

FY 2026 AGREEMENTS AND COMPLIANCE ASSURANCES

Ryan White HIV/AIDS Program

Part A HIV Emergency Relief Grant Program

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

Pursuant to Section 2602(a)(2)^{5, 6}

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

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

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

Pursuant to Section 2602(b)(4)

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

Pursuant to Section 2603(c)

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

⁵ All statutory references are to the Public Health Service Act, unless otherwise specified.

⁶ TGAs are exempted from the requirement related to Planning Councils, but must provide a process for obtaining community input as described in section 2609(d)(1)(A) of the PHS Act. TGAs that have currently operating Planning Councils are strongly encouraged to maintain that structure.

Pursuant to Section 2603(d)

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

Pursuant to Section 2604(a)

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

Pursuant to Section 2604(c)

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

Pursuant to Section 2604(f)

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

Pursuant to Section 2604(g)

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

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

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

Pursuant to Section 2604(h)(5)

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

Pursuant to Section 2604(i)

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

Pursuant to Section 2605(a)

With regard to the use of funds,

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

Pursuant to Section 2605(a)(3)

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

Pursuant to Section 2605(a)(5)

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

Pursuant to Section 2605(a)(6)

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

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

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

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

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

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

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

Pursuant to Section 2605(a)(8)

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

Pursuant to Section 2605(a)(9)

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

Pursuant to Section 2605(a)(10)

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

Pursuant to Section 2605(e)

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

Pursuant to Section 2681(d)

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

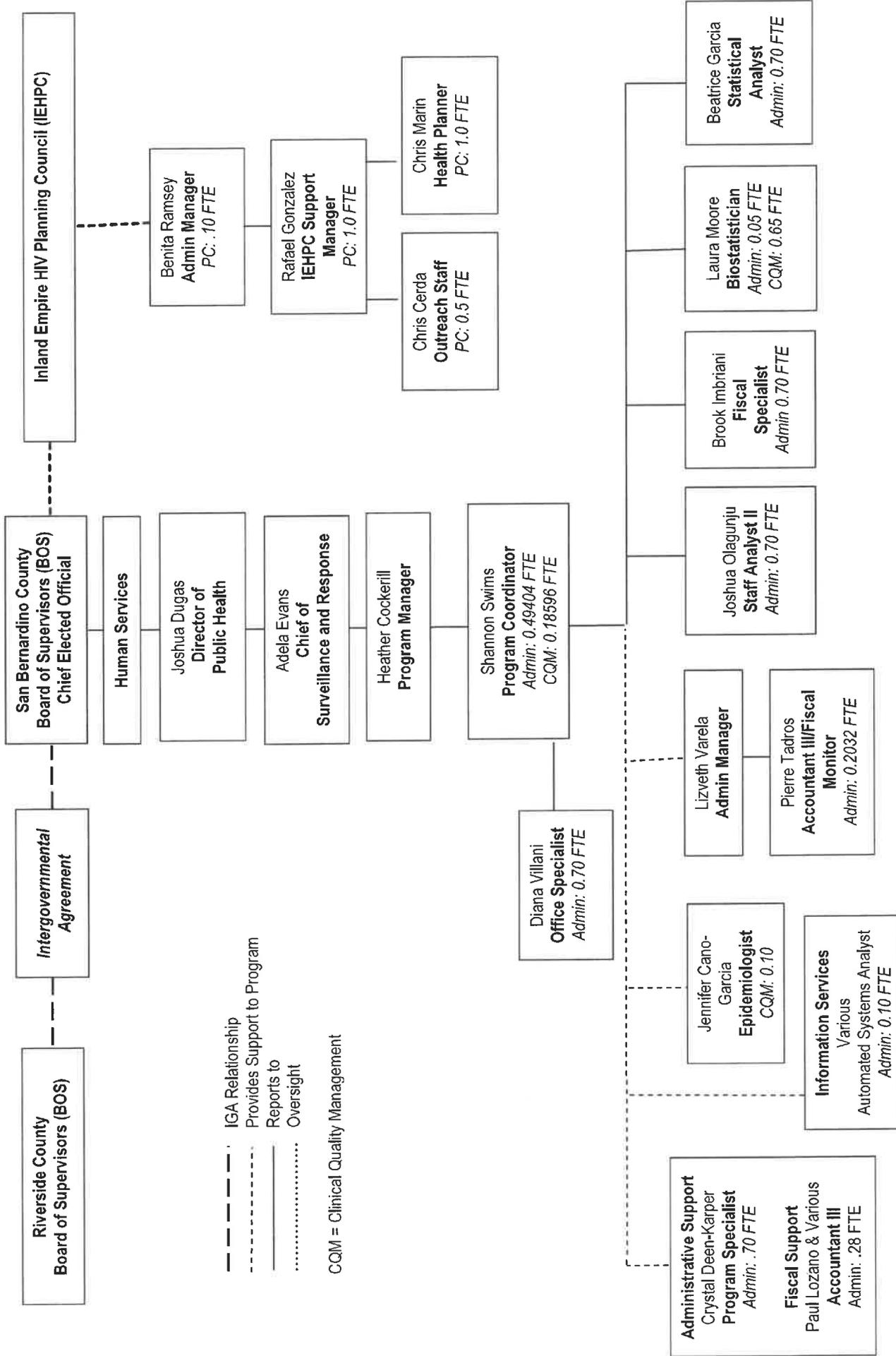
Pursuant to Section 2684

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

Signature  Date SEP 23 2025
Dawn M. Rowe **Chair, Board of Supervisors**

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD LYNN MONELL Clerk of the Board of Supervisors of San Bernardino County
By 


Program Organizational Chart



Attachment 1: Staffing Plan, Job Descriptions, and Biographical Sketches for Key Personnel

Staff Name:	Position:	Qualifications (Knowledge, Skills, Abilities):	Position Description	Rationale for Time Requested
Shannon Swims	Program Coordinator	MPA with 20+ years of experience with San Bernardino County including 7+ years of experience in the Ryan White Program and experience in Behavioral Health, Public Works, and Child Support Services programs.	Provides staff supervision, ensures grant requirements are met, and provides oversight of QM and Administrative functions.	0.68 FTE is needed to supervise the day-to-day operations of the program and its associated staff.
Joshua Olagunju	Staff Analyst II (SAII)	PhD - Public Administration and Finance. 25+ years with SB County DPH, with experience in the Ryan White Program and other public health programs.	Develops budgets, monitors program expenditures; coordinates and provides technical assistance to contracted agencies.	0.70 FTE is needed to provide a critical role in supporting RWP budget development/ tracking, and technical assistance.
Laura Moore	Biostatistician	MS – Criminal Justice/ Criminology; 10 years doctoral work in Statistics; experience in quantitative and qualitative collection and analysis, descriptive and multivariate analytics, database management/design/ aggregation, and interview techniques with sensitive populations.	Monitors program quality, develops policy and analyzes data and develops reports utilized for quality improvement and program planning.	0.70 FTE is needed to provide the RWP with Biostatistician support as they play a critical role in the RWP by monitoring and analyzing client-level data for the program as well as CQM reporting and policy development.
Beatrice Garcia	Statistical Analyst	MBA in Business Administration emphasis is GIS, BA in Psychology. 13+ Years Public Service with San Bernardino County in Human Services and 2 years' experience with the Ryan White Program. Experience with Behavioral Health and Transitional Assistance working	Program Monitoring Lead that oversees and organizes the annual program monitoring of subrecipients, updates and manages program website, provides and analyzes data, and develops reports for monitoring and program planning.	0.70 FTE is needed to provide the RWP with Statistical Analyst support. The SA works with the Biostatistician to play a critical role in tracking and CQM reporting and policy development

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		with special populations and sensitive medical records.		
Crystal Deen-Karper	Program Specialist I	6 years of experience with San Bernardino County serving the Department of Child Support Services (Human Services) and Department of Public Health, specializing in policy development, compliance, legislative analysis, operational support, and collaboration with intergovernmental agencies.	Supports program in the development and updating of various policies and procedures as needed in the Ryan White Program. Will also work to support program with various admin reports as required by the various grants.	0.70 FTE is needed to provide analytical and programmatic support to the Ryan White Program.
Brook Imbriani	Fiscal Specialist I (FSI)	25+ years with San Bernardino County providing clerical and fiscal support at Child Support Services, Transitional Assistance and Public Health.	Processes subrecipient invoices and program purchases. Tracks service expenditures and provides technical assistance to contracted agencies.	0.70 FTE is needed to provide the RWP with fiscal support and to assist the team in providing fiscal TA to sub-recipients.
Diana Villani	Office Specialist	4+ years with San Bernardino County providing clerical and customer support including the Public Health Department and the Accessor, Recorder Clerks office.	Processes subrecipient invoices and program purchases, tracks service expenditures, and provides technical assistance to contracted agencies. Supports staff for operating needs ensure the program meets goals.	0.70 FTE is needed to provide support to RWP admin and CQM and to provide the RWP with fiscal support and assist the team in providing fiscal TA to sub-recipients.

Attachment 1: Staffing Plan, Job Descriptions, and Biographical Sketches for Key Personnel

Paul Lozano	Senior Accountant/Auditor	Accountant with 2.5 years of experience with San Bernardino County serving Public Health; including Accounts Payable, program and grant budget development, payroll support duties, and program support.	Senior Accountant/Auditor provides county fiscal support for the program. Responsible for fiscal administration of Ryan White contracts and monitoring.	0.28 FTE is needed to provide county fiscal support to the RWP.
Pierre Tadros	Senior Accountant/Auditor	BA - Accounting; 9 years with San Bernardino County providing fiscal monitoring / Audit, and accounting support.	Provides fiscal compliance services through conducting fiscal monitoring engagements to audit subrecipient cost reimbursements who are receiving grants related to Ryan White program.	0.2032 FTE is needed to provide support to the contract monitoring process.
Jennifer Garcia-Cano	Public Health Epidemiologist	MPH - Epidemiologist with the Spatial Analytics, Data, and Evaluation team and provides epidemiological support to the Ryan White HIV/AIDS program in addition to the Communicable Disease Section's HIV program at SBC DPH.	Epidemiologist: Provides statistical analysis of HIV/AIDS and other data related to CQM and QI programs, activities, projects, etc. Coordinates epidemiological staff to secure data to inform CQM and QI activities and plans.	0.10 FTE is needed to provide epidemiologic support to the RWP in the form of manipulating data so that it can usefully answer questions about demographics, services, and needs in the county for the purposes of informing stakeholders.
Rafael Gonzalez	IEHPC Program Support Manager	Public health professional with over 20 years of experience in HIV prevention, care, and social services program coordination. Proven leadership in managing large-scale initiatives, including more than 3 years directing Get Tested Coachella Valley, a regional public health campaign focused on HIV testing,	Serves as the primary liaison to the Planning Council in the coordination of its legislatively mandated functions. Defines immediate and long- range goals; establishes and revises program policies and procedures according to program guidelines.	1.00 FTE is needed to provide support and direction to the Planning Council in its various roles and functions.

Attachment 1: Staffing Plan, Job Descriptions, and Biographical Sketches for Key Personnel

Benita Ramsey	Admin Manager	<p>awareness, and linkage to care. Experienced in community planning and policy development through active participation on the Inland Empire HIV Planning Council, with a demonstrated ability to drive collaboration, resource allocation, and service improvements to better meet community needs.</p> <p>Rev. Benita Ramsey brings over 25 years of experience in HIV prevention and care services, including eight years as Program Manager for Ryan White Planning Council Services. She currently serves as Board President of the Minority AIDS Project in Los Angeles and is an ordained pastor in Unity Fellowship Church, Riverside. Rev. Ramsey is a dedicated advocate, faith leader, and strategist committed to advancing health equity, social justice, and the dignity of all people.</p>	Provide Administrative and Program Oversight and Support	.10 FTE is needed to provide administrative support to the Planning Council and the Program Manager.
Chris Marin	Health Planner I (PC) IEHPC Program	Christopher Marin brings five years of experience as Program Coordinator at Rainbow Pride Youth Alliance, where he led the Peer Crisis Counseling Program and served as Health Education Outreach Manager. In these roles,	Provides administrative support to the Planning Council and Program Support Manager to meet their mandated roles including meeting set up, taking minutes and filing appropriate notices.	1.00 FTE is needed to provide administrative support to the Planning Council and the Program Manager.

