This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	HRSA-25-063
Opportunity Title:	Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B
Opportunity Package ID:	PKG00287738
CFDA Number:	93.686
CFDA Description:	Ending the HIV Epidemic: A Plan for America ??? Ryan White HIV/AIDS Program Parts A and B
Competition ID:	HRSA-25-063
Competition Title:	Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B
Opening Date:	08/22/2024
Closing Date:	10/22/2024
Agency:	Health Resources and Services Administration
Contact Information:	Contact Yemisi Odusanya, MPH at (301)443-7344 or email YOdusanya@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01409793
Application Filing Name:	Riverside/San Bernardino TGA
UEI:	PD18A8XKE7B6
Organization:	SAN BERNARDINO PUBLIC HEALTH
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Sep 03, 2024 07:00:32 PM EDT
Form State:	**No Errors**

FORM ACTIONS:

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☐ New	
☒ Application	☒ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
Completed by Grants.gov upon submission.	

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
	UT833958

State Use Only:

6. Date Received by State:	7. State Application Identifier: CA

8. APPLICANT INFORMATION:

* a. Legal Name: San Bernardino County

* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. UEI:
95-6002748	PD18A8XKE7B6

d. Address:

* Street1:	451 E Vanderbilt Way
Street2:	
* City:	San Bernardino
County/Parish:	San Bernardino
* State:	CA: California
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	924083641

e. Organizational Unit:

Department Name:	Division Name:
Public Health	Ryan White Program

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	Mrs.	* First Name:	Shannon
Middle Name:			
* Last Name:	Swims		
Suffix:			

Title: Program Coordinator

Organizational Affiliation:

SBCDPH

* Telephone Number:	9093876492	Fax Number:	

* Email: shannon.swims@dph.sbcounty.gov

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Health Resources and Services Administration

11. Catalog of Federal Domestic Assistance Number:

93.686

CFDA Title:

Ending the HIV Epidemic: A Plan for America ŁŁŁ Ryan White HIV/AIDS Program Parts A and B

* 12. Funding Opportunity Number:

HRSA-25-063

* Title:

Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B

13. Competition Identification Number:

HRSA-25-063

Title:

Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B

14. Areas Affected by Project (Cities, Counties, States, etc.):

| | Add Attachment | Delete Attachment | View Attachment |

* 15. Descriptive Title of Applicant's Project:

Riverside/San Bernardino, CA TGA - Response to 2025 Ending the HIV Epidemic in the U.S. - Ryan White HIV/AIDS Program Parts A and B Notice of Funding Opportunity

Attach supporting documents as specified in agency instructions.

| Add Attachments | Delete Attachments | View Attachments |

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant `CA-042`   * b. Program/Project `CA-042`

Attach an additional list of Program/Project Congressional Districts if needed.

| | Add Attachment | Delete Attachment | View Attachment |

17. Proposed Project:

* a. Start Date: `03/01/2025`   * b. End Date: `02/28/2030`

18. Estimated Funding ($):

* a. Federal	25,000,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	25,000,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on [   ].

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

☐ Yes   ☒ No

If "Yes", provide explanation and attach

| | Add Attachment | Delete Attachment | View Attachment |

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	Ms.	* First Name:	Dawn
Middle Name:			
* Last Name:	Rowe		
Suffix:			

* Title: Chair, Board of Supervisors

* Telephone Number: 9093874855   Fax Number:

* Email: dawn.rowe@bos.sbcounty.gov

* Signature of Authorized Representative: *Dawm Rowe*   * Date Signed: OCT 0 8 2024
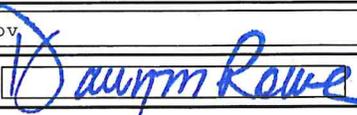
ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1		Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

Budget Narrative File(s)

* Mandatory Budget Narrative Filename: [   ]

| Add Mandatory Budget Narrative | Delete Mandatory Budget Narrative | View Mandatory Budget Narrative |

To add more Budget Narrative attachments, please use the attachment buttons below.

| Add Optional Budget Narrative | Delete Optional Budget Narrative | View Optional Budget Narrative |

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

---

* APPLICANT'S ORGANIZATION

San Bernardino County

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: | * First Name: Dawn | Middle Name:

* Last Name: Rowe | Suffix:

* Title: Chair, Board of Supervisors

* SIGNATURE: *Dawn Rowe* | * DATE: OCT 0 8 2024

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

By _____ Deputy

Key Contacts Form

* Applicant Organization Name:

San Bernardino County

Enter the individual's role on the project (e.g., project manager, fiscal contact).

* Contact 1 Project Role: Project Director

Prefix:

* First Name: Shannon

Middle Name:

* Last Name: Swims

Suffix:

Title: Program Coordinator

Organizational Affiliation:

San Bernardino County Department of Public Health

* Street1: 451 E Vanderbilt Way, 2nd floor

Street2:

* City: San Bernardino

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 924083641

* Telephone Number: 9093876492

Fax:

* Email: shannon.swims@dph.sbcounty.gov

Next Person

Project/Performance Site Location(s)

Project/Performance Site Primary Location ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: San Bernardino County Department of Public Health

UEI:

* Street1: 451 E Vanderbilt Way

Street2:

* City: San Bernardino   County: San Bernardino

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 924083641   * Project/ Performance Site Congressional District: CA-033

Project/Performance Site Location 1 ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: AIDS HEALTHCARE FOUNDATION

UEI:

* Street1: 8263 Grove Avenue Suite 201

Street2:

* City: Rancho Cucamonga   County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 917303107   * Project/ Performance Site Congressional District: CA-035

Project/Performance Site Location 2 ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: AIDS HEALTHCARE FOUNDATION

UEI:

* Street1: 4510 Brockton Avenue Suite #350

Street2:

* City: Riverside   County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 925014015   * Project/ Performance Site Congressional District: CA-039

Project/Performance Site Location(s)

Project/Performance Site Location 3 ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: DAP Health

UEI:

* Street1: 1695 N. Sunrise Way

Street2:

* City: Palm Springs   County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 922623701   * Project/ Performance Site Congressional District: CA-041

Project/Performance Site Location 4 ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: DAP HEALTH

UEI:

* Street1: 81719 Doctor Carreon Blvd, Suite 1D

Street2:

* City: Indio   County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 922010600   * Project/ Performance Site Congressional District: CA-025

Project/Performance Site Location 5 ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Foothill AIDS Project

UEI:

* Street1: 678 S. Indian Hill Blvd. Ste. 220

Street2:

* City: Claremont   County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 917116002   * Project/ Performance Site Congressional District: CA-028

Project/Performance Site Location(s)

Project/Performance Site Location 6   ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Foothill AIDS Project

UEI:

* Street1: 344 W. 2nd Street

Street2:

* City: San Bernardino   County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 924011806   * Project/ Performance Site Congressional District: CA-033

Project/Performance Site Location 7   ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Foothill AIDS Project

UEI:

* Street1: 16501 Walnut Street, Suite 8

Street2:

* City: Hesperia   County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 923453641   * Project/ Performance Site Congressional District: CA-023

Project/Performance Site Location 8   ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Foothill AIDS Project

UEI:

* Street1: 5750 Division Street, #101, #102

Street2:

* City: Riverside   County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 925068701   * Project/ Performance Site Congressional District: CA-039

Project/Performance Site Location(s)

Project/Performance Site Location 9 ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Loma Linda University

UEI:

* Street1: 11234 Anderson Street

Street2:

* City: Loma Linda   County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 923501716   * Project/ Performance Site Congressional District: CA-023

Project/Performance Site Location 10 ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Riverside University Health Systems - Public Health

UEI:

* Street1: 7140 Indiana Ave.

Street2:

* City: Riverside   County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 925044544   * Project/ Performance Site Congressional District: CA-039

Project/Performance Site Location 11 ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Riverside University Health Systems - Public Health

UEI:

* Street1: 308 E. San Jacinto Ave.

Street2:

* City: Perris   County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 925702878   * Project/ Performance Site Congressional District: CA-039

Project/Performance Site Location(s)

Project/Performance Site Location 12

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Riverside University Health Systems - Public Health

UEI:

* Street1: 47923 Oasis Street

Street2:

* City: Indio

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 922019203

* Project/ Performance Site Congressional District: CA-025

Additional Location(s)

Add Attachment | Delete Attachment | View Attachment

Project Abstract Summary

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number

HRSA-25-063

CFDA(s)

93.686

Applicant Name

Descriptive Title of Applicant's Project

Project Abstract

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

| Add Mandatory Project Narrative File | Delete Mandatory Project Narrative File | View Mandatory Project Narrative File |

To add more Project Narrative File attachments, please use the attachment buttons below.

| Add Optional Project Narrative File | Delete Optional Project Narrative File | View Optional Project Narrative File |

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
(a)	(b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. EHE Initiative Services and Initiative Infrastructure	93.686	$ 0.00	$ 0.00	$ 3,010,000.00	$ 0.00	$ 3,010,000.00
2. EHE Administration & Planning and Evaluation	93.686	0.00	0.00	3,124,000.00	0.00	3,124,000.00
3. EHE Core Medical and Support Service	93.686	0.00	0.00	17,756,000.00	0.00	17,756,000.00
4. EHE CQM	93.686	0.00	0.00	1,110,000.00	0.00	1,110,000.00
5. Totals		$ 0.00	$ 0.00	$ 25,000,000.00	$ 0.00	$ 25,000,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) EHE Initiative Services and Initiative Infrastructure	(2) EHE Administration & Planning and Evaluation	(3) EHE Core Medical and Support Service	(4) EHE COM	
a. Personnel	$ 0.00	$ 1,395,715.00	$ 0.00	$ 0.00	$ 1,395,715.00
b. Fringe Benefits	0.00	706,645.00	0.00	0.00	706,645.00
c. Travel	0.00	0.00	0.00	0.00	0.00
d. Equipment	0.00	0.00	0.00	0.00	0.00
e. Supplies	0.00	52,000.00	0.00	0.00	52,000.00
f. Contractual	3,010,000.00	550,000.00	17,756,000.00	1,110,000.00	22,426,000.00
g. Construction	0.00	0.00	0.00	0.00	0.00
h. Other	0.00	42,265.00	0.00	0.00	42,265.00
i. Total Direct Charges (sum of 6a-6h)	3,010,000.00	2,746,625.00	17,756,000.00	1,110,000.00	24,622,625.00
j. Indirect Charges	0.00	377,375.00	0.00	0.00	377,375.00
k. TOTALS (sum of 6i and 6j)	$ 3,010,000.00	$ 3,124,000.00	$ 17,756,000.00	$ 1,110,000.00	$ 25,000,000.00
7. Program Income	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. EHE Initiative Services and Initiative Infrastructure	$ 0.00	$ 0.00	$ 0.00	$ 0.00
9. EHE Administration & Planning and Evaluation	0.00	0.00	0.00	0.00
10. EHE Core Medical and Support Service	0.00	0.00	0.00	0.00
11. EHE CQM	0.00	0.00	0.00	0.00
12. TOTAL (sum of lines 8-11)	$ 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	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
14. Non-Federal	0.00	0.00	0.00	0.00	0.00
15. TOTAL (sum of lines 13 and 14)	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

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. EHE Initiative Services and Initiative Infrastructure	$ 0.00	$ 0.00	$ 0.00	$ 0.00
17. EHE Administration & Planning and Evaluation	0.00	0.00	0.00	0.00
18. EHE Core Medical and Support Service	0.00	0.00	0.00	0.00
19. EHE CQM	0.00	0.00	0.00	0.00
20. TOTAL (sum of lines 16 - 19)	$ 0.00	$ 0.00	$ 0.00	$ 0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: 0

22. Indirect Charges: 0

23. Remarks: None

PROJECT ABSTRACT

Project Summary

The proposed project for the Riverside/San Bernardino Transitional Grant Area (RSBTGA) aims to address the needs of people with HIV (PWH), reduce new HIV infections, and improve health outcomes for PWH in the region. This will be achieved by expanding access to care through nontraditional evening and weekend hours, telehealth services, and mobile services. These initiatives are designed to meet individuals where they are, particularly those experiencing barriers such as inability to attend medical appointments during regular hours.

The project's efforts to meet clients where they are will result in increased linkage to care, retention in care, re-engagement, and medication adherence, ultimately leading to viral suppression. An emphasis will be placed on PWH who are returning to care and the HIV aging population with emerging barriers. By implementing these strategies, the project aims to significantly enhance the overall health and well-being of PWH in the RSBTGA.

Intended Impact

Over the past five years, the RSBTGA has made significant strides in combating the HIV epidemic. The proposed project aims to build on these successes by incorporating telehealth and implementing new strategies for re-engagement in care. By building on past achievements and integrating updated approaches, the project will create a more robust and effective system of care. The Work Plan is designed to ensure transparency, accountability, and continuous improvement in achieving the goals for the RSBTGA under the Ending the HIV Epidemic (EHE) initiative. It outlines key activities, responsible parties, and metrics of success, providing a structured approach to monitor and report progress. Progress will be systematically shared with the Health Resources and Services Administration (HRSA), facilitating data-driven decision-making and enabling timely adjustments to enhance program effectiveness. Specific timelines and measurable objectives, such as increasing the number of telehealth clients and extending service hours, underscore the project's commitment to achieving tangible outcomes.

By targeting increased access to care, particularly through telehealth services and nontraditional service hours, the program addresses critical barriers faced by underserved populations. The strategy to increase telehealth clients by 10% by the end of the funding period is particularly impactful, leveraging technology to reach individuals with limited access to in-person care. Extending service hours to evenings and weekends ensures more people can receive care at convenient times, reducing missed appointments and improving health outcomes. These EHE initiatives are expected to result in a significant increase in the number of clients served, retention in care, and viral suppression, fostering a healthier community.

Funding Amount Requested

The RSBTGA is requesting $25 million in funding throughout the project years of this grant opportunity to continue to work towards ending the HIV epidemic.

PROJECT NARRATIVE
Introduction
The Riverside/San Bernardino Transitional Grant Area (RSBTGA) has a diverse population with specific health needs that the proposed project aims to address. There were 4,688,053 people living in the RSBTGA in 2023 according to 2023 US Census Bureau Estimates, a 1.2% increase from the 2020 Census[1], and exceeding the state's overall population, which *decreased* by 1.4%. LatinX comprised 51.9% of the RSBTGA's population, 7.6% were African American, 31.0% were White, 8.1% were Asian, and the remaining 1.4% were other races combined. Women comprised 49.8% of the population while persons aged 19-64 made up 60.5%. Persons under the age of 18 accounted for one fifth of the population.

Need
The US Census Bureau estimates that 12.6% of the RSBTGA lived below 100% of the federal poverty level in 2023 compared to 12.2% for California.[2] These percentages represent nearly 590,000 persons in the RSBTGA living in poverty. In 2023, there were 17,423 Persons with HIV (PWH) in the RSBTGA[3]. Based on this data, the RSBTGA estimates there were approximately 2,445 people living with HIV living in the service area who were unaware of their HIV status. The demographics of people with HIV were predominantly White (45.6%), cisgender men (88.6%), aged 45-64 years (48.1%), and the primary mode of HIV transmission was male-to-male sexual contact (69.8%). According to the California State office of AIDS (OA), of the 17,423 persons with HIV in the RSBTGA as of 12/31/2023, 13,087, or 75%, were virally suppressed. This is an improvement over 2019, when 68% of persons (10,352) were virally suppressed but there is still work to do to reach the Ending the HIV Epidemic (EHE) Plan goal.

While significant progress has been made in viral suppression, to align with the broader goal of ending the HIV epidemic, it is essential for the RSBTGA to secure funding for the proposed project to increase access to care, enhance health outcomes for persons living with HIV, and reduce the risk of HIV transmission. Despite significant progress in viral suppression, current statistics highlight the urgent need for comprehensive HIV services in the RSBTGA. These services will include access to care, targeted testing for key populations, identification of individuals unaware of their status, and strong support for achieving and maintaining viral suppression. By ensuring access to healthcare, education, and support services, the project will effectively meet the needs of PWH in the RSBTGA.

Target Populations
The target populations for the RSBTGA's proposed project include three of the current target populations identified by the EHE initiative:

- *African-American PWH* – From 2021 to 2023, the incidence rates for African-American PWH increased from 65 to 82 per 100,000 people, making up 15.9% of the HIV population

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[1] *https://www.census.gov/quickfacts/fact/table/riversidecountycalifornia,sanbernardinocountycalifornia,CA/PST045218*

[2] *https://www.census.gov/quickfacts/fact/table/riversidecountycalifornia,sanbernardinocountycalifornia,CA/PST045218*

[3] *Riverside County & San Bernardino County Departments of Public Health HIV Reporting System Data*

in the TGA.[4] Additionally, there was a slight decrease in the viral suppression rate compared to the previous year. These trends highlight the urgent need for targeted care interventions to help this population achieve health outcomes comparable to the general population, in line with the EHE initiative's goals of reducing new HIV infections and improving health equity.

- ***LatinX PWH*** – From 2021 to 2023, the incidence rates for LatinX PWH dramatically increased from 232 to 352 per 100,000 people, which makes up 55.6% of the HIV population in the TGA.
- ***Youth aged 13-24 PWH*** – From 2021 to 2023, the incidence rates for Youth 13-24 PWH 5.5 rate incidence, making up 16.5% of the HIV population in the TGA. RSBTGA data shows an urgent need to target Linkage to Care for this population showing that 0% of them have been linked to care within 30 days using ARIES data only.

The local epidemic disproportionately affects African-American and LatinX populations as shown in Figure 1, below.

Figure 1: HIV Incidence vs General Population[5]
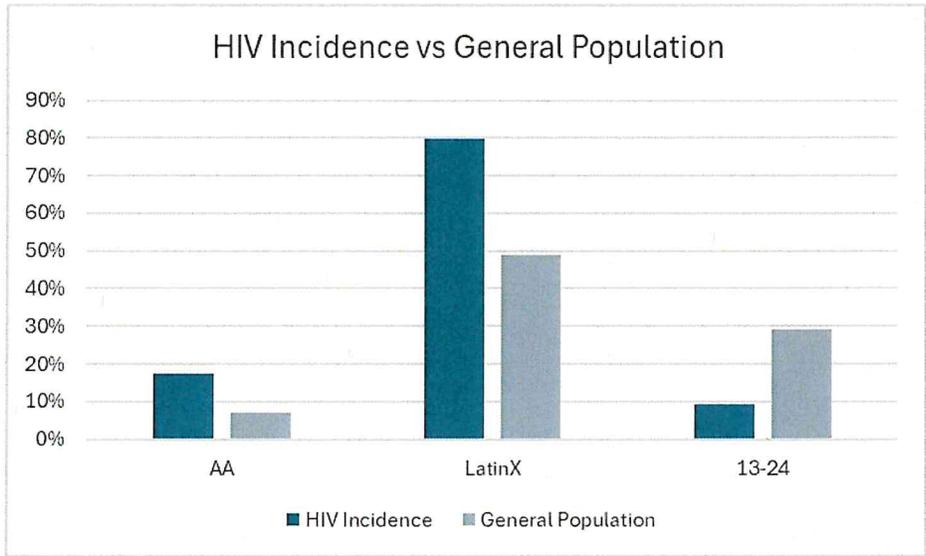
In addition to the populations referenced above, the activities in the proposed project will include targeting the following population identified through data review of 2021-2023 surveillance data:

- ***Persons with HIV ages 50 and older:*** From 2021-2023, prevalence among persons aged 50+ increased by 21%[6]. The proposed project will conduct an in-depth analysis and identify risk factors and provide focused early intervention services that will ensure the trend in new diagnoses among this age group does not continue to climb.

Linked to Care

	AA	LatinX	13-24	50+	Overall
%	80%	32%	0%	50%	82%

Virally Suppressed

	AA	LatinX	13-24	50+	Overall
%	51%	65%	67%	40%	75%

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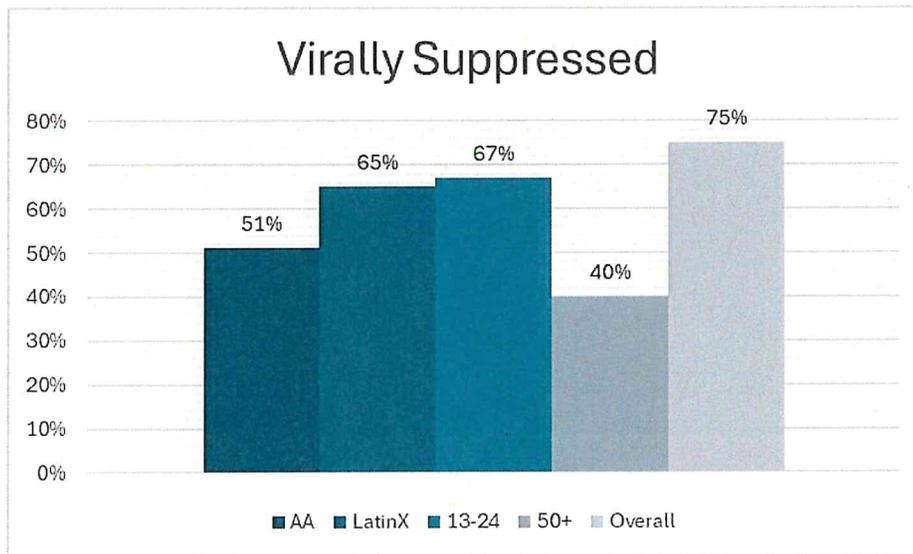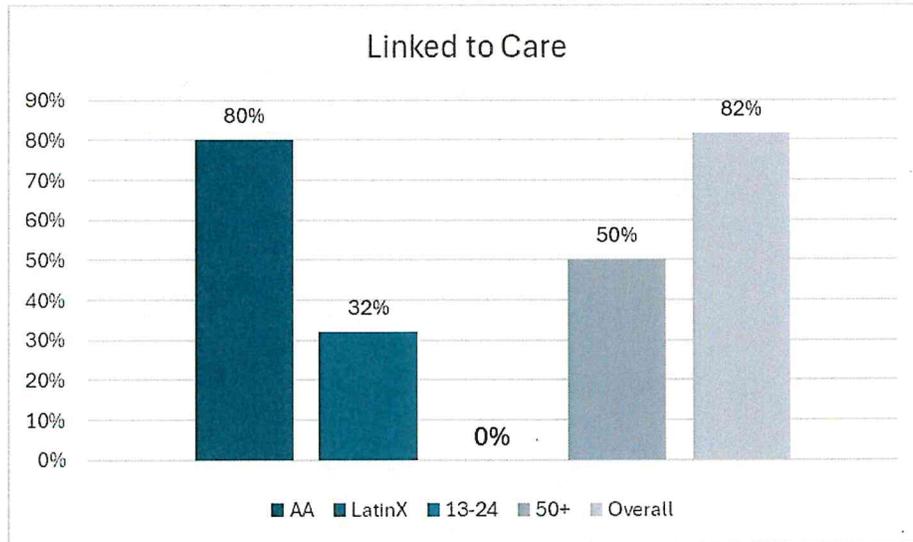
[6] *CA Office of AIDS eHARS*

Service Gaps

While the past five years of EHE funding have been instrumental in providing medical care and support services to people living with HIV in the RSBTGA, two critical service gaps continue to persist that funding alone cannot adequately address: affordable housing and transportation. These gaps significantly impact the efforts to end the HIV epidemic.

