

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.

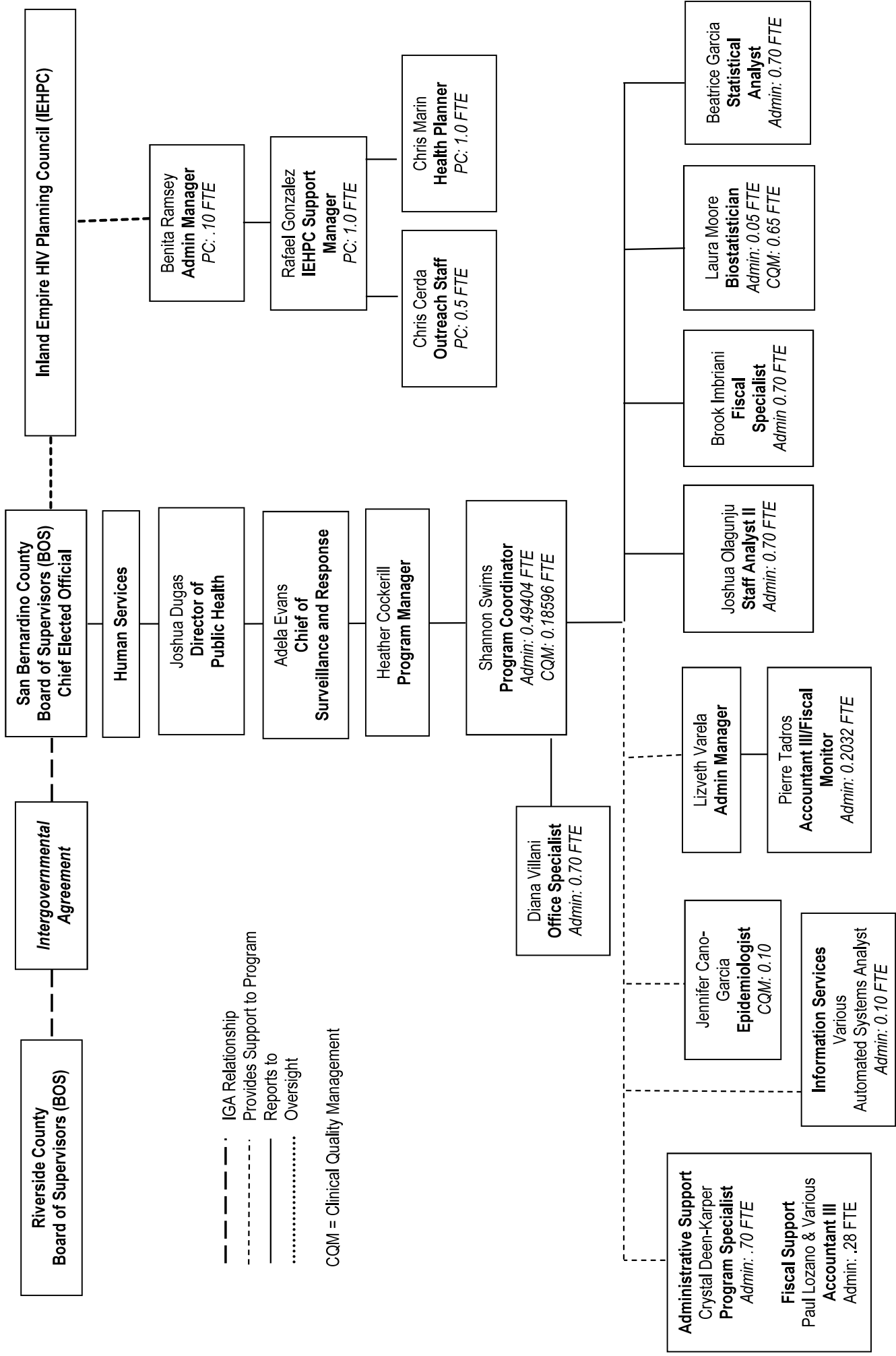
Pursuant to Section 2684

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_____

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 (SAll)	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

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

		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

		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.		
Benita Ramsey	Admin Manager	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.	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.

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

		he advanced youth-led support services, expanded community outreach, and promoted health education initiatives that center LGBTQ+ youth and their well-being.		
Chis Cerda	Outreach Staff	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.	Consumer liaison and meeting and event coordinator	.50 FTE is needed to provide administrative support to the Planning Council and the Program Manager.