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		<p>he advanced youth-led support services, expanded community outreach, and promoted health education initiatives that center LGBTQ+ youth and their well-being.</p>	
<p>Chis Cerda</p>	<p>Outreach Staff</p>	<p>Cesar Cerda served as a Peer Support Specialist for Rainbow Pride Youth Alliance, providing vital peer support and facilitation for youth experiencing social isolation during the COVID-19 pandemic. He now serves as a Community Health Navigator, helping individuals access health resources and providing PEP/PrEP navigation to support HIV prevention, care and overall wellness.</p>	<p>Consumer liaison and meeting and event coordinator</p>
			<p>.50 FTE is needed to provide administrative support to the Planning Council and the Program Manager.</p>

Attachment 2: Maintenance of Effort

NON-FEDERAL EXPENDITURES	
FY Prior to Application (Actual) Actual prior FY non-federal EMA/TGA political subdivision expenditures for HIV-related core medical and support services.	Current FY of Application (Estimated) Estimated current FY non-federal EMA/TGA political subdivision expenditures for HIV-related core medical and support services.
Amount: \$4,710,345	Amount: \$4,750,000

San Bernardino County, Department of Public Health (SBCDPH), functions as the administrative agent for Part A grant funds. Annually staff in the Ryan White Program within SBCDPH collects, reviews, and compiles a list of funds expended on core and support HIV services within Riverside and San Bernardino Counties, which comprise the TGA. This information is obtained from county and contracted-agency accounting systems which for the identification of HIV-specific funding and expenditures associated with the following budget elements: personnel, equipment, supplies, and other costs related to the delivery of core and support services to PWH. The RW Program Coordinator reviews the MOE documentation for completeness and accuracy and ensures its annual submission within the application.

Program Narrative

Not Applicable

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. Part A & MAI Administration	93.914	\$ 0.00	\$ 0.00	\$ 968,523.00	\$ 0.00	968,523.00
2. Part A & MAI COM	93.914	0.00	0.00	484,261.00	0.00	484,261.00
3. Part A & MAI HIV Services	93.914	0.00	0.00	8,232,446.00	0.00	8,232,446.00
4.		0.00	0.00	0.00	0.00	0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 9,685,230.00	\$ 0.00	9,685,230.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Part A & MAI Administration	(2) Part A & MAI CQM	(3) Part A & MAI HIV Services	(4)	
a. Personnel	\$ 505,955.00	\$ 101,938.00	\$ 0.00	\$ 0.00	\$ 607,893.00
b. Fringe Benefits	174,359.00	41,712.00	0.00	0.00	216,071.00
c. Travel	21,049.00	0.00	0.00	0.00	21,049.00
d. Equipment	0.00	0.00	0.00	0.00	0.00
e. Supplies	4,000.00	0.00	0.00	0.00	4,000.00
f. Contractual	34,500.00	312,772.00	8,232,446.00	0.00	8,579,718.00
g. Construction	0.00	0.00	0.00	0.00	0.00
h. Other	119,202.00	0.00	0.00	0.00	119,202.00
i. Total Direct Charges (sum of 6a-6h)	\$ 859,065.00	\$ 456,422.00	\$ 8,232,446.00	\$ 0.00	\$ 9,547,933.00
j. Indirect Charges	109,458.00	27,839.00	0.00	0.00	137,297.00
k. TOTALS (sum of 6i and 6j)	\$ 968,523.00	\$ 484,261.00	\$ 8,232,446.00	\$ 0.00	\$ 9,685,230.00
7. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Part A & MAI Administration	\$ 0.00	0.00	\$ 0.00	0.00	0.00
9. Part A & MAI COM	0.00	0.00	0.00	0.00	0.00
10. Part A & MAI HIV Services	0.00	0.00	0.00	0.00	0.00
11.	0.00	0.00	0.00	0.00	0.00
12. TOTAL (sum of lines 8-11)	\$ 0.00	0.00	\$ 0.00	0.00	0.00

SECTION D - FORECASTED CASH NEEDS				
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal \$ 9,685,230.00	\$ 2,421,307.50	2,421,307.50	2,421,307.50	\$ 2,421,307.50
14. Non-Federal \$ 0.00	0.00	0.00	0.00	0.00
15. TOTAL (sum of lines 13 and 14) \$ 9,685,230.00	\$ 2,421,307.50	2,421,307.50	2,421,307.50	\$ 2,421,307.50

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Part A & MAI Administration	\$ 242,130.75	\$ 242,130.75	\$ 242,130.75	\$ 242,130.75
17. Part A & MAI COM	121,065.25	121,065.25	121,065.25	121,065.25
18. Part A & MAI HIV Services	2,058,111.50	2,058,111.50	2,058,111.50	2,058,111.50
19.	0.00	0.00	0.00	0.00
20. TOTAL (sum of lines 16 - 19)	\$ 2,421,307.50	\$ 2,421,307.50	\$ 2,421,307.50	\$ 2,421,307.50

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	9,547,933.00
22. Indirect Charges:	137297
23. Remarks:	None

RWHAP PART A BUDGET SUMMARY
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2026

Object Class Categories	Part A			Minority AIDS Initiative (MAI)			Total
	Administration	CQM	HIV Services	Administration	CQM	HIV Services	
a. Personnel	\$ 463,521	\$ 80,775	\$ -	\$ 42,434	\$ 21,163	\$ -	\$ 607,893
b. Fringe Benefits	\$ 156,996	\$ 33,053	\$ -	\$ 17,363	\$ 8,659	\$ -	\$ 216,071
c. Travel	\$ 21,049	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 21,049
d. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Supplies	\$ 4,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,000
f. Contractual	\$ 34,500	\$ 312,772	\$ 7,628,186	\$ -	\$ -	\$ 604,260	\$ 8,579,718
g. Other	\$ 119,202	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 119,202

Direct Charges	\$ 799,268	\$ 426,600	\$ 7,628,186	\$ 59,797	\$ 29,822	\$ 604,260	\$ 9,547,933
Indirect Charges	\$ 98,166	\$ 22,117	\$ -	\$ 11,292	\$ 5,722	\$ -	\$ 137,297
TOTALS	\$ 897,434	\$ 448,717	\$ 7,628,186	\$ 71,089	\$ 35,544	\$ 604,260	\$ 9,685,230
Program Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

FY 2025 Allocations:	
Part A Funding	\$ 8,974,337
MAI Funding	\$ 710,893
Total:	\$ 9,685,230

Manually Enter HIV Services Allocation Percentages	
Core Medical Services	59%
Support Services	41%

Administrative Budget 10%
Part A and MAI _____ Within Limit
CQM Budget 5%
Part A and MAI _____ Within Limit

CAUTION Only enter program income on this worksheet (i.e., cells D19 and G19), if applicable. Otherwise, do not enter any other amounts on this table; the remaining cells will autopopulate based on amounts entered in the Part A and MAI worksheets.

PART A ADMINISTRATIVE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2026

Personnel

Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]</i>	Amount
\$ 119,250	0.374	Shannon Swims, Program Coordinator	Part A Admin 37.404% , Part A CQM 10%, MAI Admin 12%, MAI CQM 8.596%, EHE 30% and Part B 2%. Program Coordinator; Supervises day to day operation of the program, including oversight of QM and administrative functions and develops policy.	\$ 44,604
\$ 105,942	0.600	Joshua Olagunju, Staff Analyst II	Part A Admin 60% , MAI Admin 10%, and EHE 30%. Staff Analyst II; Provides technical assistance with fiscal support and program monitoring for Ryan White. RWP budget development tracking and policy development.	\$ 63,565
\$ 109,134	0.050	Laura Moore, Biostatistician	Part A Admin 5% , Part A CQM 55%, MAI CQM 10%, and EHE 30%. Biostatistician; Monitors program quality, develops policy and training materials, and oversees local administration of the ARIES data management system; collects, analyzes, and monitors program client-level data and quality progress; actively engages with subrecipient staff regarding data, quality improvement opportunities, ideas, and tools, and feedback on best practices; plans and implements TGA CQM activities based on federal and local requirements; assesses and ensures alignment between RSBTGA RWHAP and HRSA/HAB, CDPH/OA, and IEHPC requirements/directives; develops and revises CQM policy and training materials; lead writer of the RSBTGA CQM Plan; hosts and facilitates monthly CQM Check-Ins; provides CQM updates (infographics included) to HRSA, OA, and IEHPC; participates in CQM listservs and webinars and disseminates information to subrecipients; networks with other CQM staff to stay informed and share data and activities.	\$ 5,456
\$ 86,812	0.700	Beatrice Garcia, Statistical Analyst	Part A Admin 70% , and EHE 30%. Statistical Analyst; Program Monitoring Lead that oversees and organizes the annual program monitoring of subrecipients, updates and manages program website, provides and analyzes data, and develops reports for monitoring and program planning. Will work with Biostatistician to: monitor program quality, and oversee local administration of the ARIES data management system; collect, analyze, and monitor program client-level data and quality progress; actively engages with subrecipient staff regarding data, quality improvement opportunities, ideas, and tools, and feedback on best practices; plan and implement TGA CQM activities based on federal and local requirements; assess and ensure alignment between RSBTGA RWHAP and HRSA/HAB, CDPH/OA, and IEHPC requirements/directives; develop and revise CQM policy and training materials; cohost and facilitate monthly CQM Check-Ins; provide CQM updates (infographics included) to HRSA, OA, and IEHPC; participates in CQM listservs and webinars and disseminates information to subrecipients; networks with other CQM staff to stay informed and share data and activities.	\$ 60,768
\$ 90,041	0.700	Crystal Deen-Karper, Program Specialist I	Part A Admin 70% , and EHE 30%. Program Specialist I; Work to support program in the development and update of various policies and procedures as needed in the Ryan White Program. Will also work to support program with various admin reports as required by the various grants.	\$ 63,028
\$ 62,034	0.550	Brook Imbriani, Fiscal Specialist	Part A Admin 55% , MAI Admin 15%, EHE 20%, and Part B 10%. Fiscal Specialist; Processes subrecipient invoices and program purchases. Tracks service expenditures and provides technical assistance to contracted agencies.	\$ 34,118
\$ 54,838	0.550	Diana Villani, Office Specialist	Part A Admin 55% , MAI Admin 15%, EHE 20%, and Part B 10%. Office Specialist; Provides general office specialist support to admin and CQM program staff to meet administrative goals. Processes subrecipient invoices and program purchases, tracks service expenditures, and provides technical assistance to contracted agencies. Supports staff for operating needs ensure the program meets goals.	\$ 30,160
\$ 98,868	0.280	Paul Lozano, Senior Accountant/Auditor	Part A Admin 28% , EHE 15%, Part B 2%, and General Funds 40%. Senior Accountant/Auditor Responsible for fiscal administration of Ryan White contracts.	\$ 27,683

PART A ADMINISTRATIVE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2026

\$ 104,665	0.203	Pierre Tadros, Senior Accountant/Auditor	Part A Admin 20.3% , EHE 20%, Part B 4.68%, and General Funds 40%. Senior Accountant/Auditor; Provides auditing support to the contract monitoring process and follows up with fiscal technical assistance.	\$ 21,246	
\$ 78,937	0.100	IT, Various, Automated System Analyst	Part A Admin 10% , and 90% General Funds. Automated System Analyst; Provides IT support to staff by troubleshooting computer issues and providing computer and communication system repair/maintenance.	\$ 7,893	
FTE Total:	4.107			\$ -	
				Personnel Sub-Total with Rounding	\$ 358,521
				Rounding Input Adjustment to Match SF-424A	
				Personnel Total	\$ 358,521
Fringe Benefits					
Percentage [Insert as %]	Components <i>[List components that comprise the fringe benefit rate.]</i>			Amount	
40.92%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation.			\$ 146,706	
				Fringe Benefit Sub-Total with Rounding	\$ 146,706
				Rounding Input Adjustment to Match SF-424A	
				Fringe Benefit Total	\$ 146,706
Travel					
Local					
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc.. and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)	
0.700	5,784	6 Employees: Shannon Swims, Program Coordinator; Joshua Olagunju, Staff Analyst; Laura Moore, Biostatistician; Crystal Deen-Karper, Program Specialist; Beatrice Garcia, Statistical Analyst; Pierre Tadros, Auditor	Mileage; Represents miles for staff member's travel related to contract monitoring, attendance to meetings and conferences, and provision of on-site TA at the rate of 70 cents per mile.	\$ 4,049	
				Local Travel Sub-Total	\$ 4,049
Long Distance					
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc.. and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>		Amount (round down to nearest whole number)	
Air & Other Travel	5 Employees: Shannon Swims, Program Coordinator; Joshua Olagunju, Staff Analyst; Laura Moore, Biostatistician, Crystal Deen-Karper, Program Specialist; Beatrice Garcia, Statistical Analyst	Air/Rental Car/Lodging/Meals: HRSA Reverse Site Visit and the United States Conference on AIDS to support and improve grant administration capacity.		\$ 10,500	
				Long Distance Travel Sub-Total	\$ 10,500
				Travel Total	\$ 14,549

PART A ADMINISTRATIVE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2026

Equipment

[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]

List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Equipment Total		\$ -

Supplies

*[Supplies is defined as property with a unit cost under \$5,000. **Note:** Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.*

