



**Contract Number**

21-10 A-3

**SAP Number**

4400015796

**Department of Public Health**

**Department Contract Representative** LaTanya Mitchell  
**Telephone Number** (909) 665-2647

**Contractor** Foothill AIDS Project  
**Contractor Representative** La Monica Stowers  
**Telephone Number** (951) 482-2066  
**Contract Term** April 1, 2021 through March 31, 2026  
**Original Contract Amount** \$2,492,248  
**Amendment Amount** \$76,947  
**Total Contract Amount** \$2,569,195  
**Cost Center** 9300371000

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 3**

It is hereby agreed to amend Contract No. 21-10, effective March 26, 2024, 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 \$2,569,195 of which \$2,569,195 may be federally funded, and shall be subject to availability of 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	\$1,542,645	April 1, 2021 through March 31, 2024
Amendment No. 1	(\$69,645) decrease	April 1, 2021 through March 31, 2024
Amendment No. 2	\$1,019,248	April 1, 2021 through March 31, 2026
Amendment No. 3	\$76,947	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	\$491,000
April 1, 2022 through March 31, 2023	\$491,000
April 1, 2023 through March 31, 2024	\$529,065
April 1, 2024 through March 31, 2025	\$529,065
April 1, 2025 through March 31, 2026	\$529,065
Total	\$2,569,195

**ATTACHMENTS:**

**Replace Attachment A – Scope of Work with revised Attachment A – Scope of Work 2024 (Attached).**

**Replace Attachment H – Program Budget and Allocation Plan with revised Attachment H – Program Budget and Allocation Plan 2024 (Attached).**

**All other terms and conditions of Contract No. 21-10 remain in full force and effect.**

This Amendment 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 the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email 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 Amendment upon request.

SAN BERNARDINO COUNTY

►  
\_\_\_\_\_  
Dawn Rowe, Chair, Board of Supervisors

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

Lynna Monell  
Clerk of the Board of Supervisors  
San Bernardino County

By \_\_\_\_\_  
Deputy

Foothill AIDS Project

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

By ► \_\_\_\_\_  
*(Authorized signature - sign in blue ink)*

Name La Monica Stowers  
*(Print or type name of person signing contract)*

Title Executive Director  
*(Print or Type)*

Dated: \_\_\_\_\_

Address 678 S. Indian Hill Blvd, Suite 220  
Claremont, CA 91711

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
► \_\_\_\_\_  
Adam Ebright, County Counsel  
Date \_\_\_\_\_

Reviewed for Contract Compliance  
► \_\_\_\_\_  
Date \_\_\_\_\_

Reviewed/Approved by Department  
► \_\_\_\_\_  
Joshua Dugas, Director  
Date \_\_\_\_\_

## SCOPE OF WORK – PART B HCP

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

<b>Contract Number:</b>	<i>Leave Blank</i>
<b>Contractor:</b>	Foothill AIDS Project
<b>Grant Period:</b>	April 1, 2023 – March 31, 2024
<b>Service Category:</b>	Food Services
<b>Service Goal:</b>	The overall goal of food services is to supplement eligible HIV/AIDS consumer’s financial ability to maintain continuous access to adequate caloric intake and balanced nutrition sufficient to maintain optimal health in the face of compromised health status due to HIV infection in the TGA.
<b>Service Health Outcomes:</b>	<ul style="list-style-type: none"> <li>• Improve retention on care (at least 1 medical visit in each 6-month period)</li> <li>• Improve viral load suppression rate</li> </ul>

	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 23/24 TOTAL
<b>Proposed Number of Clients</b>	50	120	50	220
<b>Proposed Number of Visits</b> = Regardless of number of transactions or number of units	250	600	250	1100
<b>Proposed Number of Units</b> = Transactions or 15 min encounters (See Attachment P)	1500	4190	1500	7190

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
• Not Applicable								
•								
•								

