

**U.S. Department of Health and Human Services  
Office for Civil Rights  
Assurance of Compliance**



## Assurance of Compliance

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ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, SECTION 1557 OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, AND FEDERAL CONSCIENCE AND ANTI-DISCRIMINATION LAWS

\*With respect to compliance with 45 C.F.R. Part 88, the signatory is providing assurance of compliance with such Part to the extent it is in effect during the term of the award. Consistent with applicable court orders, the version of Part 88 in effect as of December 2, 2019, is found at 76 Fed. Reg. 9,976-77 (February 23, 2011).

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964, as amended (codified at 42 U.S.C. § 2000d et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973, as amended (codified at 29 U.S.C. § 794), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972, as amended (codified at 20 U.S.C. § 1681 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975, as amended (codified at 42 U.S.C. § 6101 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18116), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.
6. As applicable, the Church Amendments, as amended (codified at 42 U.S.C. § 300a-7), the Coats-Snowe Amendment (codified at 42 U.S.C. § 238n), the Weldon Amendment (e.g., Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2019, Div. B., sec. 507(d), Pub. L. No. 115-245, 132 Stat. 2981, 3118 (Sept. 28, 2018), as extended by the Continuing Appropriations Act, 2020, and

Health Extenders Act of 2019, Pub. L. No. 116-59, Div. A., sec. 101(8), 133 Stat. 1093, 1094 (Sept. 27, 2019)), Section 1553 of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18113), and Section 1303(b)(4) of the Patient Protection and Affordable Care Act, as amended (codified at 42 U.S.C. § 18023(b)(4)), and other Federal conscience and anti-discrimination laws, including but not limited to those listed at <https://www.hhs.gov/conscience/conscience-protections>, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 88), to the end that the rights of conscience are protected and associated discrimination and coercion are prohibited, in any program or activity for which the Applicant receives Federal financial assistance or other Federal funds from the Department for which the Federal conscience and anti-discrimination laws and 45 C.F.R. Part 88 apply.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

Please complete the following required information:

\* Entity Name:

\* Title:

\* First Name:

\* Last Name:

\* Address 1:

Address 2:

\* City:

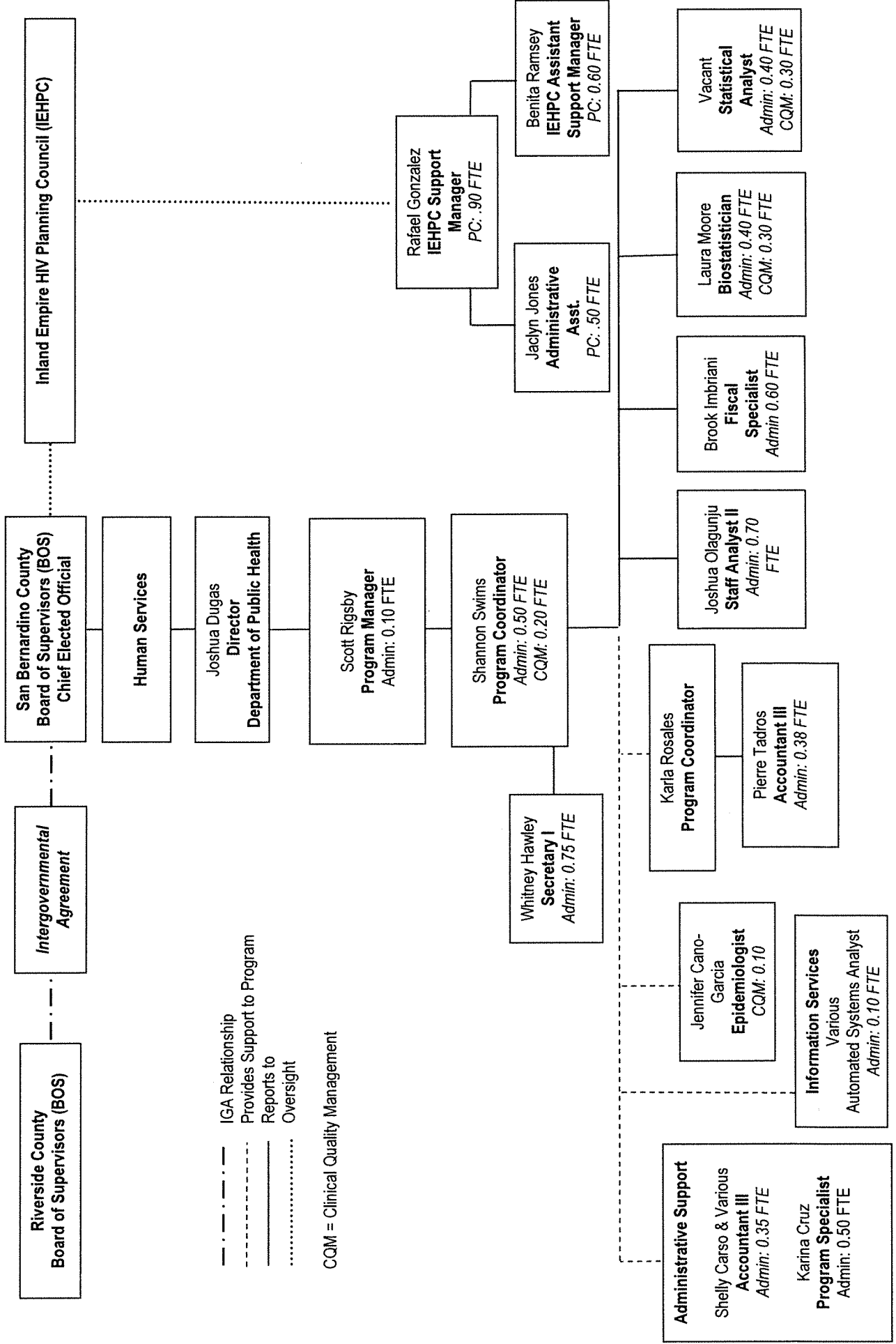
\*\* State:   \*\* If Country is USA, then State is required.