List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.]</i>	Amount (round down to nearest whole number)
General office supplies such as paper, pens, folders, and other miscellaneous	Supplies; Includes costs associated with purchase of general office supplies such as paper, pens, folders, and other miscellaneous items needed to fulfill administrative duties. The breakdown is as follows: Paper (6 box - 466.68) Notepads (12-17.79) Pens (36 - 48.49) Sharpie (12- 29.99) Pencils (40-14.88) Calculator (4-37.96)Desktop Calculator (2- 159.98) Adding tape (10-11.99) Post It Notes (18-31.99) Post It Flags (Pack - 11.09) Sign here flags (pack - 18.29) Calculator Ink cartridge (2-29.99) Printer toner (5-743.03) Folders (100 -31.79) Hanging folders (50 -22.49) Computer supplies (air cans and monitor wipes) – (12 - 96.00, 200 -47.99) labels (80 -36.49) stamp (1-17.99) keyboard & mouse(5-526.25) hand sanitizer (12-75.53) Kleenex (12-29.29) Clorox Wipes (6-39.89) Correction tape (6-12.99) Batteries AAA (20-24.99) Batteries AA (24-29.03) Jumbo paper clips (10-9.99) paper clips (10 - 9.99) Stapler (5 - 47.40) Staples (5-30.20) 3 ring binders (12 -39.99) Binder dividers (12 - 74.28) Tape (12-17.29) Dry Erase Marker (12- 15.99) Envelopes (500-35.49) Scissors (3-29.49) 3 hole punch (1-58.99) 2 hole punch (1- 17.29) Rubber bands (50-12.99) XL rubber bands (48-5.99) Assorted Binder clips (60- 7.49) Water (88.01)	\$ 3,000
Supplies Total		\$ 3,000

Contractual

List of Contract	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Divine Truth	Needs Assessment, Comprehensive HIV Services Plan, PSRA, EAM, Ensure at least 33% representation of PWH on planning council that are unaffiliated, and maintain website	The majority of PC Support is contracted with Divine Truth Unity Fellowship Church: See details and contract total on PC Support Budget Narrative tab.	See PC Support
Contracts Total			\$ -

Other

[List all costs that do not fit into any other category]

List of Other	Budget Impact Justification <i>[Impact on the program's objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Rental and Leases	Cost of annual lease/maintenance associated with a color copy machine to support administrative agent functions in administration of the grant.	\$ 1,000

PART A ADMINISTRATIVE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2026

Computer Hardware	Purchase/refresh computers, keyboards, printers, and monitors	\$	7,324
Computer Software	Purchase/update microsoft software/license, adobe, Power BI, Tableau and ArcGIS to support various administrative agent functions such as reporting, data collecting, and data sharing.	\$	6,525
Communication	Phones, cell phones, e-mail, internet, and other devices to support staff in their daily work and in communicating internally and externally	\$	12,850
Printing & Mail Services	Mail sorting, delivery, packaging, and printing to support staff in communications with subrecipients, planning council support staff, and other internal departments as needed	\$	1,700
Shredding	Shredding; Costs associated with shredding administrative records to ensure compliance with HIPAA regulations.	\$	100
DPH Contracts	DPH Contracts; Costs associated with support provided by contracts team for development of contracts, RFPs, bids, and the oversight of such related to administration of the grant. ~420/month	\$	5,000
Auditing	Costs associated with annual Auditor Controller audits	\$	1,725
ISD Services	Costs associated with receiving assistance with various programs that are delegated to the ISD department for the county	\$	600
Building Rent	Costs associated with rent for our program (split based on FTEs)	\$	27,795
Maintenance	Costs associated with cleaning and upkeep of building (split based on FTEs)	\$	9,061
County Counsel	Review legal documents and contracts related to admin functions.	\$	2,812
Other Costs Total			\$ 76,492
Total Direct Cost			\$ 599,268
Indirect Cost			
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>[Insert rate below]</i>	Insert Base	Total <i>[Insert Indirect]</i>
Final	19.43%	Indirect Charges	\$ 98,166
Part A Administrative Total			\$ 697,434

PART A PLANNING COUNCIL/PLANNING BODY BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2026

Personnel				
Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]</i>	Amount
\$ 55,000	1.000	Rafael Gonzalez, Program Support Manager	Part A 100% funding. IEHPC Support Manager, Serves as the primary liaison to PC in the coordination of its legislatively mandated functions. Defines immediate and long-range goals; establishes and revises program policies and procedures according to program guidelines.	\$ 55,000
\$ 50,000	1.000	Chuis Marin, Health Planner I	Part A 50% funding. Health Planner I; Provides administrative support to the Planning Council and Health Planner to meet their mandated roles including meeting set up, taking minutes and filing appropriate notices.	\$ 50,000
FTE Total:	2		Personnel Sub-Total with Rounding	\$ 105,000
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	\$ 105,000
Fringe Benefits				
Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate.]</i>			Amount
9.80%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation			\$ 10,290
	Fringe Benefit Sub-Total with Rounding			\$ 10,290
	Rounding Input Adjustment to Match SF-424A			
	Fringe Benefit Total			\$ 10,290
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
0.700	714	PC staff members	Mileage for Planning Council Support Staff to travel to attend committee meetings, conduct outreach, and to attend planning council meetings.	\$ 500
0.700	4,286	PC members	Costs associated for PC members to attend meetings	\$ 3,000
			Local Travel Sub-Total	\$ 3,500
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
Long Distance Travel	IEHPC Support Manager and Consumer members	Travel and lodging for 2 people to attend HRSA approved meetings		\$ 3,000
			Long Distance Travel Sub-Total	\$ 3,000
			Travel Total	\$ 6,500
Equipment				
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.) Show breakdown of costs.</i>				
List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives goals.]</i>			Amount (round down to nearest whole number)
	Equipment Total			\$ -
Supplies				
<i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>				
List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives goals.]</i>			Amount (round down to nearest whole number)
General office supplies such as paper, pens, folders, and other miscellaneous	Office supplies to support daily Council (i.e. paper, related copy supplies, pens pencils, tablets, paper clips, desk/office supplies & other miscellaneous items). ~60/month			\$ 1,000
	Supplies Total			\$ 1,000
Contractual				
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives goals and how the costs were estimated.] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
Chris Marin	Outreach Community Engagement, Divine Truth	Part A 50%, and 50% other funding. Outreach Community Engagement for IEHPC, Consumer liaison and meeting and event coordinator. Annual Salary (\$40,000 x .50FTE No Benefits) \$20,000		\$ 20,000
Benita Ramsey	Administrative Manager, Divine Truth	Part A 10%, and 90% other funding. Provides administrative and program oversight and support to the PC and Support Manager to meet their mandated roles. Annual Salary (\$75,000 x .10FTE No Benefits) \$7,500		\$ 7,500
Consultant Services	EAM	Projected costs of conducting an EAM evaluation and presenting report and/or conducting annual Consumer Caucus series or Specialty Reports (125 x 40 hours)		\$ 5,000
Consultant Services	Interpreter	Projected cost associate with language interpretation and/or hearing impaired interpreter (\$125 x 16 hours)		\$ 2,000
			Contracts Total	\$ 34,500
Other				
<i>[List all costs that do not fit into any other category.] Show breakdown of costs.</i>				
List of Other	Budget Impact Justification <i>[Impact on the program's objectives goals.]</i>			Amount (round down to nearest whole number)
Computer Hardware/Software	Electronic and computer related products to conduct PC business			\$ 2,230

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Utilities	Cost associated with internet access and WiFi \$540 x 12		\$ 6,480
PC Marketing & Recruitment	Vendor fees and outreach cost associated with promoting IEHPC and engaging with consumers 250 X 12		\$ 3,000
Rent	Costs associated with rental of meeting space to perform direct and administrative activities including committee meetings \$2000 x 12		\$ 24,000
Printing	Costs associated with printing PSRA binders, PC Meetings and other documents needed for PC business operations		\$ 3,000
Membership Engagement & Consumer Empowerment	Cost associated with member trainings and meeting participation		\$ 2,000
Property Insurance	Required liability insurance for operations \$166.66 x 12		\$ 2,000
Other Costs Total			\$ 42,710
Total Direct Cost			
			\$ 200,000
Indirect Cost			
Type of Indirect Cost <small>(Select from dropdown list)</small>	Rate <small>(Insert rate below)</small>	Insert Base	Total <small>[Insert Indirect]</small>
Part A Planning Council/Planning Body Total			\$ 200,000

PART A PLANNING COUNCIL/PLANNING BODY CONTRACTUAL BUDGET

RECIPIENT:

Note: complete this budget sheet if the jurisdiction contracts with a third party to provide Planning Council Support for the program.

FISCAL YEAR: 2026

Personnel				
Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]</i>	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
FTE Total:	0		Personnel Sub-Total with Rounding	\$ -
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	\$ -
Fringe Benefits				
Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate.]</i>			Amount
				\$ -
				\$ -
				\$ -
				\$ -
			Fringe Benefit Sub-Total with Rounding	\$ -
			Rounding Input Adjustment to Match SF-424A	
			Fringe Benefit Total	\$ -
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
			Local Travel Sub-Total	\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives goals.] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
			Long Distance Travel Sub-Total	\$ -
			Travel Total	\$ -
Equipment				
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.) Show breakdown of costs.]</i>				
List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.]</i>			Amount (round down to nearest whole number)
			Equipment Total	\$ -
Supplies				
<i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>				
List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives goals.]</i>			Amount (round down to nearest whole number)
			Supplies Total	\$ -
Contractual				

List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives goals and how the costs were estimated.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Contracts Total			\$ -
Other <i>[List all costs that do not fit into any other category.] Show breakdown of costs.</i>			
List of Other	Budget Impact Justification <i>[Impact on the program's objectives goals.]</i>		Amount (round down to nearest whole number)
Other Costs Total			\$ -
Total Direct Cost			
			\$ -
Indirect Cost			
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>(insert rate below)</i>	Insert Base	Total <i>[Insert Indirect]</i>
Part A Planning Council/Planning Body Total			\$ -

**PART A CLINICAL QUALITY MANAGEMENT BUDGET
 RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
 FISCAL YEAR: 2026**

Personnel

Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE.] Only include duties that are allocable to the CQM budget.</i>	Amount
\$ 119,250	0.100	Shannon Swims, Program Coordinator	Part A Admin 37.404%, Part A CQM 10% , MAI Admin 12%, MAI CQM 8.596%, EHE 30% and Part B 2%. Program Coordinator; Supervises day to day operation of the CQM programs and projects.	\$ 11,925
\$ 109,134	0.550	Laura Moore, Biostatistician	Part A Admin 5%, Part A CQM 55% , MAI CQM 10%, and EHE 30%. Biostatistician; Monitors program quality, develops policy and training materials, and oversees local administration of the ARIES data management system; Collects, analyzes, and monitors program client-level data and quality progress; actively engages with subrecipient staff regarding data, quality improvement opportunities, ideas, and tools, and feedback on best practices; plans and implements TGA CQM activities based on federal and local requirements; assesses and ensures alignment between RSBTGA RWHAP and HRSA/HAB, CDPH/OA, and IEHPC requirements/directives; develops and revises CQM policy and training materials; lead writer of the RSBTGA CQM Plan; hosts and facilitates monthly CQM Check-Ins; provides CQM updates (infographics included) to HRSA, OA, and IEHPC; participates in CQM listservs and webinars and disseminates information to subrecipients; networks with other CQM staff to stay informed and share data and activities.	\$ 60,023
\$ 88,279	0.100	Jennifer Garcia-Cano, Epidemiologist	Part A CQM 10% , and General Funds 90%. Epidemiologist; Provides statistical analysis of HIV/AIDS and other data relevant to CQM. Coordinates epi staff to secure data to inform CQM activities.	\$ 8,827
				\$ -
				\$ -
FTE Total:	1		Personnel Sub-Total with Rounding	\$ 80,775
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	\$ 80,775

Fringe Benefits

Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate.]</i>	Amount
40.92%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation.	\$ 33,053
	Fringe Benefit Sub-Total with Rounding	\$ 33,053
	Rounding Input Adjustment to Match SF-424A	
	Fringe Benefit Total	\$ 33,053

Travel

Local

Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
			Local Travel Sub-Total	\$ -

Long Distance

Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)	
			Long Distance Travel Sub-Total	\$ -
			Travel Total	\$ -

Equipment

[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.