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

OMB Number: 4040-0006
Expiration Date: 02/28/2025

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Part A & MAI Administration	93.914	\$ 0.00	\$ 0.00	\$ 968,523.00	\$ 0.00	\$ 968,523.00
2. Part A & MAI CQM	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)	(2)	(3)	(4)	
	Part A & MAI Administration	Part A & MAI CQM	Part A & MAI HIV Services		
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 CQM	0.00	0.00	0.00			0.00
10. Part A & MAI HIV Services	0.00	0.00	0.00			0.00
11.	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 CQM	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

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

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

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 [List components that comprise the fringe benefit rate.]			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 [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	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 [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	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 [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]	Amount
\$ 55,000	1.000	Rafael Gonzalez, Proram 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	Chris 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 [Insert as %]	Components [List components that comprise the fringe benefit rate.]			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 [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	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 attned meetings	\$ 3,000
Local Travel Sub-Total				\$ 3,500
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.		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				
[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 [Description of need to carry out the program's objectives/goals.]			Amount (round down to nearest whole number)
Equipment Total				\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. <u>Note</u> : 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 [Description of need to carry out the program's objectives/goals].			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 [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.		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				
[List all costs that do not fit into any other category.] Show breakdown of costs.				
List of Other	Budget Impact Justification [Impact on the program's objectives/goals.]			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

RECIPIENT:**FISCAL YEAR: 2026**

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

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

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				\$ -

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			\$ -

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		\$ -

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 [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [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.	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 [Insert as %]	Components [List components that comprise the fringe benefit rate.]	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 [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	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 [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	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 [Description of need to carry out the program's objectives/goals.]	Amount (round down to nearest whole number)

			Equipment Total	\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. <u>Note</u> : 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 [Description of need to carry out the program's objectives/goals.]		Amount (round down to nearest whole number)
			Supplies Total	\$ -
Contractual				
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.		Amount (round down to nearest whole number)
			Contracts Total	\$ -
Other				
[List all costs that do not fit into any other category] Show breakdown of costs.				
List of Other		Budget Impact Justification [Impact on the program's objectives/goals]		Amount (round down to nearest whole number)
			Other Costs Total	\$ -
Total Direct Cost				
				\$ 113,828
Indirect Cost				
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base		Total [Insert Indirect]
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

[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)
AIDS Healthcare Foundation	Improvement of Services and Service Delivery	<p>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</p>	\$ 28,437
DAP Health	Improvement of Services and Service Delivery	<p>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</p>	\$ 103,928
Foothill AIDS Project	Improvement of Services and Service Delivery	<p>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</p>	\$ 100,010
Riverside University Health Systems	Improvement of Services and Service Delivery	<p>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 cost</p>	\$ 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 from current year.	\$ 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		

<div>MAI ADMINISTRATIVE BUDGET</div> <div>RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA</div> <div>FISCAL YEAR: 2026</div>				
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 Admin 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				
<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			
			\$ 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 [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [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.	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
FTE Total:	0		Personnel Sub-Total with Rounding	\$ -
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ -
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]			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 [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	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 [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.		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 [Description of need to carry out the program's objectives/goals]			Amount (round down to nearest whole number)
Equipment Total				\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. <u>Note:</u> 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 [Description of need to carry out the program's objectives/goals]			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			\$ -

<div> <div>MAI HIV SERVICES BUDGET</div> <div> <div>RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA</div> <div>FISCAL YEAR: 2026</div> </div> </div>				
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)
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
<p>Include 2025 Baseline data for each HCC stage in cells C4, C5, C6, C7 and C8 in the HCC Services Table Template.</p> <p><input type="checkbox"/> 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).</p>
2027 Targets
<p>Indicate the Target goal per each HCC stage on cells D4, D5, D6, D7 and D8 in the HCC Services Table Template.</p> <p><input type="checkbox"/> Tip: These are the same Targets reported in your 2025 competitive application.</p>
2025 Actuals
<p>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.</p> <p><input type="checkbox"/> Tip: Use 2023 CDC data to enter the correct percentages for each HCC stage.</p>
Variance
<p>This value will automatically calculate to show progress toward the 2027 Target.</p> <p><input type="checkbox"/> 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.</p>
Outcomes
<p><input type="checkbox"/> 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.</p>
Comments
<p><input type="checkbox"/> Enter comments to explain what actions are being taken to continue to meet the 2027 Targets, if not already met.</p>
Service Category
<p><input type="checkbox"/> The RWHAP service categories related to each stage of the HCC must be included in the service category column of the table.</p> <p><input type="checkbox"/> List funded service categories that will contribute to achieving the targets described in the outcome in row/column K4, K5, K6, K7 and K8.</p>
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	
I. Diagnosed: Percentage of persons aged ≥13 years with HIV infection who know their serostatus.	
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*).	Denominator: Number of persons aged ≥13 years with HIV infection (diagnosed or undiagnosed) in the jurisdiction at the end of the calendar year. ****
II. Receipt of Care: Percentage of persons with diagnosed HIV who had at least one CD4 or viral load test during the calendar year.	
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**).	Denominator: Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.
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.	
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**).	Denominator: Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.
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.	
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**).	Denominator: Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.
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.	
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**).	Denominator: Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year.