\* Country:   \*\* If no State, then Country other than USA is required

\* Zip:

\* Confirmation  **By selecting the checkbox, I am indicating that the person whose name appears above is myself and I am authorized to sign this assurance and commit the Entity to the above provisions.**

# Program Organizational Chart



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

Staff Name:	Position:	Qualifications (Knowledge, Skills, Abilities):	Position Description	Rationale for Time Requested
Scott Rigsby	Program Manager	BA with 20+ 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.	Monitors budget, approves Conditions of Award; lead staff supervision; purchasing authority; reviews and approves contracts.	0.10 FTE is necessary to provide the RW Program with overall admin support. The Program Manager provides a critical role in oversight and administration of RW Grant.
Shannon Swims	Program Coordinator	MPA with 17+ years of experience with San Bernardino County including 4+ years of experience in the Ryan White Program and experience in Behavioral Health, Public Works, and Child Support Services programs.	Provides staff supervision and oversight of QM and Administrative functions.	0.70 FTE is needed to supervise the day-to-day operations of the program and its associated staff and develop policy.
Joshua Olagunju	Staff Analyst II (SAII)	PhD - Public Administration and Finance. 22+ years with SB County DPH, with experience in the Ryan White Program and other public health programs.	Develops budgets, monitors program expenditures; coordinates and provides technical assistance to contracted agencies.	0.70 FTE is needed to provide the RWP with support. The Biostatistician fills a critical role in RWP budget development/ tracking and CQM reporting and policy development.
Laura Moore	Biostatistician	MS – Criminal Justice/ Criminology; 10 years doctoral work in Statistics; experience in quantitative and qualitative collection and analysis, descriptive and multivariate analytics, database management/design/aggregation, and interview techniques with sensitive populations.	Monitors program quality, develops policy and training materials related to the ARIES data management system; analyzes data and develops reports utilized for quality improvement and program planning.	0.70 FTE is needed to provide the RWP with Biostatistician support. The SA fills a critical role in the RWP by monitoring and analyzing client-level data for the program as well as CQM reporting and policy development.
Vacant	Statistical Analyst	Vacant	Monitors program quality, develops policy, and training materials related to the ARIES data management system; analyzes data and develops	0.70 FTE is needed to provide the RWP with Staff Analyst support. The SALL works with the Biostatistician to fill a critical role in RWP budget