List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives goals.]</i>	Amount (round down to nearest whole number)

		Equipment Total		\$ -
Supplies				
<i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>				
List of Supplies		Budget Impact Justification <i>[Description of need to carry out the program's objectives goals.]</i>		Amount (round down to nearest whole number)
		Supplies Total		\$ -
Contractual				
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives goals and how the costs were estimated.] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
		Contracts Total		\$ -
Other				
<i>[List all costs that do not fit into any other category] Show breakdown of costs.</i>				
List of Other		Budget Impact Justification <i>[Impact on the program's objectives goals]</i>		Amount (round down to nearest whole number)
		Other Costs Total		\$ -
Total Direct Cost				\$ 113,828
Indirect Cost				
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>(Insert rate below)</i>	Insert Base		Total <i>[Insert Indirect]</i>
Final	19.43%	Indirect Charges		\$ 22,117
Part A Clinical Quality Management Total				\$ 135,945

PART A CLINICAL QUALITY MANAGEMENT CONTRACTUAL BUDGET

Note: complete this budget sheet if the jurisdiction contracts with a third party to provide CQM for the program.

RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA

FISCAL YEAR: 2026

Personnel				
Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE.] Only include duties that are allocable to the CQM budget.</i>	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
FTE Total:	0		Personnel Sub-Total with Rounding	\$ -
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	\$ -
Fringe Benefits				
Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate.]</i>			Amount
				\$ -
				\$ -
				\$ -
				\$ -
			Fringe Benefit Sub-Total with Rounding	\$ -
			Rounding Input Adjustment to Match SF-424A	
			Fringe Benefit Total	\$ -
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
			Local Travel Sub-Total	\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives goals.] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
			Long Distance Travel Sub-Total	\$ -
			Travel Total	\$ -
Equipment				
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.</i>				
List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives goals.]</i>			Amount (round down to nearest whole number)
			Equipment Total	\$ -
Supplies				
<i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>				
List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives goals.]</i>			Amount (round down to nearest whole number)
			Supplies Total	\$ -
Contractual				

List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives goals and how the costs were estimated.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
AIDS Healthcare Foundation	Improvement of Services and Service Delivery	Ensure CQM and data requirements are met, participate in CQM workgroups, assist in reviewing projects and making recommendations to the Group; make improvements at the agency level; presents agency QI updates to Quality Group; shares QM updates with staff; attends all scheduled CQM meetings; review and provide input for the TGA-wide CQM Plan; solicit and maintain consumer involvement in the agency's CQM program; and ensure requirements are met that relate to data collection and reporting. Due to the total number of clients served, and in keeping with alignment of HRSA PCN-15-02, service categories of focus currently include EIS/Outreach and NCMC. Outcomes within these categories focus on Linkage (Linked to Care within 7 days), Retention (Medical Visit Frequency), and Comprehensive Healthcare Coverage. Other measures, though optional, include prescription of ART and Viral Load Suppression rates for clients receiving OAHS and Engagement in Care for clients receiving MCM services. Quality improvement projects for these categories and measures include increasing use of technology to retain clients in care, immediate/intensive case management services, initiation of Rapid START, and the creation of HIV/STD mobile sites to test, link, and retain clients in care. Costs were estimated using the percentage of the CQM award	\$ 28,437
DAP Health	Improvement of Services and Service Delivery	Ensure CQM and data requirements are met, participate in CQM workgroups, assist in reviewing projects and making recommendations to the Group; make improvements at the agency level; presents agency QI updates to Quality Group; shares QM updates with staff; attends all scheduled CQM meetings; review and provide input for the TGA-wide CQM Plan; solicit and maintain consumer involvement in the agency's CQM program; and ensure requirements are met that relate to data collection and reporting. Due to the total number of clients served, and in keeping with alignment of HRSA PCN-15-02, service categories of focus currently include EIS/Outreach and NCMC. Outcomes within these categories focus on Linkage (Linked to Care within 7 days), Retention (Medical Visit Frequency), and Comprehensive Healthcare Coverage. Other measures, though optional, include prescription of ART and Viral Load Suppression rates for clients receiving OAHS and Engagement in Care for clients receiving MCM services. Quality improvement projects for these categories and measures include increasing use of technology to retain clients in care, immediate/intensive case management services, initiation of Rapid START, and the creation of HIV/STD mobile sites to test, link, and retain clients in care. Costs were estimated using the percentage of the CQM award	\$ 103,928
Foothill AIDS Project	Improvement of Services and Service Delivery	Ensure CQM and data requirements are met, participate in CQM workgroups, assist in reviewing projects and making recommendations to the Group; make improvements at the agency level; presents agency QI updates to Quality Group; shares QM updates with staff; attends all scheduled CQM meetings; review and provide input for the TGA-wide CQM Plan; solicit and maintain consumer involvement in the agency's CQM program; and ensure requirements are met that relate to data collection and reporting. Due to the total number of clients served, and in keeping with alignment of HRSA PCN-15-02, service categories of focus currently include EIS/Outreach and NCMC. Outcomes within these categories focus on Linkage (Linked to Care within 7 days), Retention (Medical Visit Frequency), and Comprehensive Healthcare Coverage. Other measures, though optional, include prescription of ART and Viral Load Suppression rates for clients receiving OAHS and Engagement in Care for clients receiving MCM services. Quality improvement projects for these categories and measures include increasing use of technology to retain clients in care, immediate/intensive case management services, initiation of Rapid START, and the creation of HIV/STD mobile sites to test, link, and retain clients in care. Costs were estimated using the percentage of the CQM award from	\$ 100,010
Riverside University Health Systems	Improvement of Services and Service Delivery	Ensure CQM and data requirements are met, participate in CQM workgroups, assist in reviewing projects and making recommendations to the Group; make improvements at the agency level; presents agency QI updates to Quality Group; shares QM updates with staff; attends all scheduled CQM meetings; review and provide input for the TGA-wide CQM Plan; solicit and maintain consumer involvement in the agency's CQM program; and ensure requirements are met that relate to data collection and reporting. Due to the total number of clients served, and in keeping with alignment of HRSA PCN-15-02, service categories of focus currently include EIS/Outreach and NCMC. Outcomes within these categories focus on Linkage (Linked to Care within 7 days), Retention (Medical Visit Frequency), and Comprehensive Healthcare Coverage. Other measures, though optional, include prescription of ART and Viral Load Suppression rates for clients receiving OAHS and Engagement in Care for clients receiving MCM services. Quality improvement projects for these categories and measures include increasing use of technology to retain clients in care, immediate/intensive case management services, initiation of Rapid START, and the creation of HIV/STD mobile sites to test, link, and retain clients in care. Costs were estimated using the percentage of the CQM award	\$ 34,254

SAC Health	Improvement of Services and Service Delivery	Ensure CQM and data requirements are met, participate in CQM workgroups, assist in reviewing projects and making recommendations to the Group; make improvements at the agency level; presents agency QI updates to Quality Group; shares QM updates with staff; attends all scheduled CQM meetings; review and provide input for the TGA-wide CQM Plan; solicit and maintain consumer involvement in the agency's CQM program; and ensure requirements are met that relate to data collection and reporting. Due to the total number of clients served, and in keeping with alignment of HRSA PCN-15-02, service categories of focus currently include EIS/Outreach and NMCM. Outcomes within these categories focus on Linkage (Linked to Care within 7 days), Retention (Medical Visit Frequency), and Comprehensive Healthcare Coverage. Other measures, though optional, include prescription of ART and Viral Load Suppression rates for clients receiving OAHs and Engagement in Care for clients receiving MCM services. Quality improvement projects for these categories and measures include increasing use of technology to retain clients in care, immediate/intensive case management services, initiation of Rapid START, and the creation of HIV/STD mobile sites to test, link, and retain clients in care. Costs were estimated using the percentage of the CQM award	\$ 32,948
TruEvolution	Improvement of Services and Service Delivery	Ensure CQM and data requirements are met; participate in CQM workgroups, assist in reviewing projects and making recommendations to the Group; make improvements at the agency level; presents agency QI updates to Quality Group; shares QM updates with staff; attends all scheduled CQM meetings; review and provide input for the TGA-wide CQM Plan; solicit and maintain consumer involvement in the agency's CQM program; and ensure requirements are met that relate to data collection and reporting. Due to the total number of clients served, and in keeping with alignment of HRSA PCN-15-02, service categories of focus currently include EIS/Outreach and NMCM. Outcomes within these categories focus on Linkage (Linked to Care within 7 days), Retention (Medical Visit Frequency), and Comprehensive Healthcare Coverage. Other measures, though optional, include prescription of ART and Viral Load Suppression rates for clients receiving OAHs and Engagement in Care for clients receiving MCM services. Quality improvement projects for these categories and measures include increasing use of technology to retain clients in care, immediate/intensive case management services, initiation of Rapid START, and the creation of HIV/STD mobile sites to test, link, and retain clients in care. Costs were estimated using the percentage of the CQM award from current year.	\$ 13,195
Contracts Total			\$ 312,772
Other <i>[List all costs that do not fit into any other category] Show breakdown of costs.</i>			
List of Other	Budget Impact Justification <i>[Impact on the program's objectives goals]</i>		Amount (round down to nearest whole number)
Other Costs Total			\$ -
Total Direct Cost			\$ 312,772
Indirect Cost			
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>(Insert rate below)</i>	Insert Base	Total <i>[Insert Indirect]</i>
Part A Clinical Quality Management Total			\$ 312,772

PART A HIV SERVICES BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2026

Personnel				
Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE]</i>	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
FTE Total:	0		Personnel Sub-Total with Rounding	\$ -
			Rounding Input Adjustment to Match SF-424A	\$ -
			Personnel Total	\$ -

Fringe Benefits		
Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate]</i>	Amount
		\$ -
		\$ -
		\$ -
		\$ -
	Fringe Benefit Sub-Total with Rounding	\$ -
	Rounding Input Adjustment to Match SF-424A	\$ -
	Fringe Benefit Total	\$ -

Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives goals]Show breakdown of costs.</i>	Amount (round down to nearest whole number)
			Local Travel Sub-Total	\$ -

Long Distance			
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives goals]Show breakdown of costs.</i>	Amount (round down to nearest whole number)
		Long Distance Travel Sub-Total	\$ -
		Travel Total	\$ -

Equipment		
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]</i>		
List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives goals]Show breakdown of costs.</i>	Amount (round down to nearest whole number)
	Equipment Total	\$ -

Supplies		
<i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.]Show breakdown of costs.</i>		
List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives goals]</i>	Amount (round down to nearest whole number)
	Supplies Total	\$ -

Contractual

List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
AIDS Healthcare Foundation	Medical and Support Services	Provides OAHS, MCM, MH, CM, Food, and Medical Transportation. Costs were estimated using the percentage of the award from current year.	\$ 703,980
DAP Health	Medical and Support Services	Provides MCM, OH, HCBHS, EIS, CM, Food, Housing, Medical Transportation, Psych, MAI - EIS, and EFA. Costs were estimated using the percentage of the award from current year.	\$ 2,512,616
Foothill AIDS Project	Medical and Support Services	Provides MH, MCM, SA, MNT, CM, Food, Housing, Medical Transportation, Psych, MAI-EIS, and EFA. Costs were estimated using the percentage of the award from current year.	\$ 2,418,660
Riverside University Health Systems	Medical and Support Services	Provides OAHS, MCM, EIS, MNT, CM, and MAI - EIS. Costs were estimated using the percentage of the award from current year.	\$ 843,960
SAC Health	Medical and Support Services	Provides OH. Costs were estimated using the percentage of the award from current year.	\$ 811,408
TruEvolution	Medical and Support Services	Provides EIS, CM, and MAI - EIS. Costs were estimated using the percentage of the award from current year.	\$ 337,562
Contracts Total			\$ 7,628,186
Other			
<i>[List all costs that do not fit into any other category] Show breakdown of costs.</i>			
List of Other	Budget Impact Justification <i>[Impact on the program's objectives/goals]</i>		Amount (round down to nearest whole number)
Other Costs Total			\$ -
Total Direct Cost			
			\$ 7,628,186
Indirect Cost			
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>(Insert rate below)</i>	Insert Base	Total <i>[Insert Indirect]</i>
Part A HIV Services Total			\$ 7,628,186

MAI ADMINISTRATIVE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2026

Personnel					
Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE]</i>	Amount	
\$ 119,250	0.120	Shannon Swims, Program Coordinator	Part A Admin 37.404%, Part A CQM 10%, MAI Admin 12% , MAI CQM 8.596%, EHE 30% and Part B 2%. Program Coordinator; Supervises day to day operation of the program, including oversight of MAI administrative functions and develop policy.	\$ 14,310	
\$ 105,942	0.100	Joshua Olagunju, Staff Analyst II	Part A 60%, MAI Adm 10% , and EHE 30%. Staff Analyst II; Monitors program quality, develops MAI policy and provide technical assistance with fiscal support and program monitoring for Ryan White. RWP budget development tracking and CQM reporting and policy development.	\$ 10,594	
\$ 62,034	0.150	Brook Imbriani, Fiscal Specialist	Part A Admin 55%, MAI Admin 15% , EHE 20%, and Part B 10%. Fiscal Specialist; Processes subcontractor invoices and contractor payments for RWP and monitors expenditures. Assists with contract monitoring and technical assistance related to MAI administrative functions provided to contracted agencies.	\$ 9,305	
\$ 54,838	0.150	Diana Villani, Office Specialist	Part A Admin 55%, MAI Admin 15% , EHE 20%, and Part B 10%. Office Specialist; Processes subcontractor invoices and contractor payments for RWP and monitors expenditures. Assists with contract monitoring and technical assistance related to MAI administrative functions provided to contracted agencies.	\$ 8,225	
FTE Total:				0.52	
				Personnel Sub-Total with Rounding	\$ 42,434
				Rounding Input Adjustment to Match SF-424A	
				Personnel Total	\$ 42,434

Fringe Benefits			
Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate]</i>	Amount	
40.92%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life	\$ 17,363	
		Fringe Benefit Sub-Total with Rounding	\$ 17,363
		Rounding Input Adjustment to Match SF-424A	
		Fringe Benefit Total	\$ 17,363

Travel					
Local					
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives: goals] Show breakdown of costs.</i>	Amount (round down to nearest whole number)	
				Local Travel Sub-Total	\$ -
Long Distance					
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives: goals] Show breakdown of costs.</i>		Amount (round down to nearest whole number)	
				Long Distance Travel Sub-Total	\$ -
				Travel Total	\$ -

Equipment			
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.</i>			
List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives: goals]</i>	Amount (round down to nearest whole number)	
		Equipment Total	\$ -

Supplies
[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.

