable, and/or training needs unfulfilled).
 - Collaborative Efforts (e.g., unsuccessful efforts with subcontracted agencies and/or other service providers).

- c. Strategies to Overcome Challenges and Barriers – Example include, but are not limited to the following:
 - Describe the LHJs plan to resolve administrative challenges and/or barriers.
 - Identify alternatives that the LHJ developed to address administrative challenges and/or barriers.
 - Identify resources that the LHJ used to address administrative challenges and/or barriers.

2. Programmatic Issues:

- a. Successes – Examples include, but are not limited to the following:
 - Describe progress your LHJ is making toward providing services to your proposed target populations.
 - Describe progress your LHJ is making toward reaching the number of clients that you proposed to reach.
 - Describe progress your LHJ is making toward providing services to high-risk populations.
- b. Challenges and Barriers – Examples include, but are not limited to the following:
 - Describe any issues that are preventing your LHJ from providing services to your proposed target populations.
 - Describe any issues that are preventing your LHJ from providing services to the number of clients that you proposed to reach.
 - Describe any issues that are preventing your LHJ from reaching high-risk populations.
- c. Strategies to Overcome Challenges and Barriers – Example include, but are not limited to:
 - Describe the LHJs plan to resolve programmatic challenges and/or barriers.
 - Identify alternatives that the LHJ developed to meet program goals.
 - Identify resources that the LHJ used to address programmatic challenges and/or barriers.

3. Administrative and Programmatic Changes – Examples include, but are not limited to the following:

- a. Reorganization.
- b. New Subcontracted Agencies.
- c. New or Discontinued Program Activities.

4. Technical Assistance Needs/Capacity Building Needs – Examples include, but are not limited to the following:

- a. LEO.
- b. Administrative.
- c. Programmatic.

5. Evaluation Efforts – Examples include, but are not limited to the following:

- a. From the routine reports available in LEO, please provide a summary of your progress for targeting high-risk individuals, completing interventions, and ensuring that those that test HIV positive receive their test results and are referred to PS and medical care.
- b. Is the LHJ focusing on Outcome Measures?
 - If so, please describe.
 - If not, what would you consider as an Outcome Measure that your LHJ can focus on over the fiscal year (e.g., increase the number of HIV positive individuals reached, increase condom usage, and/or increase the number of high-risk clients served/decrease the number of low-risk clients served)?

Exhibit D1- CCHAS Prevention Budget 2011/2012

HIV Prevention Program Subcontractor Budget Detail

Enter LHJ Name: Fiscal Year
 Monterey County Health Department / 10-95274 2011-12

Section 1 - Subcontractor Information

Subcontractor Information	
Subcontractor Name: Central Coast HIV/AIDS Services (CCHAS)	Bid Status (Check One) <input checked="" type="checkbox"/> Sole Source / <input type="checkbox"/> Competit
Contact Person Katherine J. Thoenl	Title Programs Director
Mailing Address Post Office Box 1931 Monterey, CA 93942	Telephone Number 831-384-3382
E-Mail Address kthoenl@scphc.org	Fax Number 831-384-3382
Website Address (if any) www.cchas.org	Federal Taxpayer Identification Number 77-0192226
	Ownership Status (Check One) <input type="checkbox"/> Public/Local <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Incorporated <input checked="" type="checkbox"/> Private/Non-Pro <input type="checkbox"/> Public/State <input type="checkbox"/> Public/Federal