Regarding affordable housing, California, including the RSBTGA, faces a severe affordable housing crisis. The high cost of living and limited availability of affordable housing options exacerbates the challenges for people living with HIV (PLWH).

Lack of Affordable Housing Impact on HIV Epidemic:

- Housing Stability and Health Outcomes: Stable housing is crucial for PWH as it directly affects their ability to adhere to antiretroviral therapy (ART) and maintain regular medical appointments. Studies have shown that housing instability is associated with poorer health outcomes and higher viral loads[7].

- Increased Risk of Transmission: Homelessness or unstable housing situations can lead to increased risk behaviors, such as substance use and unprotected sex, which elevate the risk of HIV transmission[8].

In addition to lack of affordable housing, there is a significant gap in transportation. The RSBTGA covers a vast area of 27,407 square miles, which is larger than New Jersey, Hawaii, Delaware, Connecticut, Rhode Island, and half of Massachusetts combined. Despite its size, the region has limited public transportation options. The coverage and frequency of these services do not fully meet the needs of all residents, especially those in rural and certain suburban areas. Travel distances between populated areas throughout the RSBTGA can exceed 200 miles one way, making access to healthcare for PWH in the remotest areas of the RSBTGA highly vulnerable to adverse outcomes, adherence issues, and opportunistic infection. Getting care to these vulnerable populations is vital to meeting program goals. The map of the RSBTGA in Figure 2 on the next page demonstrates the size of the service area.

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[7] *American Journal of Public Health, "Housing Stability and Health Outcomes for People Living with HIV.*

[8] *Journal of Acquired Immune Deficiency Syndromes, Housing Interventions and HIV Transmission Rates.*

Figure 2: Riverside/San Bernardino TGA Map
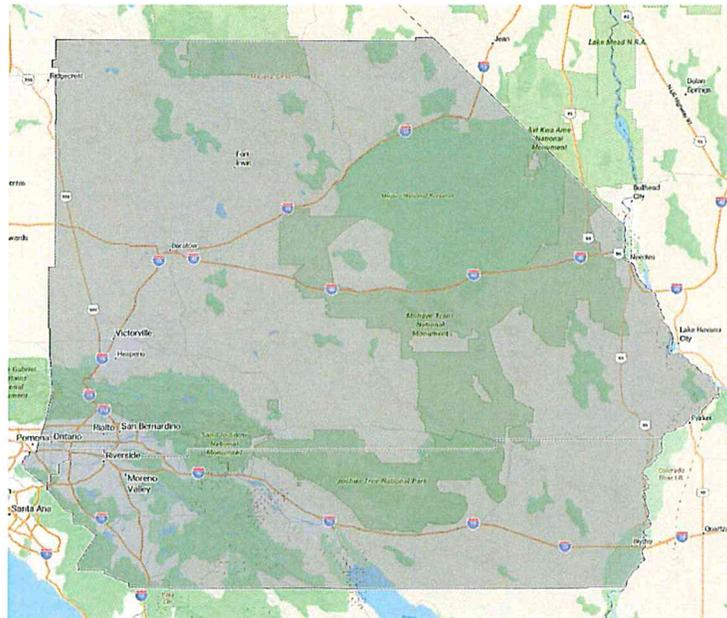
Lack of an Adequate Transportation System Impact on HIV Epidemic:

- Access to Care: Reliable transportation is essential for PWH to attend medical appointments, pick up medications, and access support services. Without it, many individuals miss critical healthcare visits, leading to interruptions in ART and poorer health outcomes[9].

- Social Isolation: Limited transportation options can lead to social isolation, negatively impacting mental health and overall well-being. An article in the *Journal of Urban Health* highlights how transportation barriers affect healthcare access for people with HIV (PWH), resulting in rescheduled or missed appointments, delayed care, and missed or delayed medication use. The evidence shows that transportation barriers are a significant obstacle to healthcare access, especially for those with lower incomes or who are under/uninsured, including clients eligible for the Ryan White HIV/AIDS Program (RWHAP).

While the RSBTGA does not face significant capacity issues, there are infrastructure challenges related to healthcare access, as previously mentioned. Clients unable to reach their healthcare providers cannot achieve the necessary health outcomes to meet the 2030 EHE objectives.

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[9] *https://www.transportation.gov/briefing-room/biden-harris-administration-announces-176-million-help-communities-add-affordable.*

Unmet Need

Unmet Need in the RSBTGA was calculated under the required method using local HIV surveillance data.

- Late Diagnosed: 20.7% of persons newly diagnosed with HIV in 2022 (121) progressed to an AIDS diagnosis within three months, indicating late diagnosis. The Mayo Clinic estimates that the normal progression of HIV to AIDS without treatment ranges from seven to ten years. Persons with undiagnosed HIV who are late to diagnosis, therefore, not only spend up to a decade risking the spread of HIV to their sexual and needle-sharing partners, but they also risk devastating outcomes that can mean unnecessary death and suffering. In the TGA, there is a predominant need for Early Intervention Services (EIS).
- Unmet Need: 24.1% of persons previously diagnosed with HIV (404) were not in care in 2023, indicating their need for HIV care was not being met. Like persons who are diagnosed late, persons with HIV who are not receiving adequate healthcare increase the risk the further spread of HIV as well as reduced health outcomes.
- Not Virally Suppressed: 25% of persons with HIV in the TGA are not virally suppressed (4,336), indicating a failure of or lack of adherence to their ART regimen. However, correlating the percentage of unmet needs with the likelihood of clients being candidates for genotyping or ruling out medication resistance can be challenging. This difficulty arises because the viral suppression percentage alone does not provide sufficient information to make a clear determination about the necessity for genotyping or the presence of medication resistance.

Collaboration/Coordination with Part A & Part B

The RSBTGA serves as the Ryan White Part A Administrative Agent and is a sub-recipient for Ryan White Part B. With EHE funding, the four grant-funded programs are committed to ending the HIV epidemic and collaborate with relevant partners to identify, link, engage, retain, and achieve viral suppression for the populations of focus including the need for capacity building and/or infrastructure improvements, as relevant in the following manner:

- Representatives of the Riverside County Department of Public Health and SBCDPH HIV Care and Prevention Divisions are both members of the Inland Empire HIV Planning Council (IEHPC). They brief the council during their quarterly meetings on the status of prevention activities in the RSBTGA.
- In addition to the IEHPC coordination with the county prevention programs, three Ryan White EIS subrecipients are also recipients of prevention funds. They coordinate their specific activities in-house and ensure coordination of services by informing other EIS subrecipients about their activities during Ryan White Program-facilitated EIS/Outreach Collaborative meetings.
- The Part B programs in both Riverside and San Bernardino Counties also contribute to Early Identification of Individuals with HIV/AIDS (EIIHA) activities in two major ways. First, internal county programs funded by Part B have increased collaboration with the respective county surveillance and prevention programs, partnering to improve education about available services and facilitate rapid linkage to medical care and support services. Second, community agencies contracted with the county Part B programs are funded to provide HIV Testing, Early Intervention Services, and Outreach Services to support the two-county efforts to locate and quickly link people with HIV. One such agency,

TruEvolution, partners with mobile dating companies such as Jack'd and Grindr to advertise social events to specific populations (i.e., youth, gay men, and minorities) residing in San Bernardino County. The social events are designed to appeal to young individuals, incorporate information about testing and service resources, and establish trusting relationships between counselors and young participants.

- Public health-led coalitions in which the Ryan White Program participates include theSan Bernardino County Reentry Collaborative, Provider Network Meetings, and the California STD/HIV Controllers Association. The San Bernardino County Reentry Collaborative are successfully breaking down system "silos" in the two-county area. These coalitions have representatives from both county health departments and a wide-array of participants including people with HIV, medical subrecipients, community support service subrecipients, faith-community representatives, safety/correctional administrators and officers, personnel and students from local universities, and health insurance representatives. RWP and STD/Surveillance staff from both Riverside and San Bernardino Counties are members of the California STD/HIV Controllers Association. Through the connections developed in this network of STD/HIV professionals, both counties benefit from best practices and tools shared by other jurisdictions throughout the state
- Arrowhead Regional Medical Center (ARMC) in San Bernardino County implemented a routine, opt-out testing program in its emergency department in early 2017. To leverage local knowledge related to HIV testing and linkage, as well as to ensure individuals testing positive in their emergency rooms can be linked quickly to medical care and support services, ARMC convened an HIV collaborative consisting of public health representatives, medical subrecipients, and community support service subrecipients. This collaborative continues to meet quarterly and has reduced system barriers.
- All San Bernardino Department of Public Health clinics have begun opt-out HIV testing for all clinic visits.

RESPONSE

Approach

If funding is received, the RSBTGA will offer the funding through a Request for Proposal (RFP) process to the community, including the collaborating sites, and candidates best suited to provide effective care will be selected from those applicants. Effective communication and word of mouth among subrecipients have sparked significant interest from new HIV service providers, eager to submit RFPs and expand their services through EHE grant funds.

As mentioned earlier, data show that African American and LatinX persons with HIV face greater barriers to care in the RSBTGA, such as socio-cultural and language barriers, leading to health inequities. These barriers hinder testing, contribute to late entry into care, and cause lapses in care. To address these needs and meet the program requirements of this grant, funded agencies will be required to implement comprehensive strategies to expand access to HIV care and treatment.

1. Offering Healthcare Services During Non-Traditional Hours

Providing healthcare services during evenings and weekends significantly increases accessibility for individuals who cannot attend appointments during regular hours due to work or other commitments. This approach encourages consistent attendance by accommodating diverse schedules, thereby promoting better linkage to and engagement in care. Additionally, regular and

timely access to healthcare helps maintain medication adherence and monitor viral loads, which is crucial for effective viral suppression.

2. Deploying Mobile Health Services/Units
Using mobile health services and/or units to deliver healthcare services directly to communities is an effective approach. It brings services to individuals who face transportation barriers or unable to make their medical appointments, ensuring they can access initial care. Regular visits by mobile units and in-home care visits provide ongoing care and support, fostering continuous engagement. This method ensures consistent monitoring and medication delivery, and retention in care which are crucial for maintaining viral suppression.

3. Implementing Telehealth Services
Incorporating telehealth to provide remote care is a key strategy. It reduces the need for travel, making it easier for individuals to attend initial consultations, thus improving linkage to care. Telehealth offers a convenient way for patients to have regular check-ins and follow-ups without needing physical visits, enhancing engagement in care. Additionally, it facilitates continuous care and medication management, which is essential for keeping viral loads suppressed.

4. Enhancing Staff Training and Cultural Competency
Training staff on the latest HIV care practices and cultural competency is crucial. Culturally competent care reduces barriers to initial engagement by making patients feel understood and respected. Well-trained staff can provide better support and build trust, encouraging ongoing participation in care. Knowledgeable staff can offer effective treatment plans and support adherence to medication, aiding in viral suppression.

5. Housing Assistance Initiatives
Increasing funding for housing programs targeted at PWH and integrating housing with healthcare is crucial. Stable housing provides a foundation for individuals to access and remain in care, reducing stress and logistical barriers, which promotes consistent engagement in healthcare services. Secure housing supports overall well-being, making it easier for individuals to adhere to treatment and achieve viral suppression.

6. Transportation Solutions
Expanding public transportation options, providing transportation vouchers, and developing community-based transportation programs are essential strategies. These measures ensure individuals can attend initial appointments without transportation barriers, supporting linkage to care. Reliable transportation options facilitate regular attendance at follow-up appointments, enhancing engagement in care. Consistent access to healthcare facilities allows for continuous monitoring and medication adherence, which is crucial for achieving and maintaining viral suppression.

7. Promoting a Collaborative Work Environment
Fostering teamwork through regular meetings and technical assistance is essential. A collaborative environment ensures coordinated efforts to link individuals to care, while regular communication among team members helps track patient progress and address any barriers to ongoing care.

Effective teamwork ensures comprehensive care management, supporting patients in maintaining viral suppression.

These proposed activities can significantly improve linkage to care, engagement in care, and viral suppression, ultimately making substantial progress toward ending the HIV epidemic. Community outreach programs will educate the public about HIV prevention and care, while collaboration with clients and their families will ensure they are well-informed and supported. The RSBTGA partners with local organizations, such as Foothill AIDS Project, AIDS Healthcare Foundation, Loma Linda University, Riverside County Public Health, and Desert AIDS Project, to enhance service delivery. To sustain the project post-federal funding, the TGA will develop a sustainability plan that includes securing alternative funding sources, such as other grants and funding sources. To respond to HIV clusters, the project will establish communication channels with the health department and implement a system to monitor and respond to individuals needing care. The methods will be tailored to the specific needs of African American, LatinX, ages 13-24, and 50+ populations, with measurable goals to track improvements in health outcomes, and aligned with the goals of the EHE initiative. By implementing these strategies, we aim to expand access to HIV care and treatment, address unmet needs, and improve health outcomes for people living with HIV in the RSBTGA.

Subrecipients of the grant have allocated funds to Early Intervention Services (EIS). EIS works to address these barriers in a manner and at locations that work best for these priority populations to link newly diagnosed individuals and bring individuals that have fallen out of care back into care. Further, EIS programs are required to utilize evidence-based strategies proven effective in the identification of, linkage to, and maintenance in care of individuals from minority populations. EHE EIS services differ from all other services in general because they are proactive as opposed to reactive. All other services respond to the needs of people with HIV, whether it is with medical care, transportation, or mental health and substance use issues. EIS is proactive in that it 1) actively seeks out people who are at high-risk for HIV, 2) tests them, and 3) refers and connects them to medical care if their test results are positive. If the results are negative, the program refers high-risk clients to prevention partners to receive education about safe behaviors and follows up to ensure completion of referrals. This proactive approach with African American and LatinX communities is designed to reduce the numbers of people who are late-to-test and improve outcomes for those who are connected to care.

In addition to the IEHPC's coordination with county prevention programs, three Ryan White EIS sub-recipients also receive prevention funds. They coordinate their specific activities in-house and ensure service coordination by informing other EIS subrecipients about their activities during Ryan White Program-facilitated EIS/Outreach Collaborative meetings.

The strategies above are a part of the RSBTGA's combined RWHAP and EHE Work Plan, which integrates these two initiatives together in a complementary plan that supports the gaps of each program. This integration allows for a more comprehensive tool to battle the advance of HIV and AIDS in the RSBTGA. Supporting Pillars 2 and 4 of the EHE, while supporting the goals of the RWHAP, the RSBTGA has been able to create a wrap-around funding effort that will in the coming year demonstrate improvements to the Continuum of Care for all demographics including priority populations.

High-level work plan

Please see **Attachment 1** for the Work Plan.

Resolving Challenges

Implementing a work plan to increase access to care through telehealth activities, nontraditional hours, and mobile health services can present several challenges. These are some potential obstacles that may be encountered and strategies to address them.

Resolving Challenges			
Goal	**Challenge**	**Proposed Solution**	**Intended Outcome**
Telehealth Services	-Limited access to reliable internet or device among clients	-Provide internet access points and loaner devices	-Increased client access to telehealth services
	-Client's lack of familiarity with telehealth technology	-Offer technical support and training to clients	-Improved appointment adherence, engagement, and satisfaction
Nontraditional Hours	-Staffing availability and adaptability to a flexible schedule	-Hire part-time or on-call staff and implement staggered shifts	-Enhanced availability of healthcare services
	-Patient awareness of nontraditional hours	-Conduct awareness campaigns and use partners to relay the information	-Increased utilization of healthcare services to accommodate clients
Mobile Health Services	-Logistic challenges with schedule and route planning	-Determine areas with need and plan route efficiently	-Efficient and reliable mobile health service delivery
	-Client's lack of trust and engagement	-Engage with community and partners to educate on the benefits of mobile health services	-Increased client trust and engagement with mobile health services

Addressing barriers throughout the period of performance will involve several strategies.

1) Continuous monitoring and evaluation: Regularly assessing the effectiveness of telehealth activities, nontraditional hours, and mobile health services using patient feedback and data analytics in the use of services will help identify areas for improvement and necessary adjustments will be made accordingly.

2) Training and development: Ongoing training for staff to stay updated on telehealth technologies, client engagement strategies, and regulatory changes.

3) Community engagement: Fostering strong relationships with the community to understand their needs and engaging with local organizations to promote the services and address any concerns.

4) Financial planning: Securing funding and allocating resources efficiently to support the implementation and sustainability of the work plan, and exploring grants, partnerships, and other funding opportunities to cover costs.

By anticipating these challenges and proactively addressing them with the tasks outlined above, the RSBTGA will enhance the effectiveness of the work plan (see **Attachment 1**) and improve access to care to the community.

PERFORMANCE REPORTING AND EVALUATION

The RSBTGA utilizes a solid and effective method to monitor and evaluate project results. The monitoring framework integrates both quantitative and qualitative data collection techniques, ensuring comprehensive coverage of all program activities completed by the RWP Biostatistician and Statistical Analyst. Regular data collection intervals, combined with advanced data analytics, allow for real-time tracking of progress and immediate identification of any deviations from expected outcomes. This approach ensures that corrective actions can be implemented promptly, maintaining the project's trajectory towards its goals.

The RSBTGA employs the AIDS Regional Information and Evaluation System (ARIES) for comprehensive client-level data collection, reporting, and management. ARIES, used by the Ryan White HIV/AIDS Program (RWHAP), can generate data for the annual Ryan White Services Report (RSR). Additionally, the system includes quality management reports that facilitate the monitoring and tracking of goals and objectives specified in the Work Plan.

Evidence of Measures Assessing Program Objectives

The measures implemented are meticulously designed to assess the extent to which program objectives have been met. Key performance indicators (KPIs) are aligned with the specific goals of the EHE initiative, providing clear metrics for success. For instance, the rate of new HIV diagnoses, viral suppression rates, and linkage to care within 30 days are tracked rigorously. These metrics not only reflect the program's effectiveness but also attribute the results directly to the project's interventions. Regular performance reviews and impact assessments further validate the program's success in meeting its objectives.

Infrastructure and Information System Capabilities

The proposed infrastructure is well-equipped to support the monitoring of EHE initiative activities. The TGA utilizes advanced information systems, including ARIES (AIDS Regional Information and Evaluation System) and eHARS (enhanced HIV/AIDS Reporting System), to manage and

analyze data. These systems facilitate seamless data integration, real-time reporting, and comprehensive data analysis. The infrastructure also includes data security measures to ensure the confidentiality and integrity of sensitive information. The capacity to measure and report data is further enhanced by automated reporting tools and dashboards that provide stakeholders with timely and accurate insights into program performance.

Coordination of Data Collection and Exchange

The TGA has established a coordinated approach to data collection and exchange with multiple partner sites and the HIV surveillance system. This coordination is achieved through standardized data collection protocols, regular data sharing agreements, and collaborative data review sessions. The TGA also employs rigorous data quality assessment and remediation processes to ensure the accuracy and reliability of the data collected. These processes include regular data audits, validation checks, and feedback loops with partner sites. The data collection, review, and submission processes are clearly defined and aligned with the reporting requirements outlined in the Notice of Funding Opportunity (NOFO).

Technical Assistance Needs

The TGA has identified potential needs for technical assistance (TA) from the Technical Assistance Provider (TAP) and the Statewide Coordinating Partner (SCP). These needs include support in advanced data analytics, capacity building for partner sites, and enhancements to the existing information systems. The triannual report, completed using ARIES and eHARS, provides a comprehensive overview of baseline data, which is shared with subrecipients. Performance measures are checked quarterly to ensure continuous improvement and alignment with program goals.

By leveraging these strong and effective methods, the Riverside/San Bernardino TGA is well-positioned to achieve the objectives of the Ending the HIV Epidemic initiative and make significant strides towards ending the HIV epidemic in the region.

The RSBTGA will conduct annual monitoring for each EHE provider site to ensure performance and adherence to required rules and regulations as specified in the HIV/AIDS Bureau (HAB) National Monitoring Standards (NMS), IEHPC Service Standards, RWP Policies, RWP contracts, and HRSA requirements. Program monitoring is conducted by the RWP team, consisting of the Program Coordinator, Staff Analyst II, Biostatistician, Statistical Analyst, and Program Specialist in a collaborative effort reviewing for program compliance via Module Tools, client eligibility verification requirements, and service compliance elements.

For the project period of 2025-2030, the following Module Tools will be used for monitoring:

- Agency Module Tool: The purpose of this tool is to review and determine compliance with all agency elements through a Desk Review process.
- Site Module Tool: The purpose of this tool is to review and determine compliance with all site elements via an in-person or virtual site visit.