List of Supplies		Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals]</i>	Amount (round down to nearest whole number)
Supplies Total			\$ -
Contractual			
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives goals and how the costs were estimated]Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Contracts Total			\$ -
Other			
<i>[List all costs that do not fit into any other category]Show breakdown of costs.</i>			
List of Other	Budget Impact Justification <i>[Impact on the program's objectives goals]</i>		Amount (round down to nearest whole number)
Other Costs Total			\$ -
Total Direct Cost			
			\$ 59,797
Indirect Cost			
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>(Insert rate below)</i>	Insert Base	Total <i>[Insert Indirect]</i>
Final	19.43%	Indirects Charges	\$ 11,292
MAI Administrative Total			\$ 71,089

MAI CLINICAL QUALITY MANAGEMENT BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2026

Personnel

Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE] Only include duties that are allocable to the CQM budget.</i>	Amount
\$ 119,250	0.086	Shannon Swims, Program Coordinator	Part A Admin 37.404%, Part A CQM 10%, MAI Admin 12%, MAI CQM 8.596% , EHE 30% and Part B 2%. Program Coordinator; Supervises day to day operation of the program, including overall oversight of MAI CQM projects.	\$ 10,250
\$ 109,134	0.100	Laura Moore, Biostatistician	Part A Admin 5%, Part A CQM 55%, MAI CQM 10% , and EHE 30%. Biostatistician; Monitors program quality, develops policy and training materials, and oversees local administration of the ARIES data management system; Collects, analyzes, and monitors program client-level data and quality progress; actively engages with subrecipient staff regarding data, quality improvement opportunities, ideas, and tools, and feedback on best practices; plans and implements TGA CQM activities based on federal and local requirements; assesses and ensures alignment between RSBTGA RWHAP and HRSA/HAB, CDPH/OA, and IEHPC requirements/directives; develops and revises CQM policy and training materials; lead writer of the RSBTGA CQM Plan; hosts and facilitates monthly CQM Check-Ins; provides CQM updates (infographics included) to HRSA, OA, and IEHPC; participates in CQM listservs and webinars and disseminates information to subrecipients; networks with other CQM staff to stay informed and share	\$ 10,913
FTE Total:	0.18596		Personnel Sub-Total with Rounding	\$ 21,163
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	\$ 21,163

Fringe Benefits

Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate]</i>	Amount
40.92%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life	\$ 8,659
	Fringe Benefit Sub-Total with Rounding	\$ 8,659
	Rounding Input Adjustment to Match SF-424A	
	Fringe Benefit Total	\$ 8,659

Travel

Local

Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives: goals] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
			Local Travel Sub-Total	\$ -

Long Distance

Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives: goals] Show breakdown of costs.</i>	Amount (round down to nearest whole number)	
			Long Distance Travel Sub-Total	\$ -
			Travel Total	\$ -

Equipment

[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.

List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives: goals]</i>	Amount (round down to nearest whole number)
		Equipment Total

Supplies

[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.

List of Supplies		Budget Impact Justification <i>[Description of need to carry out the program's objectives goals]</i>	Amount (round down to nearest whole number)
Supplies Total			\$ -
Contractual			
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives goals and how the costs were estimated] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Contracts Total			\$ -
Other <i>[List all costs that do not fit into any other category]</i>			
List of Other	Budget Impact Justification <i>[Impact on the program's objectives goals] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
Other Costs Total			\$ -
Total Direct Cost			
			\$ 29,822
Indirect Cost			
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>(Insert rate below)</i>	Insert Base	Total <i>[Insert Indirect]</i>
Final	19.43%	Indirects Charges	\$ 5,722
MAI Clinical Quality Management Total			\$ 35,544

MAI CLINICAL QUALITY MANAGEMENT CONTRACTUAL BUDGET

Note: complete this budget sheet if the jurisdiction contracts with a third party to provide CQM for the program.

RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2026

Personnel				
Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE] Only include duties that are allocable to the CQM budget.</i>	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
FTE Total:	0		Personnel Sub-Total with Rounding	\$ -
Rounding Input Adjustment to Match SF-424A				\$ -
Personnel Total				\$ -
Fringe Benefits				
Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate]</i>			Amount
				\$ -
				\$ -
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ -
Rounding Input Adjustment to Match SF-424A				\$ -
Fringe Benefit Total				\$ -
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives' goals] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives' goals] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
Long Distance Travel Sub-Total				\$ -
Travel Total				\$ -
Equipment				
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.) Show breakdown of costs.</i>				
List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives goals]</i>			Amount (round down to nearest whole number)
Equipment Total				\$ -
Supplies				
<i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold. Show breakdown of costs.</i>				
List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives goals]</i>			Amount (round down to nearest whole number)
Supplies Total				\$ -

Contractual			
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives goals and how the costs were estimated] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Contracts Total			\$ -
Other			
<i>[List all costs that do not fit into any other category]</i>			
List of Other	Budget Impact Justification <i>[Impact on the program's objectives goals] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
Other Costs Total			\$ -
Total Direct Cost			
			\$ -
Indirect Cost			
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>(Insert rate below)</i>	Insert Base	Total <i>[Insert Indirect]</i>
MAI Clinical Quality Management Total			\$ -

MAI HIV SERVICES BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2026

Personnel				
Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE]</i>	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
FTE Total:	0			Personnel Sub-Total with Rounding \$ -
				Rounding Input Adjustment to Match SF-424A
				Personnel Total \$ -

Fringe Benefits		
Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate]</i>	Amount
		\$ -
		\$ -
		\$ -
		\$ -
		Fringe Benefit Sub-Total with Rounding \$ -
		Rounding Input Adjustment to Match SF-424A
		Fringe Benefit Total \$ -

Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.</i>	Amount (round down to nearest whole number)
				Local Travel Sub-Total \$ -

Long Distance			
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.</i>	Amount (round down to nearest whole number)
			Long Distance Travel Sub-Total \$ -
			Travel Total \$ -

Equipment		
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]Show breakdown of costs.</i>		
List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals]</i>	Amount (round down to nearest whole number)
		Equipment Total \$ -

Supplies		
<i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.]Show breakdown of costs.</i>		
List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals]</i>	Amount (round down to nearest whole number)
		Supplies Total \$ -

Contractual				
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List of Contracts		Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives goals and how the costs were estimated] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
DAP Health		Medical and Support Services to targeted populations	Provides EIS. Costs were estimated using the percentage of the award from current year.	\$ 161,266
Foothill AIDS Project		Medical and Support Services to targeted populations	Provides EIS. Costs were estimated using the percentage of the award from current year.	\$ 232,940
Riverside University Health Systems		Medical and Support Services to targeted populations	Provides EIS. Costs were estimated using the percentage of the award from current year.	\$ 96,759
TruEvolution		Medical and Support Services to targeted populations	Provides EIS. Costs were estimated using the percentage of the award from current year.	\$ 113,295
Contracts Total				\$ 604,260
Other <i>[List all costs that do not fit into any other category] Show breakdown of costs.</i>				
List of Other		Budget Impact Justification <i>[Impact on the program's objectives goals]</i>		Amount (round down to nearest whole number)
Other Costs Total				\$ -
Total Direct Cost				
				\$ 604,260
Indirect Cost				
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>(Insert rate below)</i>	Insert Base		Total <i>[Insert Indirect]</i>
MAI HIV Services Total				\$ 604,260

Stages of HIV Care Continuum (HCC)

The stages of the HIV Care Continuum are the steps that people with HIV take from diagnosis to achieving and maintaining viral suppression.

Per HIV.gov, there are 5 stages:

1. Diagnosis

2. Linked to Care

3. Receipt of HIV Medical Care

4. Retention in Medical Care

5. Achievement of Viral Suppression

HIV Care Continuum Services Table Template:

Baselines

Include 2025 Baseline data for each HCC stage in cells C4, C5, C6, C7 and C8 in the HCC Services Table Template.

Tip:

These are the same Baselines reported in your 2025 competitive application (which should match the 2022 CDC data included as worksheets in this workbook.

2027 Targets

Indicate the Target goal per each HCC stage on cells D4, D5, D6, D7 and D8 in the HCC Services Table Template.

Tip:

These are the same Targets reported in your 2025 competitive application.

2025 Actuals

Using the CDC data included as worksheets in this workbook, enter the 2025 Actual data for each HCC stage in cells E4, E5, E6, E7 and E8 in the HCC Services Table Template.

Tip:

Use 2023 CDC data to enter the correct percentages for each HCC stage.

Variance

This value will automatically calculate to show progress toward the 2027 Target.

Tip:

Percentage Change from Target to Actual calculates automatically. This number is used to assess how far you are from reaching your Target goal after 1 year.

Outcomes

This field will automatically populate as green for each HCC stage if the 2027 Target is met, or it will populate as red if the 2027 Target is not met.

Comments

Enter comments to explain what actions are being taken to continue to meet the 2027 Targets, if not already met.

Service Category

The RWHAP service categories related to each stage of the HCC must be included in the service category column of the table.

List funded service categories that will contribute to achieving the targets described in the outcome in row/column K4, K5, K6, K7 and K8.

Calculation Methodology

In Row 9 enter the methodology used to determine the FY 2027 Targets.

HCC Definitions Worksheet

The HCC Definitions tab includes definitions for each HCC stage along with the denominator and numerator used to calculate each percentage.

CDC Data Worksheets

The HCC stages CDC Data tabs are the sole source for Baseline Data and Actual Data for each HCC stage; copy and paste each HCC stage percentage accordingly.

Diagnosis-Based HIV Care Continuum Services Table using CDC Data

Stages of the HIV Care Continuum	Baselines (Submitted with 2025 Competitive Application)	2027 Targets (Submitted with 2025 Competitive Application)	2025 Actuals (Submitted with 2026 NCC Progress Report)	Variance from Actuals to Target	Outcome	Comments: If the Outcome column autopopulates Met , please provide comments on how you plan to reach Target	Service Category (List service categories that tie to target Goal-Part A and MAJ)
Diagnosed: Percentage of persons aged ≥13 years with HIV infection who know their serostatus.	84.70%	88.00%	89.23%	1.23%	Met		Early Intervention Services
Engaged in Care: Percentage of persons with diagnosed HIV who had at least one CD4 or viral load test during the calendar year.	69.00%	72.00%	78.57%	6.57%	Met		Outpatient/Ambulatory Health Services, Medical Case Management, Case Management (Non-Medical)
Retained in Care: Percentage of persons with documentation of 2 or more CD4 or viral load tests performed at least 3 months apart during the calendar year.	49.00%	52.00%	54.90%	2.90%	Met		Early Intervention Services, Medical Case Management, Outpatient/Ambulatory Health Services, Home and Community-based Services, Oral Health Care, Mental Health Services, Substance Abuse (Outpatient), Medical Nutrition Therapy, Case Management (Non-Medical), Food, Transportation, Housing
Viral Suppression: Percentage of persons with diagnosed HIV infection whose most recent HIV viral load test in the past 12 months showed that HIV viral load was suppressed.	66.00%	69.00%	72.07%	3.07%	Met		Outpatient/Ambulatory Health Services, Medical Case Management
Linkage to Care: Percentage of persons with newly diagnosed HIV infection who were linked to care within one month after diagnosis as evidenced by a documented CD4 count or viral load.	75.00%	78.00%	76.68%	-1.32%	Met	Increase ability for labs to be drawn immediately for client and avoid outside lab draws, Work with providers to ensure same day appointments for newly Dx are available and used to meet target.	Early Intervention Services, Outpatient/Ambulatory Health Services, Medical Case Management, Case Management (Non-Medical)

HIV Continuum of Care data for Riverside and San Bernardino County provided by California State office of AIDS, June 2024 Bases on CY 2022 CDC HIV SURVEILLANCE DATA AS OF August 2025.