Section 2 - Budget Information

Expense Category	Description	Budgeted Amount
Personnel		\$16,468
Operating Expenses List (as appropriate):		
	Office Supplies/Program Materials	\$3,871
	Focus Group Incentives computed at 20 (10 per group) @ \$20 per participant (no cash)	\$400
	Focus Group materials	\$300
	Training / Continuing Education / Capacity Building: Staff Training/3 trainings for 4 staff members computed at \$72.65 registration per person X 4 staff X 3 trainings at the Harm Reduction Coalition	\$872
	Travel: Staff training per diem at \$25 per staff member X 4 people X 3 trainings	\$300
	Mileage: for 3 trainings at 200 (roundtrip) miles per training at \$55.5 cents per mile X 3 trainings	\$330
	Total Operating Expenses	\$6,073
Capital Expenditures		
	Total Capitol Expenditures	\$0
Other Costs (Subcontracts) List (as appropriate):		
	CBO's Name #1 - Subcontractor Budget	
	CBO's Name #2 - Subcontractor Budget	
	CBO's Name #3 - Subcontractor Budget	
	CBO's Name #4 - Subcontractor Budget	
	Total Subcontracts	\$0
Indirect Costs	Total Indirect Costs (up to 15%)	\$2,469
	Total Subcontractor Costs	\$25,000

HIV Prevention Program Subcontractor Pe

Enter LHJ Name:

Monterey County Health Department / 10-95274

Subcontractor's Name: Central Coast HIV/AIDS Services (CCHAS)

Position Title	Staff Member's First and Last Name		
HIV/AIDS Program Manager	Orlando De La Cruz		
Describe Duties (include purpose and destination of any job-related travel) LEO set-up and training. Working with Programs Director to develop, implement and write final report for two focus groups (high-risk MSM and Latino/Latino youth).		If vacant, what is the estimated hire date?	
		Annual Salary	Percentage of time performing these duties
		\$45,000	10.00%
		Is travel required?	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Position Title	Staff Member's First and Last Name		
HIV Education, Prevention and Testing Supervisor	Shar Arshadi		
Describe Duties (include purpose and destination of any job-related travel) Research and identify geographic and ancillary locations where high-risk MSM and people of color congregate for HIV testing interventions. Research and prepare planning platforms to reach hidden high-risk populations. Conduct HIV and Hep C testing within high-risk communities. Coordinate staff trainings.		If vacant, what is the estimated hire date?	
		Annual Salary	Percentage of time performing these duties
		\$33,280	11.54%
		Is travel required?	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Position Title	Staff Member's First and Last Name		
HIV Community Educator	Janelle Mestice		
Describe Duties (include purpose and destination of any job-related travel) Conduct HIV testing activities within the high-risk injection drug user community. Support agency harm reduction activities.		If vacant, what is the estimated hire date?	
		Annual Salary	Percentage of time performing these duties
		\$20,384	8.80%
		Is travel required?	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Position Title	Staff Member's First and Last Name		
Programs Director	Katherine Thoeni		
Describe Duties (include purpose and destination of any job-related travel) Serve as lead personnel in regard to focus groups for high-risk MSM and Latino/Latina youth. Broker community partnerships, develop focus group content, facilitate activities, generate and submit final report to the Monterey County Department of Health.		If vacant, what is the estimated hire date?	
		Annual Salary	Percentage of time performing these duties
		\$65,000	3.85%
		Is travel required?	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Total Personnel Expenses (this page)

Personnel Detail #1

Fiscal Year

2011-12

Salary paid by this contract
\$4,500
Benefits
\$1,440

Salary paid by this contract
\$3,841
Benefits
\$1,227

Salary paid by this contract
\$1,794
Benefits
\$356

Salary paid by this contract
\$2,503
Benefits
\$798
\$16,458

Exhibit D2- CCHAS Prevention Budget 2012/2013

HIV Prevention Program Subcontractor Budget Detail

LHJ Name:

Fiscal Year 2012/13

Monterey County Health Department

Section 2 - Subcontractor Information

Subcontractor Information	
Subcontractor's Name: Central Coast HIV/AIDS Services (CCHAS)	Bld Status (Check One) <input checked="" type="checkbox"/> Sole Source (Attach Justification) <input type="checkbox"/> Co-
Contact Person Katherine J. Thoenl	Title Programs Director
Mailing Address Post Office Box 1931 Monterey, CA 93942	Telephone Number 831-384-3362
E-Mail Address kthoenl@sopinc.org	Fax Number 831-384-3382
Website Address (if applicable) www.cchas.org	Federal Taxpayer Identification Number 77-0192228
	Ownership Status (Check One) <input type="checkbox"/> Public/Local <input checked="" type="checkbox"/> Private/For Profit <input type="checkbox"/> Incorporat