Numerator and Denominator Definitions Sources:	*2021 Updated Edition: Volume 34. Diagnoses of HIV Infection in the United States and Dependent Areas
	**Volume 28, Number 4: Monitoring Selected HIV Prevention and Care Objectives using Surveillance Data, United States and 6 Dependent Areas, 2021
	Healthy People 2030, National HIV Surveillance System (NHSS)
	****The Diagnosed stage measures the percentage of the total number of people with HIV whose infection has been diagnosed. To determine this percentage, the

Table 1. Number of persons reported diagnosed and living with HIV (all stages) and those in all ages and those aged >= 13 years on year end by Year, Jurisdiction

EMA/TECA	EMA/TECA_Label	2021				2022				2023				2024			
		Diagnoses of HIV infection (all ages)	Persons living with diagnosed HIV infection (all ages)	Persons living with diagnosed HIV infection (aged >= 13)	Total No.	Diagnoses of HIV infection (all ages)	Persons living with diagnosed HIV infection (all ages)	Persons living with diagnosed HIV infection (aged >= 13)	Total No.	Diagnoses of HIV infection (all ages)	Persons living with diagnosed HIV infection (all ages)	Persons living with diagnosed HIV infection (aged >= 13)	Total No.	Diagnoses of HIV infection (all ages)	Persons living with diagnosed HIV infection (all ages)	Persons living with diagnosed HIV infection (aged >= 13)	Total No.
		Total No.	Total No.	Total No.	Total No.	Total No.	Total No.	Total No.	Total No.	Total No.	Total No.	Total No.	Total No.	Total No.	Total No.	Total No.	Total No.
6780	Revere-Ston Bernardino, CA	538	557	15,872	15,862	614	612	16,531	16,531	582	17,179	17,179	17,179	566	17,395	16,773	197,565
6820	Sevier, CA	203	203	5,215	5,215	199	207	5,339	5,339	195	5,331	5,326	5,326	195	5,331	5,320	59,006
7010	San Francisco, CA	315	315	7,265	7,264	297	297	7,569	7,569	315	7,499	7,499	7,499	315	7,499	7,499	59,806
7240	San Antonio, TX	352	352	7,411	7,405	365	365	7,692	7,686	412	8,084	8,077	8,077	412	8,084	8,077	59,901
7320	San Diego, CA	407	404	13,591	13,573	448	408	13,996	13,976	389	13,977	13,964	13,964	389	13,977	13,964	59,901
7400	San Francisco, CA	251	251	4,012	4,014	283	283	4,398	4,378	286	4,839	4,836	4,836	286	4,839	4,836	59,901
7410	San Jose, CA	131	131	5,519	5,519	152	152	5,726	5,726	166	5,885	5,885	5,885	166	5,885	5,885	100,000
7440	San Jose, CA	289	289	9,484	9,483	240	240	9,959	9,958	244	10,130	10,130	10,130	244	10,130	10,130	100,000
7600	Seattle-King County, WA	246	245	8,499	8,491	280	280	8,660	8,653	205	8,969	8,961	8,961	205	8,969	8,961	59,901
8280	Tampa-St. Petersburg-Clearwater, FL	461	460	11,241	11,230	485	485	14,533	14,540	576	14,845	14,834	14,834	576	14,845	14,834	59,901
8840	Washington, DC-Arlington, VA	751	750	35,234	35,234	825	824	35,609	35,609	748	36,133	36,109	36,109	748	36,133	36,109	59,901
8950	West Palm Beach-Boca Raton, FL	269	268	8,191	8,184	285	284	8,412	8,407	266	8,562	8,554	8,554	266	8,562	8,554	59,901
125400000	Baton Rouge, LA	188	188	5,427	5,417	186	186	5,292	5,284	184	5,378	5,372	5,372	184	5,378	5,372	59,897
167400000	Charlottesville-Albemarle, VA	565	562	8,379	8,364	587	586	9,005	8,992	599	9,443	9,431	9,431	599	9,443	9,431	59,887
181400000	Columbus, OH	225	225	6,065	6,055	244	243	6,228	6,217	240	6,482	6,471	6,471	240	6,482	6,471	59,887
265000000	Indianapolis-Carmel, IN	267	267	5,890	5,888	311	310	6,105	6,084	311	6,385	6,365	6,365	311	6,385	6,365	59,666
328200000	Memphis, TN-MS-AR	351	350	7,577	7,565	399	399	7,805	7,794	416	7,907	7,897	7,897	416	7,907	7,897	59,887
349800000	Nashville-Davidson--Murfreesboro--Franklin, TN	208	208	5,604	5,593	266	266	5,730	5,719	227	5,876	5,866	5,866	227	5,876	5,866	59,885