Describe methodology utilized to calculate the Target to be achieved during the three-year period of performance:

Diagnosis-Based HIV Care Continuum Services Table using CDC Data

Stages of the HIV Care Continuum

<p>I. Diagnosed: Percentage of persons aged ≥13 years with HIV infection who know their serostatus.</p>	<p>Numerator: Number of persons aged ≥13 years with diagnosed HIV infection in the jurisdiction at the end of the calendar year. Data Source: NHSS 202012 (Reference Source: Vol 34*).</p>	<p>Denominator: Number of persons aged ≥13 years with HIV infection (diagnosed or undiagnosed) in the jurisdiction at the end of the calendar year. *****</p>
<p>II. Receipt of Care: Percentage of persons with diagnosed HIV who had at least one CD4 or viral load test during the calendar year.</p>	<p>Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had a care visit during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 28 No 4**).</p>	<p>Denominator: Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.</p>
<p>III. Retained in Care: Percentage of persons with documentation of 2 or more CD4 or viral load tests performed at least 3 months apart during the calendar year.</p>	<p>Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had two care visits that were at least 90 days apart during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 28 No 4**).</p>	<p>Denominator: Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.</p>
<p>IV. Viral Suppression: Percentage of persons with diagnosed HIV infection whose most recent HIV viral load test in the past 12 months showed that HIV viral load was suppressed.</p>	<p>Numerator: Number of persons aged ≥13 years with diagnosed HIV infection whose most recent viral load test in the calendar year showed that HIV viral load was suppressed. Viral suppression is defined as a viral load test result of <200 copies/mL at the most recent viral load test. Data Source: NHSS 202012 (Reference Source: Vol 28 No 4**).</p>	<p>Denominator: Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.</p>
<p>V. Linkage to Care: Percentage of persons with newly diagnosed HIV infection who were linked to care within one month after diagnosis as evidenced by a documented CD4 count or viral load.</p>	<p>Numerator: Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year who were linked to care within one month of their diagnosis date as evidenced by a documented test result for a CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 28 No 4**).</p>	<p>Denominator: Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year.</p>

<p>Numerator and Denominator Definitions Sources:</p>	<p>*****The Diagnosed stage measures the percentage of the total number of people with HIV whose infection has been diagnosed. To determine this percentage, the</p>
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Table 1. Number of persons reported diagnosed and living with HIV (all ages) and those at all ages and those aged ≥ 13 years as year end by Sex, Jurisdiction

ARSATID	Jurisdiction	2021		2022		2023		2024	
		Diagnoses of HIV infection (aged ≥ 13) (2021)	Persons living with diagnosed HIV infection (aged ≥ 13) (2021)	Diagnoses of HIV infection (aged ≥ 13) (2022)	Persons living with diagnosed HIV infection (aged ≥ 13) (2022)	Diagnoses of HIV infection (aged ≥ 13) (2023)	Persons living with diagnosed HIV infection (aged ≥ 13) (2023)	Diagnoses of HIV infection (aged ≥ 13) (2024)	Persons living with diagnosed HIV infection (aged ≥ 13) (2024)
88451724	88451724, VA, Label								
679	Benning-Six-Benning, CA	58	99.82%	514	99.82%	582	99.82%	568	99.82%
978	Benning-Six-Benning, CA	58	99.82%	514	99.82%	582	99.82%	568	99.82%
979	Benning-Six-Benning, CA	58	99.82%	514	99.82%	582	99.82%	568	99.82%
1240	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1241	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1242	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1243	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1244	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1245	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1246	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1247	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1248	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1249	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1250	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1251	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1252	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1253	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1254	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1255	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1256	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1257	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1258	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1259	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1260	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1261	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1262	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1263	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1264	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1265	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1266	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1267	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1268	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1269	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1270	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1271	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1272	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1273	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1274	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1275	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1276	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1277	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1278	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1279	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1280	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1281	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1282	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1283	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1284	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1285	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1286	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1287	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1288	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1289	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1290	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1291	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1292	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1293	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1294	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1295	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1296	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1297	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1298	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1299	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%
1300	San Diego, CA	512	99.82%	512	99.82%	512	99.82%	512	99.82%

HRSA DATA REQUEST
 CDC HIV SURVEILLANCE DATA AS OF December 31, 2024

Table 2. Receipt of HIV medical care among persons aged >= 13 years with infection diagnosed by year-end and alive at year-end 20xx by Part A Jurisdictions

EMA/TGA	EMA_TGA_Label	2021			2022			2023			2024		
		Total alive		%									
		No.	>=1 CD4 or VL tests		No.	>=1 CD4 or VL tests		No.	>=1 CD4 or VL tests		No.	>=1 CD4 or VL tests	
6780	Riverside-San Bernardino, CA	15,862	12,041	75.9%	16,518	12,589	76.2%	17,179	13,156	76.6%	16,773	13,179	78.6%
6920	Sacramento, CA	5,039	4,052	80.4	5,051	4,094	81.1	5,171	4,177	80.8	5,171	4,177	80.8
7040	St. Louis, MO-IL	6,955	5,340	76.8	7,076	5,418	76.6	7,197	5,526	76.8	7,197	5,526	76.8
7240	San Antonio, TX	7,069	5,052	71.5	7,291	5,534	77.3	7,674	5,944	77.5	7,674	5,944	77.5
7320	San Diego, CA	13,176	9,542	72.4	13,363	9,599	71.8	13,581	9,782	72.0	13,581	9,782	72.0
7560	San Francisco, CA	13,763	10,957	79.6	13,699	10,918	79.7	13,547	10,811	79.8	13,547	10,811	79.8
7400	San Jose, CA	3,355	2,661	79.3	3,510	2,750	78.3	3,655	2,828	77.4	3,655	2,828	77.4
7440	San Juan-Bayamon, PR	9,232	4,831	52.3	9,731	5,023	51.8	9,895	5,046	51.1	9,895	5,046	51.1
7600	Seattle-Bellevue-Everett, WA	8,251	7,209	87.4	8,365	7,249	86.7	8,742	7,557	86.4	8,742	7,557	86.4
8280	Tampa-St. Petersburg-Clearwater, FL	13,776	11,548	83.8	14,066	11,795	83.9	14,261	11,997	84.1	14,261	11,997	84.1
8840	Washington, DC-MD-VA-WV	34,479	23,127	67.1	34,762	23,602	67.9	35,343	24,320	68.8	35,343	24,320	68.8
8960	West Palm Beach-Boca Raton, FL	7,921	5,848	73.8	8,124	6,052	74.5	8,302	6,174	74.4	8,302	6,174	74.4
1294000000	Baton Rouge, LA	5,225	4,482	85.8	5,103	4,378	85.8	5,190	4,509	86.9	5,190	4,509	86.9
1674000000	Charlotte-Gastonia-Rock Hill, NC-SC	8,027	6,353	79.1	8,618	6,973	80.9	8,956	7,261	81.1	8,956	7,261	81.1
1814000000	Columbus, OH	5,843	4,612	78.9	5,983	4,716	78.8	6,223	5,011	80.5	6,223	5,011	80.5
2690000000	Indianapolis-Carmel, IN	5,594	4,629	82.7	5,770	4,706	81.6	6,045	5,004	82.8	6,045	5,004	82.8
3282000000	Memphis, TN-MS-AR	7,243	5,664	78.2	7,420	5,734	77.3	7,531	5,891	78.2	7,531	5,891	78.2
3498000000	Nashville-Davidson--Murfreesboro--Franklin, TN	5,413	4,343	80.2	5,530	4,383	79.3	5,668	4,514	79.6	5,668	4,514	79.6

Data Source: National HIV Surveillance System Data through December 2024

HRSA DATA REQUEST
 CDC HIV SURVEILLANCE DATA AS OF December 31, 2024

Table 3. Retained HIV medical care among persons aged >= 13 years with infection diagnosed by year-end and alive at year-end 20xx by Part A jurisdictions

EMA/TGA	2021				2022				2023				2024			
	Total alive		>=2 CD4 or VL tests		Total alive		>=2 CD4 or VL tests		Total alive		>=2 CD4 or VL tests		Total alive		>=2 CD4 or VL tests	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
6780	15,862	8.223	52.5%	8,797	53.3%	16,518	8,797	53.3%	17,179	9,443	55.0%	16,773	9,208	54.9%		
6920	5,039	2,550	50.6	3,564	50.8	5,171	2,780	53.8	5,171	2,780	53.8	5,171	2,780	53.8		
7040	6,955	3,956	56.9	3,943	55.7	7,197	3,943	54.8	7,197	3,942	54.8	7,197	3,942	54.8		
7240	7,069	3,057	43.2	3,772	51.7	7,291	3,772	51.7	7,674	4,068	53.0	7,674	4,068	53.0		
7320	13,176	6,368	48.3	6,647	49.7	13,363	6,647	49.7	13,581	6,840	50.4	13,581	6,840	50.4		
7360	13,763	7,345	53.4	7,158	52.3	13,699	7,158	52.3	13,547	7,410	54.7	13,547	7,410	54.7		
7400	3,355	1,848	55.1	1,821	51.9	3,510	1,821	51.9	3,655	1,934	52.9	3,655	1,934	52.9		
7440	9,232	3,199	34.7	9,731	37.5	9,895	3,652	37.5	9,895	4,500	45.5	9,895	4,500	45.5		
7600	8,251	4,569	55.4	4,457	53.3	8,165	4,457	53.3	8,742	4,686	53.6	8,742	4,686	53.6		
8280	13,776	9,595	69.7	14,066	68.8	14,261	9,671	68.8	14,261	9,903	69.4	14,261	9,903	69.4		
8640	34,479	15,510	45.0	34,762	46.6	35,343	16,193	46.6	35,343	16,590	46.9	35,343	16,590	46.9		
8960	7,921	4,659	58.9	8,124	71.0	8,502	4,711	58.0	8,502	4,780	57.6	8,502	4,780	57.6		
1294000000	5,225	3,726	71.3	5,103	62.3	5,190	3,623	71.0	5,190	3,806	73.3	5,190	3,806	73.3		
1674000000	8,027	4,443	55.4	8,618	57.5	8,956	4,952	57.5	8,956	5,239	58.5	8,956	5,239	58.5		
1814000000	5,843	2,902	49.7	5,983	49.8	6,223	2,977	49.8	6,223	3,352	53.9	6,223	3,352	53.9		
2690000000	5,594	3,226	57.7	5,770	51.8	6,045	2,988	51.8	6,045	3,244	53.7	6,045	3,244	53.7		
3282000000	7,243	4,337	59.9	7,420	59.8	7,531	4,438	59.8	7,531	4,605	61.1	7,531	4,605	61.1		
3498000000	5,413	3,011	55.6	5,530	52.7	5,668	2,916	52.7	5,668	3,052	53.8	5,668	3,052	53.8		

Data Source: National HIV Surveillance System Data through December 2024

HSA DATA REQUEST
 CDC HIT SURVEILLANCE DATA AS OF December 31, 2024

Table 4. HIT viral infection during 20x among persons aged >=1 year with infection diagnosed by year-end and alive at year-end 20x by Post 4 jurisdiction

