



Contract Number

21-11 A-5

SAP Number

4400015797

Department of Public Health

| | |
|---|--|
| Department Contract Representative | Tarah Cendejas |
| Telephone Number | 909-832-0807 |
| Contractor | Young Scholars for Academic Empowerment dba TruEvolution, Inc. |
| Contractor Representative | Curtis Smith |
| Telephone Number | 951-888-1346 |
| Contract Term | April 1, 2021 through March 31, 2026 |
| Original Contract Amount | \$601,931 |
| Amendment Amount | (\$23,342) |
| Total Contract Amount | \$578,589 |
| Cost Center | 9300371000 |
| Grant Number (if applicable) | 800248 |

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 5

It is hereby agreed to amend Contract No. 21-11 effective August 19, 2025, as follows:

SECTION V. FISCAL PROVISIONS

Paragraph A is amended to read as follows:

- A. The maximum amount of payment under this Contract shall not exceed \$578,589, of which \$578,589 may be federally funded, and shall be subject to availability of other funds to the County. If the funding source notifies the County that such funding is terminated or reduced, the County shall determine whether this Contract will be terminated or the County's maximum obligation reduced. The County will notify the Contractor in writing of its determination and of any change in funding amounts. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

| | | |
|-------------------|---------------------|--------------------------------------|
| Original Contract | \$498,846 | April 1, 2021 through March 31, 2024 |
| Amendment No. 1 | (\$27,639) decrease | April 1, 2021 through March 31, 2024 |
| Amendment No. 2 | \$201,678 | April 1, 2021 through March 31, 2026 |
| Amendment No. 3 | \$18,494 | April 1, 2021 through March 31, 2026 |
| Amendment No. 4 | (\$89,448) decrease | April 1, 2021 through March 31, 2026 |
| Amendment No. 5 | (\$23,342) | April 1, 2021 through March 31, 2026 |

It is further broken down by Program Year as follows:

| Program Year | Dollar Amount |
|--------------------------------------|---------------|
| April 1, 2021 through March 31, 2022 | \$157,069 |
| April 1, 2022 through March 31, 2023 | \$157,069 |
| April 1, 2023 through March 31, 2024 | \$147,041 |
| April 1, 2024 through March 31, 2025 | \$70,376 |
| April 1, 2025 through March 31, 2026 | \$47,034 |
| Total | \$578,589 |

Paragraph B is amended to read as follows:

- B. Payment to the Contractor shall be contingent upon the submission by the Contractor, and approval by the County, of the required reports and invoices. Expenditures or services submitted by the Contractor for reimbursement must be consistent with the Ryan White Program Budget and Allocation Plan (Attachment H), attached hereto and incorporated by this reference. Invoices shall be issued with corresponding SAP Contract and/or Purchase Order number stated on the invoice, and shall be processed with a net thirty (30) day payment term following approval by County.

ATTACHMENTS

Attachment A1 – Add Scope of Work 2025-26

Attachment H1 – Add Program Budget and Allocation Plan 2025-26

All other terms and conditions of Contract No. 21-11 remain in full force and effect.

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other mail transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

SAN BERNARDINO COUNTY

► 

Dawn Rowe, Chair, Board of Supervisors

Dated: AUG 19 2025

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD


Lynna Monetti
Clerk of the Board of Supervisors
of the San Bernardino County

By 

Young Scholars for Academic Empowerment dba
TruEvolution, Inc.

(Print or type name of corporation, company, contractor, etc.)

By

► 
Gabriel Maldonado (Aug 4, 2025 16:35:41 PDT)

(Authorized signature - sign in blue ink)

Name

Gabriel Maldonado

(Print or type name of person signing contract)

Title

Chief Executive Officer

(Print or Type)

Dated:

08/04/2025

Address

3839 Brockton Ave.
Riverside, CA, 92501

FOR COUNTY USE ONLY

Approved as to Legal Form

► 
Daniel Pasek (Aug 5, 2025 08:27:03 PDT)

Daniel Pasek, Deputy County Counsel

Date 08/05/2025

Reviewed for Contract Compliance

►

Date

Reviewed/Approved by Department

► 
Joshua Dugas (Aug 6, 2025 16:04:08 PDT)