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
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<p><b>Element #1: Food Vouchers</b></p> <ul style="list-style-type: none"> <li> <b>Activities:</b> To provide Food Vouchers  Food assistance needs will be identified by staff during assessment/reassessment, which will be included in the individualized Care Plan (CP). Eligibility will be determined according to current financial eligibility guidelines in collaboration with Eligibility Worker.  Eligible Clients will make appointment for picking up vouchers – whenever possible.  Food vouchers will be distributed on a monthly to clients not to exceed a maximum of \$60.00 monthly.  Food vouchers will be kept in locked file cabinet in FAP’s Administration offices and logged out to program using FAP’s internal Food Voucher Request form.  Food vouchers will be kept in locked file cabinet in FAP’s program sites and logged out to eligible clients using FAP’s internal Monthly Food Voucher Log. </li> </ul>	4,5,6	04/01/23-03/31/24	<p>Client file will evidence eligibility screening for Ryan White funds as well other party payers.  Client file will document HIV status, proof of medical insurance, residence, and income according to standards.  Client file will document evidence of certification and re-certification for service eligibility.  Client file will contain Consent for Services; ARIES consent updated every three years, HIPAA Notification and Partner Services Acknowledgement form.  Client file will evidence need for food assistance. Client file will contain proof of food assistance. received as client signature on copy of food vouchers and voucher serial number.  Client file will contain evidence of referral to other sources of food assistance, as applicable.</p>
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**RYAN WHITE PART B HCP / PART B MAI PROGRAM BUDGET AND ALLOCATION PLAN**  
**Fiscal Year April 1, 2023 – March 31, 2024**

Revised 2.5.24

**AGENCY NAME:** Foothill AIDS Project      **SERVICE:** FOOD

	A	B	C
Budget Category	Non RW Part A Funds	RW Part A Cost	Total Cost
<b>Personnel</b>			
<b>Program Support</b>			
<b>C. Hicks s x 1.00 FTE =</b>			
Per Year      Allocated			
\$ 54,500      5%			
Part A: .15% allocated to FOOD & .10% to Transportation, Part B .05 Transportation and .65 allocated to Private Programs. Process client food cards for distribution to ensure eligibility according to different funding sources, disburse payments and communicate with Case Managers on behalf of eligibility. <b>Salary is split between other RW Part A&amp;B Service Categories.</b>	<b>\$35,425.00</b>	<b>\$2,725.00</b>	<b>\$38,150.00</b>
<b>Total Fringe Benefits at a rate of:      22%</b>	<b>\$7,793.50</b>	<b>\$599.50</b>	<b>\$8,393.00</b>
<b>TOTAL PERSONNEL</b>	<b>\$43,218.50</b>	<b>\$3,324.50</b>	<b>\$46,543.00</b>
<b>Other</b> (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
<b>Food Assistance:</b> Monthly provision of food cards up to \$80 (1 unit = \$10) to approximately 1044 unduplicated clients residing in Service Areas 4, 5, & 6 to supplement their financial ability to maintain continuous access to adequate caloric intake and balance nutrition sufficient to maintain optimal health in the face of compromised health status due to HIV infection.      \$83,448.50	<b>\$1,773.00</b>	<b>\$81,675.50</b>	<b>\$83,448.50</b>
<b>Total Other</b>	<b>\$1,773.00</b>	<b>\$81,675.50</b>	<b>\$83,448.50</b>
<b>SUBTOTAL (Total Personnel and Total Other)</b>	<b>\$44,991.50</b>	<b>\$85,000.00</b>	<b>\$129,991.50</b>
<b>Administration:</b> (limited to 26% of total service budget) Includes cost of administrative salaries for program administration such as Executive Director and Grants Manager. Cost of payroll services, professional and liability expenses, and other costs not allowed under direct program expenses (i.e. equipment maintenance, postage, conferences and trainings).	<b>\$4,036.00</b>	<b>\$5,612.00</b>	<b>\$9,648.00</b>
<b>TOTAL BUDGET (Subtotal &amp; Administration)</b>	<b>\$49,027.50</b>	<b>\$90,612.00</b>	<b>\$139,639.50</b>

<sup>1</sup> Total Cost = Non-Part B/MAI Other Payers + RW Part B/MAI Cost (Column A + Column B)

- **Total Number Ryan White Part B/MAI Units to be Provided for Service Category:** 7,190
- **Total Part B/MAI Budget (Column B) Divided by Total Part B/MAI Units to be Provided:** \$12.60  
*(This is your agency's proposed RW Part B/MAI cost for care per unit)*

**<sup>2</sup>List Other Payers Associated with funding in Column A:** HOPWA Program, Private Funding