FIPS	EMATCA Label	2021			2022			VL of <10 copies/mL			VL of <10 copies/mL			
		No.	%	Person with >=1 VL term	No.	%	Person with >=1 VL term	Average persons alive at year-end	%	Person with >=1 VL term	Average persons alive at year-end	%	Person with >=1 VL term	
0100	EMATCA	15,852	1.0	12,041	75.9%	11,811	74.6%	10,922	69.3%	9,134	57.6%	11,396	69.9%	9,274
0928	Reynolds-Son Bernardino, CA	5,039	0.7	4,051	80.4	3,896	77.3	3,922	77.8	3,865	76.7	3,644	72.1	3,900
7140	Stockton, CA	5,935	1.0	5,420	91.3	5,044	85.0	4,908	82.7	4,844	81.6	4,629	78.0	4,811
7142	St. Louis, MO-CL	5,059	1.0	4,621	91.3	4,355	86.3	4,421	87.4	4,355	86.3	4,355	86.3	4,355
7120	St. George, TX	11,382	1.0	10,947	96.2	10,546	92.6	10,242	90.0	9,841	86.5	9,538	83.8	9,235
7126	San Francisco, CA	13,382	1.0	10,947	81.8	10,546	78.8	10,242	76.2	9,841	73.6	9,538	71.3	9,235
7100	San Jose, CA	3,355	0.5	2,661	79.3	2,535	75.6	2,431	72.2	2,316	69.0	2,201	65.6	2,086
7400	San Francisco, PR	9,232	1.3	4,831	52.3	4,715	51.1	4,597	49.7	4,481	48.6	4,365	47.0	4,249
7400	Scotts-Bellows-Bowen, VA	8,251	1.2	7,289	88.3	7,151	86.7	7,027	85.2	6,891	83.5	6,754	81.9	6,618
8100	Tampa-St. Petersburg-Clearwater, FL	13,776	2.0	11,448	83.2	11,296	82.0	10,932	79.5	10,780	78.3	10,416	75.7	10,204
8140	Washington, DC-ADMV-JMWV	34,679	4.9	31,127	89.7	30,054	86.7	29,094	83.9	28,121	81.2	27,150	78.3	26,179
8900	West Palm Beach-Boca Raton, FL	7,921	1.1	5,848	73.8	5,725	72.3	5,602	70.7	5,479	69.3	5,356	67.6	5,233
129100000	Baton Rouge, LA	5,225	0.7	4,482	85.8	4,459	85.4	4,436	85.1	4,413	84.7	4,390	84.3	4,367
167400000	Charlotte-Farmington-Rock Hill, NC-SC	6,027	1.1	6,351	79.1	6,157	76.7	6,015	76.6	5,911	75.0	5,807	73.3	5,703
181100000	Columbus, OH	5,845	0.8	4,629	79.2	4,511	77.2	4,390	75.1	4,269	73.3	4,148	71.1	4,027
269000000	Madison-Indianapolis, IN	5,394	0.8	4,629	85.8	4,480	83.1	4,335	80.4	4,184	77.6	4,033	74.8	3,882
312000000	Memphis, TN-MS-MSK	2,443	1.0	2,664	109.0	2,578	105.5	2,503	102.5	2,428	98.1	2,353	96.3	2,278
320400000	Newark-Elizabeth-Liberty-Union-Fredonia, NJ	5,413	0.8	4,463	82.4	4,228	78.1	4,073	75.2	3,918	72.4	3,763	69.5	3,608

Data Source: National HIT Surveillance System Data through December 2024

Table 4. HIV-1 risk population during 2003-2024 among persons aged ≥13 years with infection diagnosed by sero-test and alive at year-end 2003 by Peer Jurisdiction

EWA/TGA	2023										2024																													
	Persons alive at year-end					Persons with =1 VL test					Persons with =1 VL test or VL test					Persons with =1 VL test					Persons with =1 VL test or VL test																			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%														
0780	17,129	1.0	11,158	76.6%	12,840	74.8%	11,263	69.3%	90,816	59.1%	15,773	1.0	13,157	78.2%	12,899	76.9%	13,039	72.1%	12,039	72.1%	12,039	72.1%	91,826	59.1%	15,773	1.0	13,157	78.2%	12,899	76.9%	13,039	72.1%	12,039	72.1%	91,826	59.1%				
0920	5,171	0.1	4,177	80.8	4,020	78.3	3,783	73.2	30,616	19.6	5,171	0.1	4,177	80.8	4,020	78.3	3,783	73.2	30,616	19.6	5,171	0.1	4,177	80.8	4,020	78.3	3,783	73.2	30,616	19.6	5,171	0.1	4,177	80.8	4,020	78.3	3,783	73.2	30,616	19.6
0930	7,624	0.1	5,646	74.1	5,672	74.4	5,186	67.9	32,511	20.5	7,624	0.1	5,646	74.1	5,672	74.4	5,186	67.9	32,511	20.5	7,624	0.1	5,646	74.1	5,672	74.4	5,186	67.9	32,511	20.5	7,624	0.1	5,646	74.1	5,672	74.4	5,186	67.9	32,511	20.5
1340	13,541	1.8	9,732	72.0	8,763	64.5	8,271	60.9	84,616	54.6	13,541	1.8	9,732	72.0	8,763	64.5	8,271	60.9	84,616	54.6	13,541	1.8	9,732	72.0	8,763	64.5	8,271	60.9	84,616	54.6	13,541	1.8	9,732	72.0	8,763	64.5	8,271	60.9	84,616	54.6
1460	13,547	1.8	10,811	79.8	10,420	77.0	9,824	73.0	91,516	59.6	13,547	1.8	10,811	79.8	10,420	77.0	9,824	73.0	91,516	59.6	13,547	1.8	10,811	79.8	10,420	77.0	9,824	73.0	91,516	59.6	13,547	1.8	10,811	79.8	10,420	77.0	9,824	73.0	91,516	59.6
1490	9,895	0.5	2,828	28.6	2,702	27.3	2,561	25.9	20,616	20.8	9,895	0.5	2,828	28.6	2,702	27.3	2,561	25.9	20,616	20.8	9,895	0.5	2,828	28.6	2,702	27.3	2,561	25.9	20,616	20.8	9,895	0.5	2,828	28.6	2,702	27.3	2,561	25.9	20,616	20.8
1500	8,742	1.2	7,557	86.4	7,312	83.6	6,880	78.7	51,016	59.1	8,742	1.2	7,557	86.4	7,312	83.6	6,880	78.7	51,016	59.1	8,742	1.2	7,557	86.4	7,312	83.6	6,880	78.7	51,016	59.1	8,742	1.2	7,557	86.4	7,312	83.6	6,880	78.7	51,016	59.1
0280	14,261	1.9	11,997	84.1	11,668	81.8	10,755	75.4	21,846	15.2	14,261	1.9	11,997	84.1	11,668	81.8	10,755	75.4	21,846	15.2	14,261	1.9	11,997	84.1	11,668	81.8	10,755	75.4	21,846	15.2	14,261	1.9	11,997	84.1	11,668	81.8	10,755	75.4	21,846	15.2
0340	35,441	4.8	24,320	68.8	23,020	65.0	21,846	61.9	102,016	66.3	35,441	4.8	24,320	68.8	23,020	65.0	21,846	61.9	102,016	66.3	35,441	4.8	24,320	68.8	23,020	65.0	21,846	61.9	102,016	66.3	35,441	4.8	24,320	68.8	23,020	65.0	21,846	61.9	102,016	66.3
0360	8,282	1.1	6,174	74.4	6,041	72.8	5,560	67.0	30,016	36.7	8,282	1.1	6,174	74.4	6,041	72.8	5,560	67.0	30,016	36.7	8,282	1.1	6,174	74.4	6,041	72.8	5,560	67.0	30,016	36.7	8,282	1.1	6,174	74.4	6,041	72.8	5,560	67.0	30,016	36.7
129400000	5,190	0.7	4,509	86.9	4,480	86.3	4,106	79.1	19,016	36.7	5,190	0.7	4,509	86.9	4,480	86.3	4,106	79.1	19,016	36.7	5,190	0.7	4,509	86.9	4,480	86.3	4,106	79.1	19,016	36.7	5,190	0.7	4,509	86.9	4,480	86.3	4,106	79.1	19,016	36.7
127400000	8,946	1.2	7,261	81.1	7,175	80.1	6,482	72.4	28,016	31.3	8,946	1.2	7,261	81.1	7,175	80.1	6,482	72.4	28,016	31.3	8,946	1.2	7,261	81.1	7,175	80.1	6,482	72.4	28,016	31.3	8,946	1.2	7,261	81.1	7,175	80.1	6,482	72.4	28,016	31.3
141400000	6,321	0.8	5,011	79.3	4,844	76.6	4,491	71.2	18,016	20.6	6,321	0.8	5,011	79.3	4,844	76.6	4,491	71.2	18,016	20.6	6,321	0.8	5,011	79.3	4,844	76.6	4,491	71.2	18,016	20.6	6,321	0.8	5,011	79.3	4,844	76.6	4,491	71.2	18,016	20.6
230000000	6,435	0.8	5,044	78.4	4,769	74.1	4,318	67.1	17,016	20.3	6,435	0.8	5,044	78.4	4,769	74.1	4,318	67.1	17,016	20.3	6,435	0.8	5,044	78.4	4,769	74.1	4,318	67.1	17,016	20.3	6,435	0.8	5,044	78.4	4,769	74.1	4,318	67.1	17,016	20.3
232000000	7,251	1.0	4,891	67.4	4,739	65.3	4,437	61.1	16,016	19.5	7,251	1.0	4,891	67.4	4,739	65.3	4,437	61.1	16,016	19.5	7,251	1.0	4,891	67.4	4,739	65.3	4,437	61.1	16,016	19.5	7,251	1.0	4,891	67.4	4,739	65.3	4,437	61.1	16,016	19.5
242000000	5,476	0.8	4,514	82.4	4,420	80.7	4,101	74.9	15,016	20.1	5,476	0.8	4,514	82.4	4,420	80.7	4,101	74.9	15,016	20.1	5,476	0.8	4,514	82.4	4,420	80.7	4,101	74.9	15,016	20.1	5,476	0.8	4,514	82.4	4,420	80.7	4,101	74.9	15,016	20.1

Data Source: National HIV Surveillance System Data through December 2024

HHS4 DATA REQUEST
 CDC HIV SURVEILLANCE DATA AS OF December 31, 2024

Table 5. Linkage to HIV medical care within 1 month of HIV diagnosis during calendar year among persons aged >=13 years by Part A Jurisdictions