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

Staff Name:	Position:	Qualifications (Knowledge, Skills, Abilities):	Position Description	Rationale for Time Requested
Brook Imbriani	Fiscal Specialist I (FSI)	23+ years with San Bernardino County providing clerical and fiscal support at Child Support Services, Transitional Assistance and Public Health.	reports utilized for quality improvement and program planning Processes subcontractor invoices and program purchases. Tracks service expenditures and provides technical assistance to contracted agencies.	development/ tracking and CQM reporting and policy development. 0.60 FTE is needed to provide the RWP with fiscal processing support and to assist team in providing program fiscal TA to sub-recipients.
Whitney Hawley	Secretary I	4+ years with San Bernardino County providing administrative support.	Provides general secretarial support to program staff for day-to-day operating needs and to ensure the program meets admin goals.	0.75 FTE is needed to provide the RWP admin and QM teams with support to meet county operating requirements and critical state/federal deadlines.
Pierre Tadros	Accountant III, Auditor	BA - Accounting; 7 years with San Bernardino County providing fiscal monitoring / Audit, and accounting support.	Provides fiscal compliance services through conducting fiscal monitoring engagements to audit subcontractors' cost reimbursements who are receiving grants related to Ryan White program.	0.38 FTE is needed to provide support to the contract monitoring process.
Shelly Carso	Accountant III	BA - Accounting, 36+ years with San Bernardino County providing fiscal, and accounting support at Public Health, HS Auditing and the Treasurer's office.	Accountant III provides administrative support for the program. Responsible for fiscal administration of Ryan White contracts and monitoring.	0.35 FTE is needed to provide support to the RWP accounting reports internally.
Jennifer Garcia-Cano	PH Epidemiology	MPH - Epidemiologist with the Research, Assessment, and Planning team and provides epidemiological support to the Ryan White HIV/AIDS program in addition to the Communicable Disease	Epidemiologist: Provides statistical analysis of HIV/AIDS and other data related to CQM and QI programs, activities, projects, etc. Coordinates epidemiological staff to secure data to inform CQM and QI activities and plans.	0.10 FTE is needed to provide epidemiologic support to the RWP in the form of manipulating data so that it can usefully answer questions about demographics, services, and needs in the county for the purposes of informing the RWP, Planning Council,

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

Staff Name:	Position:	Qualifications (Knowledge, Skills, Abilities):	Position Description	Rationale for Time Requested
Karina Cruz	Program Specialist I	Section's HIV program at SBC DPH. BA – Public Administration 16+ years of experience with San Bernardino County serving Public Health and Human Services; experience in developing polices and standard practices, legislative analysis and interpretation, program quality review, and social services appeals process.	Will work to support program in the development and update of various policies and procedures as needed in the Ryan White Program. Will also work to support program with various admin reports as required by the various grants.	providers, and other community members. 0.50 FTE is needed to provide analytical and programmatic support to the Ryan White Program.
Benita Ramsey	Inland Empire HIV/AIDS Planning Council (IEHPC) Assistant Support Manager	23+ years of experience in nonprofit and program management; 6+ years as a former, Non-Elected Community Member on Planning Council	Serves as Consumer Liaison to the Planning Council & Staff. Provides administrative support to the PC and Support Manager to meet their mandated roles including training & development, marketing, meeting set up, taking minutes and filing appropriate notices.	0.60 FTE is needed to provide analytical and programmatic support to the Planning Council and provide liaison support between the Planning Council and the RWP recipient.
Rafael Gonzalez	IEHPC Support Manager	15+ years of experience in HIV Prevention and Care and Social Services Program Coordination, 3+ years managing Get Tested Coachella Valley and participation on the HIV Planning Council.	Serves as the primary liaison to PC in the coordination of its legislatively mandated functions. Defines immediate and long- range goals; establishes and revises program policies and procedures according to program guidelines.	0.90 FTE is needed to provide administrative support to the PC, Consumer Empowerment and the Health Planner.
Jaclyn Jones	Administrative Assistant (PC)	32+ years of experience providing administrative leadership and support in a public government	Provides secretarial and clerical support to the PC to meet their mandated roles including meeting	0.50 FTE is needed to provide secretarial and clerical support to the Planning Council.

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

Staff Name:	Position:	Qualifications (Knowledge, Skills, Abilities):	Position Description	Rationale for Time Requested
		agency setting; 6+ years in a Public Health/HIV Prevention support role.	set up, taking minutes, and filing appropriate notices.	