- Client Services Module Tool: The purpose of this tool is to ensure compliance with client eligibility data and the RWP Standards of Care by reviewing various client-level elements through chart reviews, logs, sign-in sheets, and other systems.
- EHE Monitoring Tool: The purpose of this tool is to examine processes and progress towards goals, program objectives, and expected outcomes outlined in the Work Plan for the RSBTGA. Benchmarks set and program of monitors from the RSBTGA will visit each collaborator site and perform chart abstractions to ensure patient outcomes are meeting the benchmarks set, that all program policies and procedures are adhered, and that all financial systems are in order to support the program objectives.

The RSBTGA conducts annual monitoring where Subrecipients scan and submit their Agency Module Tool and all required documents to the Recipient three (3) days prior to the "on-site" scheduled date. Site Modules are completed via FaceTime, and Eligibility and Client Services are conducted as a Desk Review for chart abstraction. Each monitoring staff member is paired with a subrecipient staff member to review client data in the CDPH Office of AIDS ARIES database and other agency specific databases used as a centralized client management system. These sessions are not only helpful, but extremely efficient. Staff can navigate the databases swiftly on their own and can simply share their computer screen (HIPAA compliant), which eliminates extra time and waiting. Furthermore, the hybrid virtual/in-person visits enable more detailed conversations with staff when needed. Staff can quickly and easily log in to the virtual platform to address any questions or concerns. Conducting portions of the site visits remotely has become commonplace since the COVID-19 pandemic and works well for all parties. Once all Modules are completed, monitoring staff compile reports for each subrecipient detailing any program or fiscal related concerns along with a timeframe for addressing each finding.

Corrective Actions Plans are reviewed and approved by the Recipient office and tracked for progress. TA is offered/provided to agencies with deficiencies as needed. Mid-year monitoring visits are also scheduled as needed. The Agency Module Tools are reviewed for all required verification and/or supporting documents to check for compliance.

For data collection, standardized forms and tools as outlined in the reporting manual should be used to gather the required performance data, ensuring consistency across all service delivery points. Staff should be trained on data collection procedures to maintain accuracy and completeness. For data reporting, performance data must be submitted according to the timelines specified in the reporting manual, using designated platforms to upload data. Regular reviews of data for accuracy before submission are crucial to avoid errors.

The hybrid virtual/in-person visits enable detailed conversations with staff when needed, as they can quickly log in to the virtual platform to address any questions or concerns. Conducting portions of site visits remotely has become commonplace since the COVID-19 pandemic and works well for all parties. Once all modules are completed, monitoring staff compile reports for each subrecipient, detailing any program or fiscal-related concerns along with a timeframe for addressing each finding.

By adhering to these standards, the EHE initiative can maintain high levels of accountability and effectiveness in its efforts to reduce new HIV infections and improve care for people living with HIV.

IMPACT

The Work Plan is designed to ensure transparency, accountability, and continuous improvement in the goals for the RSBTGA. It clearly outlines the key activities, responsible parties, and metrics of success, to demonstrate a structured approach that can be monitored and tracked for report progress. It is designed for sharing project results with the HRSA are meticulously designed to ensure transparency, accountability, and continuous improvement. By clearly outlining the key activities, responsible parties, and metrics of success, these workplans provide a structured approach to monitor and report progress. This systematic sharing of results not only keeps HRSA informed but also facilitates data-driven decision-making, enabling timely adjustments to enhance program effectiveness. The inclusion of specific timelines and measurable objectives, such as increasing telehealth clients and extending service hours, underscores the commitment to achieving tangible outcomes.

Impact on the Community or Population(s) of Focus

The applicant's description of the program's impact on the community or population(s) of focus is comprehensive and compelling. By targeting increased access to care, particularly through telehealth services and nontraditional service hours, the program addresses critical barriers faced by underserved populations. The strategy to increase telehealth clients by 10% by the end of the funding period is particularly impactful, as it leverages technology to reach individuals who may have limited access to in-person care. Similarly, extending service hours to evenings and weekends ensures that more people can receive care at times that are convenient for them, thereby reducing missed appointments and improving health outcomes. These initiatives are expected to result in a significant increase in the number of clients served, increased retention in care, and increased viral suppression fostering a healthier and more resilient community.

Program's Ability to Continue Beyond Federal Funding

To sustain the project beyond federal funding, the program will diligently pay attention to the Cost of Services Report to ensure agencies are using/receiving additional funding, seek additional funding from other state and local government grants, private foundations, and sponsorships. These potential funding sources will be evaluated in their capacity to integrate project activities into existing programs, and train community health workers and peer navigators to continue providing services. By embedding the need for telehealth and nontraditional service hours into the Request for Proposals (RFP) for years 2-5, the program ensures that these critical services become integral to the operations of participating agencies. The phased approach, with incremental increases in telehealth clients and service hours, allows for gradual scaling and capacity building. This not only demonstrates a clear path to achieving the 10% increase in clients but also builds a strong foundation for continued service delivery post-funding. The metrics of success, such as a 2.5% annual increase in telehealth clients and service hours, provide a clear framework for measuring progress and ensuring long-term viability.

Key Activities and Action Steps

Goal 1 – Increase Access to Care

Objective 1: Increase Telehealth Clients

- Include the need to increase telehealth activities to a targeted level in the subrecipient RFP for years 2-5
  - Target Start/End Date: 3/1/25 – 5/31/25
  - Responsible Parties: Recipient Office
  - Metrics/Indicators of Success: RFP will include language specific to each subrecipients goal in providing/increasing telehealth services as a baseline in alignment with the work plan.

- Agencies with ability to provide telehealth activities will respond to RFP
  - Target Start/End Date: 8/1/25 – 10/31/25
  - Responsible Parties: Respondents to RFP
  - Metrics/Indicators of Success: RFP responses will include ability to provide and/or increase telehealth activities.

- If not already providing, beginning in year 2 of funding period, respondents to provide telehealth activities
  - Target Start/End Date: 3/1/26 – 2/28/30
  - Responsible Parties: Respondents to RFP
  - Metrics/Indicators of Success: Increase in telehealth clients by at least 2.5% in that 2nd grant year, increasing by 2.5% each year to reach the goal of 10%

Objective 2: Increase Evening and Weekend Nontraditional Hours of Service

- Include need to increase nontraditional hours of service in the RFP for years 2-5
  - Target Start/End Date: 3/1/25 – 5/31/25
  - Responsible Parties: Recipient Office
  - Metrics/Indicators of Success: RFP will include language

- Agencies with ability to provide nontraditional hours of service will respond to RFP
  - Target Start/End Date: 8/1/25 – 10/31/25
  - Responsible Parties: Respondents to RFP
  - Metrics/Indicators of Success: RFP responses will include ability to provide increased nontraditional hours of service

- If not already providing, beginning in year 2 of funding period, those respondents to provide nontraditional hours of service
  - Target Start/End Date: 3/1/26 – 2/28/30
  - Responsible Parties: Respondents to RFP

- Metrics/Indicators of Success: Increase in clients by at least 2.5% in that 2nd grant year, increasing by 2.5% each year to reach the goal of 10%

Objective 3: Increase Mobile Health Services

- Include need to increase mobile health services in the RFP for years 2-5
  - Target Start/End Date: 3/1/25 – 5/31/25
  - Responsible Parties: Recipient Office
  - Metrics/Indicators of Success: RFP will include benchmark language for negotiating work plan after RFP (e.g., number of health visits, priority locations)

- Agencies with ability to provide mobile health services will respond to RFP
  - Target Start/End Date: 8/1/25 – 10/31/25
  - Responsible Parties: Respondents to RFP
  - Metrics/Indicators of Success: RFP responses will include ability to provide increased mobile health services aside from their brick-and-mortar

- If not already providing, beginning in year 2 of funding period, those respondents to provide mobile health services
  - Target Start/End Date: 3/1/26 – 2/28/30
  - Responsible Parties: Respondents to RFP
  - Metrics/Indicators of Success: Increase in clients by at least 2.5% in that 2nd grant year, increasing by 2.5% each year to reach the goal of 10%

Goal 2 – Create Plan to Respond to HIV Clusters

Objective 1: Work with other programs in the department to create plan if/when HIV clusters occur in the TGA.

- Request meetings between targeted programs to discuss current plan/procedures and to develop a coordinated health plan to respond to HIV clusters.
  - Target Start/End Date: 3/1/25 – 5/31/25
  - Responsible Parties: Recipient Office
  - Metrics/Indicators of Success: Meetings conducted, data gathered, and plans developed using telehealth and mobile visits to engage the communities where clusters are identified into the RWHAP.

By following these structured activities and timelines, the program is well-positioned to achieve its goals and make a lasting impact on the community.

RESOURCES AND CAPABILITIES

Organizational Information

Budget: Please see **Attachments 6** and **Attachment 7** for the Program Specific Line-Item Budget and the 5th Year Budget.

The organization's key personnel is outlined in **Attachment 2** and **Attachment 3**.

The San Bernardino County Department of Public Health (SBCDPH) is the agency that serves as the Administrative Agent for the Ryan White Program EHE grant. Grant administration begins with the Health Resources and Services Administration (HRSA) providing a notice of award, which is then taken to the Board of Supervisors for acceptance by the Director of Public Health. Upon approval, the funds are dispersed to the SBCDPH. The Ryan White Program (RWP) receives the funds from the SBCDPH and, in turn, allocates them to subrecipients who provide services to HIV+ clients.

The Board of Supervisors (BOS) oversees the overall governance of the grant, while SBCDPH manages the funds. Within the department, the RWP operates under the leadership of a Program Chief who collaborates with the Program Manager and Program Coordinator to oversee all program aspects, service delivery, and adherence to federal regulations and the allocated budget. Concurrently fiscal staff including the two Senior Accountants, Staff Analyst II, Office Specialist, and Fiscal Specialist handle the financial aspects, ensuring effective fund utilization that follow federal and contractual guidelines in adherence to budget and financial goals. The Biostatistician and Statistical Analyst monitor program quality by analyzing data request for clinical quality management (CQM) and quality improvement (QI) planning among subrecipients; they also develop policies and training materials related to the ARIES data management system. The Program Specialist provides administrative support in developing and updating RWP policies and procedures to maintain program compliance, as well as completing various Recipient reports. The Office Specialist will also provide clerical and fiscal support to meet county operations and requirements

Ryan White Program Staffing:

- Program Manager (.30 FTE, Cockerill, H.): Provides high level oversight and administration of program to include budget, reporting requirements, and contracts.
- Program Coordinator (.40 FTE, Swims, S.): Provides staff supervision, ensures grant requirements are met, and provides oversight of QM and Administrative functions.
- Staff Analyst II (.40 FTE, Olagunju, J.): Develops budgets, monitors program expenditures; coordinates and provides technical assistance to subrecipients.
- Biostatistician (.40 FTE, Moore, L.): Monitors program quality, develops policy and training materials related to the ARIES data management system; analyzes data and develops reports utilized for quality improvement and program planning.
- Statistical Analyst (.40 FTE, Garia, B.): 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.

- Program Specialist I (.40 FTE, Cruz, K.): Supports 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.
- Fiscal Specialist (.30 FTE, Imbriani, B.): Provides fiscal processing support and provides technical assistance to subrecipients related to administrative functions.
- Office Specialist (.30 FTE, Scheib, R.): Processes subrecipient invoices and program purchases, tracks service expenditures, and provides technical assistance to subrecipients. Supports staff for operating needs ensure the program meets goals.
- Senior Accountant/Auditor (.20 FTE, Salazar, E.): Senior Accountant/Auditor provides county fiscal support for the program. Responsible for fiscal administration of Ryan White contracts and monitoring.
- Accountant III, Auditor (.20 FTE, Tadros, P.): Provides fiscal compliance services through conducting fiscal monitoring engagements to audit subrecipient cost reimbursements who are receiving grants related to Ryan White program.

Key Personnel to be Hired
As the RSBTGA will be putting these services out for public bid, the potential staff required to develop and implement the activities listed on the work plan will be hired by subrecipients contracted to perform the program activities, with existing Ryan White staff expected to be sufficient at the Administrative Agency level for effective program monitoring and oversight.

Key Partnerships
Due to the impending release of an RFP for collaborators upon receipt of funding, the RSBTGA can only report on the initial collaborators' management and staffing expertise.
• DAP Health: DAP Health has been providing HIV primary care and supportive services to PWH in the Palm Desert area of the RSBTGA for 19 years, and serves, on average, 2,425 patients annually with an array of RWHAP services.
• Foothill AIDS Project (FAP): FAP was founded in 1987 by a group of concerned residents who were driven to help their friends and loved ones stricken by HIV/AIDS who had nowhere else to turn and could no longer work full-time. FAP is dedicated to helping people who live with or are at risk for HIV/AIDS. They focus in supporting PWH in San Bernardino County, and western Riverside County in California. Their programs and services provide many tools that help in supporting PWH to live longer, healthier, and more stable lives.
• Riverside University Health System-Public Health (RUHS-PH): RUHS has been providing HIV primary care and supportive services to PWH in the RSBTGA for 19 years, and serves, on average, 755 patients annually with an array of RWHAP services.
• AIDS Healthcare Foundation (AHF): AHF has been providing HIV primary care and supportive services to PWH in the RSBTGA for 17 years, and serves, on average, 133 patients annually with an array of RWHAP services. In addition to the close collaboration with RSBTGA staff, these partners also have close working relationships with innumerable community resources that will be brought to bear on the proposed programs.
• Loma Linda University (LLU): LLU, a new EHE recipient in the RSBTGA, has successfully expanded their services and met their expenditure requirements in their last contract. Due to this growth, they will be adding new services to further enhance their offerings.

The RSBTGA Administrative Agency has 30 years' experience administering state and federal grant funding for HIV services and has the full support of not only the San Bernardino County Department of Health but also of San Bernardino County administrators, finance, legal, and other departments whose in-kind contributions to HIV service programs in the community is immeasurable and thoroughly supported by the Board of Supervisors. The RSBTGA oversees the execution of multiple work plans for multiple funders, and the work plan outlined in this program will be implemented alongside those work plans to ensure there is no duplication of effort and that the work plans thoroughly complement one another. The staff listed in Key Personnel are the staff who will oversee the implementation of individualized work plans at collaborating sites, to ensure the overall goal of reducing new HIV infections by 90% is achieved by 2030.

Provided by HRSA: Instructions for completing the Work Plan Template

Pillar - Ending the HIV Epidemic Initiative (EHE) recipients should focus on strategies, activities, and initiatives to support Treatment (Pillar 2) and Response (Pillar 4). This section is prepopulated and should not be modified unless activities respond to both Pillars (if so; annotate in parenthesis).

Goal - Concisely state your goal.

Example: Increase organizational capacity by filling vacancies that support Ending the HIV Epidemic activities.

Strategy - State the tactic/methods utilized to accomplish your goals.

Example: Managers appropriate funding and collaborate with HR to complete the hiring process.

Objective - Program objectives are what you plan to achieve by the end of your effort; an objective should be written so that it can be evaluated at the conclusion of an activity to see whether it was achieved. It should be a SMART objective (specific, measurable, achievable, realistic, and timely).

Example: End of Q2 all vacant positions for the program will be filled.

Key Activities/Action Steps - List the specific tasks you will complete to achieve your objective. Keep this list short, preferably 3 to 5 main tasks.

Example: Conduct interviews for the following positions to support the program (1-Program Coordinator, 2-Peer Navigators).

Target Start/End Date - State when the activity will begin and end with any other deadlines or important milestone timelines.   Example:

4/25/2021 – 5/30/2021 or Q1 – Q2

Responsible Parties - Detail each team member's roles and responsibilities on the activity. The more specific you are, the better you will avoid confusion during the project.

Example: Program Director, Program Manager, HR Team

Metrics/Indicators - Specific, observable, and measurable characteristics that can be used to show changes or progress a program is making toward achieving a specific outcome.

Example: All interviews complete, and candidates have received offers.

Note: Template can be modified at the user's discretion by adding/deleting rows or columns accordingly.

To add a row above the cell, select the row, right-click, select Insert, then select Insert Rows Above. To add a row below the cell, follow the same steps, except   for the final step select Insert Rows Below. Tip: To insert more than one row (or column) at the same time, select as many rows or columns as you want to add   before you right-click to access the formatting options.

Ending the HIV Epidemic high-level work plan

Pillar Two: Treat people living with HIV rapidly and effectively to reach sustained viral suppression.

Goal 1: Increase access to care

Strategy 1: Increase access to care to increase clients in care by 10% by the end of the funding period.

Objective 1: Increase telehealth clients

Key Activities/Action Steps	Target Start/End Date	Responsible Parties	Metrics/Indicators of Success
Include need to increase telehealth activities in the RFP for years 2 - 5	3/1/25 – 5/31/25	Recipient Office	RFP will include language
Agencies with ability to provide telehealth activities will respond to RFP	8/1/25 – 10/31/25	Respondents to RFP	RFP responses will include ability to provide telehealth activities
If not already providing, beginning in year 2 of funding period, respondents to provide telehealth activities	3/1/26 – 2/28/30	Respondents to RFP	Increase in telehealth clients by at least 2.5% in that 2nd grant year, increasing by 2.5% each year to reach the goal of 10%

Objective 2: Increase nontraditional hours of service to include evening and/or weekend hours

Key Activities/Action Steps	Target Start/End Date	Responsible Parties	Metrics/Indicators of Success
Include need to increase nontraditional hours of service in the RFP for years 2 - 5	3/1/25 – 5/31/25	Recipient Office	RFP will include language

Key Activities/Action Steps	Target Start/End Date	Responsible Parties	Metrics/Indicators of Success
Agencies with ability to provide nontraditional hours of service will respond to RFP	8/1/25 – 10/31/25	Respondents to RFP	RFP responses will include ability to provide increased nontraditional hours of service.
If not already providing, beginning in year 2 of funding period, those respondents to provide nontraditional hours of service.	3/1/26 – 2/28/30	Respondents to RFP	Increase in clients by at least 2.5% in that 2nd grant year, increasing by 2.5% each year to reach the goal of 10%

Objective 3: Increase mobile health services.

Key Activities/Action Steps	Target Start/End Date	Responsible Parties	Metrics/Indicators of Success
Include need to increase mobile health services in the RFP for years 2 - 5	3/1/25 – 5/31/25	Recipient Office	RFP will include language
Agencies with ability to provide mobile health services will respond to RFP	8/1/25 – 10/31/25	Respondents to RFP	RFP responses will include ability to provide mobile health services
If not already providing, beginning in year 2 of funding period, respondents to provide mobile health services	3/1/26 – 2/28/30	Respondents to RFP	Increase in clients by at least 2.5% in that 2nd grant year, increasing by 2.5% each year to reach the goal of 10%

Pillar Four: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Goal 2: Create plan to respond to HIV clusters

Strategy 1: Increase interdepartmental collaboration

Objective 1: Work with other programs in the department to create plan if/when HIV clusters occur in the TGA.

Key Activities/Action Steps	Target Start/End Date	Responsible Parties	Metrics/Indicators of Success
Request meetings between targeted programs to discuss current plan/procedures and to develop a coordinated plan to respond to HIV clusters	3/1/25 – 9/30/25	Recipient office	Meetings conducted, data gathered, and plans developed

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel

Staff Name:	Position:	Position Description	Rationale for Time Requested
Heather Cockerill	Program Manager	Provides high level oversight and administration of program to include budget, reporting requirements, and contracts.	0.20 FTE is necessary to provide the RW Program with overall admin support. The Program Manager provides a critical role in oversight and administration of the EHE Grant. 0.10 FTE is necessary for planning and evaluation. The Program Manager provides a critical role in planning and evaluation due to her oversight of the HIV prevention programs.
Shannon Swims	Program Coordinator	Provides staff supervision, ensures grant requirements are met, and provides oversight of planning and evaluation and administrative functions.	0.30 FTE is needed for administrative functions such as supervision of the day-to-day operations of the program and its associated staff and 0.10 FTE is needed for planning and evaluation functions such as working with the various programs within the department to ensure efficiency and nonduplication of efforts.
Joshua Olagunju	Staff Analyst II	Develops budgets, monitors program expenditures, coordinates and provides technical assistance to contracted agencies, and participates in planning and evaluation activities.	0.30 FTE is needed to provide a critical role in supporting RWP budget development/ tracking, and technical assistance. 0.10 FTE is needed for planning and evaluation activities.
Laura Moore	Biostatistician	Monitors program quality, develops policy and training materials related to the ARIES data management system; analyzes data, develops reports utilized for quality improvement and program planning.	0.30 FTE is needed to provide the RWP with Biostatistician support as they fill a critical role in the RWP by monitoring and analyzing client-level data for the program as well as CQM reporting and policy development. 0.10 FTE is needed for planning and evaluation activities.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel

Staff Name:	Position:	Position Description	Rationale for Time Requested
Beatrice Garcia	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.	0.30 FTE is needed to provide the RWP with Statistical Analyst support. The SA works with the Biostatistician to fill a critical role in tracking and CQM reporting and policy development. 0.10 FTE is needed for planning and evaluation activities.
Karina Cruz	Program Specialist I	Supports 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 and participates in various planning and evaluation activities.	0.30 FTE is needed to provide analytical and programmatic support to the Ryan White Program. 0.10 FTE is needed for planning and evaluation activities.
Brook Imbriani	Fiscal Specialist I	Processes subrecipient invoices and program purchases. Tracks service expenditures and provides technical assistance to contracted agencies.	0.30 FTE is needed to provide the RWP with fiscal support and to assist the team in providing program fiscal TA to subrecipients.
Rachel Sheib	Office Specialist	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.	0.30 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 program fiscal TA to subrecipients.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel

Staff Name:	Position:	Position Description	Rationale for Time Requested
Enrique Salazar	Senior Accountant/Auditor	Senior Accountant/Auditor provides county fiscal support for the program. Responsible for fiscal administration of Ryan White contracts and monitoring.	0.20 FTE is needed to provide county fiscal support to the RWP.
Pierre Tadros	Senior Accountant/Auditor	Provides fiscal compliance services through conducting fiscal monitoring engagements to audit subrecipient cost reimbursements who are receiving grants related to Ryan White program.	0.20 FTE is needed to provide support to the fiscal contract monitoring process.