Data Source: National HIV Surveillance System Data through December 2024

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		>=1 CD4 or VL tests		Total alive		>=1 CD4 or VL tests		Total alive		>=1 CD4 or VL tests		Total alive		>=1 CD4 or VL tests	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
6780	Riverside-San Bernardino, CA	15,862	75.9%	12,041	76.2%	16,518	76.2%	12,589	76.2%	17,179	76.6%	13,156	76.6%	16,773	78.6%	13,179	78.6%
6920	Sacramento, CA	5,039	80.4	4,052	80.4	5,051	81.1	4,094	81.1	5,171	80.8	4,177	80.8	5,171	80.8	4,177	80.8
7040	St. Louis, MO-IL	6,955	5,340	76.8	76.8	7,076	76.6	5,418	76.6	7,197	76.8	5,526	76.8	7,197	76.8	5,526	76.8
7240	San Antonio, TX	7,069	5,052	71.5	71.5	7,291	77.3	5,634	77.3	7,674	77.5	5,944	77.5	7,674	77.5	5,944	77.5
7320	San Diego, CA	13,176	9,542	72.4	72.4	13,363	71.8	9,599	71.8	13,581	72.0	9,782	72.0	13,581	72.0	9,782	72.0
7360	San Francisco, CA	13,763	10,957	79.6	79.6	13,699	79.7	10,918	79.7	13,547	79.8	10,811	79.8	13,547	79.8	10,811	79.8
7400	San Jose, CA	3,355	2,661	79.3	79.3	3,510	78.3	2,750	78.3	3,655	77.4	2,828	77.4	3,655	77.4	2,828	77.4
7440	San Juan-Bayamon, PR	9,232	4,831	52.3	52.3	9,731	57.8	5,623	57.8	9,895	61.1	6,046	61.1	9,895	60.46	6,046	61.1
7600	Seattle-Bellevue-Everett, WA	8,251	7,209	87.4	87.4	8,365	86.7	7,249	86.7	8,742	86.4	7,557	86.4	8,742	86.4	7,557	86.4
8280	Tampa-St. Petersburg-Clearwater, FL	13,776	11,548	83.8	83.8	14,066	83.9	11,795	83.9	14,261	84.1	11,997	84.1	14,261	84.1	11,997	84.1
8840	Washington, DC-MD-V-A-WV	34,479	23,127	67.1	67.1	34,762	67.9	23,602	67.9	35,343	68.8	24,320	68.8	35,343	68.8	24,320	68.8
8960	West Palm Beach-Boca Raton, FL	7,921	5,848	73.8	73.8	8,124	74.5	6,052	74.5	8,302	74.4	6,174	74.4	8,302	74.4	6,174	74.4
12940000000	Baton Rouge, LA	5,225	4,482	85.8	85.8	5,103	85.8	4,378	85.8	5,190	86.9	4,509	86.9	5,190	86.9	4,509	86.9
16740000000	Charlotte-Gastonia-Rock Hill, NC-SC	8,027	6,353	79.1	79.1	8,618	80.9	6,973	80.9	8,956	81.1	7,261	81.1	8,956	81.1	7,261	81.1
18140000000	Columbus, OH	5,843	4,612	78.9	78.9	5,983	78.8	4,716	78.8	6,223	80.5	5,011	80.5	6,223	80.5	5,011	80.5
26900000000	Indianapolis-Carmel, IN	5,594	4,629	82.7	82.7	5,770	81.6	4,706	81.6	6,045	82.8	5,004	82.8	6,045	82.8	5,004	82.8
32820000000	Memphis, TN-MS-AR	7,243	5,664	78.2	78.2	7,420	77.3	5,734	77.3	7,531	78.2	5,891	78.2	7,531	78.2	5,891	78.2
34980000000	Nashville-Davidson--Murfreesboro--Franklin, TN	5,413	4,343	80.2	80.2	5,530	79.3	4,383	79.3	5,668	79.6	4,514	79.6	5,668	79.6	4,514	79.6