**Attachment 2: Maintenance of Effort**

<b>NON-FEDERAL EXPENDITURES</b>	
<p>FY Prior to Application (Actual)</p> <p>Actual prior FY non-federal EMA/TGA political subdivision expenditures for HIV-related core medical and support services.</p>	<p>Current FY of Application (Estimated)</p> <p>Estimated current FY non-federal EMA/TGA political subdivision expenditures for HIV-related core medical and support services.</p>
<b>Amount: \$4,237,987</b>	<b>Amount: \$4,238,000</b>

As noted in last year’s application in the Grant Administration section, San Bernardino County, Department of Public Health (SBCDPH), functions as the administrative agent for Part A grant funds. Annually, staff in the Ryan White Program within SBCDPH collects, reviews, and compiles a list of funds expended on core and support HIV services within Riverside and San Bernardino Counties, which comprise the TGA. This information is obtained from county and contracted-agency accounting systems which for the identification of HIV-specific funding and expenditures associated with the following budget elements: personnel, equipment, supplies, and other costs related to the delivery of core and support services to PWH. The RW Program Coordinator reviews the MOE documentation for completeness and accuracy and ensures its annual submission within the application.





## Inland Empire HIV Planning Council

First Congregational United Church of Christ

3041 N Sierra Way San Bernardino CA 92405 (909) 501-6512

**Riverside/San Bernardino California Transitional Grant Area**

**Jennifer, Chevinsky, M.D. MPH**

**David Utuone**

**County Health Officer Co-Chair**

**Community Co-Chair**

**Subject: Inland Empire HIV Planning Council Assurance for RWHAP Part A FY 2024 Funding**

August 9, 2023

Dear San Bernardino County Ryan White Program,

We present this letter of assurance on behalf of the Inland Empire HIV Planning Council (IEHPC) to detail the actions and activities undertaken in the Riverside/San Bernardino, CA Transitional Grant Area (TGA) in response to the Ryan White HIV/AIDS Program Part A FY 2024 Funding Opportunity Announcement.

**a) Planning:**

i. The 2023 Comprehensive Needs Assessment was unveiled at the 2023 Priority Setting Resource Allocation Summit. The Needs Assessment workgroup remains actively involved in formulating a comprehensive 3-year plan catering to the specific needs of our Aging and Transgender Populations in the TGA for the period of 2023-2026. Notably, a Transgender Focus Group was conducted on August 1st, 2023, and the insights collected during this session will be integrated into the final report.

ii. Our engagement in the Statewide Ending the Epidemics: Integrated Statewide Strategic Plan Process continues with unwavering commitment. The State Office of AIDS representative, LeRoy Blea, presented the latest update during the 2023 Priority Setting and Resource Allocation Summit. The Planning Council ensures regular dissemination of monthly updates to the Planning Council Body and the community, highlighting progress. Furthermore, through our Planning Committee and Planning Council Meetings, we receive and contribute monthly and quarterly updates on the End the Epidemic Regional and local plans, thus fostering a feedback-rich environment.

**b) Priority Setting and Resource Allocation (PSRA):**

i. During the FY 2024 Priority Setting and Resource Allocation Summit, a meticulous utilization of data ensured:

a) Addressing the diverse needs of populations living with HIV, encompassing those with unmet requirements for HIV-related services, addressing disparities in access and services among affected subpopulations and historically underserved communities, and catering to individuals unaware of their HIV status.

b) Resource allocation by the Planning Council, taking into account the local demographic incidence of AIDS. This includes targeted allocations for services pertaining to women, infants, children, and youth.

The 2023 Priority Setting and Resource Allocation Summit leveraged an extensive array of data sets:

1. HIV/AIDS Epidemiology
  - a. Epidemiology Summary
  - b. True Prevalence Summary
  - c. Unmet Need Summary
2. Ryan White Client Profile GY 22/23
  - a. Demographics
  - b. Service Area Reports
  - c. Substance Abuse Outpatient Review
3. Client Health Outcomes
  - a. Performance Measures
  - b. Viral Suppression Outcomes
4. Ryan White Performance Measures and Health Outcomes
5. Ryan White Service Category Dashboards
6. Ryan White Resource GAP Estimate
7. 2023 Resource GAP Reports
  - a. Estimate of Resource GAPS by Service Category
  - b. Resource GAP Analysis Scenarios
8. Ryan White Program Part A & MAI Budgets vs Expenditures
  - a. Final Budgets
  - b. Year-End Expenditures