Attachment 3: Biographical Sketches for Key Personnel

Staff Name:	Position:	Qualifications (Knowledge, Skills, Abilities):
Heather Cockerill	Program Manager	BA with 24+ years of experience, serving a variety of Public Health programs, including several years specifically within or in support of the Ryan White Program, within the San Bernardino County, Department of Public Health.
Shannon Swims	Program Coordinator	MPA with 20+ years of experience with San Bernardino County including 6+ years of experience in the Ryan White Program and experience in Behavioral Health, Public Works, and Child Support Services programs.
Joshua Olagunju	Staff Analyst II (SAII)	PhD - Public Administration and Finance. 24+ years with SB County DPH, with experience in the Ryan White Program and other public health programs.
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.
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. Experience with Behavioral Health and Transitional Assistance working with special populations and sensitive medical records including HIV Population.

Attachment 3: Biographical Sketches for Key Personnel

Staff Name:	Position:	Qualifications (Knowledge, Skills, Abilities):
Karina Cruz	Program Specialist I	*MPA* with 17+ years of experience with San Bernardino County serving Public Health and Human Services; including policy and standard practice development, legislative analysis and interpretation, program quality review, and social services appeals process.
Brook Imbriani	Fiscal Specialist I (FSI)	24+ years with San Bernardino County providing clerical and fiscal support at Child Support Services, Transitional Assistance and Public Health.
Rachel Sheib	Office Specialist	Vacant- candidate has been selected but has not started with the program to date.
Enrique Salazar	Senior Accountant/Auditor	*MSA* - 3 years with San Bernardino County providing Fiscal Administrative Support to various DPH programs.
Pierre Tadros	Accountant III, Auditor	*BA - Accounting*; 8 years with San Bernardino County providing fiscal monitoring / Audit, and accounting support.

ATT 05: Project Organizational Chart

```
Riverside County                    San Bernardino County
Board of Supervisors (BOS) ----·----  Board of Supervisors (BOS)
                                      Chief Elected Official
                           Intergovernmental
                              Agreement

                                    Joshua Dugas
                                    Director of
                                    Public Health

                                    Adela Evans
                                    Chief of
                                    Surveillance and Response

                                    Heather Cockerill
                                    Program Manager
                                    Admin: 0.20 FTE
                                    Planning and Evaluation: 0.10 FTE

                                    Shannon Swims
                                    Program Coordinator
                                    Admin: 0.30 FTE
                                    Planning and Evaluation: 0.10 FTE
```

Legend:
- ----·---- IGA Relationship
- ········· Provides Support to Program
- ———— Reports to
- ·········· Oversight

Enrique Salazar
Senior Accountant/Auditor
Admin: 0.20 FTE

Pierre Tadros
Senior Accountant/Auditor
Admin: 0.20 FTE

Karina Cruz
Program Specialist
Admin: 0.30 FTE
Program and Evaluation: 0.10 FTE

Beatrice Garcia
Statistical Analyst
Admin: 0.30 FTE
Planning and Evaluation: 0.10 FTE

Laura Moore
Biostatistician
Admin: 0.30 FTE
Planning and Evaluation: 0.10 FTE

Joshua Olagunju
Staff Analyst II
Admin: 0.30 FTE
Planning and Evaluation: 0.10 FTE

Brook Imbriani
Fiscal Specialist
Admin 0.30 FTE

Vacant
Office Specialist
Admin: 0.30 FTE

Cost Category	Definition	Limitations/Additional Instructions
Initiative Services	Costs associated with a broader approach to addressing HIV in the community than exists in services authorized by the Ryan White HIV/AIDS Program (RWHAP) legislation. For example, the only requirement for determining eligibility is that the individual has an HIV diagnosis. There is no requirement that individuals served are low-income or that initial eligibility is documented prior to services being provided. Initiative services are services and activities that do not fit neatly within the RWHAP service categories (e.g., linkage to care). These services may be innovative and creative with a focus on ending the HIV epidemic.	Core medical and support services as defined in HAB PCN 16-02 should be budgeted separately from EHE Initiative Services. Please utilize the appropriate worksheet for each cost category.
Core Medical and Support Services (RWHAP Services)	Costs associated with the provision of core medical and support services to initiative eligible clients. Core medical and support services are important to assist in the diagnosis of HIV infection, linkage to care for people with HIV, retention in care, and the provision of HIV treatment. Services must relate to HIV diagnosis, care, and support, and must adhere to established clinical practice standards consistent with HHS HIV treatment guidelines. Because the initiative is performed in conjunction with the RWHAP statute and program implementation, it is expected that many of the services provided will fit within these already well-established parameters.	
Infrastructure	Costs associated with the development and expansion of data systems. It may include technical assistance on the type, design, and building of new data systems, bridging existing systems to achieve data integration, improving data entry to decrease burden and increase accuracy, training of staff and providers on collecting and using data, and employing experts to provide accurate and in-depth data analysis.	Infrastructure costs should be budgeted separately from Initiative Services costs (above).
Administration	Costs are costs associated with the administration of the initiative cooperative agreement. No more than 10 percent of the initiative budget can be spent on administrative costs. You should allocate staff activities that are administrative in nature to administrative costs.	Administration and planning and evaluation costs combined should not exceed 15 percent of the total award.
Planning and Evaluation	Costs associated with stakeholder engagement and process and outcome evaluation activities. No more than 10 percent of the initiative budget can be spent on planning and evaluation costs.	
Clinical Quality Management (CQM)	Costs required to maintain a CQM program to assess the extent to which services are consistent with the current HHS guidelines for the treatment of HIV and to develop strategies to improve access to and quality of services. Examples of CQM costs include: Implementation of CQM program; Clinical quality improvement activities; data collection for CQM purposes (collect, aggregate, analyze, and report on measurement data on a quarterly basis at a minimum); Recipient CQM staff training/TA (including travel and registration) - this includes HRSA sponsored or HRSA approved training; and training of subrecipients on CQM. Please note that quality assurance activities are administrative costs and not considered CQM costs. For further guidance on CQM, refer to PCN 15-02 Clinical Quality Management Policy Clarification Notice.	Recipients may, but are not required to, allocate up to five percent of the total grant award for CQM.

BUDGET SUMMARY: ENDING THE HIV EPIDEMIC
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2025

Budget Summary

Object Class Categories	Initiative Services	Initiative Infrastructure	RWHAP Core Medical & Support Services	Administration	Planning & Evaluation	CQM	Total
a. Personnel	$ -	$ -	$ -	$ 222,808	$ 56,335	$ -	$ 279,143
b. Fringe Benefits	$ -	$ -	$ -	$ 112,807	$ 28,522	$ -	$ 141,329
c. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -
d. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Supplies	$ -	$ -	$ -	$ 8,000	$ 2,400	$ -	$ 10,400
f. Contractual	$ 602,000	$ -	$ 3,551,200	$ 35,000	$ 75,000	$ 222,000	$ 4,485,200
g. Other	$ -	$ -	$ -	$ 7,000	$ 1,453	$ -	$ 8,453

	Initiative Services	Initiative Infrastructure	RWHAP Core Medical & Support Services	Administration	Planning & Evaluation	CQM	Total
Direct Charges	$ 602,000	$ -	$ 3,551,200	$ 385,615	$ 163,710	$ 222,000	$ 4,924,525
Indirect Charges	$ -	$ -	$ -	$ 60,243	$ 15,232	$ -	$ 75,475
TOTALS	$ 602,000	$ -	$ 3,551,200	$ 445,858	$ 178,942	$ 222,000	$ 5,000,000

Total funding: $ 5,000,000

Admin Budget 10%:   445,858   Within Limit

CQM Budget 5%:   222,000   Within Limit

Planning & Evalaution + Admin 15%:   624,800   Within Limit

Planning & Evaluation 10%:   178,942   Within Limit

INITIATIVE SERVICES BUDGET: ENDING THE HIV EPIDEMIC
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2025

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
				$ -
				$ -
				$ -
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	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]*		**Amount**
Foothill AIDS Project (FAP) - EIS	Reduce the avereage number of days from client intake to first appointment, and increase the number of PWH that are linked to care as a result of website/social media campaigns from priority populations.	**Social Media Engagement and Outreach Activities**: Increase website utilization and social media following among target at-risk populations. Promote support services, outreach services, community of care, and HIV-related resources on website and social media platforms to link undiagnosed, newly diagnosed and those who have fallen out of care. Link at-risk populations from social media and website inquiries. **Linkage to Care Activities:** Utilize navigation support to reconnect those who have fallen out of care. Link newly diagnosed to care and rapid ART initiation. Provide strengths-based linkage follow-up. Linkage to Care staff will utilize the evidenced-based intervention ARTAS and Wellness Coaching approach. Facilitate educational group using evidence-based curriculum Taking Care of Me. **Outreach Activities:** Promote availability of continuum of care, HIV-related community resources to link newly diagnosed and out-of-care PLWH.	$	602,000
		Contracts Total	$	602,000
Other *[List all costs that do not fit into any other category]*				
List of Other		**Budget Impact Justification** *[Impact on the program's objectives/goals]*		**Amount**
		Other Costs Total	$	-
Total Direct Cost				
			$	602,000
Indirect Cost				
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *(Insert rate below)*	**Insert Base**		**Total** **[Insert Indirect]**
Initiative Services Total				
			$	602,000

INITIATIVE INFRASTRUCTURE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2025

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
				$ -
				$ -
				$ -
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	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]*	**Amount**
		Contracts Total	$ -

Other *[List all costs that do not fit into any other category]*		
List of Other	**Budget Impact Justification** *[Impact on the program's objectives/goals]*	**Amount**
	Other Costs Total	$ -

Total Direct Cost	
	$ -

Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *(Insert rate below)*	**Insert Base**	**Total** **[Insert Indirect]**

Initiative Infrastructure Total	
	$ -

RWHAP CORE MEDICAL & SUPPORT SERVICES BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2025

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
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	Supplies Total	$ -

Contractual			
List of Contracts *[include RWHAP service category]*	**Deliverables**	**Budget Impact Justification** *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]*	**Amount**
Desert AIDS Project Health (DAPH) - Early Intervention Services (EIS)-45% and Outpatient Ambulatory Services - 55%	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	**HIV Diagnosis activities** include conducting HIV testing on-site 2. Deploy HIV testing mobile unit in Service Areas 3 & 6 to venues accessible to target populations to include neighborhoods, homeless shelters, homeless encampments; community centers; substance use disorder recovery centers; and establishments catering to at-risk populations. 3. Conducting advertising and promotion to targeted populations to make them aware of HIV testing services and HIV educational information digitally and in print tailored for audience age, gender, race/ethnicity/gender/sexual orientation, risk group, immigration status, homeless, substance use. 4. Testing data collection. **Linkage to Care Activities**: 1. EIS receives referrals from Testing Counselors. 2. EIS meets with newly diagnosed and re-engaging in care, provides counseling about diagnosis; conducts needs assessment; determines insurance and medical assistance needs, provides benefits navigation and enrollment services; assess clients' readiness for rapid start ART; provide warm-hand off to DAP Central Registration for client intake; warm-hand off to clinician for same day appointments. **Retention in Care Activities**: 1. Track missed appointments and other indicators of poor treatment adherence such as behavioral health concerns in shared electronic health records (EHR) 2. Communication with patients who miss appointments to include phone calls, home visits, contacting emergency contacts and assistance from patients' colleagues. 3. Assess needs; identify and problem-solve barriers to care; treatment adherence counseling. 4. Referrals to medical care, behavioral health, dental care, and support services to include housing placement assistance; grocery voucher and food distribution; medical transportation; job placement assistance; psychosocial support groups; client wellness services. **OAHS : Receipt of ART Activities**: 1. clinicians maintain open appointment slots. 2. EIS provides warm-hand off to clinician. 3. Clinicians reassess for readiness for rapid start ART. 4. Clinicians provide ART prescription; dispense ART from stock and/or starter packs. 5. Data collection in patients' electronic health record. 6. Client satisfaction surveys. **Viral Suppression Activities**: 1. Clinicians provide orders for lab tests. 2. Review patients/clients EHR records for follow up with patients/clients. 3. Track lab test results in patients' EHR.	$ 950,000
AIDS Healhcare Foundation (AHF) - EIS	Reduce the avereage number of days from client intake to first appointment, and increase retention in care	**Linkage to Care Activities** include establish and maintain relationships with case managers, HIV testing agencies, community based organizations, etc. Make contacts/calls on a routine basis to build relationships with potential referral sources. Deliver all aspects of linkage services including referral, provisional eligibility determination, assessment, and evaluation of consumer needs/service. Work with AHF Retention Specialists, Benefits Counselors, Office Administrators, and Nurse Case Managers to ensure clients are directly linked to care and remain in care. **Retention and Reengagement in Care Activities** include review and generate "104-Days Report" for providers. As part of outreach, send retention letter per providers request to encourage clients to schedule a returning follow-up appointment; schedule new client appointments for potential AHF healthcare center clients; provide potential clients with information on the organization; and do reminder calls for new clients one day prior to appointment. Deliver all aspects of retention services including referral, provisional eligibility determination, assessment, and evaluation of consumer needs/service. Work with AHF Linkage Specialists, Benefits Counselors, Office Administrators, and Nurse Case Managers to ensure clients are reengaged to care and remain in care. **Referral and Follow-up Services Activities** include working with linking agencies to ensure ongoing referrals and promote AHF services. Participate in TGA planning activities and community-based health efforts. Follow-up on Provider referrals for mental health, specialty providers, and needed psychosocial services such as financial assistance, housing, food, etc. Provide ongoing advocacy services on behalf of clients.	$ 600,200
Loma Linda University (LLU)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	**Retention in care activities**: Assist patients with health insurance enrollment, making appointments, arranging transportation, making follow up calls to clients to provide additional support. Medical case management assistance for coordination of health care and education of health-related issues per medical team. **Linkage to care activities**: Review recent hospital discharged/ ER discharge tickler of PLWH/A who had initial contact with medical case management. Close the loop on care linkage/offer appointments as necessary for ongoing HIV care services. **OAHS activities**: Follow established guidelines for high quality medical care in their infectious disease clinic to include offering same day ART	$ 1,001,000

Riverside University Health System (RUHS)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	**Retention in care activities**: Assist patients with health insurance enrollment, making appointments, arranging transportation, making follow up calls to clients to provide additional support. Provide initial and ongoing assessment of patient's acuity level during intake and as needed to determine Case Management or Medical Case Management needs. Initial assessment will also be used to develop patient's Care Plan. Discuss budgeting with patients to maintain access to necessary services and Case Manager will screen for domestic violence, mental health, substance abuse, and advocacy needs. Assist patients with obtaining needed financial resources for daily living such as bus pass vouchers, gas cards, and other emergency financial assistance. **Linkage to care activities**: Work with patient to conduct an initial intake assessment within 3 days from referral. Refer and link patients to medical, mental health, substance abuse, psychosocial services, and other services as needed and Case Manager will provide referrals to address gaps in their support network. **OAHS activities**: Development of Treatment Plan. Diagnostic testing. Practitioner examination. Documentation and review of medical history. Diagnosis and treatment of common physical and mental conditions. Prescribing and managing Medication Therapy (same day ART or rapid ART if possible). Continuing care and management of chronic conditions. Referral to and provision of Specialty Care. Treatment adherence counseling/education.	$ 1,000,000
		Contracts Total $	3,551,200

Other *[List all costs that do not fit into any other category]*		
List of Other	**Budget Impact Justification** *[Impact on the program's objectives/goals]*	**Amount**
	Other Costs Total $	-

Total Direct Cost	
	$ 3,551,200

Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *(Insert rate below)*	**Insert Base**	**Total** **[Insert Indirect]**

Services Total	
	$ 3,551,200

ADMINISTRATIVE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2025

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
$ 121,285	0.200	Heather Cockerill, Program Manager	Program Manager; Provides the RW Program (includes RW Part A, Part B, and EHE) with overall admin support. The Manager provides necessary oversight and administration of the RW EHE Grant due to her vast experience with the various grants that she oversees in her other programs. The remaining .80 FTE is paid by EHE Planning and Evaluation and County General funds.	$ 24,257
$ 108,206	0.300	Shannon Swims, Program Coordinator	Program Coordinator; Supervises day to day operation of the program, including oversite of administrative functions, and develops policy. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A & B grant funds.	$ 32,462
$ 85,228	0.300	Joshua Olagunju, Staff Analyst II	Staff Analyst II; Provides technical assistance with fiscal support and program monitoring for the Ryan White Program (includes RW Part A, Part B, and EHE), EHE budget development tracking, and policy development. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A grant funds.	$ 25,568
$ 99,100	0.300	Laura Moore, Biostatistician	Biostatistician; Develops policy and training materials, and oversees local administration of the ARIES data management system. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A grant funds.	$ 29,730
$ 53,086	0.300	Rachel Sheib, Office Specialist	Office specialist; Provides general support to program staff to meet administrative goals and processes subcontractor invoices and contractor payments for RWP (includes RW Part A, Part B, and EHE) and monitors expenditures. Assists with providing technical assistance related to administrative functions provided to contracted agencies. The remaining .70 FTE is paid by Ryan White Part A grant funds.	$ 15,926
$ 53,047	0.300	Brook Imbriani, Fiscal Specialist	Fiscal Specialist; Processes subcontractor invoices and contractor payments for RWP (includes RW Part A, Part B, and EHE) and monitors expenditures. Assists with providing technical assistance related to administrative functions provided to contracted agencies. The remaining .70 FTE is paid by Ryan White Part A & B grant funds.	$ 15,914
$ 85,228	0.200	Enrique Salazar, Accountant III	Accountant III; Responsible for fiscal administration of Ryan White Program (includes Part A, Part B, and EHE) contracts and monitoring. The remaining .80 FTE is paid by Ryan White Part A grant funds and county general funds.	$ 17,046
$ 85,228	0.200	Pierre A S Tadros, Accountant III, Auditor	Accountant III, Auditor; Provides auditing support to the contract monitoring process and follows up with fiscal technical assistance. The remaining .80 FTE is paid by Ryan White Part A and county general funds.	$ 17,046
$ 77,186	0.300	Beatrice Garcia, Statistical Analyst	Statistical Analyst; assists in developing policy and training materials, and oversee local administration of the ARIES data management system. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by Ryan White Part A grant funds.	$ 23,156
$ 72,345	0.300	Karina Cruz, Program Specialist I	Program Specialist I; Will work to support program in the development and update of various policies and procedures as needed. Will also work to support program with various admin reports as required by the various grants. Provides technical assistance with program monitoring for the Ryan White Program. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A grant funds.	$ 21,704
			Personnel Total	**$ 222,808**

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
50.63%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation.	$ 112,807
		$ -
	Fringe Benefit Total	**$ 112,807**

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]	Amount
				$ -
				$ -
			Local Travel Sub-Total	**$ -**

ADMINISTRATIVE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2025

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]	Amount
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
Communication	Communication; Telephones and e-mail to support admin staff in communicating expectations and updates with stakeholders and providers. Estimated annual cost is $8,000	$ 8,000
	Supplies Total	$ 8,000

Contractual

List of Contract	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated]	Amount
Consultant Services	Admin Support	Consultant services to provide various data and information for reporting requierments for the grant to support the recipient office. (140 hours x $250/hour = $35,000)	$ 35,000
		Contracts Total	$ 35,000

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

List of Other	Budget Impact Justification [Impact on the program's objectives/goals]	Amount
Rental and Lease Maintenance color copy machine	Rental and Maintenance; Cost of annual lease/maintenance associated with a color copy machine to ensure communications with stakeholders in administration of the grant. Estimated annual cost of Color Copy Lease is $7,000.	$ 7,000
	Other Costs Total	$ 7,000

Total Direct Cost	
	$ 385,615

ADMINISTRATIVE BUDGET RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA FISCAL YEAR: 2025			
Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *[Insert rate below]*	**Insert Base**	**Total** **[Insert Indirect]**
Fixed	17.95%	Indirects Charges	$ 60,243
Administrative Total			
			445,858

PLANNING & EVALUATION BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2025

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
$ 121,285	0.100	Heather Cockerill, Program Manager	Program Manager; Oversees Health Promotion and Education Services in the department and will participate in the department-wide HIV meetings to provide insight as to the work that is being done under this grant and to help identify possible resources and gaps for dissemination to subrecipients. The remaining .90 FTE is paid by EHE Admin and County General Funds.	$ 12,129
$ 108,206	0.100	Shannon Swims, Program Coordinator	Program Coordinator; As a recipient of the Part A EHE funding, will assist in the organization and the development of department-wide HIV meetings. Will also participate in the department-wide HIV meetings to provide insight as to the work that is being done under this grant and to help identify possible resources and gaps for dissemination to subrecipients. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A & B grant funds.	$ 10,821
$ 85,228	0.100	Joshua Olagunju, Staff Analyst II	Staff Analyst II; Will also participate in the department-wide HIV meetings to assist in the information sharing with the other EHE programs in the department. Will also work with team to provide financial data support and technical assistance as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$ 8,523
$ 99,100	0.100	Laura Moore, Biostatistician	Biostatisician; Will also participate in the department-wide HIV meetings to provide insight as to the status of the various activities in place by both the program and the subrecipients as noted in the Plan. Will also work with team to provide data support as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$ 9,910
$ 72,345	0.100	Karina Cruz, Program Specialist I	Program Specialist I; Will also participate in the department-wide HIV meetings to provide insight as to the status of the various activities in place by both the program and the subrecipients as noted in the Plan. Will also work with team to provide support as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$ 7,235
$ 77,186	0.100	Beatrice Garcia, Statistical Analyst	Statistical Analst; Will also participate in the department-wide HIV meetings to provide insight as to the status of the various activities in place by both the program and the subrecipients as noted in the Plan. Will also work with team to provide data support as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$ 7,719
			Personnel Total	**$ 56,335**

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
50.63%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation.	$ 28,522
		$ -
	Fringe Benefit Total	**$ 28,522**

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]	Amount
				$ -
				$ -
			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]	Amount
			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.)]