Section 2 - Budget Information

Expenses Category	Description	Budgeted Amount
Personnel		\$28,198
Operating Expenses List (as appropriate):	Brief Description	
Office Supplies	general office supplies	\$772
Materials (e.g., Incentives)		
Rent (___ sqft ___ per month)		
Telephone		
Travel (___ trips x \$ ___ for ___ staff persons)		
Mileage (55.5 cents/mile x ___ miles) =		
Training / Continuing Education / Capacity Building, or Conferences	BCST for 1 staff, rapid test operator proficiency for 2 staff and ACST for 7 staff	\$1,800
	Total Operating Expenses	\$2,572
Capital Expenditures		
	Total Capitol Expenditures	\$0
Other Costs (Subcontracts) 1 Subcontractor's Name & Total Budget:		
2 Subcontractor's Name & Total Budget:		
3 Subcontractor's Name & Total Budget:		
4 Subcontractor's Name & Total Budget:		
	Total Other Costs (Subcontracts)	\$0
Indirect Costs	Total Indirect Costs (up to 15% of Personnel)	\$4,230
	Total Subcontractor Costs	\$35,000

HIV Prevention Program Subcontractor Personnel Detail #2

LHJ Name:

Fiscal Year 2012/13

Monterey County Health Department

Subcontractor's Name: Central Coast HIV/AIDS Services (CCHAS)			
Position Title	Staff Member's First and Last Name		
HIV Community Educator	Alex Fernandez		
Describe Duties (Include purpose and destination of any job-related travel) HIV Testing in Non-Healthcare Settings, Partner Services, HCV Testing and Linkage to Care activities	If vacant, what is the estimated hire date?		
	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	\$14,560	55.000%	\$8,008
	Is travel required?		Benefits
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$559
Position Title	Staff Member's First and Last Name		
HIV Community Educator	Janelle Mestice		
Describe Duties (Include purpose and destination of any job-related travel) HIV Testing in Non-Healthcare Settings, Partner Services, HCV Testing and Linkage to Care activities	If vacant, what is the estimated hire date?		
	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	\$20,384	40.000%	\$8,153.60
	Is travel required?		Benefits
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$502
Position Title	Staff Member's First and Last Name		
HIV Education, Prevention and Testing Supervisor	Shar Arshadi		
Describe Duties (Include purpose and destination of any job-related travel) HIV Testing in Non-Healthcare Settings, Partner Services, HCV Testing, Linkage to Care and Treatment Adherence activities. Research and identify geographic and ancillary locations where high-risk MSM and Latinos(as) congregate for HIV testing interventions	If vacant, what is the estimated hire date?		
	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	\$33,280	12.000%	\$3,994
	Is travel required?		Benefits
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$316
Position Title	Staff Member's First and Last Name		
HIV/AIDS Program Manager	Orlando DeLaCruz		
Describe Duties (Include purpose and destination of any job-related travel) Linkage to Care and Retention and Re-engagement activities, general program and staff oversight. Assist Deputy Director in development, implementation and analysis of target population interviews.	If vacant, what is the estimated hire date?		
	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	\$45,000	5.500%	\$2,476
	Is travel required?		Benefits
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$198
Total Personnel Expenses (this page)			\$24,205

HIV Prevention Program Subcontractor Personnel Detail #2

LHJ Name:

Fiscal Year 2012/13

Monterey County Health Department

Subcontractor's Name: Central Coast HIV/AIDS Services (CCHAS)			
Position Title		Staff Member's First and Last Name	
Deputy Director		Katherine Thoenl	
Describe Duties (include purpose and destination of any job-related travel) Serve as lead personnel for high-risk MSM and Latino/Latina youth target population interviews. Broker community partnerships, develop interview content, facilitate activities, generate and submit final report to the Monterey County Department of Health.	If vacant, what is the estimated hire date?		
	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	\$50,000	5.000%	\$2,500
	Is travel required?	Benefits	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$192
Position Title		Staff Member's First and Last Name	
HIV Case Manager/Test Counselor		Daniela Mejia	
Describe Duties (include purpose and destination of any job-related travel) Linkage to Care, Retention and Re-engagement, HIV Testing in Non-HealthCare Settings, Partner Services and HCV Testing activities	If vacant, what is the estimated hire date?		
	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	\$30,000	3.000%	\$900.00
	Is travel required?	Benefits	
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$400
Position Title		Staff Member's First and Last Name	
Describe Duties (include purpose and destination of any job-related travel)	If vacant, what is the estimated hire date?		
	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	\$0	0.000%	\$0
	Is travel required?	Benefits	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0
Position Title		Staff Member's First and Last Name	
Describe Duties (include purpose and destination of any job-related travel)	If vacant, what is the estimated hire date?		
	Annual Salary	Percentage of time performing these duties	Salary paid by this contract
	\$0	0.000%	\$0
	Is travel required?	Benefits	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0
Total Personnel Expenses (this page)			\$3,992

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/30/2012

PRODUCER (831)373-4925 FAX: (831)373-6935
 Monterey Insurance Agencies
 P.O. Box MIA
 401 Fremont Street, Suite 100
 Monterey CA 93940-3263

INSURED
 Central Coast HIV/AIDS Services
 P.O. Box 1931
 Monterey CA 93942

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: NIAC	0115
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	2012-01654-NPO	7/1/2012	7/1/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A X	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	2012-01654-NPO	7/1/2012	7/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Social Service Professional Liability	2012-01654-NPO	7/1/2012	7/1/2013	Aggregate \$2,000,000 Each Occurrence \$1,000,000

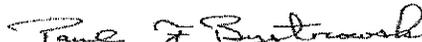
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 The County of Monterey, Its officers, agents, and employees are named as additional insured per General Liability (CG2026) and auto liability (NIAC AI) 10*Day notification in the event of non payment of premium.

CERTIFICATE HOLDER

Monterey County Health Department
 Public Health Bureau
 1270 Natividad Road
 Salinas, CA 93906

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Paul 

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

County of Monterey, its officers, agents and employees
1270 Natividad Road
Salinas, CA 93906

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

PRIMARY INSURANCE

Such insurance is afforded by this endorsement for the additional insured's shall apply as primary insurance. Any other insurance maintained by the additional insured or its officers and employees shall be excess only and non-contributing with the insurance afforded by this endorsement.



P.O. Box 8507, Santa Cruz, CA 95061
P: (800) 359-6422
F: (831) 459-0853



**BUSINESS AUTO COVERAGE
ADDITIONAL INSURED/LOSS PAYEE EXTENSION**

POLICY NUMBER: 2012-01654-NPO

Schedule AI

NAME OF INSURED: Central Coast HIV/AIDS Services

Page 1

**ADDITIONAL INSURED /
LOSS PAYEE**

Monterey County Health Department, County of Monterey,
Its Officers, Agents, and Employees
1270 Natividad Road, Room 16
Salinas, CA 93906
As respects vehicle(s): N/A

County of Monterey, Its Officers, Agents & Employees
1000 South Main Street, Suite 304
Salinas, CA 93901
As respects vehicle(s): N/A

PRIMARY INSURANCE

Such insurance is afforded by this endorsement for the additional insured's shall apply as primary insurance. Any other insurance maintained by the additional insured or its officers and employees shall be excess only and non-contributing with the insurance afforded by this endorsement.

COUNTERSIGNED: 06/28/2012

BY

(AUTHORIZED REPRESENTATIVE)