Joshua Dugas, Director

Date 08/06/2025

SCOPE OF WORK – PART B HCP

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

| | | | | | | |
|---|---|----------------------|------------------------|-------------------|--|-----|
| Contract Number: | <i>Leave Blank</i> | | | | | |
| Contractor: | TrueEvolution, Inc. | | | | | |
| Grant Period: | April 1, 2025 – March 31, 2026 | | | | | |
| Service Category: | Non-Medical Case Management | | | | | |
| Service Goal: | Facilitate linkage and retention in care through the provision of guidance and assistance with service information and referrals. | | | | | |
| Service Health Outcomes: | <ul style="list-style-type: none"> Improve retention in care (at least 1 medical visit in each 6-month period) Improve viral suppression rate | | | | | |
| | SA4 San B West | SA5 San B East | SA6 San B Desert | FY 25/26 TOTAL | | |
| Proposed Number of Clients | 14 | 14 | N/A | | | 28 |
| Proposed Number of Visits = Regardless of number of transactions or number of units | 28 | 28 | N/A | | | 56 |
| Proposed Number of Units = Transactions or 15 min encounters (See Attachment P) | 168 | 168 | N/A | | | 336 |

| Group Name and Description (must be HIV+ related) | Service Area of Service Delivery | Targeted Population | Open/ Closed | Expected Avg. Attend. per Session | Session Length (hours) | Sessions per Week | Group Duration | Outcome Measures |
|--|----------------------------------|---------------------|-----------------|-----------------------------------|------------------------|-------------------|----------------|------------------|
| - N/A | | | | | | | | |
| - | | | | | | | | |
| - | | | | | | | | |

*Goal numbers for clients, visits, and units may be impacted due to the current COVID-19 pandemic.

| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES: | SERVICE AREA | TIMELINE | PROCESS OUTCOMES |
|--|--------------|-------------------|---|
| Activities: <ul style="list-style-type: none"> Initial assessment of service needs Initial and ongoing assessment of acuity level | SA4 & SA5 | 04/01/25-03/31/26 | We will use the following outcome indicators to measure either aspects of the process (client's care, # of visits and linkage to care or health outcomes (VLS). These indicators will be: |

| | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> • Development of a comprehensive, individualized care plan • Continuous client monitoring to assess the efficacy of the care plan • Re-evaluation of the care plan at least every 6 months with adaptations as necessary • Ongoing assessment of the client's and other key family members' needs and personal support systems • Provide education, advice and assistance in obtaining medical, social, community, legal, financial (e.g. benefits counseling), and other services • Discuss budgeting with clients to maintain access to necessary services • Case conferencing with Medical Case Management Staff on behalf of the client • Benefits counseling (assist with obtaining access to other public and private programs for which clients are eligible (e.g. Medi-Cal, Medicare, Covered CA, ADAP, Premium Assistance, etc.). • Services are provided based on established C&L Competency Standards | | | <ul style="list-style-type: none"> – Linkages to HIV Medical Care – 90% – HIV Viral Load Suppression – 90% <p>Benchmark rates will be recorded at the beginning of the cycle and there after every three months to determine areas in need of improvement.</p> |
|--|--|--|--|

TruEvolution
 Ryan White Part B - NMCM
 Line Item Budget
 Budget Period 4/1/2025 - 3/31/2026

| | | Salary | FTE | Cost | Total |
|------------------------|---------------------------|-----------|----------------|---------------------|----------------------|
| Personnel | | | | | |
| | TBD; Case Specialist | \$ 80,000 | 0.50 | \$ 40,000.00 | \$ 40,000.00 |
| | Personnel Subtotal | | | \$ 40,000.00 | \$ 40,000.00 |
| Fringe | | | Percent | Cost | Total |
| | FICA | | 7.65% | \$ 3,060.00 | \$ 3,060.00 |
| | Staff Insurance | | 1.00% | \$ 400.00 | \$ 400.00 |
| | Retirement | | 1.05% | \$ 420.00 | \$ 420.00 |
| | Disability | | 6.00% | \$ 2,400.00 | \$ 2,400.00 |
| | Fringe Subtotal | | 15.7% | \$ 6,280.00 | \$ 6,280.00 |
| Total Personnel | | | | | \$ 46,280.00 |
| | | | | Program Cost | Program Total |
| Supplies | | | | | |
| | Office Supplies | | | \$ 754.00 | \$ 754.00 |
| | Supplies Total | | | \$ 754.00 | \$ 754.00 |
| Direct | | | | \$ 47,034.00 | \$ 47,034.00 |
| \$ | | | | \$ 47,034.00 | \$ 47,034.00 |
| % | | | | 100% | 100% |

* Only include these in "Other" if they are not already included in Indirect