List of Equipment	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
	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.]*

List of Supplies	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
Communication	Communication; Telephones and e-mail to support admin staff in communicating expectations and updates with stakeholders and providers. Estimated annual cost is $2400.	$ 2,400
	Supplies Total	$ 2,400

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]*	Amount
Various	Subrecipient Monitoring	Consultant services to include meeting with continuing subrecipients at least bimonthly and with the new subrecipients monthly to discuss staffing levels, spending, activities related to linkage to care, retention in care, dispensing of ART, barriers, and any TA assistance that may be needed. (300 hours x $250/hour = $75,000)	$ 75,000
		Contracts Total	$ 75,000

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

List of Other	Budget Impact Justification *[Impact on the program's objectives/goals]*	Amount
Rental and Lease Maintenance color copy machine	Rental and Maintenance; Cost of annual lease/maintenance associated with a color copy machine to ensure communications with stakeholders in administration of the grant. Estimated annual cost of Color Copy Lease is $4,856 X .4FTE = $1942.	$ 1,453
	Other Costs Total	$ 1,453

Total Direct Cost

	$ 163,710

Indirect Cost

Type of Indirect Cost *[Select from dropdown list]*	Rate *(Insert rate below)*	Insert Base	Total [Insert Indirect]
Final	17.95%	Indirects Charges	$ 15,232

Planning & Evaluation Total

	$ 178,942

CLINICAL QUALITY MANAGEMENT BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2025

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
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	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]*	**Amount**
Desert AIDS Project Health (DAPH) - Early Intervention Services (EIS)-45% and Outpatient Ambulatory Services - 55%	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	Refer to Year 5 Work Plan, Strategy 1, Objective 1, and Strategy 2, Objective 1, 2, and 3. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointment, the number of days from client intake to provision of ART, and the percentage of patients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and the number of days from client intake to provision of ART and increase their percentage of clients retained in care. They will continue to review processes report out on the success of the strategies that they have developed during meetings and make changes as needed.	$ 50,000
Foothill AIDS Project (FAP) - EIS	Reduce the avereage number of days from client intake to first appointment, and increase the number of PWH that are linked to care as a result of website/social media campaigns from priority populations.	Refer to Year 5 Work Plan, Strategy 1, Objective 1, and Strategy 2, Objective 1, and Strategy 3, Objective 1, and 2. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointment and the number of PWH that are linked to care as a result of website/social media campaigns. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and increase the number of PWH that are linked to care as a result of their website/social media campaigns working with their Consumer Advisory Board (CAB). They will continue to collect data and report out on the success of the strategies that they have developed during our meetings and make changes as needed.	$ 30,000
AIDS Healhcare Foundation (AHF) - EIS	Reduce the avereage number of days from client intake to first appointment	Refer to Year 5 Work Plan, Strategy 1, Objective 1 and Strategy 2, Objective 1. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointmentt. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment . They will continue to collect data and report out on the success of the strategies that they have developed during our meetings and make changes as needed.	$ 30,000
Loma Linda University (LLU)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	Refer to Year 5 Work Plan, Strategy 1, Objective 1,and Strategy 2, Objective 1, 2, and 3. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointment, the number of days from client intake to provision of ART, and the percentage of patients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and the number of days from client intake to receipt of ART and increase their percentage of clients retained in care. They will continue to collect data and report out on the success of the strategies that they have developed during our regular subrecipient meetings and make changes as needed.	$ 55,000
Riverside University Health System (RUHS)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	Refer to Year 5 Work Plan, Strategy 1, Objective 1, and Strategy 2, Objective 1, 2, and 3. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be revieweing their baseline data to determine their current number of days from client intake to first appointment, the number of days from client intake to provision of ART, and the percentage of patients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and the number of days from client intake to provision of ART and increase their percentage of clients retained in care. They will continue to collect data and report out on the success of the strategies that they have developed during our regular subrecipient meetings and make changes as needed.	$ 57,000
		Contracts Total	$ 222,000

Other		
[List all costs that do not fit into any other category]		
List of Other	**Budget Impact Justification** *[Impact on the program's objectives/goals]*	**Amount**
	Other Costs Total	$ -

Total Direct Cost		
		$ 222,000

Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *(Insert rate below)*	**Insert Base**	**Total** **[Insert Indirect]**

Clinical Quality Management Total		
		$ 222,000

BUDGET SUMMARY: ENDING THE HIV EPIDEMIC
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2026

Budget Summary

Object Class Categories	Initiative Services	Initiative Infrastructure	RWHAP Core Medical & Support Services	Administration	Planning & Evaluation	CQM	Total
a. Personnel	$ -	$ -	$ -	$ 222,808	$ 56,335	$ -	$ 279,143
b. Fringe Benefits	$ -	$ -	$ -	$ 112,807	$ 28,522	$ -	$ 141,329
c. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -
d. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Supplies	$ -	$ -	$ -	$ 8,000	$ 2,400	$ -	$ 10,400
f. Contractual	$ 602,000	$ -	$ 3,551,200	$ 35,000	$ 75,000	$ 222,000	$ 4,485,200
g. Other	$ -	$ -	$ -	$ 7,000	$ 1,453	$ -	$ 8,453

	Initiative Services	Initiative Infrastructure	RWHAP Core Medical & Support Services	Administration	Planning & Evaluation	CQM	Total
Direct Charges	$ 602,000	$ -	$ 3,551,200	$ 385,615	$ 163,710	$ 222,000	$ 4,924,525
Indirect Charges	$ -	$ -	$ -	$ 60,243	$ 15,232	$ -	$ 75,475
TOTALS	$ 602,000	$ -	$ 3,551,200	$ 445,858	$ 178,942	$ 222,000	$ 5,000,000

Admin Budget 10%: 445,858 — Within Limit

CQM Budget 5%: 222,000 — Within Limit

Planning & Evalaution + Admin 15%: 624,800 — Within Limit

Planning & Evaluation 10%: 178,942 — Within Limit

Total funding: $ 5,000,000

INITIATIVE SERVICES BUDGET: ENDING THE HIV EPIDEMIC
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
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
			$ -
			$ -
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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]*	**Amount**
Foothill AIDS Project (FAP) - EIS	Reduce the avereage number of days from client intake to first appointment, and increase the number of PWH that are linked to care as a result of website/social media campaigns from priority populations.	**Social Media Engagement and Outreach Activities**: Increase website utilization and social media following among target at-risk populations. Promote support services, outreach services, community of care, and HIV-related resources on website and social media platforms to link undiagnosed, newly diagnosed and those who have fallen out of care. Link at-risk populations from social media and website inquiries. **Linkage to Care Activities**: Utilize navigation support to reconnect those who have fallen out of care. Link newly diagnosed to care and rapid ART initiation. Provide strengths-based linkage follow-up. Linkage to Care staff will utilize the evidenced-based intervention ARTAS and Wellness Coaching approach. Facilitate educational group using evidence-based curriculum Taking Care of Me. **Outreach Activities**: Promote availability of continuum of care, HIV-related community resources to link newly diagnosed and out-of-care PLWH.	$ 602,000
			$ -
		Contracts Total	**$ 602,000**

Other *[List all costs that do not fit into any other category]*		
List of Other	**Budget Impact Justification** *[Impact on the program's objectives/goals]*	**Amount**
		$ -
		$ -
		$ -
	Other Costs Total	**$ -**

Total Direct Cost		
		$ 602,000

Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *(Insert rate below)*	**Insert Base**	**Total** **[Insert Indirect]**

Initiative Services Total	
	$ 602,000

INITIATIVE INFRASTRUCTURE 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
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
			$ -
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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]*	**Amount**
			$ -
		Contracts Total	$ -

Other *[List all costs that do not fit into any other category]*		
List of Other	**Budget Impact Justification** *[Impact on the program's objectives/goals]*	**Amount**
		$ -
		$ -
		$ -
	Other Costs Total	$ -

Total Direct Cost	
	$ -

Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *(Insert rate below)*	**Insert Base**	**Total** **[Insert Indirect]**

Initiative Infrastructure Total	
	$ -

RWHAP CORE MEDICAL & SUPPORT SERVICES 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
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage *[Insert as %]*	Components *[List components that comprise the fringe benefit rate]*	Amount
		$ -
		$ -
	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]*	Amount
				$ -
				$ -
			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]*	Amount
				$ -
				$ -
			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.)]

List of Equipment	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
		$ -
		$ -
	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.]*

List of Supplies	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
		$ -
		$ -
	Supplies Total	$ -

Contractual			
List of Contracts *[include RWHAP service category]*	**Deliverables**	**Budget Impact Justification** *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]*	**Amount**
Desert AIDS Project Health (DAPH) - Early Intervention Services (EIS)-45% and Outpatient Ambulatory Services - 55%	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	**HIV Diagnosis activities** include conducting HIV testing on-site 2. Deploy HIV testing mobile unit in Service Areas 3 & 6 to venues accessible to target populations to include neighborhoods, homeless shelters, homeless encampments; community centers; substance use disorder recovery centers; and establishments catering to at-risk populations. 3. Conducting advertising and promotion to targeted populations to make them aware of HIV testing services and HIV educational information digitally and in print tailored for audience age, gender, race/ethnicity/gender/sexual orientation, risk group, immigration status, homeless, substance use. 4. Testing data collection. **Linkage to Care Activities:** 1. EIS receives referrals from Testing Counselors. 2. EIS meets with newly diagnosed and re-engaging in care, provides counseling about diagnosis; conducts needs assessment; determines insurance and medical assistance needs, provides benefits navigation and enrollment services; assess clients' readiness for rapid start ART; provide warm-hand off to DAP Central Registration for client intake; warm-hand off to clinician for same day appointments. **Retention in Care Activities:** 1. Track missed appointments and other indicators of poor treatment adherence such as behavioral health concerns in shared electronic health records (EHR) 2. Communication with patients who miss appointments to include phone calls, home visits, contacting emergency contacts and assistance from patients' colleagues. 3. Assess needs; identify and problem-solve barriers to care; treatment adherence counseling. 4. Referrals to medical care, behavioral health, dental care, and support services to include housing placement assistance; grocery voucher and food distribution; medical transportation; job placement assistance; psychosocial support groups; client wellness services. **OAHS : Receipt of ART Activities:** 1. clinicians maintain open appointment slots. 2. EIS provides warm-hand off to clinician. 3. Clinicians reassess for readiness for rapid start ART. 4. Clinicians provide ART prescription; dispense ART from stock and/or starter packs. 5. Data collection in patients' electronic health record. 6. Client satisfaction surveys. **Viral Suppression Activities:** 1. Clinicians provide orders for lab tests. 2. Review patients/clients EHR records for follow up with patients/clients. 3. Track lab test results in patients' EHR.	$ 950,000
AIDS Healhcare Foundation (AHF) - EIS	Reduce the avereage number of days from client intake to first appointment, and increase retention in care	**Linkage to Care Activities** include establish and maintain relationships with case managers, HIV testing agencies, community based organizations, etc. Make contacts/calls on a routine basis to build relationships with potential referral sources. Deliver all aspects of linkage services including referral, provisional eligibility determination, assessment, and evaluation of consumer needs/service. Work with AHF Retention Specialists, Benefits Counselors, Office Administrators, and Nurse Case Managers to ensure clients are directly linked to care and remain in care. **Retention and Reengagement in Care Activities** include review and generate "104-Days Report" for providers. As part of outreach, send retention letter per providers request to encourage clients to schedule a returning follow-up appointment; schedule new client appointments for potential AHF healthcare center clients; provide potential clients with information on the organization; and do reminder calls for new clients one day prior to appointment. Deliver all aspects of retention services including referral, provisional eligibility determination, assessment, and evaluation of consumer needs/service. Work with AHF Linkage Specialists, Benefits Counselors, Office Administrators, and Nurse Case Managers to ensure clients are reengaged to care and remain in care. **Referral and Follow-up Services Activities** include working with linking agencies to ensure ongoing referrals and promote AHF services. Participate in TGA planning activities and community-based health efforts. Follow-up on Provider referrals for mental health, specialty providers, and needed psychosocial services such as financial assistance, housing, food, etc. Provide ongoing advocacy services on behalf of clients.	$ 600,200
Loma Linda University (LLU)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	**Retention in care activities:** Assist patients with health insurance enrollment, making appointments, arranging transportation, making follow up calls to clients to provide additional support. Medical case management assistance for coordination of health care and education of health-related issues per medical team. **Linkage to care activities:** Review recent hospital discharged/ ER discharge tickler of PLWH/A who had initial contact with medical case management. Close the loop on care linkage/offer appointments as necessary for ongoing HIV care services. **OAHS activities:** Follow established guidelines for high quality medical care in their infectious disease clinic to include offering same day ART	$ 1,001,000

| Riverside University Health System (RUHS) | Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care | **Retention in care activities**: Assist patients with health insurance enrollment, making appointments, arranging transportation, making follow up calls to clients to provide additional support. Provide initial and ongoing assessment of patient's acuity level during intake and as needed to determine Case Management or Medical Case Management needs. Initial assessment will also be used to develop patient's Care Plan. Discuss budgeting with patients to maintain access to necessary services and Case Manager will screen for domestic violence, mental health, substance abuse, and advocacy needs. Assist patients with obtaining needed financial resources for daily living such as bus pass vouchers, gas cards, and other emergency financial assistance.
Linkage to care activities: Work with patient to conduct an initial intake assessment within 3 days from referral. Refer and link patients to medical, mental health, substance abuse, psychosocial services, and other services as needed and Case Manager will provide referrals to address gaps in their support network.
OAHS activities: Development of Treatment Plan. Diagnostic testing. Practitioner examination. Documentation and review of medical history. Diagnosis and treatment of common physical and mental conditions. Prescribing and managing Medication Therapy (same day ART or rapid ART if possible). Continuing care and management of chronic conditions. Referral to and provision of Specialty Care. Treatment adherence counseling/education. | $ 1,000,000 |
| | | **Contracts Total** $ | 3,551,200 |

Other		
[List all costs that do not fit into any other category]		
List of Other	**Budget Impact Justification** *[Impact on the program's objectives/goals]*	**Amount**
		$ -
		$ -
		$ -
	Other Costs Total $	-

Total Direct Cost		
		$ 3,551,200

Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *(Insert rate below)*	**Insert Base**	**Total** **[Insert Indirect]**

Services Total		
		$ 3,551,200

ADMINISTRATIVE 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
$ 121,285	0.200	Heather Cockerill, Program Manager	Program Manager; Provides the RW Program (includes RW Part A, Part B, and EHE) with overall admin support. The Manager provides necessary oversight and administration of the RW EHE Grant due to her vast experience with the various grants that she oversees in her other programs. The remaining .800 FTE is paid by EHE Planning and Evaluation grant funds and County general funds.	$ 24,257
$ 108,206	0.300	Shannon Swims, Program Coordinator	Program Coordinator; Supervises day to day operation of the program, including oversite of administrative functions, and develops policy. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation grant funds and Ryan White Part A & B grant funds.	$ 32,462
$ 85,228	0.300	Joshua Olagunju, Staff Analyst II	Staff Analyst II; Provides technical assistance with fiscal support and program monitoring for the Ryan White Program (includes RW Part A, Part B, and EHE), EHE budget development tracking, and policy development. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation grant funds and Ryan White Part A grant funds.	$ 25,568
$ 99,100	0.300	Laura Moore, Biostatistician	Biostatistician; Develops policy and training materials, and oversees local administration of the ARIES data management system. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation grant funds and Ryan White Part A grant funds.	$ 29,730
$ 53,086	0.300	Rachel Sheib, Office Specialist	Office specialist; Provides general support to program staff to meet administrative goals and processes subcontractor invoices and contractor payments for RWP (includes RW Part A, Part B, and EHE) and monitors expenditures. Assists with providing technical assistance related to administrative functions provided to contracted agencies. The remaining .70 FTE is paid by Ryan White Part A grant funds.	$ 15,926
$ 53,047	0.300	Brook Imbriani, Fiscal Specialist	Fiscal Specialist; Processes subcontractor invoices and contractor payments for RWP (includes RW Part A, Part B, and EHE) and monitors expenditures. Assists with providing technical assistance related to administrative functions provided to contracted agencies. The remaining .70 FTE is paid by Ryan White Part A & B grant funds.	$ 15,914
$ 85,228	0.200	Enrique Salazar, Senior Accountant/Auditor	Senior Accountant/Auditor; Responsible for fiscal administration of Ryan White Program (includes Part A, Part B, and EHE) contracts and monitoring. The remaining .80 FTE is paid by Ryan White Part A grant funds and county general funds.	$ 17,046
$ 85,228	0.200	Pierre A S Tadros, Senior Accountant/Auditor	Senior Accountant/Auditor; Provides auditing support to the contract monitoring process and follows up with fiscal technical assistance. The remaining .80 FTE is paid by Ryan White Part A grant funds and county general funds.	$ 17,046
$ 77,186	0.300	Beatrice Garcia, Statistical Analyst	Statistical Analyst; assists in developing policy and training materials, and oversee local administration of the ARIES data management system. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation grant funds and Ryan White Part A grant funds.	$ 23,156
$ 72,345	0.300	Karina Cruz, Program Specialist I	Program Specialist I; Will work to support program in the development and update of various policies and procedures as needed. Will also work to support program with various admin reports as required by the various grants. Provides technical assistance with program monitoring for the Ryan White Program. The remaining .70 FTE is paid by EHE Planning and Evaluation grant funds and Ryan White Part A grant funds.	$ 21,704
			Personnel Total	**$ 222,808**

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
50.63%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation.	$ 112,807
		$ -
	Fringe Benefit Total	**$ 112,807**

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]	Amount
				$ -
				$ -
			Local Travel Sub-Total	**$ -**

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

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]	Amount
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
Communication	Communication; Telephones and e-mail to support admin staff in communicating expectations and updates with stakeholders and providers. Estimated annual cost is $8,000	$ 8,000
	Supplies Total	$ 8,000

Contractual

List of Contract	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated]	Amount
Various	Admin Support	Consultant services to provide various data and information for reporting requierments for the grant to support the recipient office. (140 hours x $250/hour = $35,000)	$ 35,000
		Contracts Total	$ 35,000

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

List of Other	Budget Impact Justification [Impact on the program's objectives/goals]	Amount
Rental and Lease Maintenance color copy machine	Rental and Maintenance; Cost of annual lease/maintenance associated with a color copy machine to ensure communications with stakeholders in administration of the grant. Estimated annual cost of Color Copy Lease is $7,000.	$ 7,000
	Other Costs Total	$ 7,000
	Total Direct Cost	
		$ 385,615

ADMINISTRATIVE BUDGET RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA FISCAL YEAR: 2026			
Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *[Insert rate below]*	**Insert Base**	**Total** **[Insert Indirect]**
Fixed	17.95%	Indirects Charges	$ 60,243
Administrative Total			
			445,858

PLANNING & EVALUATION 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
$ 121,285	0.100	Heather Cockerill, Program Manager	Program Manager; Oversees Health Promotion and Education Services in the department and will participate in the department-wide HIV meetings to provide insight as to the work that is being done under this grant and to help identify possible resources and gaps for dissemination to subrecipients. The remaining .90 FTE is paid by EHE Admin grant funds and County general funds.	$ 12,129
$ 108,206	0.100	Shannon Swims, Program Coordinator	Program Coordinator; As a recipient of the Part A EHE funding, will assist in the organization and the development of department-wide HIV meetings. Will also participate in the department-wide HIV meetings to provide insight as to the work that is being done under this grant and to help identify possible resources and gaps for dissemination to subrecipients. The remaining .90 FTE is paid by EHE Admin grant funds and Ryan White Part A & B grant funds.	$ 10,821
$ 85,228	0.100	Joshua Olagunju, Staff Analyst II	Staff Analyst II; Will also participate in the department-wide HIV meetings to assist in the information sharing with the other EHE programs in the department. Will also work with team to provide financial data support and technical assistance as needed. The remaining .90 FTE is paid by EHE Admin grant funds and Ryan White Part A grant funds.	$ 8,523
$ 99,100	0.100	Laura Moore, Biostatistician	Biostatisician; Will also participate in the department-wide HIV meetings to provide insight as to the status of the various activities in place by both the program and the subrecipients as noted in the Plan. Will also work with team to provide data support as needed. The remaining .90 FTE is paid by EHE Admin grant funds and Ryan White Part A grant funds.	$ 9,910
$ 72,345	0.100	Karina Cruz, Program Specialist I	Program Specialist I; Will also participate in the department-wide HIV meetings to provide insight as to the status of the various activities in place by both the program and the subrecipients as noted in the Plan. Will also work with team to provide support as needed. The remaining .90 FTE is paid by EHE Admin grant funds and Ryan White Part A grant funds.	$ 7,235
$ 77,186	0.100	Beatrice Garcia, Statistical Analyst	Statistical Analst; Will also participate in the department-wide HIV meetings to provide insight as to the status of the various activities in place by both the program and the subrecipients as noted in the Plan. Will also work with team to provide data support as needed. The remaining .90 FTE is paid by EHE Admin grant funds and Ryan White Part A grant funds.	$ 7,719
			Personnel Total	**$ 56,335**

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
50.63%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation.	$ 28,522
		$ -
	Fringe Benefit Total	**$ 28,522**

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]	Amount
				$ -
				$ -
			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]	Amount
		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.)]

List of Equipment	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
	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.]

