



Contract Number

21-09 A-4

SAP Number

4400015795

Department of Public Health

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

Contractor Desert AIDS Project dba DAP Health
Contractor Representative William VanHemert
Telephone Number (760) 323-2118
Contract Term April 1, 2021 through March 31, 2026
Original Contract Amount \$252,174
Amendment Amount \$ 67,386
Total Contract Amount \$319,560
Cost Center 9300371000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 4

It is hereby agreed to amend Contract No. 21-09, effective May 21, 2024, as follows:

ATTACHMENTS It is hereby agreed to amend as follows:

Attachment A – Scope of Work 2024

Attachment H – Program Budget and Allocation Plan 2024

SECTION V. FISCAL PROVISIONS

Paragraph A is amended to read as follows:

- A. The maximum amount of payment under this Contract shall not exceed \$319,560, of which \$319,560 may be federally funded, and shall be subject to availability of funds to the County. If the funding source notifies the County that such funding is terminated or reduced, the County shall determine whether this Contract will be terminated or the County’s maximum obligation reduced. The County will notify the Contractor in writing of its determination and of any change in

funding amounts. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

Original Contract	\$204,039	April 1, 2021 through March 31, 2024
Amendment No. 1	(\$14,406) decrease	April 1, 2021 through March 31, 2024
Amendment No. 2	\$59,347	April 1, 2021 through March 31, 2026
Amendment No. 3	\$3,194	April 1, 2021 through March 31, 2026
Amendment No. 4	\$67,386	April 1, 2021 through March 31, 2026

It is further broken down by Program Year as follows:

Program Year	Dollar Amount
April 1, 2021 through March 31, 2022	\$63,211
April 1, 2022 through March 31, 2023	\$63,211
April 1, 2023 through March 31, 2024	\$63,212
April 1, 2024 through March 31, 2025	\$64,963
April 1, 2025 through March 31, 2026	\$64,963
Total	\$319,560

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

All other terms and conditions of Contract No. 21-09 remain in full force and effect.

IN WITNESS WHEREOF, the San Bernardino County and the Contractor have each caused this Contract to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

Desert AIDS Project dba DAP Health

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

►

Dawn Rowe, Chair, Board of Supervisors

By ► _____
(Authorized signature - sign in blue ink)

Dated: _____

Name David Brinkman
(Print or type name of person signing contract)

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

Title Chief Executive Officer
(Print or Type)

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By _____
Deputy

Dated: _____

Address 1695 N. Sunrise Way

Palm Springs, CA 92262

FOR COUNTY USE ONLY

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

Reviewed for Contract Compliance
► _____
Date _____

Reviewed/Approved by Department
► _____
Joshua Dugas, Director
Date _____

**SCOPE OF WORK – PART B
USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE**

Contract Number:	
Contractor:	Desert AIDS Project dba DAP Health (DAP)
Grant Period:	April 1, 2024 – March 31, 2025
Service Category:	Food Services
Service Goal:	Supplement eligible HIV/AIDS consumer’s financial ability to maintain continuous access to adequate caloric intake and balanced nutrition sufficient to maintain optimal health in the face of compromised health status due to HIV infection in the TGA.
Service Health Outcomes:	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 24/25 TOTAL
Number of Clients	0	0	0	0	15	40	55
Number of Visits = Regardless of number of transactions or number of units	0	0	0	0	180	600	780
Number of Units = Transactions or 15 min encounters	0	0	0	0	900	3000	3900

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE TIMELINE AREA	PROCESS OUTCOMES
<p>Element #1: Food vouchers, actual food, and/or hot meals;</p> <p>Element #2: Licensure and Food Handling certification required if applicable; and</p> <p>Element #3: Current local limit = \$50 per client per month.</p> <p>Activities: Screening for Payer of Last Resort with support from on-site central registration and case management teams; Renewing food handling certification; Distributing food vouchers once a month on a regular basis, and as needed for emergency assistance, ensuring that every client receives an equal number of food vouchers each month; Securing vouchers from an accessible grocery store chain making every effort to purchase quantities that provide for discounts; Case Conferencing; Co-locating with case managers support review of health indicators to include medical visits and viral load; Ensuring shared access to electronic health records (EHR) and electronic dental records (EDR); Referring clients to co-located (to</p>	5,6	<p>04/01/24-03/31/25</p> <ul style="list-style-type: none"> • Eligibility documentation complete at least every six months. • Current Food Handler license from the County of Riverside Department of Environmental Health. • Food voucher eligibility lists produced monthly. • Food voucher distribution receipts. • Invoices showing discount from Stater Bros. • Service deliveries in ARIES. • Case Conference logs. • Referrals documented in Progress Notes, ARIES and EHR. • Employment records. • MOUs/Contracts/Agreements/Letters of support from partners.

<p>medical clinic, dental clinic, behavioral health, early intervention programs and other social services such as housing, transportation and case management; and Referring clients to needed services provided by community referral partners.</p>			
<p>Element #4: Services are provided based on Cultural and Linguistic (C&L) Competency Standards. Activities: Enrolling staff in annual C&L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and updating as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.</p>	5,6	04/01/24-03/31/25	<ul style="list-style-type: none"> • Staff development documentation and personnel files. • Client Satisfaction Survey results. • Staff race/ethnicity/gender/sexual orientation survey results. • C&L Competency Plan and All-Staff Meeting agenda. • C&L Competency Self-Assessment and plan to address deficiencies. • Race, ethnicity and language proficiency recorded in ARIES. • Staff language proficiency survey results. • “Interpreter Needed” alert in EHR as well as accounting of payment to interpretive service vendors. • Spanish versions of most common forms and signage.

Desert AIDS Project, Inc., dba DAP Health							
Ryan White Part B							
Line Item Budget: Food							
Budget Period 4/1/2024 - 3/31/2025							
		Salary	Program FTE	Program Cost	Direct Costs	Admin Costs	Program Total
Personnel							
	Welden, Zayda; Director of Social Services	\$ 147,361	0.05	\$ 7,368	\$ 7,368		\$ 7,368
	Key, Brianna; Food & Transportation Pgms Coordinator	\$ 57,948	0.10121	\$ 5,865	\$ 5,865		\$ 5,865
	Maldonado, Jose; Social Services Assistant	\$ 43,680	0.12000	\$ 5,242	\$ 5,242		\$ 5,242
	Personnel Subtotal			\$ 18,475	\$ 18,475	\$ -	\$ 18,475
Fringe			Percent	Program Cost	Direct Costs	Admin Costs	Program Total
	FICA, staff insurance, retirement, disability, work's compensation, other benefits		27.0%	\$ 4,988	\$ 4,988	\$ -	\$ 4,988
	Fringe Subtotal		27.0%	\$ 4,988	\$ 4,988	\$ -	\$ 4,988
Total Personnel							\$ 23,463
Supplies				Program Cost	Direct Costs	Admin Costs	Program Total
	Food Vouchers/Assistance			\$ 38,000	\$ 38,000		\$ 38,000
	Office supplies and small tools			\$ 1,186	\$ 1,186		\$ 1,500
	Supplies Total			\$ 39,186	\$ 39,186	\$ -	\$ 39,186
Direct				\$ 62,649	\$ 62,649		\$ 62,649
Admin						\$ 2,314	\$ 2,314
CQM							\$ -
GRAND TOTAL				\$ 62,649	\$ 62,649	\$ 2,314	\$ 64,963
%				96%	96%	4%	100%