Data Source: National HIV Surveillance System Data through December 2024

HRS4 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 4 Jurisdictions

EMA/TGA	EMA_TGA_Label	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.	%	
6780	Riverside-San Bernardino, CA	15,862	8,323	52.5%	16,518	8,797	53.3%	17,179	9,443	55.0%	16,773	9,208	54.9%
6920	Sacramento, CA	5,039	2,550	50.6	5,051	2,564	50.8	5,171	2,780	53.8	5,171	2,780	53.8
7040	St. Louis, MO-IL	6,955	3,956	56.9	7,076	3,943	55.7	7,197	3,942	54.8	7,197	3,942	54.8
7240	San Antonio, TX	7,969	3,057	43.2	7,291	3,772	51.7	7,674	4,068	53.0	7,674	4,068	53.0
7320	San Diego, CA	13,176	6,368	48.3	13,363	6,647	49.7	13,581	6,840	50.4	13,581	6,840	50.4
7360	San Francisco, CA	13,763	7,345	53.4	13,699	7,158	52.3	13,547	7,410	54.7	13,547	7,410	54.7
7400	San Jose, CA	3,355	1,848	55.1	3,510	1,821	51.9	3,655	1,934	52.9	3,655	1,934	52.9
7440	San Juan-Bayamon, PR	9,232	3,199	34.7	9,731	3,652	37.5	9,895	4,500	45.5	9,895	4,500	45.5
7600	Seattle-Bellevue-Everett, WA	8,251	4,569	55.4	8,365	4,457	53.3	8,742	4,686	53.6	8,742	4,686	53.6
8280	Tampa-St. Petersburg-Clearwater, FL	13,776	9,595	69.7	14,066	9,671	68.8	14,261	9,903	69.4	14,261	9,903	69.4
8840	Washington, DC-MD-V-A-WV	34,479	15,510	45.0	34,762	16,193	46.6	35,343	16,590	46.9	35,343	16,590	46.9
8960	West Palm Beach-Boca Raton, FL	7,921	4,669	58.9	8,124	4,711	58.0	8,302	4,780	57.6	8,302	4,780	57.6
1294000000	Baton Rouge, LA	5,225	3,726	71.3	5,103	3,623	71.0	5,190	3,806	73.3	5,190	3,806	73.3
1674000000	Charlotte-Gastonia-Rock Hill, NC-SC	8,027	4,443	55.4	8,618	4,952	57.5	8,956	5,239	58.5	8,956	5,239	58.5
1814000000	Columbus, OH	5,843	2,902	49.7	5,983	2,977	49.8	6,223	3,352	53.9	6,223	3,352	53.9
2690000000	Indianapolis-Carmel, IN	5,594	3,226	57.7	5,770	2,988	51.8	6,045	3,244	53.7	6,045	3,244	53.7
3282000000	Memphis, TN-MS-AR	7,243	4,337	59.9	7,420	4,438	59.8	7,531	4,605	61.1	7,531	4,605	61.1
3498000000	Nashville-Davidson--Murfreesboro--Franklin, TN	5,413	3,011	55.6	5,530	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

Table 4. H1N1 viral suppression during 24w among persons aged ≥13 years with infection diagnosed by year-end and alive at year-end 24w by Part 4 jurisdictions