List of Supplies	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
Communication	Communication; Telephones and e-mail to support admin staff in communicating expectations and updates with stakeholders and providers. Estimated annual cost is $2400.	$ 2,400
	Supplies Total	$ 2,400

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]*	Amount
Various	Subrecipient Monitoring	Consultant services to include meeting with continuing subrecipients at least bimonthly and with the new subrecipients monthly to discuss staffing levels, spending, activities related to linkage to care, retention in care, dispensing of ART, barriers, and any TA assistance that may be needed. (300 hours x $250/hour = $75,000)	$ 75,000
		Contracts Total	$ 75,000

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

List of Other	Budget Impact Justification *[Impact on the program's objectives/goals]*	Amount
Rental and Lease Maintenance color copy machine	Rental and Maintenance; Cost of annual lease/maintenance associated with a color copy machine to ensure communications with stakeholders in administration of the grant. Estimated annual cost of Color Copy Lease is $4,856 X .4FTE = $1942.	$ 1,453
	Other Costs Total	$ 1,453

Total Direct Cost

	$ 163,710

Indirect Cost

Type of Indirect Cost *[Select from dropdown list]*	Rate *(Insert rate below)*	Insert Base	Total [Insert Indirect]
Fixed	17.95%	Indirects Charges	$ 15,232

Planning & Evaluation Total

	$ 178,942

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]	Amount
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	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]*		**Amount**
Desert AIDS Project Health (DAPH) - Early Intervention Services (EIS)-45% and Outpatient Ambulatory Services - 55%	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	Refer to Year 5 Work Plan, Strategy 1, Objective 1, and Strategy 2, Objective 1, 2, and 3. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointment, the number of days from client intake to provision of ART, and the percentage of patients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and the number of days from client intake to provision of ART and increase their percentage of clients retained in care. They will continue to review processes report out on the success of the strategies that they have developed during meetings and make changes as needed.	$	50,000
Foothill AIDS Project (FAP) - EIS	Reduce the avereage number of days from client intake to first appointment, and increase the number of PWH that are linked to care as a result of website/social media campaigns from priority populations.	Refer to Year 5 Work Plan, Strategy 1, Objective 1, and Strategy 2, Objective 1, and Strategy 3, Objective 1, and 2. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointment and the number of PWH that are linked to care as a result of website/social media campaigns. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and increase the number of PWH that are linked to care as a result of their website/social media campaigns working with their Consumer Advisory Board (CAB). They will continue to collect data and report out on the success of the strategies that they have developed during our meetings and make changes as needed.	$	30,000
AIDS Healhcare Foundation (AHF) - EIS	Reduce the avereage number of days from client intake to first appointment	Refer to Year 5 Work Plan, Strategy 1, Objective 1 and Strategy 2, Objective 1. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointmentt. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment . They will continue to collect data and report out on the success of the strategies that they have developed during our meetings and make changes as needed.	$	30,000
Loma Linda University (LLU)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	Refer to Year 5 Work Plan, Strategy 1, Objective 1,and Strategy 2, Objective 1, 2, and 3. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointment, the number of days from client intake to provision of ART, and the percentage of patients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and the number of days from client intake to receipt of ART and increase their percentage of clients retained in care. They will continue to collect data and report out on the success of the strategies that they have developed during our regular subrecipient meetings and make changes as needed.	$	55,000
Riverside University Health System (RUHS)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	Refer to Year 5 Work Plan, Strategy 1, Objective 1, and Strategy 2, Objective 1, 2, and 3. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be revieweing their baseline data to determine their current number of days from client intake to first appointment, the number of days from client intake to provision of ART, and the percentage of patients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and the number of days from client intake to provision of ART and increase their percentage of clients retained in care. They will continue to collect data and report out on the success of the strategies that they have developed during our regular subrecipient meetings and make changes as needed.	$	57,000
			Contracts Total $	**222,000**

Other		
[List all costs that do not fit into any other category]		
List of Other	**Budget Impact Justification** [Impact on the program's objectives/goals]	**Amount**
	Other Costs Total	$ -

Total Direct Cost		
		$ 222,000

Indirect Cost			
Type of Indirect Cost [Select from dropdown list]	**Rate** (Insert rate below)	**Insert Base**	**Total** [Insert Indirect]

Clinical Quality Management Total		
		$ 222,000

BUDGET SUMMARY: ENDING THE HIV EPIDEMIC
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2027

Budget Summary

Object Class Categories	Initiative Services	Initiative Infrastructure	RWHAP Core Medical & Support Services	Administration	Planning & Evaluation	CQM	Total
a. Personnel	$ -	$ -	$ -	$ 222,808	$ 56,335	$ -	$ 279,143
b. Fringe Benefits	$ -	$ -	$ -	$ 112,807	$ 28,522	$ -	$ 141,329
c. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -
d. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Supplies	$ -	$ -	$ -	$ 8,000	$ 2,400	$ -	$ 10,400
f. Contractual	$ 602,000	$ -	$ 3,551,200	$ 35,000	$ 75,000	$ 222,000	$ 4,485,200
g. Other	$ -	$ -	$ -	$ 7,000	$ 1,453	$ -	$ 8,453

	Initiative Services	Initiative Infrastructure	RWHAP Core Medical & Support Services	Administration	Planning & Evaluation	CQM	Total
Direct Charges	$ 602,000	$ -	$ 3,551,200	$ 385,615	$ 163,710	$ 222,000	$ 4,924,525
Indirect Charges	$ -	$ -	$ -	$ 60,243	$ 15,232	$ -	$ 75,475
TOTALS	$ 602,000	$ -	$ 3,551,200	$ 445,858	$ 178,942	$ 222,000	$ 5,000,000

Total funding: $ 5,000,000

Admin Budget 10%: 445,858 Within Limit

CQM Budget 5%: 222,000 Within Limit

Planning & Evalaution + Admin 15%: 624,800 Within Limit

Planning & Evaluation 10%: 178,942 Within Limit

INITIATIVE SERVICES BUDGET: ENDING THE HIV EPIDEMIC
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2027

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
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
				$ -
				$ -
			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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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]*	Amount
Foothill AIDS Project (FAP) - EIS	Reduce the avereage number of days from client intake to first appointment, and increase the number of PWH that are linked to care as a result of website/social media campaigns from priority populations.	**Social Media Engagement and Outreach Activities**: Increase website utilization and social media following among target at-risk populations. Promote support services, outreach services, community of care, and HIV-related resources on website and social media platforms to link undiagnosed, newly diagnosed and those who have fallen out of care. Link at-risk populations from social media and website inquiries. **Linkage to Care Activities**: Utilize navigation support to reconnect those who have fallen out of care. Link newly diagnosed to care and rapid ART initiation. Provide strengths-based linkage follow-up. Linkage to Care staff will utilize the evidenced-based intervention ARTAS and Wellness Coaching approach. Facilitate educational group using evidence-based curriculum Taking Care of Me. **Outreach Activities**: Promote availability of continuum of care, HIV-related community resources to link newly diagnosed and out-of-care PLWH.	$ 602,000
			$ -
		Contracts Total	$ 602,000

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

List of Other	Budget Impact Justification *[Impact on the program's objectives/goals]*	Amount
		$ -
	Other Costs Total	$ -

Total Direct Cost

	$ 602,000

Indirect Cost

Type of Indirect Cost *[Select from dropdown list]*	Rate *(Insert rate below)*	Insert Base	Total [Insert Indirect]
			-

Initiative Services Total

	$ 602,000

INITIATIVE INFRASTRUCTURE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2027

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
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
			$ -
			$ -
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	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]*	**Amount**
			$ -
		Contracts Total	$ -

Other *[List all costs that do not fit into any other category]*		
List of Other	**Budget Impact Justification** *[Impact on the program's objectives/goals]*	**Amount**
		$ -
	Other Costs Total	$ -

Total Direct Cost
$ -

Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *(Insert rate below)*	**Insert Base**	**Total** **[Insert Indirect]**

Initiative Infrastructure Total
$ -

RWHAP CORE MEDICAL & SUPPORT SERVICES BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2027

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
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
			$ -
			$ -
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	Supplies Total	$ -

Contractual			
List of Contracts *[include RWHAP service category]*	**Deliverables**	**Budget Impact Justification** *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]*	**Amount**
Desert AIDS Project Health (DAPH) - Early Intervention Services (EIS)-45% and Outpatient Ambulatory Services - 55%	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	**HIV Diagnosis activities** include conducting HIV testing on-site 2. Deploy HIV testing mobile unit in Service Areas 3 & 6 to venues accessible to target populations to include neighborhoods, homeless shelters, homeless encampments; community centers; substance use disorder recovery centers; and establishments catering to at-risk populations. 3. Conducting advertising and promotion to targeted populations to make them aware of HIV testing services and HIV educational information digitally and in print tailored for audience age, gender, race/ethnicity/gender/sexual orientation, risk group, immigration status, homeless, substance use. 4. Testing data collection. **Linkage to Care Activities:** 1. EIS receives referrals from Testing Counselors. 2. EIS meets with newly diagnosed and re-engaging in care, provides counseling about diagnosis; conducts needs assessment; determines insurance and medical assistance needs, provides benefits navigation and enrollment services; assess clients' readiness for rapid start ART; provide warm-hand off to DAP Central Registration for client intake; warm-hand off to clinician for same day appointments. **Retention in Care Activities:** 1. Track missed appointments and other indicators of poor treatment adherence such as behavioral health concerns in shared electronic health records (EHR) 2. Communication with patients who miss appointments to include phone calls, home visits, contacting emergency contacts and assistance from patients' colleagues. 3. Assess needs; identify and problem-solve barriers to care; treatment adherence counseling. 4. Referrals to medical care, behavioral health, dental care, and support services to include housing placement assistance; grocery voucher and food distribution; medical transportation; job placement assistance; psychosocial support groups; client wellness services. **OAHS : Receipt of ART Activities:** 1. clinicians maintain open appointment slots. 2. EIS provides warm-hand off to clinician. 3. Clinicians reassess for readiness for rapid start ART. 4. Clinicians provide ART prescription; dispense ART from stock and/or starter packs. 5. Data collection in patients' electronic health record. 6. Client satisfaction surveys. **Viral Suppression Activities:** 1. Clinicians provide orders for lab tests. 2. Review patients/clients EHR records for follow up with patients/clients. 3. Track lab test results in patients' EHR.	$ 950,000
AIDS Healthcare Foundation (AHF) - EIS	Reduce the avereage number of days from client intake to first appointment, and increase retention in care	**Linkage to Care Activities** include establish and maintain relationships with case managers, HIV testing agencies, community based organizations, etc. Make contacts/calls on a routine basis to build relationships with potential referral sources. Deliver all aspects of linkage services including referral, provisional eligibility determination, assessment, and evaluation of consumer needs/service. Work with AHF Retention Specialists, Benefits Counselors, Office Administrators, and Nurse Case Managers to ensure clients are directly linked to care and remain in care. **Retention and Reengagement in Care Activities** include review and generate "104-Days Report" for providers. As part of outreach, send retention letter per providers request to encourage clients to schedule a returning follow-up appointment; schedule new client appointments for potential AHF healthcare center clients; provide potential clients with information on the organization; and do reminder calls for new clients one day prior to appointment. Deliver all aspects of retention services including referral, provisional eligibility determination, assessment, and evaluation of consumer needs/service. Work with AHF Linkage Specialists, Benefits Counselors, Office Administrators, and Nurse Case Managers to ensure clients are reengaged to care and remain in care. **Referral and Follow-up Services Activities** include working with linking agencies to ensure ongoing referrals and promote AHF services. Participate in TGA planning activities and community-based health efforts. Follow-up on Provider referrals for mental health, specialty providers, and needed psychosocial services such as financial assistance, housing, food, etc. Provide ongoing advocacy services on behalf of clients.	$ 600,200
Loma Linda University (LLU)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	**Retention in care activities:** Assist patients with health insurance enrollment, making appointments, arranging transportation, making follow up calls to clients to provide additional support. Medical case management assistance for coordination of health care and education of health-related issues per medical team. **Linkage to care activities:** Review recent hospital discharged/ ER discharge tickler of PLWH/A who had initial contact with medical case management. Close the loop on care linkage/offer appointments as necessary for ongoing HIV care services. **OAHS activities:** Follow established guidelines for high quality medical care in their infectious disease clinic to include offering same day ART	$ 1,001,000

Riverside University Health System (RUHS)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	**Retention in care activities**: Assist patients with health insurance enrollment, making appointments, arranging transportation, making follow up calls to clients to provide additional support. Provide initial and ongoing assessment of patient's acuity level during intake and as needed to determine Case Management or Medical Case Management needs. Initial assessment will also be used to develop patient's Care Plan. Discuss budgeting with patients to maintain access to necessary services and Case Manager will screen for domestic violence, mental health, substance abuse, and advocacy needs. Assist patients with obtaining needed financial resources for daily living such as bus pass vouchers, gas cards, and other emergency financial assistance. **Linkage to care activities**: Work with patient to conduct an initial intake assessment within 3 days from referral. Refer and link patients to medical, mental health, substance abuse, psychosocial services, and other services as needed and Case Manager will provide referrals to address gaps in their support network. **OAHS activities**: Development of Treatment Plan. Diagnostic testing. Practitioner examination. Documentation and review of medical history. Diagnosis and treatment of common physical and mental conditions. Prescribing and managing Medication Therapy (same day ART or rapid ART if possible). Continuing care and management of chronic conditions. Referral to and provision of Specialty Care. Treatment adherence counseling/education.	$ 1,000,000
		Contracts Total	$ 3,551,200

Other [List all costs that do not fit into any other category]		
List of Other	**Budget Impact Justification** [Impact on the program's objectives/goals]	**Amount**
		$ -
		$ -
	Other Costs Total	$ -

Total Direct Cost	
	$ 3,551,200

Indirect Cost			
Type of Indirect Cost [Select from dropdown list]	**Rate** (Insert rate below)	**Insert Base**	**Total** [Insert Indirect]

Services Total	
	$ 3,551,200

ADMINISTRATIVE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2027

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
$ 121,285	0.200	Heather Cockerill, Program Manager	Program Manager; Provides the RW Program (includes RW Part A, Part B, and EHE) with overall admin support. The Manager provides necessary oversight and administration of the RW EHE Grant due to her vast experience with the various grants that she oversees in her other programs. The remaining .80 FTE is paid by EHE Planning and Evaluation and County General funds.	$ 24,257
$ 108,206	0.300	Shannon Swims, Program Coordinator	Program Coordinator; Supervises day to day operation of the program, including oversite of administrative functions, and develops policy. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A & B grant funds.	$ 32,462
$ 85,228	0.300	Joshua Olagunju, Staff Analyst II	Staff Analyst II; Provides technical assistance with fiscal support and program monitoring for the Ryan White Program (includes RW Part A, Part B, and EHE), EHE budget development tracking, and policy development. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A grant funds.	$ 25,568
$ 99,100	0.300	Laura Moore, Biostatistician	Biostatistician; Develops policy and training materials, and oversees local administration of the ARIES data management system. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A grant funds.	$ 29,730
$ 53,086	0.300	Rachel Sheib, Office Specialist	Office specialist; Provides general support to program staff to meet administrative goals and processes subcontractor invoices and contractor payments for RWP (includes RW Part A, Part B, and EHE) and monitors expenditures. Assists with providing technical assistance related to administrative functions provided to contracted agencies. The remaining .70 FTE is paid by Ryan White Part A grant funds.	$ 15,926
$ 53,047	0.300	Brook Imbriani, Fiscal Specialist	Fiscal Specialist; Processes subcontractor invoices and contractor payments for RWP (includes RW Part A, Part B, and EHE) and monitors expenditures. Assists with providing technical assistance related to administrative functions provided to contracted agencies. The remaining .70 FTE is paid by Ryan White Part A & B grant funds.	$ 15,914
$ 85,228	0.200	Enrique Salazar, Accountant III	Accountant III; Responsible for fiscal administration of Ryan White Program (includes Part A, Part B, and EHE) contracts and monitoring. The remaining .80 FTE is paid by Ryan White Part A grant funds and county general funds.	$ 17,046
$ 85,228	0.200	Pierre A S Tadros, Accountant III, Auditor	Accountant III, Auditor; Provides auditing support to the contract monitoring process and follows up with fiscal technical assistance. The remaining .80 FTE is paid by Ryan White Part A and county general funds.	$ 17,046
$ 77,186	0.300	Beatrice Garcia, Statistical Analyst	Statistical Analyst; assists in developing policy and training materials, and oversee local administration of the ARIES data management system. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by Ryan White Part A grant funds.	$ 23,156
$ 72,345	0.300	Karina Cruz, Program Specialist I	Program Specialist I; Will work to support program in the development and update of various policies and procedures as needed. Will also work to support program with various admin reports as required by the various grants. Provides technical assistance with program monitoring for the Ryan White Program. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A grant funds.	$ 21,704
			Personnel Total	**$ 222,808**

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
50.63%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation.	$ 112,807
	Fringe Benefit Total	**$ 112,807**

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]	Amount
				$ -
				$ -
			Local Travel Sub-Total	$ -

ADMINISTRATIVE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2027

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]*	Amount
			$ -
			$ -
		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.)]

List of Equipment	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
		$ -
		$ -
	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.]*

List of Supplies	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
Communication	Communication; Telephones and e-mail to support admin staff in communicating expectations and updates with stakeholders and providers. Estimated annual cost is $8,000	$ 8,000
	Supplies Total	$ 8,000

Contractual

List of Contract	Deliverables	Budget Impact Justification *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]*	Amount
Various	Admin Support	Consultant services to provide various data and information for reporting requierments for the grant to support the recipient office. (140 hours x $250/hour = $35,000)	$ 35,000
		Contracts Total	$ 35,000

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

List of Other	Budget Impact Justification *[Impact on the program's objectives/goals]*	Amount
Rental and Lease Maintenance color copy machine	Rental and Maintenance; Cost of annual lease/maintenance associated with a color copy machine to ensure communications with stakeholders in administration of the grant. Estimated annual cost of Color Copy Lease is $7,000.	$ 7,000
	Other Costs Total	$ 7,000

Total Direct Cost

	$ 385,615

ADMINISTRATIVE BUDGET RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA FISCAL YEAR: 2027			
Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	Rate *[Insert rate below]*	Insert Base	Total [Insert Indirect]
Fixed	17.95%	Indirects Charges	$ 60,243
Administrative Total			
			445,858

PLANNING & EVALUATION BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2027

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
$ 121,285	0.100	Heather Cockerill, Program Manager	Program Manager; Oversees Health Promotion and Education Services in the department and will participate in the department-wide HIV meetings to provide insight as to the work that is being done under this grant and to help identify possible resources and gaps for dissemination to subrecipients. The remaining .90 FTE is paid by EHE Admin and County General Funds.	$ 12,129
$ 108,206	0.100	Shannon Swims, Program Coordinator	Program Coordinator; As a recipient of the Part A EHE funding, will assist in the organization and the development of department-wide HIV meetings. Will also participate in the department-wide HIV meetings to provide insight as to the work that is being done under this grant and to help identify possible resources and gaps for dissemination to subrecipients. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A & B grant funds.	$ 10,821
$ 85,228	0.100	Joshua Olagunju, Staff Analyst II	Staff Analyst II; Will also participate in the department-wide HIV meetings to assist in the information sharing with the other EHE programs in the department. Will also work with team to provide financial data support and technical assistance as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$ 8,523
$ 99,100	0.100	Laura Moore, Biostatistician	Biostatisician; Will also participate in the department-wide HIV meetings to provide insight as to the status of the various activities in place by both the program and the subrecipients as noted in the Plan. Will also work with team to provide data support as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$ 9,910
$ 72,345	0.100	Karina Cruz, Program Specialist I	Program Specialist I; Will also participate in the department-wide HIV meetings to provide insight as to the status of the various activities in place by both the program and the subrecipients as noted in the Plan. Will also work with team to provide support as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$ 7,235
$ 77,186	0.100	Beatrice Garcia, Statistical Analyst	Statistical Analst; Will also participate in the department-wide HIV meetings to provide insight as to the status of the various activities in place by both the program and the subrecipients as noted in the Plan. Will also work with team to provide data support as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$ 7,719
			Personnel Total	**$ 56,335**

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
50.63%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation.	$ 28,522
		$ -
	Fringe Benefit Total	**$ 28,522**

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]	Amount
				$ -
				$ -
			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]	Amount
				$ -
				$ -
			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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
Communication	Communication; Telephones and e-mail to support admin staff in communicating expectations and updates with stakeholders and providers. Estimated annual cost is $2400.	$ 2,400
	Supplies Total	$ 2,400

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]	Amount
Various	Subrecipient Monitoring	Consultant services to include meeting with continuing subrecipients at least bimonthly and with the new subrecipients monthly to discuss staffing levels, spending, activities related to linkage to care, retention in care, dispensing of ART, barriers, and any TA assistance that may be needed. (300 hours x $250/hour = $75,000)	$ 75,000
		Contracts Total	$ 75,000

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

List of Other	Budget Impact Justification [Impact on the program's objectives/goals]	Amount
Rental and Lease Maintenance color copy machine	Rental and Maintenance; Cost of annual lease/maintenance associated with a color copy machine to ensure communications with stakeholders in administration of the grant. Estimated annual cost of Color Copy Lease is $4,856 X .4FTE = $1942.	$ 1,453
	Other Costs Total	$ 1,453

Total Direct Cost

	$ 163,710

Indirect Cost

Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base	Total [Insert Indirect]
Fixed	17.95%	Indirects Charges	$ 15,232

Planning & Evaluation Total

	$ 178,942

CLINICAL QUALITY MANAGEMENT BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2027

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
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
			$ -
			$ -
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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]*	**Amount**
Desert AIDS Project Health (DAPH) - Early Intervention Services (EIS)-45% and Outpatient Ambulatory Services - 55%	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	Refer to Year 5 Work Plan, Strategy 1, Objective 1, and Strategy 2, Objective 1, 2, and 3. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointment, the number of days from client intake to provision of ART, and the percentage of patients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and the number of days from client intake to provision of ART and increase their percentage of clients retained in care. They will continue to review processes report out on the success of the strategies that they have developed during meetings and make changes as needed.	$ 50,000
Foothill AIDS Project (FAP) - EIS	Reduce the avereage number of days from client intake to first appointment, and increase the number of PWH that are linked to care as a result of website/social media campaigns from priority populations.	Refer to Year 5 Work Plan, Strategy 1, Objective 1, and Strategy 2, Objective 1, and Strategy 3, Objective 1, and 2. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointment and the number of PWH that are linked to care as a result of website/social media campaigns. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and increase the number of PWH that are linked to care as a result of their website/social media campagins working with their Consumer Advisory Board (CAB). They will continue to collect data and report out on the success of the strategies that they have developed during our meetings and make changes as needed.	$ 30,000
AIDS Healhcare Foundation (AHF) - EIS	Reduce the avereage number of days from client intake to first appointment	Refer to Year 5 Work Plan, Strategy 1, Objective 1 and Strategy 2, Objective 1. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointmentt. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment . They will continue to collect data and report out on the success of the strategies that they have developed during our meetings and make changes as needed.	$ 30,000
Loma Linda University (LLU)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	Refer to Year 5 Work Plan, Strategy 1, Objective 1,and Strategy 2, Objective 1, 2, and 3. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointment, the number of days from client intake to provision of ART, and the percentage of patients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and the number of days from client intake to receipt of ART and increase their percentage of clients retained in care. They will continue to collect data and report out on the success of the strategies that they have developed during our regular subrecipient meetings and make changes as needed.	$ 55,000
Riverside University Health System (RUHS)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	Refer to Year 5 Work Plan, Strategy 1, Objective 1, and Strategy 2, Objective 1, 2, and 3. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be revieweing their baseline data to determine their current number of days from client intake to first appointment, the number of days from client intake to provision of ART, and the percentage of patients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and the number of days from client intake to provision of ART and increase their percentage of clients retained in care. They will continue to collect data and report out on the success of the strategies that they have developed during our regular subrecipient meetings and make changes as needed.	$ 57,000
		Contracts Total	**$ 222,000**