- c. Percent Difference between Budgets vs. Expenditures
- d. Ryan White Program Part A Expenditures Bar Graph
- 9. Service Category Data
  - a. Outpatient/Ambulatory Health Services Dashboard
  - b. Oral Health Dashboard
  - c. Early Intervention Services Dashboard
  - d. Home and Community-Based Health Services Dashboard
  - e. Medical Case Management Dashboard
  - f. Mental Health Services Dashboard
  - g. Substance Use Services (Outpatient)
  - h. Case Management Dashboard
  - i. Food Bank/Home-Delivered Meals Dashboard
  - j. Housing Services Dashboard
  - k. Medical Transportation Dashboard
  - l. Psychosocial Support Services Dashboard
  - m. Medical Nutrition Therapy
  - n. Emergency Financial Assistance Dashboard
- 10. Ending The Epidemics: Integrated Statewide Strategic Plan
- 11. Ending the Epidemic Riverside County Update
- 12. Ending the Epidemic San Bernardino Update
- 13. 2023-2026 IEHPC Needs Assessment
- 14. Consumer Caucus Report
- ii. Our dedication to inclusive planning and allocation processes is evident through the involvement of People Living with HIV in the FY 2024 Planning and Allocation endeavors. We

have cultivated a consumer participation platform through In-Person (Hesperia on June 1st and Palm Springs on June 15th) and Virtual Consumer Caucus Town Halls. This approach has yielded insights vital to the planning process, with participants contributing their preferences through a structured ranking system. Additionally, consumers voiced valuable concerns and opportunities during the PSRA sessions through a Public Comment format. This consistent approach ensures alignment with the established process for service priorities and allocations, witnessed during the PSRA on June 28th and 29th, 2023.

iii. We are pleased to report that utilizing the FY 2023 budget period formula, supplemental, and MAI funds awarded to the TGA reflects alignment with the priorities established by the Planning Council. Our grant recipient provides regular quarterly reports verifying the adherence of all FY 2023 Formula, Supplemental, and MAI fund expenditures to the priorities outlined by the Planning Council.

iv. The Inland Empire HIV Planning Council prioritizes all core medical and support services during the PSRA process. During the PSRA planning council, members are instructed to use the data presented to justify their choices when allocating resources to prioritized services.

**c) Training:**

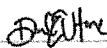
Throughout the year, ongoing and annual membership training demonstrates our commitment to continuous improvement. The Council Development Committee (CDC) orchestrates regular training sessions as integral to our quarterly meetings. Additionally, our asynchronous training, accessible via self-guided videos on the IEHPC website, ensures that our members remain informed. These trainings include reading data, Ryan White Part A, and participating in PSRA. In preparation for the 2023 priority-setting process, a virtual training session took place on June 8th, 2023, to enhance members' proficiency in interpreting various reports crucial to the PSRA.

**d) Assessment of Administrative Mechanism:**

The rigorous assessment of grant recipient activities ensures seamless allocation, contracting of funds, and prompt payment to contractors. This mechanism guarantees the efficient and effective utilization of resources, bolstering our commitment to responsible fiscal stewardship.

In conclusion, the Inland Empire HIV Planning Council remains steadfast in its pursuit of transparent, inclusive, and accountable processes as stipulated by the RWHAP—legislative and HRSA HAB program requirements. We stand ready to provide any further clarifications or information if required.

Sincerely,



Aug 9, 2023

David Utuone,

Co-Chair, Inland Empire HIV Planning Council

# 2023 Planning Council Letter of Assurance

Final Audit Report

2023-08-09

Created:	2023-08-09
By:	RAFAEL GONZALEZ (rafaelgonzalezjr07@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAAdpmzU3JDvxqas8f6ZOo9krNFW0ypPp01

## "2023 Planning Council Letter of Assurance" History

-  Document created by RAFAEL GONZALEZ (rafaelgonzalezjr07@gmail.com)  
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-  Signer david.tys.iepa@gmail.com entered name at signing as David E Utuone  
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Signature Date: 2023-08-09 - 6:14:51 PM GMT - Time Source: server- IP address: 172.89.249.150
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**BUDGET INFORMATION - Non-Construction Programs**

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. Part A & MAI Administration	93.914	\$ 0.00	\$ 0.00	\$ 934,115.00	\$ 0.00	\$ 934,115.00
2. Part A & MAI COM	93.914	0.00	0.00	467,057.00	0.00	467,057.00
3. Part A & MAI HIV Services	93.914	0.00	0.00	7,939,970.00	0.00	7,939,970.00
4.		0.00	0.00	0.00	0.00	0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 9,341,142.00	\$ 0.00	\$ 9,341,142.00