		2021										2022									
		Persons alive at year-end					Persons with ≥1 CD4 on VL tests					VL of <200 copies/mL					Persons with ≥1 VL tests				
		No.	%	Among persons with ≥1 VL tests			No.	%	Among persons with ≥1 VL tests			No.	%	Among persons with ≥1 VL tests			No.	%	Among persons with ≥1 VL tests		
EMA/TGA	EMA/TGA_Label			%	%	%		%	%	%	%		%	%	%	%		%	%	%	%
6780	Riverside-San Bernardino, CA	15,862	1.0	12,041	75.9%	11,831	74.6%	10,992	69.3%	91.3%	92.9%	16,518	1.0	12,589	76.2%	11,396	69.0%	11,396	69.0%	90.2%	92.7%
6920	Sacramento, CA	5,059	0.7	4,052	80.4	3,896	77.3	3,592	71.3	88.6	92.2	5,051	0.7	4,094	81.1	3,644	72.1	3,644	72.1	89.0	92.0
7040	St. Louis, MO-DE	6,955	1.0	5,340	76.8	5,044	72.5	4,366	64.8	84.4	89.3	7,076	1.0	5,418	76.6	4,609	65.1	4,609	65.1	85.1	89.6
7240	San Antonio, TX	7,069	1.0	5,052	71.5	4,955	69.8	4,421	62.5	87.5	89.6	7,291	1.0	5,634	77.3	5,498	75.4	4,901	67.2	87.0	89.1
7320	San Diego, CA	13,176	1.9	9,542	72.4	8,326	63.2	7,802	59.2	81.8	93.7	13,365	1.9	9,599	71.8	8,521	63.8	8,003	59.9	85.4	93.9
7560	San Francisco, CA	13,763	1.9	10,957	79.6	10,346	75.2	9,758	70.9	89.1	94.3	13,699	1.9	10,918	79.7	10,530	76.9	9,948	72.6	91.1	94.3
7440	San Jose, CA	3,355	0.5	2,661	79.3	2,535	75.6	2,421	72.2	91.0	95.5	3,510	0.5	2,750	78.3	2,605	74.2	2,473	70.5	89.9	94.9
7440	San Jose-Silicon Valley, CA	9,232	1.3	4,831	52.3	4,715	51.1	4,307	46.7	89.2	91.3	9,771	1.4	5,623	57.8	5,421	55.7	4,959	51.0	88.2	91.3
7600	Seattle-Tacoma-Puyallup, WA	8,251	1.2	7,209	87.4	7,151	86.7	6,787	82.3	94.1	94.9	8,365	1.2	7,249	86.7	7,155	85.7	6,741	80.5	92.9	94.1
8280	Tampa-St. Petersburg-Clearwater, FL	13,776	2.0	11,548	83.8	11,326	82.2	10,432	75.7	90.3	92.1	14,066	2.0	11,795	85.9	11,614	82.6	10,662	75.8	90.4	91.8
8840	Washington, DC-Arlington, VA	34,479	4.9	23,127	67.1	22,005	63.8	20,094	58.3	86.9	91.3	34,762	4.8	23,602	67.9	22,604	65.0	20,605	59.3	87.3	91.2
8660	West Palm Beach-Ft. Pierce, FL	7,921	1.1	5,848	73.8	5,725	72.3	5,167	65.2	88.4	90.3	8,124	1.1	6,052	74.5	5,937	73.1	5,415	66.7	89.5	91.2
129400000	Baton Rouge, LA	5,225	0.7	4,482	85.8	4,439	85.0	3,984	76.2	88.9	89.7	5,103	0.7	4,378	85.8	4,343	85.1	3,887	76.2	88.8	89.3
124000000	Charleston-Spartanburg, SC	8,023	1.1	6,535	81.5	6,157	77.0	5,535	69.0	87.1	89.9	8,018	1.1	6,975	87.0	6,771	84.6	6,021	69.9	86.5	89.9
124000000	Chattanooga, TN	5,462	0.8	4,032	73.8	3,918	71.7	3,585	65.6	86.8	89.6	5,386	0.8	4,016	74.6	3,901	72.6	3,585	66.7	86.8	89.6
228200000	Indianapolis, IN	5,462	0.8	4,032	73.8	3,918	71.7	3,585	65.6	86.8	89.6	5,386	0.8	4,016	74.6	3,901	72.6	3,585	66.7	86.8	89.6
228200000	Memphis, TN-MS-AR	7,342	1.0	5,668	77.2	5,572	76.0	4,923	64.5	83.5	83.8	7,429	1.0	5,734	77.3	5,643	76.1	4,937	66.3	81.7	83.1
349800000	Nashville-Clarksville-Murfreesboro-Franklin, TN	5,413	0.8	4,343	80.2	4,228	78.1	3,828	70.7	88.1	90.5	5,539	0.8	4,385	79.3	4,304	77.8	3,929	70.9	89.4	91.1

Data Source: National HIV Surveillance System Data through December 2024

Table 4. HIV viral suppression during 24mo among persons aged ≥13 years with infection diagnosed by year-end and alive on year-end 24mo by Part 4 jurisdictions