Other		
[List all costs that do not fit into any other category]		
List of Other	Budget Impact Justification *[Impact on the program's objectives/goals]*	Amount
		$ -
	Other Costs Total	$ -
Total Direct Cost		
		$ 222,000
Indirect Cost		
Type of Indirect Cost *[Select from dropdown list]*	Rate *(Insert rate below)*	Insert Base	Total *[Insert Indirect]*
Clinical Quality Management Total		
		$ 222,000

BUDGET SUMMARY: ENDING THE HIV EPIDEMIC
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2028

Budget Summary

Object Class Categories	Initiative Services	Initiative Infrastructure	RWHAP Core Medical & Support Services	Administration	Planning & Evaluation	CQM	Total
a. Personnel	$ -	$ -	$ -	$ 222,808	$ 56,335	$ -	$ 279,143
b. Fringe Benefits	$ -	$ -	$ -	$ 112,807	$ 28,522	$ -	$ 141,329
c. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -
d. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Supplies	$ -	$ -	$ -	$ 8,000	$ 2,400	$ -	$ 10,400
f. Contractual	$ 602,000	$ -	$ 3,551,200	$ 35,000	$ 75,000	$ 222,000	$ 4,485,200
g. Other	$ -	$ -	$ -	$ 7,000	$ 1,453	$ -	$ 8,453

	Initiative Services	Initiative Infrastructure	RWHAP Core Medical & Support Services	Administration	Planning & Evaluation	CQM	Total
Direct Charges	$ 602,000	$ -	$ 3,551,200	$ 385,615	$ 163,710	$ 222,000	$ 4,924,525
Indirect Charges	$ -	$ -	$ -	$ 60,243	$ 15,232	$ -	$ 75,475
TOTALS	$ 602,000	$ -	$ 3,551,200	$ 445,858	$ 178,942	$ 222,000	$ 5,000,000

Total funding: $ 5,000,000

Admin Budget 10%:	445,858	Within Limit
CQM Budget 5%:	222,000	Within Limit
Planning & Evalaution + Admin 15%:	624,800	Within Limit
Planning & Evaluation 10%:	178,942	Within Limit

INITIATIVE SERVICES BUDGET: ENDING THE HIV EPIDEMIC
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2028

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
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
			$ -
			$ -
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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]*	**Amount**
Foothill AIDS Project (FAP) - EIS	Reduce the avereage number of days from client intake to first appointment, and increase the number of PWH that are linked to care as a result of website/social media campaigns from priority populations.	**Social Media Engagement and Outreach Activities:** Increase website utilization and social media following among target at-risk populations. Promote support services, outreach services, community of care, and HIV-related resources on website and social media platforms to link undiagnosed, newly diagnosed and those who have fallen out of care. Link at-risk populations from social media and website inquiries. **Linkage to Care Activities:** Utilize navigation support to reconnect those who have fallen out of care. Link newly diagnosed to care and rapid ART initiation. Provide strengths-based linkage follow-up. Linkage to Care staff will utilize the evidenced-based intervention ARTAS and Wellness Coaching approach. Facilitate educational group using evidence-based curriculum Taking Care of Me. **Outreach Activities:** Promote availability of continuum of care, HIV-related community resources to link newly diagnosed and out-of-care PLWH.	$ 602,000
		Contracts Total $	602,000

Other		
[List all costs that do not fit into any other category]		
List of Other	**Budget Impact Justification** *[Impact on the program's objectives/goals]*	**Amount**
		$ -
		$ -
	Other Costs Total $	-

Total Direct Cost	
	$ 602,000

Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *(Insert rate below)*	**Insert Base**	**Total** **[Insert Indirect]**

Initiative Services Total	
	$ 602,000

INITIATIVE INFRASTRUCTURE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2028

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
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
			$ -
			$ -
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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]*	**Amount**
			$ -
			$ -
		Contracts Total	$ -
Other *[List all costs that do not fit into any other category]*			
List of Other		**Budget Impact Justification** *[Impact on the program's objectives/goals]*	**Amount**
			$ -
			$ -
		Other Costs Total	$ -
Total Direct Cost			
			$ -
Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *(Insert rate below)*	**Insert Base**	**Total** **[Insert Indirect]**
Initiative Infrastructure Total			
			$ -

RWHAP CORE MEDICAL & SUPPORT SERVICES BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2028

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
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
			$ -
			$ -
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	Supplies Total	$ -

Contractual			
List of Contracts *[include RWHAP service category]*	**Deliverables**	**Budget Impact Justification** *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]*	**Amount**
Desert AIDS Project Health (DAPH) - Early Intervention Services (EIS)-45% and Outpatient Ambulatory Services - 55%	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	**HIV Diagnosis activities** include conducting HIV testing on-site 2. Deploy HIV testing mobile unit in Service Areas 3 & 6 to venues accessible to target populations to include neighborhoods, homeless shelters, homeless encampments; community centers; substance use disorder recovery centers; and establishments catering to at-risk populations. 3. Conducting advertising and promotion to targeted populations to make them aware of HIV testing services and HIV educational information digitally and in print tailored for audience age, gender, race/ethnicity/gender/sexual orientation, risk group, immigration status, homeless, substance use. 4. Testing data collection. **Linkage to Care Activities:** 1. EIS receives referrals from Testing Counselors. 2. EIS meets with newly diagnosed and re-engaging in care, provides counseling about diagnosis; conducts needs assessment; determines insurance and medical assistance needs, provides benefits navigation and enrollment services; assess clients' readiness for rapid start ART; provide warm-hand off to DAP Central Registration for client intake; warm-hand off to clinician for same day appointments. **Retention in Care Activities:** 1. Track missed appointments and other indicators of poor treatment adherence such as behavioral health concerns in shared electronic health records (EHR) 2. Communication with patients who miss appointments to include phone calls, home visits, contacting emergency contacts and assistance from patients' colleagues. 3. Assess needs; identify and problem-solve barriers to care; treatment adherence counseling. 4. Referrals to medical care, behavioral health, dental care, and support services to include housing placement assistance; grocery voucher and food distribution; medical transportation; job placement assistance; psychosocial support groups; client wellness services. **OAHS : Receipt of ART Activities:** 1. clinicians maintain open appointment slots. 2. EIS provides warm-hand off to clinician. 3. Clinicians reassess for readiness for rapid start ART. 4. Clinicians provide ART prescription; dispense ART from stock and/or starter packs. 5. Data collection in patients' electronic health record. 6. Client satisfaction surveys. **Viral Suppression Activities:** 1. Clinicians provide orders for lab tests. 2. Review patients/clients EHR records for follow up with patients/clients. 3. Track lab test results in patients' EHR.	$ 950,000
AIDS Healhcare Foundation (AHF) - EIS	Reduce the avereage number of days from client intake to first appointment, and increase retention in care	**Linkage to Care Activities** include establish and maintain relationships with case managers, HIV testing agencies, community based organizations, etc. Make contacts/calls on a routine basis to build relationships with potential referral sources. Deliver all aspects of linkage services including referral, provisional eligibility determination, assessment, and evaluation of consumer needs/service. Work with AHF Retention Specialists, Benefits Counselors, Office Administrators, and Nurse Case Managers to ensure clients are directly linked to care and remain in care. **Retention and Reengagement in Care Activities** include review and generate "104-Days Report" for providers. As part of outreach, send retention letter per providers request to encourage clients to schedule a returning follow-up appointment; schedule new client appointments for potential AHF healthcare center clients; provide potential clients with information on the organization; and do reminder calls for new clients one day prior to appointment. Deliver all aspects of retention services including referral, provisional eligibility determination, assessment, and evaluation of consumer needs/service. Work with AHF Linkage Specialists, Benefits Counselors, Office Administrators, and Nurse Case Managers to ensure clients are reengaged to care and remain in care. **Referral and Follow-up Services Activities** include working with linking agencies to ensure ongoing referrals and promote AHF services. Participate in TGA planning activities and community-based health efforts. Follow-up on Provider referrals for mental health, specialty providers, and needed psychosocial services such as financial assistance, housing, food, etc. Provide ongoing advocacy services on behalf of clients.	$ 600,200
Loma Linda University (LLU)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	**Retention in care activities**: Assist patients with health insurance enrollment, making appointments, arranging transportation, making follow up calls to clients to provide additional support. Medical case management assistance for coordination of health care and education of health-related issues per medical team. **Linkage to care activities**: Review recent hospital discharged/ ER discharge tickler of PLWH/A who had initial contact with medical case management. Close the loop on care linkage/offer appointments as necessary for ongoing HIV care services. **OAHS activities**: Follow established guidelines for high quality medical care in their infectious disease clinic to include offering same day ART	$ 1,001,000

Riverside University Health System (RUHS)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	**Retention in care activities**: Assist patients with health insurance enrollment, making appointments, arranging transportation, making follow up calls to clients to provide additional support. Provide initial and ongoing assessment of patient's acuity level during intake and as needed to determine Case Management or Medical Case Management needs. Initial assessment will also be used to develop patient's Care Plan. Discuss budgeting with patients to maintain access to necessary services and Case Manager will screen for domestic violence, mental health, substance abuse, and advocacy needs. Assist patients with obtaining needed financial resources for daily living such as bus pass vouchers, gas cards, and other emergency financial assistance. **Linkage to care activities**: Work with patient to conduct an initial intake assessment within 3 days from referral. Refer and link patients to medical, mental health, substance abuse, psychosocial services, and other services as needed and Case Manager will provide referrals to address gaps in their support network. **OAHS activities**: Development of Treatment Plan. Diagnostic testing. Practitioner examination. Documentation and review of medical history. Diagnosis and treatment of common physical and mental conditions. Prescribing and managing Medication Therapy (same day ART or rapid ART if possible). Continuing care and management of chronic conditions. Referral to and provision of Specialty Care. Treatment adherence counseling/education.	$ 1,000,000
		Contracts Total $	3,551,200

Other		
[List all costs that do not fit into any other category]		
List of Other	**Budget Impact Justification** *[Impact on the program's objectives/goals]*	**Amount**
		$ -
		$ -
	Other Costs Total $	-

Total Direct Cost	
	$ 3,551,200

Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *(Insert rate below)*	**Insert Base**	**Total** **[Insert Indirect]**

Services Total	
	$ 3,551,200

ADMINISTRATIVE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2028

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
$ 121,285	0.200	Heather Cockerill, Program Manager	Program Manager; Provides the RW Program (includes RW Part A, Part B, and EHE) with overall admin support. The Manager provides necessary oversight and administration of the RW EHE Grant due to her vast experience with the various grants that she oversees in her other programs. The remaining .80 FTE is paid by EHE Planning and Evaluation and County General funds.	$ 24,257
$ 108,206	0.300	Shannon Swims, Program Coordinator	Program Coordinator; Supervises day to day operation of the program, including oversite of administrative functions, and develops policy. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A & B grant funds.	$ 32,462
$ 85,228	0.300	Joshua Olagunju, Staff Analyst II	Staff Analyst II; Provides technical assistance with fiscal support and program monitoring for the Ryan White Program (includes RW Part A, Part B, and EHE), EHE budget development tracking, and policy development. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A grant funds.	$ 25,568
$ 99,100	0.300	Laura Moore, Biostatistician	Biostatistician; Develops policy and training materials, and oversees local administration of the ARIES data management system. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A grant funds.	$ 29,730
$ 53,086	0.300	Rachel Sheib, Office Specialist	Office specialist; Provides general support to program staff to meet administrative goals and processes subcontractor invoices and contractor payments for RWP (includes RW Part A, Part B, and EHE) and monitors expenditures. Assists with providing technical assistance related to administrative functions provided to contracted agencies. The remaining .70 FTE is paid by Ryan White Part A grant funds.	$ 15,926
$ 53,047	0.300	Brook Imbriani, Fiscal Specialist	Fiscal Specialist; Processes subcontractor invoices and contractor payments for RWP (includes RW Part A, Part B, and EHE) and monitors expenditures. Assists with providing technical assistance related to administrative functions provided to contracted agencies. The remaining .70 FTE is paid by Ryan White Part A & B grant funds.	$ 15,914
$ 85,228	0.200	Enrique Salazar, Accountant III	Accountant III; Responsible for fiscal administration of Ryan White Program (includes Part A, Part B, and EHE) contracts and monitoring. The remaining .80 FTE is paid by Ryan White Part A grant funds and county general funds.	$ 17,046
$ 85,228	0.200	Pierre A S Tadros, Accountant III, Auditor	Accountant III, Auditor; Provides auditing support to the contract monitoring process and follows up with fiscal technical assistance. The remaining .80 FTE is paid by Ryan White Part A and county general funds.	$ 17,046
$ 77,186	0.300	Beatrice Garcia, Statistical Analyst	Statistical Analyst; assists in developing policy and training materials, and oversee local administration of the ARIES data management system. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by Ryan White Part A grant funds.	$ 23,156
$ 72,345	0.300	Karina Cruz, Program Specialist I	Program Specialist I; Will work to support program in the development and update of various policies and procedures as needed. Will also work to support program with various admin reports as required by the various grants. Provides technical assistance with program monitoring for the Ryan White Program. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A grant funds.	$ 21,704
			Personnel Total	**$ 222,808**

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
50.63%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation.	$ 112,807
		$ -
	Fringe Benefit Total	**$ 112,807**

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]	Amount
				$ -
				$ -

ADMINISTRATIVE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2028

Local Travel Sub-Total	$	-

ADMINISTRATIVE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2028

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]*	Amount
			$ -
			$ -
		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.)]

List of Equipment	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
		$ -
		$ -
	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.]*

List of Supplies	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
Communication	Communication; Telephones and e-mail to support admin staff in communicating expectations and updates with stakeholders and providers. Estimated annual cost is $8,000	$ 8,000
	Supplies Total	$ 8,000

Contractual

List of Contract	Deliverables	Budget Impact Justification *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]*	Amount
Various	Admin Support	Consultant services to provide various data and information for reporting requierments for the grant to support the recipient office. (140 hours x $250/hour = $35,000)	$ 35,000
		Contracts Total	$ 35,000

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

List of Other	Budget Impact Justification *[Impact on the program's objectives/goals]*	Amount
Rental and Lease Maintenance color copy machine	Rental and Maintenance; Cost of annual lease/maintenance associated with a color copy machine to ensure communications with stakeholders in administration of the grant. Estimated annual cost of Color Copy Lease is $7,000.	$ 7,000
	Other Costs Total	$ 7,000

Total Direct Cost

	$ 385,615

ADMINISTRATIVE BUDGET RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA FISCAL YEAR: 2028			
Indirect Cost			
Type of Indirect Cost [Select from dropdown list]	**Rate** [Insert rate below]	**Insert Base**	**Total** [Insert Indirect]
Fixed	17.95%	Indirects Charges	$ 60,243
Administrative Total			
			445,858

PLANNING & EVALUATION BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2028

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	
$ 121,285	0.100	Heather Cockerill, Program Manager	Program Manager; Oversees Health Promotion and Education Services in the department and will participate in the department-wide HIV meetings to provide insight as to the work that is being done under this grant and to help identify possible resources and gaps for dissemination to subrecipients. The remaining .90 FTE is paid by EHE Admin and County General Funds.	$	12,129
$ 108,206	0.100	Shannon Swims, Program Coordinator	Program Coordinator; As a recipient of the Part A EHE funding, will assist in the organization and the development of department-wide HIV meetings. Will also participate in the department-wide HIV meetings to provide insight as to the work that is being done under this grant and to help identify possible resources and gaps for dissemination to subrecipients. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A & B grant funds.	$	10,821
$ 85,228	0.100	Joshua Olagunju, Staff Analyst II	Staff Analyst II; Will also participate in the department-wide HIV meetings to assist in the information sharing with the other EHE programs in the department. Will also work with team to provide financial data support and technical assistance as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$	8,523
$ 99,100	0.100	Laura Moore, Biostatistician	Biostatisician; Will also participate in the department-wide HIV meetings to provide insight as to the status of the various activities in place by both the program and the subrecipients as noted in the Plan. Will also work with team to provide data support as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$	9,910
$ 72,345	0.100	Karina Cruz, Program Specialist I	Program Specialist I; Will also participate in the department-wide HIV meetings to provide insight as to the status of the various activities in place by both the program and the subrecipients as noted in the Plan. Will also work with team to provide support as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$	7,235
$ 77,186	0.100	Beatrice Garcia, Statistical Analyst	Statistical Analst; Will also participate in the department-wide HIV meetings to provide insight as to the status of the various activities in place by both the program and the subrecipients as noted in the Plan. Will also work with team to provide data support as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$	7,719
			Personnel Total	**$**	**56,335**

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount	
50.63%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation.	$	28,522
		$	-
	Fringe Benefit Total	**$**	**28,522**

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]	Amount	
				$	-
				$	-
			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]	Amount	
				$	-
				$	-
			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.)]

List of Equipment	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
		$ -
		$ -
	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.]*

List of Supplies	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
Communication	Communication; Telephones and e-mail to support admin staff in communicating expectations and updates with stakeholders and providers. Estimated annual cost is $2400	$ 2,400
	Supplies Total	$ 2,400

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]*	Amount
Various	Subrecipient Monitoring	Consultant services to include meeting with continuing subrecipients at least bimonthly and with the new subrecipients monthly to discuss staffing levels, spending, activities related to linkage to care, retention in care, dispensing of ART, barriers, and any TA assistance that may be needed. (300 hours x $250/hour = $75,000)	$ 75,000
		Contracts Total	$ 75,000

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

List of Other	Budget Impact Justification *[Impact on the program's objectives/goals]*	Amount
Rental and Lease Maintenance color copy machine	Rental and Maintenance; Cost of annual lease/maintenance associated with a color copy machine to ensure communications with stakeholders in administration of the grant. Estimated annual cost of Color Copy Lease is $4,856 X .4FTE = $1942.	$ 1,453
	Other Costs Total	$ 1,453

Total Direct Cost

	$ 163,710

Indirect Cost

Type of Indirect Cost *[Select from dropdown list]*	Rate *(Insert rate below)*	Insert Base	Total **[Insert Indirect]**
Fixed	17.95%	Indirects Charges	$ 15,232

Planning & Evaluation Total

	$ 178,942

CLINICAL QUALITY MANAGEMENT BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2028

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
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
			$ -
			$ -
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
		$ -
		$ -
	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]*		**Amount**
Desert AIDS Project Health (DAPH) - Early Intervention Services (EIS)-45% and Outpatient Ambulatory Services - 55%	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	Refer to Year 5 Work Plan, Strategy 1, Objective 1, and Strategy 2, Objective 1, 2, and 3. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointment, the number of days from client intake to provision of ART, and the percentage of patients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and the number of days from client intake to provision of ART and increase their percentage of clients retained in care. They will continue to review processes report out on the success of the strategies that they have developed during meetings and make changes as needed.	$	50,000
Foothill AIDS Project (FAP) - EIS	Reduce the avereage number of days from client intake to first appointment, and increase the number of PWH that are linked to care as a result of website/social media campaigns from priority populations.	Refer to Year 5 Work Plan, Strategy 1, Objective 1, and Strategy 2, Objective 1, and Strategy 3, Objective 1, and 2. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointment and the number of PWH that are linked to care as a result of website/social media campaigns. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and increase the number of PWH that are linked to care as a result of their website/social media campagins working with their Consumer Advisory Board (CAB). They will continue to collect data and report out on the success of the strategies that they have developed during our meetings and make changes as needed.	$	30,000
AIDS Healhcare Foundation (AHF) - EIS	Reduce the avereage number of days from client intake to first appointment	Refer to Year 5 Work Plan, Strategy 1, Objective 1 and Strategy 2, Objective 1. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointmentt. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment . They will continue to collect data and report out on the success of the strategies that they have developed during our meetings and make changes as needed.	$	30,000
Loma Linda University (LLU)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	Refer to Year 5 Work Plan, Strategy 1, Objective 1,and Strategy 2, Objective 1, 2, and 3. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointment, the number of days from client intake to provision of ART, and the percentage of patients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and the number of days from client intake to receipt of ART and increase their percentage of clients retained in care. They will continue to collect data and report out on the success of the strategies that they have developed during our regular subrecipient meetings and make changes as needed.	$	55,000
Riverside University Health System (RUHS)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	Refer to Year 5 Work Plan, Strategy 1, Objective 1, and Strategy 2, Objective 1, 2, and 3. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be revieweing their baseline data to determine their current number of days from client intake to first appointment, the number of days from client intake to provision of ART, and the percentage of patients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and the number of days from client intake to provision of ART and increase their percentage of clients retained in care. They will continue to collect data and report out on the success of the strategies that they have developed during our regular subrecipient meetings and make changes as needed.	$	57,000
			Contracts Total $	222,000

Other		
[List all costs that do not fit into any other category]		
List of Other	Budget Impact Justification *[Impact on the program's objectives/goals]*	Amount
		$ -
	Other Costs Total	$ -