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY			Total (5)
	(1) Part A & MAI Administration	(2) Part A & MAI COM	(3) Part A & MAI RIV Services	
<b>a. Personnel</b>	\$ 459,690.00	\$ 51,928.00	\$ 0.00	\$ 511,618.00
<b>b. Fringe Benefits</b>	191,513.00	26,270.00	0.00	217,783.00
<b>c. Travel</b>	25,088.00	0.00	0.00	25,088.00
<b>d. Equipment</b>	0.00	0.00	0.00	0.00
<b>e. Supplies</b>	8,260.00	0.00	0.00	8,260.00
<b>f. Contractual</b>	34,200.00	377,084.00	7,939,970.00	8,351,254.00
<b>g. Construction</b>	0.00	0.00	0.00	0.00
<b>h. Other</b>	87,523.00	0.00	0.00	87,523.00
<b>i. Total Direct Charges (sum of 6a-6h)</b>	806,274.00	455,282.00	7,939,970.00	\$ 9,201,526.00
<b>j. Indirect Charges</b>	127,841.00	11,775.00	0.00	139,616.00
<b>k. TOTALS (sum of 6i and 6j)</b>	\$ 934,115.00	\$ 467,057.00	\$ 7,939,970.00	\$ 9,341,142.00
<b>7. Program Income</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

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**SECTION C - NON-FEDERAL RESOURCES**

(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	Part A & MAI Administration	\$ 0.00	0.00	0.00	0.00
9.	Part A & MAI COM	0.00	0.00	0.00	0.00
10.	Part A & MAI HIV Services	0.00	0.00	0.00	0.00
11.		0.00	0.00	0.00	0.00
12.	<b>TOTAL (sum of lines 8-11)</b>	\$ 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.	<b>Federal</b>	\$ 9,341,142.00	\$ 9,341,142.00	0.00	0.00	0.00
14.	<b>Non-Federal</b>	\$ 0.00	0.00	0.00	0.00	0.00
15.	<b>TOTAL (sum of lines 13 and 14)</b>	\$ 9,341,142.00	\$ 9,341,142.00	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. Part A & MAI Administration	\$ 934,115.00	0.00	0.00	0.00	
17. Part A & MAI COM	467,057.00	0.00	0.00	0.00	
18. Part A & MAI HIV Services	7,939,970.00	0.00	0.00	0.00	
19.	0.00	0.00	0.00	0.00	
20.	<b>TOTAL (sum of lines 16 - 19)</b>	\$ 9,341,142.00	0.00	0.00	0.00

**SECTION F - OTHER BUDGET INFORMATION**

21. Direct Charges:	0	22. Indirect Charges:	0
23. Remarks:	None		



## INSTRUCTIONS TO COMPLETE THE LINE ITEM BUDGET WORKBOOK

### BUDGET SUMMARY INSTRUCTIONS:

**ONLY ENTER WHOLE DOLLAR AMOUNTS (NO CENTS).**

1. Enter the recipient's program name as indicated in the header of the Budget Summary.
2. Formulas embedded into the worksheet will calculate the object class categories, direct and indirect costs, by funding type (Part A and MAI). The cells containing formulas are shaded in grey. Enter program income, as applicable, as a whole dollar amount rounded down to the nearest whole dollar (i.e., \$10,000.99 should be listed as \$10,000).
3. Verify the award amounts in cells B24, B25, and B26 according to the limits described in the Non-Competing Continuation (NCC) Program Report. Formulas embedded into the worksheet will auto calculate for compliance with the COPI and administration limits.
4. Manually enter the HIV Services Allocation Percentages for core medical services and support services. If the core medical services allocations are less than 75% then a core medical services waiver must be submitted with the Non-Competing Continuation Progress Report.