		2023										2024									
		Persons alive at year-end					Persons with ≥1 CD4 or VL tests					VL of <200 copies/mL					Persons with ≥1 VL tests				
		No.	%	No.	%	No.	%	No.	%	No.	%	Among persons alive at year-end	%	Among persons with ≥1 VL tests	%	VL of <200 copies/mL	Among persons with ≥1 VL tests	%	Among persons with ≥1 VL tests	%	VL of <200 copies/mL
EMVA/TA	EMVA/TA_Label																				
6780	Revere&San Bernardino, CA	17,179	1.0	13,156	76.6%	12,845	74.8%	11,945	69.5%	90.8%	91.0%	11,945	69.5%	90.8%	91.0%	13,167	78.2%	12,898	72.1%	12,089	93.7%
6920	Sacramento, CA	5,171	0.7	4,177	80.8	4,050	78.3	3,783	73.2	90.6	95.4	5,171	99.6	95.4	91.1	4,177	80.8	4,050	78.3	3,783	90.6
7040	St. Louis, MO&L	7,197	1.0	5,526	76.8	5,262	75.1	4,741	65.9	85.8	90.1	7,197	100	85.8	90.1	5,526	76.8	5,262	75.1	4,741	85.8
7240	San Antonio, TX	7,674	1.0	5,944	77.5	5,807	75.7	5,198	67.7	87.4	89.5	7,674	100	87.4	89.5	5,944	77.5	5,807	75.7	5,198	87.4
7290	San Diego, CA	15,581	1.8	9,782	72.0	8,765	64.5	8,271	60.9	84.6	94.4	15,581	100	84.6	94.4	9,782	72.0	8,765	64.5	8,271	84.6
7500	San Francisco, CA	15,541	1.8	10,811	77.4	10,400	73.0	9,894	75.0	91.5	94.9	15,541	100	91.5	94.9	10,811	77.4	10,400	73.0	9,894	91.5
7600	San Jose, CA	8,653	0.5	2,828	32.7	2,702	31.2	2,593	30.0	87.0	92.4	8,653	100	87.0	92.4	2,828	32.7	2,702	31.2	2,593	92.4
7640	San Jose&Santa Clara, CA	8,563	1.3	2,828	32.7	2,702	31.2	2,593	30.0	87.0	92.4	8,563	100	87.0	92.4	2,828	32.7	2,702	31.2	2,593	92.4
7660	Seattle&King&Pierce, WA	8,342	1.2	5,557	66.6	5,312	63.6	4,901	58.7	81.1	91.0	8,342	100	81.1	91.0	5,557	66.6	5,312	63.6	4,901	81.1
7800	Tampa&St. Petersburg&Clearwater, FL	14,361	1.6	11,997	84.1	11,698	81.6	10,745	75.4	89.6	92.2	14,361	100	89.6	92.2	11,997	84.1	11,698	81.6	10,745	89.6
8840	Washington, DC&Delaware&Maryland, VA	34,343	4.8	24,320	68.8	23,830	67.4	21,946	62.1	90.2	92.1	34,343	100	90.2	92.1	24,320	68.8	23,830	67.4	21,946	90.2
8960	West Palm Beach&Broward, FL	8,907	1.1	6,174	74.4	6,041	72.8	5,560	67.0	91.1	91.7	8,907	100	91.1	91.7	6,174	74.4	6,041	72.8	5,560	89.6
1294000000	Baton Rouge, LA	5,100	0.7	4,509	86.9	4,480	86.3	4,106	79.1	91.1	91.7	5,100	100	91.1	91.7	4,509	86.9	4,480	86.3	4,106	91.1
1674000000	Charlotte&Fayetteville&Rock Hill, NC&SC	8,956	1.2	7,261	81.1	7,175	80.3	6,482	72.4	89.3	90.5	8,956	100	89.3	90.5	7,261	81.1	7,175	80.3	6,482	89.3
1814000000	Columbus, OH	6,225	0.8	5,011	80.5	4,844	77.8	4,491	72.4	89.6	92.7	6,225	100	89.6	92.7	5,011	80.5	4,844	77.8	4,491	92.7
2690000000	Indianapolis&Carmel, IN	6,045	0.8	5,004	82.8	4,767	78.9	4,318	71.4	86.3	90.6	6,045	100	86.3	90.6	5,004	82.8	4,767	78.9	4,318	86.3
3282000000	Memphis, TN&Oakland, CA	7,531	1.0	5,891	78.2	5,787	76.8	4,947	65.7	84.0	85.5	7,531	100	84.0	85.5	5,891	78.2	5,787	76.8	4,947	85.5
3498000000	Nashville&Davidson&Madison&Franklin, TN	5,668	0.8	4,514	79.6	4,420	78.0	4,101	72.4	90.9	92.8	5,668	100	90.9	92.8	4,514	79.6	4,420	78.0	4,101	90.9

Data Source: National HIV Surveillance System Data through December 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