Total Direct Cost	
	$ 222,000

Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	Rate *(Insert rate below)*	Insert Base	Total *[Insert Indirect]*

Clinical Quality Management Total	
	$ 222,000

BUDGET SUMMARY: ENDING THE HIV EPIDEMIC
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2029

Budget Summary

Object Class Categories	Initiative Services	Initiative Infrastructure	RWHAP Core Medical & Support Services	Administration	Planning & Evaluation	CQM	Total
a. Personnel	$ -	$ -	$ -	$ 222,808	$ 56,335	$ -	$ 279,143
b. Fringe Benefits	$ -	$ -	$ -	$ 112,807	$ 28,522	$ -	$ 141,329
c. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -
d. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Supplies	$ -	$ -	$ -	$ 8,000	$ 2,400	$ -	$ 10,400
f. Contractual	$ 602,000	$ -	$ 3,551,200	$ 35,000	$ 75,000	$ 222,000	$ 4,485,200
g. Other	$ -	$ -	$ -	$ 7,000	$ 1,453	$ -	$ 8,453

	Initiative Services	Initiative Infrastructure	RWHAP Core Medical & Support Services	Administration	Planning & Evaluation	CQM	Total
Direct Charges	$ 602,000	$ -	$ 3,551,200	$ 385,615	$ 163,710	$ 222,000	$ 4,924,525
Indirect Charges	$ -	$ -	$ -	$ 60,243	$ 15,232	$ -	$ 75,475
TOTALS	$ 602,000	$ -	$ 3,551,200	$ 445,858	$ 178,942	$ 222,000	$ 5,000,000

Admin Budget 10%: 445,858   Within Limit

CQM Budget 5%: 222,000   Within Limit

Planning & Evalaution + Admin 15%: 624,800   Within Limit

Planning & Evaluation 10%: 178,942   Within Limit

Total funding: $ 5,000,000

INITIATIVE SERVICES BUDGET: ENDING THE HIV EPIDEMIC
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2029

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
				$ -
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	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]*	**Amount**
Foothill AIDS Project (FAP) - EIS	Reduce the avereage number of days from client intake to first appointment, and increase the number of PWH that are linked to care as a result of website/social media campaigns from priority populations.	**Social Media Engagement and Outreach Activities:** Increase website utilization and social media following among target at-risk populations. Promote support services, outreach services, community of care, and HIV-related resources on website and social media platforms to link undiagnosed, newly diagnosed and those who have fallen out of care. Link at-risk populations from social media and website inquiries. **Linkage to Care Activities:** Utilize navigation support to reconnect those who have fallen out of care. Link newly diagnosed to care and rapid ART initiation. Provide strengths-based linkage follow-up. Linkage to Care staff will utilize the evidenced-based intervention ARTAS and Wellness Coaching approach. Facilitate educational group using evidence-based curriculum Taking Care of Me. **Outreach Activities:** Promote availability of continuum of care, HIV-related community resources to link newly diagnosed and out-of-care PLWH.	$ 602,000
		Contracts Total	$ 602,000

Other		
[List all costs that do not fit into any other category]		
List of Other	**Budget Impact Justification** *[Impact on the program's objectives/goals]*	**Amount**
	Other Costs Total	$ -

Total Direct Cost	
	$ 602,000

Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *(Insert rate below)*	**Insert Base**	**Total** **[Insert Indirect]**

Initiative Services Total	
	$ 602,000

INITIATIVE INFRASTRUCTURE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2029

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	
				$	-
				$	-
			Personnel Total	$	-

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount	
		$	-
		$	-
	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]	Amount	
				$	-
				$	-
			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]	Amount	
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount	
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount	
	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]*	**Amount**
		Contracts Total	$ -

Other *[List all costs that do not fit into any other category]*		
List of Other	**Budget Impact Justification** *[Impact on the program's objectives/goals]*	**Amount**
	Other Costs Total	$ -

Total Direct Cost
$ -

Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *(Insert rate below)*	**Insert Base**	**Total** **[Insert Indirect]**

Initiative Infrastructure Total
$ -

RWHAP CORE MEDICAL & SUPPORT SERVICES BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2029

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
				$ -
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		$ -
		$ -
	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]	Amount
				$ -
				$ -
			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]	Amount
		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.)]

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	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.]

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount
	Supplies Total	$ -

Contractual			
List of Contracts *[include RWHAP service category]*	**Deliverables**	**Budget Impact Justification** *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]*	**Amount**
Desert AIDS Project Health (DAPH) - Early Intervention Services (EIS)-45% and Outpatient Ambulatory Services - 55%	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	**HIV Diagnosis activities** include conducting HIV testing on-site 2. Deploy HIV testing mobile unit in Service Areas 3 & 6 to venues accessible to target populations to include neighborhoods, homeless shelters, homeless encampments; community centers; substance use disorder recovery centers; and establishments catering to at-risk populations. 3. Conducting advertising and promotion to targeted populations to make them aware of HIV testing services and HIV educational information digitally and in print tailored for audience age, gender, race/ethnicity/gender/sexual orientation, risk group, immigration status, homeless, substance use. 4. Testing data collection. **Linkage to Care Activities:** 1. EIS receives referrals from Testing Counselors. 2. EIS meets with newly diagnosed and re-engaging in care, provides counseling about diagnosis; conducts needs assessment; determines insurance and medical assistance needs, provides benefits navigation and enrollment services; assess clients' readiness for rapid start ART; provide warm-hand off to DAP Central Registration for client intake; warm-hand off to clinician for same day appointments. **Retention in Care Activities:** 1. Track missed appointments and other indicators of poor treatment adherence such as behavioral health concerns in shared electronic health records (EHR) 2. Communication with patients who miss appointments to include phone calls, home visits, contacting emergency contacts and assistance from patients' colleagues. 3. Assess needs; identify and problem-solve barriers to care; treatment adherence counseling. 4. Referrals to medical care, behavioral health, dental care, and support services to include housing placement assistance; grocery voucher and food distribution; medical transportation; job placement assistance; psychosocial support groups; client wellness services. **OAHS : Receipt of ART Activities:** 1. clinicians maintain open appointment slots. 2. EIS provides warm-hand off to clinician. 3. Clinicians reassess for readiness for rapid start ART. 4. Clinicians provide ART prescription; dispense ART from stock and/or starter packs. 5. Data collection in patients' electronic health record. 6. Client satisfaction surveys. **Viral Suppression Activities:** 1. Clinicians provide orders for lab tests. 2. Review patients/clients EHR records for follow up with patients/clients. 3. Track lab test results in patients' EHR.	$ 950,000
AIDS Healhcare Foundation (AHF) - EIS	Reduce the avereage number of days from client intake to first appointment, and increase retention in care	**Linkage to Care Activities** include establish and maintain relationships with case managers, HIV testing agencies, community based organizations, etc. Make contacts/calls on a routine basis to build relationships with potential referral sources. Deliver all aspects of linkage services including referral, provisional eligibility determination, assessment, and evaluation of consumer needs/service. Work with AHF Retention Specialists, Benefits Counselors, Office Administrators, and Nurse Case Managers to ensure clients are directly linked to care and remain in care. **Retention and Reengagement in Care Activities** include review and generate "104-Days Report" for providers. As part of outreach, send retention letter per providers request to encourage clients to schedule a returning follow-up appointment; schedule new client appointments for potential AHF healthcare center clients; provide potential clients with information on the organization; and do reminder calls for new clients one day prior to appointment. Deliver all aspects of retention services including referral, provisional eligibility determination, assessment, and evaluation of consumer needs/service. Work with AHF Linkage Specialists, Benefits Counselors, Office Administrators, and Nurse Case Managers to ensure clients are reengaged to care and remain in care. **Referral and Follow-up Services Activities** include working with linking agencies to ensure ongoing referrals and promote AHF services. Participate in TGA planning activities and community-based health efforts. Follow-up on Provider referrals for mental health, specialty providers, and needed psychosocial services such as financial assistance, housing, food, etc. Provide ongoing advocacy services on behalf of clients.	$ 600,200
Loma Linda University (LLU)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	**Retention in care activities:** Assist patients with health insurance enrollment, making appointments, arranging transportation, making follow up calls to clients to provide additional support. Medical case management assistance for coordination of health care and education of health-related issues per medical team. **Linkage to care activities:** Review recent hospital discharged/ ER discharge tickler of PLWH/A who had initial contact with medical case management. Close the loop on care linkage/offer appointments as necessary for ongoing HIV care services. **OAHS activities:** Follow established guidelines for high quality medical care in their infectious disease clinic to include offering same day ART	$ 1,001,000

Riverside University Health System (RUHS)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	**Retention in care activities**: Assist patients with health insurance enrollment, making appointments, arranging transportation, making follow up calls to clients to provide additional support. Provide initial and ongoing assessment of patient's acuity level during intake and as needed to determine Case Management or Medical Case Management needs. Initial assessment will also be used to develop patient's Care Plan. Discuss budgeting with patients to maintain access to necessary services and Case Manager will screen for domestic violence, mental health, substance abuse, and advocacy needs. Assist patients with obtaining needed financial resources for daily living such as bus pass vouchers, gas cards, and other emergency financial assistance. **Linkage to care activities**: Work with patient to conduct an initial intake assessment within 3 days from referral. Refer and link patients to medical, mental health, substance abuse, psychosocial services, and other services as needed and Case Manager will provide referrals to address gaps in their support network. **OAHS activities**: Development of Treatment Plan. Diagnostic testing. Practitioner examination. Documentation and review of medical history. Diagnosis and treatment of common physical and mental conditions. Prescribing and managing Medication Therapy (same day ART or rapid ART if possible). Continuing care and management of chronic conditions. Referral to and provision of Specialty Care. Treatment adherence counseling/education.	$ 1,000,000
		Contracts Total $	3,551,200

Other *[List all costs that do not fit into any other category]*		
List of Other	**Budget Impact Justification** *[Impact on the program's objectives/goals]*	**Amount**
	Other Costs Total $	-

Total Direct Cost	
	$ 3,551,200

Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *(Insert rate below)*	**Insert Base**	**Total** **[Insert Indirect]**

Services Total	
	$ 3,551,200

ADMINISTRATIVE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2029

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
$ 121,285	0.200	Heather Cockerill, Program Manager	Program Manager; Provides the RW Program (includes RW Part A, Part B, and EHE) with overall admin support. The Manager provides necessary oversight and administration of the RW EHE Grant due to her vast experience with the various grants that she oversees in her other programs. The remaining .80 FTE is paid by EHE Planning and Evaluation and County General funds.	$ 24,257
$ 108,206	0.300	Shannon Swims, Program Coordinator	Program Coordinator; Supervises day to day operation of the program, including oversite of administrative functions, and develops policy. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A & B grant funds.	$ 32,462
$ 85,228	0.300	Joshua Olagunju, Staff Analyst II	Staff Analyst II; Provides technical assistance with fiscal support and program monitoring for the Ryan White Program (includes RW Part A, Part B, and EHE), EHE budget development tracking, and policy development. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A grant funds.	$ 25,568
$ 99,100	0.300	Laura Moore, Biostatistician	Biostatistician; Develops policy and training materials, and oversees local administration of the ARIES data management system. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A grant funds.	$ 29,730
$ 53,086	0.300	Rachel Sheib, Office Specialist	Office specialist; Provides general support to program staff to meet administrative goals and processes subcontractor invoices and contractor payments for RWP (includes RW Part A, Part B, and EHE) and monitors expenditures. Assists with providing technical assistance related to administrative functions provided to contracted agencies. The remaining .70 FTE is paid by Ryan White Part A grant funds.	$ 15,926
$ 53,047	0.300	Brook Imbriani, Fiscal Specialist	Fiscal Specialist; Processes subcontractor invoices and contractor payments for RWP (includes RW Part A, Part B, and EHE) and monitors expenditures. Assists with providing technical assistance related to administrative functions provided to contracted agencies. The remaining .70 FTE is paid by Ryan White Part A & B grant funds.	$ 15,914
$ 85,228	0.200	Enrique Salazar, Accountant III	Accountant III; Responsible for fiscal administration of Ryan White Program (includes Part A, Part B, and EHE) contracts and monitoring. The remaining .80 FTE is paid by Ryan White Part A grant funds and county general funds.	$ 17,046
$ 85,228	0.200	Pierre A S Tadros, Accountant III, Auditor	Accountant III, Auditor; Provides auditing support to the contract monitoring process and follows up with fiscal technical assistance. The remaining .80 FTE is paid by Ryan White Part A and county general funds.	$ 17,046
$ 77,186	0.300	Beatrice Garcia, Statistical Analyst	Statistical Analyst; assists in developing policy and training materials, and oversee local administration of the ARIES data management system. Works with admin staff to facilitate the regular EHE meetings for the subrecipients to discuss and review their data and strategies. The remaining .70 FTE is paid by Ryan White Part A grant funds.	$ 23,156
$ 72,345	0.300	Karina Cruz, Program Specialist I	Program Specialist I; Will work to support program in the development and update of various policies and procedures as needed. Will also work to support program with various admin reports as required by the various grants. Provides technical assistance with program monitoring for the Ryan White Program. The remaining .70 FTE is paid by EHE Planning and Evaluation and Ryan White Part A grant funds.	$ 21,704
			Personnel Total	**$ 222,808**

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
50.63%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation.	$ 112,807
		$ -
	Fringe Benefit Total	**$ 112,807**

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]	Amount
				$ -
				$ -
			Local Travel Sub-Total	**$ -**

ADMINISTRATIVE BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2029

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]*	Amount
		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.)]

List of Equipment	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
	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.]*

List of Supplies	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
Communication	Communication; Telephones and e-mail to support admin staff in communicating expectations and updates with stakeholders and providers. Estimated annual cost is $8,000	$ 8,000
	Supplies Total	$ 8,000

Contractual

List of Contract	Deliverables	Budget Impact Justification *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]*	Amount
Various	Admin Support	Consultant services to provide various data and information for reporting requierments for the grant to support the recipient office. (140 hours x $250/hour = $35,000)	$ 35,000
		Contracts Total	$ 35,000

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

List of Other	Budget Impact Justification *[Impact on the program's objectives/goals]*	Amount
Rental and Lease Maintenance color copy machine	Rental and Maintenance; Cost of annual lease/maintenance associated with a color copy machine to ensure communications with stakeholders in administration of the grant. Estimated annual cost of Color Copy Lease is $7,000.	$ 7,000
	Other Costs Total	$ 7,000

Total Direct Cost

	$ 385,615

ADMINISTRATIVE BUDGET			
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA			
FISCAL YEAR: 2029			
Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *[Insert rate below]*	**Insert Base**	**Total** **[Insert Indirect]**
Fixed	17.95%	Indirects Charges	$ 60,243
Administrative Total			
			445,858

PLANNING & EVALUATION BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2029

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
$ 121,285	0.100	Heather Cockerill, Program Manager	Program Manager; Oversees Health Promotion and Education Services in the department and will participate in the department-wide HIV meetings to provide insight as to the work that is being done under this grant and to help identify possible resources and gaps for dissemination to subrecipients. The remaining .90 FTE is paid by EHE Admin and County General Funds.	$ 12,129
$ 108,206	0.100	Shannon Swims, Program Coordinator	Program Coordinator; As a recipient of the Part A EHE funding, will assist in the organization and the development of department-wide HIV meetings. Will also participate in the department-wide HIV meetings to provide insight as to the work that is being done under this grant and to help identify possible resources and gaps for dissemination to subrecipients. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A & B grant funds.	$ 10,821
$ 85,228	0.100	Joshua Olagunju, Staff Analyst II	Staff Analyst II; Will also participate in the department-wide HIV meetings to assist in the information sharing with the other EHE programs in the department. Will also work with team to provide financial data support and technical assistance as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$ 8,523
$ 99,100	0.100	Laura Moore, Biostatistician	Biostatisician; Will also participate in the department-wide HIV meetings to provide insight as to the status of the various activities in place by both the program and the subrecipients as noted in the Plan. Will also work with team to provide data support as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$ 9,910
$ 72,345	0.100	Karina Cruz, Program Specialist I	Program Specialist I; Will also participate in the department-wide HIV meetings to provide insight as to the status of the various activities in place by both the program and the subrecipients as noted in the Plan. Will also work with team to provide support as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$ 7,235
$ 77,186	0.100	Beatrice Garcia, Statistical Analyst	Statistical Analst; Will also participate in the department-wide HIV meetings to provide insight as to the status of the various activities in place by both the program and the subrecipients as noted in the Plan. Will also work with team to provide data support as needed. The remaining .90 FTE is paid by EHE Admin and Ryan White Part A grant funds.	$ 7,719
			Personnel Total	**$ 56,335**

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]		Amount
50.63%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation.		$ 28,522
			$ -
		Fringe Benefit Total	**$ 28,522**

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]	Amount
				$ -
				$ -
			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]	Amount
			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.)]

List of Equipment	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
	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.]*

List of Supplies	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
Communication	Communication; Telephones and e-mail to support admin staff in communicating expectations and updates with stakeholders and providers. Estimated annual cost is $2400.	$ 2,400
	Supplies Total	$ 2,400

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]*	Amount
Various	Subrecipient Monitoring	Consultant services to include meeting with continuing subrecipients at least bimonthly and with the new subrecipients monthly to discuss staffing levels, spending, activities related to linkage to care, retention in care, dispensing of ART, barriers, and any TA assistance that may be needed. (300 hours x $250/hour = $75,000)	$ 75,000
		Contracts Total	$ 75,000

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

List of Other	Budget Impact Justification *[Impact on the program's objectives/goals]*	Amount
Rental and Lease Maintenance color copy machine	Rental and Maintenance; Cost of annual lease/maintenance associated with a color copy machine to ensure communications with stakeholders in administration of the grant. Estimated annual cost of Color Copy Lease is $4,856 X .4FTE = $1942.	$ 1,453
	Other Costs Total	$ 1,453

Total Direct Cost

	$ 163,710

Indirect Cost

Type of Indirect Cost *[Select from dropdown list]*	Rate *(Insert rate below)*	Insert Base	Total [Insert Indirect]
Fixed	17.95%	Indirects Charges	$ 15,232

Planning & Evaluation Total

	$ 178,942

CLINICAL QUALITY MANAGEMENT BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2029

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
				$ -
				$ -
			Personnel Total	$ -

Fringe Benefits

Percentage *[Insert as %]*	Components *[List components that comprise the fringe benefit rate]*	Amount
		$ -
		$ -
	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]*	Amount
				$ -
				$ -
			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]*	Amount
		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.)]

List of Equipment	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
	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.]*

List of Supplies	Budget Impact Justification *[Description of need to carry out the program's objectives/goals]*	Amount
	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]*		Amount
Desert AIDS Project Health (DAPH) - Early Intervention Services (EIS)-45% and Outpatient Ambulatory Services - 55%	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	Refer to Year 5 Work Plan, Strategy 1, Objective 1, and Strategy 2, Objective 1, 2, and 3. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointment, the number of days from client intake to provision of ART, and the percentage of patients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and the number of days from client intake to provision of ART and increase their percentage of clients retained in care. They will continue to review processes report out on the success of the strategies that they have developed during meetings and make changes as needed.	$	50,000
Foothill AIDS Project (FAP) - EIS	Reduce the avereage number of days from client intake to first appointment, and increase the number of PWH that are linked to care as a result of website/social media campaigns from priority populations.	Refer to Year 5 Work Plan, Strategy 1, Objective 1, and Strategy 2, Objective 1, and Strategy 3, Objective 1, and 2. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointment and the number of PWH that are linked to care as a result of website/social media campaigns. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and increase the number of PWH that are linked to care as a result of their website/social media campagins working with their Consumer Advisory Board (CAB). They will continue to collect data and report out on the success of the strategies that they have developed during our meetings and make changes as needed.	$	30,000
AIDS Healcare Foundation (AHF) - EIS	Reduce the avereage number of days from client intake to first appointment	Refer to Year 5 Work Plan, Strategy 1, Objective 1 and Strategy 2, Objective 1. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointmentt. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment . They will continue to collect data and report out on the success of the strategies that they have developed during our meetings and make changes as needed.	$	30,000
Loma Linda University (LLU)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	Refer to Year 5 Work Plan, Strategy 1, Objective 1,and Strategy 2, Objective 1, 2, and 3. The subrecipient will work first to ensure that they haye hired all needed staff within 3 months of posted vacancy. They will also be reviewing their baseline data to determine their current number of days from client intake to first appointment, the number of days from client intake to provision of ART, and the percentage of patients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and the number of days from client intake to receipt of ART and increase their percentage of clients retained in care. They will continue to collect data and report out on the success of the strategies that they have developed during our regular subrecipient meetings and make changes as needed.	$	55,000
Riverside University Health System (RUHS)	Reduce the avereage number of days from client intake to first appointment, reduce the average number of days from client intake to provision of ART, and increase retention in care	Refer to Year 5 Work Plan, Strategy 1, Objective 1, and Strategy 2, Objective 1, 2, and 3. The subrecipient will work first to ensure that they have hired all needed staff within 3 months of posted vacancy. They will also be revieweing their baseline data to determine their current number of days from client intake to first appointment, the number of days from client intake to provision of ART, and the percentage of patients who had at least one medical visit in each six-month period of the 24-month measurement period with a minimum of 60 days between medical visits. They will then develop different strategies as needed to reduce the number of days from client intake to first appointment and the number of days from client intake to provision of ART and increase their percentage of clients retained in care. They will continue to collect data and report out on the success of the strategies that they have developed during our regular subrecipient meetings and make changes as needed.	$	57,000
		Contracts Total	$	222,000

Other		
[List all costs that do not fit into any other category]		
List of Other	**Budget Impact Justification** *[Impact on the program's objectives/goals]*	**Amount**
	Other Costs Total	$ -

Total Direct Cost	
	$ 222,000

Indirect Cost			
Type of Indirect Cost *[Select from dropdown list]*	**Rate** *(Insert rate below)*	**Insert Base**	**Total** *[Insert Indirect]*

Clinical Quality Management Total	
	$ 222,000