EMA/TGA	2021 <= 1 month				2022 <= 1 month				2023 <= 1 month				2024 <= 1 month							
	>=1 CD4 or VL tests		No CD4 or VL tests		>=1 CD4 or VL tests		No CD4 or VL tests		>=1 CD4 or VL tests		No CD4 or VL tests		>=1 CD4 or VL tests		No CD4 or VL tests					
	Total No.	No.	%	No.	%	Total No.	No.	%	No.	%	Total No.	No.	%	No.	%	Total No.	No.	%		
520	1,501	1,231	82.1	268	17.9	1,338	80.9	315	19.1	1,524	1,238	82.5	266	17.5	1,524	1,238	82.5	266	17.5	
640	302	239	85.8	43	14.2	299	87.9	41	15.7	300	270	90.0	30	10.0	300	270	90.0	30	10.0	
720	338	290	85.8	48	14.2	305	84.3	48	15.7	324	287	88.6	37	11.4	324	287	88.6	37	11.4	
875	126	97	77.0	29	23.0	134	107	79.9	27	20.1	140	125	89.3	15	10.7	140	125	89.3	15	10.7
1123	414	381	92.0	33	8.0	407	352	86.5	55	13.5	487	436	89.5	51	10.5	487	436	89.5	51	10.5
1600	997	841	84.4	156	15.6	1,053	88.5	168	16.0	1,310	1,107	84.5	203	15.5	1,310	1,107	84.5	203	15.5	
1680	209	180	88.7	23	11.3	168	142	85.1	25	14.9	192	167	87.0	25	13.0	192	167	87.0	25	13.0
1920	1,033	807	78.1	226	21.9	1,128	869	77.0	259	23.0	1,096	873	79.7	223	20.3	1,096	873	79.7	223	20.3
2080	262	234	89.3	28	10.7	268	240	89.6	28	10.4	338	298	88.2	40	11.8	338	298	88.2	40	11.8
2160	410	357	87.1	53	12.9	392	332	84.9	59	15.1	430	337	78.4	93	21.6	430	337	78.4	93	21.6
2680	543	433	79.7	110	20.3	570	459	80.5	111	19.5	552	439	79.5	113	20.5	552	439	79.5	113	20.5
2800	337	239	70.9	78	23.1	346	279	80.6	67	19.4	372	290	78.0	82	22.0	372	290	78.0	82	22.0
3360	1,345	1,016	75.5	329	24.5	1,448	1,138	78.6	310	21.4	1,509	1,205	79.9	304	20.1	1,509	1,205	79.9	304	20.1
3600	300	239	79.7	61	20.3	318	235	73.9	83	26.1	299	234	78.3	65	21.7	299	234	78.3	65	21.7
3640	131	101	77.1	30	22.9	155	138	89.0	17	11.0	107	86	80.4	21	19.6	107	86	80.4	21	19.6
3760	195	154	79.0	41	21.0	193	154	79.8	39	20.2	201	159	79.1	42	20.9	201	159	79.1	42	20.9
4120	462	396	85.7	66	14.3	502	442	88.2	59	11.8	527	442	83.9	85	16.1	527	442	83.9	85	16.1
4480	1,544	1,211	78.4	333	21.6	1,625	1,295	79.7	330	20.3	1,627	1,359	83.5	268	16.5	1,627	1,359	83.5	268	16.5
5000	868	700	80.6	168	19.4	1,013	838	82.7	175	17.3	1,024	841	82.1	183	17.9	1,024	841	82.1	183	17.9
5015	92	73	79.3	19	20.7	101	82	81.2	19	18.8	90	74	82.2	16	17.8	90	74	82.2	16	17.8
5120	220	190	86.4	30	13.6	217	185	85.3	32	14.7	264	238	90.2	26	9.8	264	238	90.2	26	9.8
5380	152	127	83.6	25	16.4	165	144	87.3	21	12.7	162	145	89.5	17	10.5	162	145	89.5	17	10.5
5560	276	244	88.4	32	11.6	242	194	80.2	48	19.8	240	204	85.0	36	15.0	240	204	85.0	36	15.0
5600	1,657	1,403	84.7	254	15.3	1,697	1,459	86.0	238	14.0	1,783	1,517	85.1	266	14.9	1,783	1,517	85.1	266	14.9
5640	326	271	80.7	65	19.3	348	284	81.6	64	18.4	295	221	74.9	74	25.1	295	221	74.9	74	25.1
5720	248	189	76.2	59	23.8	258	214	82.9	44	17.1	254	215	84.6	39	15.4	254	215	84.6	39	15.4
5775	299	247	82.6	52	17.4	326	280	85.9	36	11.0	319	286	89.7	33	10.3	319	286	89.7	33	10.3
5945	267	229	85.8	38	14.2	259	220	84.9	39	15.1	261	235	90.0	26	10.0	261	235	90.0	26	10.0
5960	577	473	82.0	104	18.0	583	481	82.5	102	17.5	648	536	82.7	112	17.3	648	536	82.7	112	17.3
6160	650	526	80.9	124	19.1	659	532	80.7	127	19.3	649	549	84.6	100	15.4	649	549	84.6	100	15.4
6200	569	482	84.7	87	15.3	638	531	83.2	107	16.8	672	566	84.2	106	15.8	672	566	84.2	106	15.8
6440	148	123	83.1	25	16.9	167	147	88.0	20	12.0	170	159	93.5	11	6.5	170	159	93.5	11	6.5
6780	557	431	77.4%	126	22.6%	612	466	76.1%	146	23.9%	582	458	78.7%	124	21.3%	566	434	76.7%	132	23.3%
6920	203	172	84.7	31	15.3	207	168	81.2	39	18.8	195	168	86.2	27	13.8	195	168	86.2	27	13.8
7040	315	238	81.9	57	18.1	292	250	85.6	42	14.4	313	272	86.9	41	13.1	313	272	86.9	41	13.1
7240	352	280	79.5	72	20.5	395	312	79.0	83	21.0	412	326	79.1	86	20.9	412	326	79.1	86	20.9
7320	404	324	80.2	80	19.8	408	338	82.8	70	17.2	389	359	87.1	50	12.9	389	359	87.1	50	12.9
7360	251	232	92.4	19	7.6	285	262	91.9	23	8.1	286	269	94.1	17	5.9	286	269	94.1	17	5.9
7400	131	123	93.9	8	6.1	162	145	89.5	17	10.5	166	145	87.3	21	12.7	166	145	87.3	21	12.7
7440	289	223	77.2	66	22.8	240	176	73.3	64	26.7	244	174	71.3	70	28.7	244	174	71.3	70	28.7
7600	245	217	88.6	28	11.4	286	257	89.9	29	10.1	205	178	86.8	27	13.2	205	178	86.8	27	13.2
8280	460	366	79.6	94	20.4	483	401	83.0	82	17.0	576	471	81.8	105	18.2	576	471	81.8	105	18.2
8840	750	617	82.3	133	17.7	824	701	85.1	123	14.9	748	643	86.0	105	14.0	748	643	86.0	105	14.0
8960	268	221	82.5	47	17.5	284	246	86.6	38	13.4	266	219	82.3	47	17.7	266	219	82.3	47	17.7
1294000000	188	152	80.9	36	19.1	186	163	87.6	23	12.4	184	154	83.7	30	16.3	184	154	83.7	30	16.3
1674000000	362	289	79.8	73	20.2	386	311	80.6	75	19.4	399	334	83.7	65	16.3	399	334	83.7	65	16.3
1814000000	225	193	85.8	32	14.2	243	208	85.6	35	14.4	240	209	87.1	31	12.9	240	209	87.1	31	12.9
2690000000	267	210	78.7	57	21.3	310	247	79.7	63	20.3	311	260	83.6	51	16.4	311	260	83.6	51	16.4
3282000000	350	214	61.1	136	38.9	399	257	64.4	142	35.6	416	273	65.6	143	34.4	416	273	65.6	143	34.4
3498000000	208	170	81.7	38	18.3	168	168	100.0	38	22.6	183	183	100.0	43	23.5	183	183	100.0	43	23.5

HRSA Ryan White HIV/AIDS Program (RWHAP) Core Medical Services Waiver Request Attestation Form

This form is to be completed by the Chief Elected Official, Chief Executive Officer, or a designee of either.

Please initial to attest to meeting each requirement after reading and understanding the explanation.

Riverside/San Bernardino TGA

Name of recipient _____

RWHAP Part A recipient
 RWHAP Part B recipient
 RWHAP Part C recipient

Initial request
 Renewal request

Year of request: **2026/2027**

REQUIREMENT	EXPLANATION
No ADAP waiting lists	By initialing here and signing this document, you attest there are no AIDS Drug Assistance Program (ADAP) waiting lists in the service area. DR
Availability of, and accessibility to core medical services to all eligible individuals	By initialing here and signing this document, you attest to the availability of and access to core medical services for all HRSA RWHAP eligible individuals in the service area within 30 days. Such access is without regard to funding source, and without the need to spend on these services, at least 75 percent of funds remaining from your RWHAP award after reserving statutory permissible amounts for administrative and clinical quality management. You also agree to provide HRSA HAB supportive evidence of meeting this requirement upon request. DR
Evidence of a public process	By initialing here and signing this document, you attest to having had a public process during which input related to the availability of core medical services and the decision to request this waiver was sought from impacted communities, including clients and RWHAP funded core medical services providers. You also agree to provide supportive evidence of such process to HRSA HAB upon request. DR

Dawn Rowe

SIGNATURE OF CHIEF ELECTED OFFICIAL OR CHIEF EXECUTIVE OFFICER (OR DESIGNEE)

Dawn Rowe
PRINT NAME

Chair, Board of Supervisors
TITLE

9/23/25
DATE

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0065 and is valid until 09/30/2024. Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

Expiration Date 09/30/2024



Inland Empire HIV Planning Council
330 N D Street, Suite 421, San Bernardino, CA 92401
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Get in touch: info@iehpc.org

Riverside / San Bernardino California Transitional Grant Area

Sharon Wang, DO, MSHPE, FIDSA
County Health Officer Co-Chair

Fred Maypark
Community Co-Chair

Subject: Inland Empire HIV Planning Council Assurance for RWHAP Part A FY 2026/2027 Funding

Date: August 20, 2025

Dear San Bernardino County Ryan White Program,

On behalf of the Inland Empire HIV Planning Council (IEHPC), we submit this Letter of Assurance summarizing the Council's planning, priority-setting, training, and administrative-mechanism assessment activities conducted for the Riverside/San Bernardino, CA Transitional Grant Area (TGA) in support of the Ryan White HIV/AIDS Program (RWHAP) Part A FY 2026–2027 Funding Opportunity.

a) Planning:

i. Comprehensive Needs Assessment:

- The 2023–2026 Comprehensive HIV Needs Assessment (released in 2024) informed the 2025 Priority Setting and Resource Allocation (PSRA) Summit.
- The Planning Committee (serving as the Needs Assessment Workgroup) has initiated scope, timeline, and data-plan discussions for the next needs assessment cycle.

ii. Participation in Comprehensive Planning Process:

- IEHPC actively participates in California's **Ending the Epidemics: Integrated Statewide Strategic Plan** process.
- **LeRoy Blea (State Office of AIDS)** is in the process of joining the Council and will help guide alignment to the successor integrated plan upon its adoption.

b) Priority Setting and Resource Allocation (PSRA):

i. Data Utilization in PSRA Process:

The FY 2026 PSRA process integrated multi-source data to ensure allocations:

- Address needs of **people with HIV**, including those with unmet need, historically underserved subpopulations, and individuals unaware of their status; and



Sharon Wang, DO, MSHPE, FIDSA
County Health Officer Co-Chair

Fred Maypark
Community Co-Chair

- Reflect **local epidemiology**, including targeted attention to **women, infants, children, and youth (WICY)** as applicable.

Data resources included (not exhaustive): epidemiology (incidence/prevalence, unmet need, “true prevalence”), client demographics and service utilization (GY 2024/2025), performance measures and viral suppression, resource-gap estimates and scenarios, budgets vs. expenditures, and service-category dashboards (e.g., OAHS, Oral Health, EIS, MCM, Mental Health, Substance Use—Outpatient, Food Bank/Home-Delivered Meals, Housing, Medical Transportation, Psychosocial Support, Medical Nutrition Therapy, EFA). Presentations also included **Ending the Epidemics** updates for both counties, the **2023–2026 IEHPC Needs Assessment**, **HOPWA** housing updates, **Aging, Behavioral Health**, and the **Consumer Caucus Report**.

ii. Involvement of People with HIV in Planning and Allocation Processes:

- IEHPC hosted **Consumer Caucus Town Halls** (Hesperia—May 22; Loma Linda—June 9; Palm Springs—June 12; virtual—June 18) with ranked-preference activities and open public comment.
- **Monolingual Spanish-speaking consumers** participated meaningfully during the PSRA sessions, elevating barriers and service needs.
- Public comment and consumer input were incorporated during the **PSRA proceedings on June 25–26, 2025**.

iii. Expenditure of FY 2025 Funds:

- The recipient’s quarterly reports demonstrate that Formula, Supplemental, and MAI expenditures for FY 2025 align with Council-adopted priorities and comply with RWHAP requirements.

c) Training:

- IEHPC provides **ongoing membership training** via quarterly Council Development Committee (CDC) sessions.
- Asynchronous, **self-guided modules** (e.g., reading data, Ryan White Part A overview, PSRA participation) are available on the IEHPC website.
- A **virtual PSRA training** was held on **June 20, 2025** with positive participant feedback.
- A **Directives training workshop** was conducted on **August 14, 2025**.



Inland Empire HIV Planning Council
330 N D Street, Suite 421, San Bernardino, CA 92401
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Riverside / San Bernardino California Transitional Grant Area

Sharon Wang, DO, MSHPE, FIDSA
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- A new **monthly Planning Council Orientation/Training** series launched in 2025 to support continuous onboarding.

d) Assessment of the Efficiency of the Administrative Mechanism:

i. Assessment of Grant Recipient Activities:

- The Council conducted its annual assessment focusing on **timely allocation, contracting, and payment** to providers..No immediate recommendations were issued.
- IEHPC has engaged a **consultant** to support a comprehensive written report and strengthen the feedback loop with the recipient.

Conclusion:

IEHPC reaffirms its commitment to **transparent, inclusive, and compliant** planning under RWHAP statute and HRSA HAB program guidance. We remain ready to collaborate with the recipient and HRSA to ensure effective implementation, continuous quality improvement, and equitable access across the TGA.

Respectfully,

 Fred Maypark (Aug 20, 2025 15:41:28 PDT)

Fred Maypark
Co-Chair, Inland Empire HIV Planning Council



State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

ERICA PAN, MD, MPH, FAAP,
FIDSA
Director & State Health Officer

January 31, 2025

Paul Chapman
Chief Financial Officer
San Bernardino County
451 E. Vanderbilt Way
San Bernardino, CA 92408

Dear Paul Chapman:

Thank you for submitting your Indirect Cost Rate (ICR) documentation to the California Department of Public Health (CDPH). CDPH is excited to have a standardized process that allows each Local Health Department (LHD) to use the negotiated ICR for all contracts, unless the ICR is otherwise designated by state or federal statutes, regulations, or specific grant guidelines, with CDPH.

For Fiscal Year (FY) 2025-2026, CDPH has accepted the documentation you have provided and, on a one-year basis, will approve your ICR proposal as follows:

19.43% calculated based on Salaries, Wages and Fringe Benefits

Please note, the rate you provided was approved up to the maximum allowed by CDPH policy (up to 25% for ICR calculated based on Salaries, Wages and Fringe Benefits and up to 15% for ICR calculated based on Allowable Total Direct Costs).

We look forward to working with you to document your approved ICR in CDPH contracts with a start date of July 1, 2025 or later.

If you have any questions, contact CDPH at CDPH-ICR-Mailbox@cdph.ca.gov.

Sincerely,

Luz Lunetta, Accounting Reporting Section Chief
California Department of Public Health