		2021						2022						2023						2024						
		<= 1 month			<= 1 month			<= 1 month			<= 1 month			<= 1 month			<= 1 month			<= 1 month			<= 1 month			
EMA/TGA	EMA_TGA_Label	Total No.	>=1 CD4 or VL tests	No.	%	No CD4 or VL tests	Total No.	>=1 CD4 or VL tests	No.	%	No CD4 or VL tests	Total No.	>=1 CD4 or VL tests	No.	%	No CD4 or VL tests	Total No.	>=1 CD4 or VL tests	No.	%	No CD4 or VL tests	Total No.	>=1 CD4 or VL tests	No.	%	
520	Atlanta, GA	1,501	1,233	82.1	268	17.9	1,653	1,338	80.9	315	19.1	1,524	1,258	82.5	266	17.5	1,524	1,258	82.5	266	17.5	1,524	1,258	82.5	266	17.5
640	Austin-San Marcos, TX	302	259	85.8	43	14.2	340	299	87.9	41	12.1	300	270	90.0	30	10.0	300	270	90.0	30	10.0	300	270	90.0	30	10.0
720	Baltimore, MD	338	290	85.8	48	14.2	305	257	84.3	48	15.7	324	287	88.6	37	11.4	324	287	88.6	37	11.4	324	287	88.6	37	11.4
875	Berger-Passaic, NJ	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	140	125	89.3	15	10.7
1123	Boston-Worcester-Lawrence-Lowell-Brockton, MA-NH	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	487	436	89.5	51	10.5
1600	Chicago, IL	997	841	84.4	156	15.6	1,053	885	84.0	168	16.0	1,310	1,107	84.5	203	15.5	1,310	1,107	84.5	203	15.5	1,310	1,107	84.5	203	15.5
1680	Cleveland-Loain-Elyria, OH	203	180	88.7	23	11.3	168	143	85.1	25	14.9	192	167	87.0	25	13.0	192	167	87.0	25	13.0	192	167	87.0	25	13.0
1920	Dallas, TX	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	1,096	873	79.7	223	20.3
2080	Denver, CO	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	338	298	88.2	40	11.8
2160	Detroit, MI	410	357	87.1	53	12.9	392	333	84.9	59	15.1	430	337	78.4	93	21.6	430	337	78.4	93	21.6	430	337	78.4	93	21.6
2680	Fort Lauderdale, FL	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	552	439	79.5	113	20.5
2800	Fort Worth-Arlington, TX	337	259	76.9	78	23.1	346	279	80.6	67	19.4	372	290	78.0	82	22.0	372	290	78.0	82	22.0	372	290	78.0	82	22.0
3260	Houston, TX	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	1,509	1,205	79.9	304	20.1
3600	Jacksonville, FL	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	299	234	78.3	65	21.7
3640	Jersey City, NJ	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	107	86	80.4	21	19.6
3760	Kansas City, MO-KS	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	201	159	79.1	42	20.9
4120	Las Vegas, NV-AZ	462	396	85.7	66	14.3	502	443	88.2	59	11.8	527	442	83.9	85	16.1	527	442	83.9	85	16.1	527	442	83.9	85	16.1
4480	Los Angeles-Long Beach, CA	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	1,627	1,359	83.5	268	16.5
5000	Miami, FL	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	1,024	841	82.1	183	17.9
5015	Middlesex-Somerset-Hunterdon, NJ	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	90	74	82.2	16	17.8
5120	Minneapolis-St. Paul, MN-WI	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	264	238	90.2	26	9.8
5380	Nassau-Suffolk, NY	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	162	145	89.5	17	10.5
5560	New Orleans, LA	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	240	204	85.0	36	15.0
5600	New York, NY	1,637	1,403	84.7	234	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	1,783	1,517	85.1	266	14.9
5640	Newark, NJ	336	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	295	221	74.9	74	25.1
5720	Norfolk-Virginia Beach-Newport News, VA-NC	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	254	215	84.6	39	15.4
5775	Oakland, CA	299	247	82.6	52	17.4	326	290	89.0	36	11.0	319	286	89.7	33	10.3	319	286	89.7	33	10.3	319	286	89.7	33	10.3
5945	Orange County, CA	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	261	235	90.0	26	10.0
5960	Orlando, FL	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	648	536	82.7	112	17.3
6160	Philadelphia, PA-NJ	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	649	549	84.6	100	15.4
6200	Phoenix-Mesa, AZ	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	672	566	84.2	106	15.8
6440	Portland-Vancouver, OR-WA	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	170	159	93.5	11	6.5
6780	Riverside-San Bernardino, CA	557	431	77.4%	126	22.6%	612	466	76.1%	146	23.9%	582	458	78.7%	124	21.3%	582	458	78.7%	124	21.3%	582	458	78.7%	124	21.3%
6920	Sacramento, CA	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	195	168	86.2	27	13.8
7040	St. Louis, MO-IL	315	258	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	313	272	86.9	41	13.1
7240	San Antonio, TX	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	412	326	79.1	86	20.9
7320	San Diego, CA	404	324	80.2	80	19.8	408	338	82.8	70	17.2	389	339	87.1	50	12.9	389	339	87.1	50	12.9	389	339	87.1	50	12.9
7360	San Francisco, CA	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	286	269	94.1	17	5.9
7400	San Jose, CA	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	166	145	87.3	21	12.7
7440	San Juan-Bayamon, PR	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	244	174	71.3	70	28.7
7600	Seattle-Bellevue-Everett, WA	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	205	178	86.8	27	13.2
8280	Tampa-St. Petersburg-Clearwater, FL	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	576	471	81.8	105	18.2
8840	Washington, DC-MD-V-A-WV	750	617	82.3	133	17.7	824	701	85.1	123	14.9	748	643	86.0	105	14										

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

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**



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**.



Riverside / San Bernardino California Transitional Grant Area

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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

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



GAVIN NEWSOM
Governor

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