### BUDGETS:

**ONLY ENTER WHOLE DOLLAR AMOUNTS (NO CENTS). Note: the total amounts for the line items included in the personnel and fringe benefit object class categories auto calculate and round down to the nearest whole dollar amount. The total amount for line items listed for the remaining object class categories should be entered as whole dollar amounts only as applicable, round down these total amounts to the nearest whole dollar (i.e., \$10,000.99 should be listed as \$10,000).**

1. Enter the recipient's program name in each of the headers of the Line Item Budget.
2. **Personnel Section:**
  - a) Insert the salary, full-time equivalent (FTE), name, position title, and total salary paid by the Ryan White HIV/AIDS Program (RWHP) Part A grant. For all employees who are less than one FTE on the award, provide the complete salary distribution of all funding sources.  
For example:  
Salary: \$100,000  
FTE: for 50%, enter 0.50  
Name: [Name], Program Director  
Budget Impact Justification: Description of duties, impact on program goals and outcomes, payment source for balance of FTE (e.g., 50% in-kind general funds)  
Amount: \$50,000

- b) Taking into account the rounding preference method on Personnel calculations, if the Personnel Sub-Total with Rounding line sum is different from the SF-424A then make an adjustment in the Rounding Input Adjustment line. The Personnel Total line must match the SF-424A.  
**Note:** Funds from the grant cannot be used to pay the base salary of an individual (exclusive of fringe) at a rate in excess of \$212,100. The Personnel Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to personnel costs. You may add rows to accommodate additional personnel. HRSA expects the staff person responsible for management of the RWHP Part A grant (i.e., the Project Director or Program Coordinator) have at least 0.5 FTE allocated to the Part A program (this can be a combination of budgeted grant funds and/or other sources) to ensure sufficient oversight and monitoring of all grant activities conducted by recipients and subrecipients. The 0.5 FTE must be recipient staff and not delegated to contract staff or a fiscal intermediary. Please see SF-424 Application Guide for additional guidance related to salaries and salary limitations.

3. **Fringe Benefits Section:**
  - a) Indicate the fringe benefit rate (percentage) and the applicable total "personnel" amount allocated to the RWHP Part A grant subject to the rate. Fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.
  - b) Taking into account the rounding preference method on Fringe calculations, if the Fringe Benefit Sub-Total with Rounding line sum is different from the SF-424A then make an adjustment in the Rounding Input Adjustment line. The Fringe Benefit Total line must match the SF-424A.  
**Note:** The Fringe Benefit Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to fringe benefits. You may add rows to accommodate additional fringe benefit rates. Please see SF-424 Application Guide for additional guidance related to fringe benefits.

4. **Travel Section:**
  - a) List travel costs according to local and long distance travel:
    - i) For local travel, the mileage rate, number of miles, reason for travel and staff member/client completing the travel should be outlined.
    - ii) For long distance travel expenses may include airfare, lodging, parking, per diem, etc. for each person participating in meetings, site visits and other proposed training or workshops. List the names of the traveler(s) if possible, describe the purpose of the travel, and provide number of trips involved, the destinations, and the number of travelers for whom funds are requested. (Show the breakdown of cost)**Note:** The Local Travel Sub-Total, the Long Distance Travel Sub-Total, and the Travel Total cell (i.e., the grey colored cell) will calculate the subtotal amount budgeted to local, long distance travel, and the overall travel total. You may add rows to accommodate additional travel. Please see SF-424 Application Guide for additional guidance related to travel.

5. **Equipment Section:**
  - a) List equipment and equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of items that meet the definition of equipment (a unit cost of \$5,000 or more).  
**Note:** The Equipment Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to equipment costs. Please see SF-424 Application Guide for additional guidance related to equipment.
6. **Supplies Section:**
  - a) Remove the supply costs that the program will use to implement the proposed project.  
**Note:** The Supplies Total cell (i.e., the grey colored cell) will calculate the total amount allocated to supply costs. You may add rows to accommodate more supplies. Please see SF-424 Application Guide for additional guidance related to supplies.

7. **Contractual Section:**
  - a) Remove each non-HIV services specific contract deliverables.  
**Note:** The Contract Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to contract costs. You may add rows to accommodate additional contracts. Provide a clear explanation as to the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables. Please see SF-424 Application Guide for additional guidance related to contracts.
8. **Other Section:**
  - a) Include all costs that do not fit into any other category and provide an explanation of each cost in this category. (Show the breakdown of cost, if appropriate)  
**Note:** The Other Total cell (i.e., the grey colored cell) will calculate the total amount allocated to other costs. You may add rows to accommodate additional other costs. Please see SF-424 Application Guide for additional guidance related to other.

9. **Total Direct Cost Section:**
  - a) This is the total cost that can be identified specifically with a particular final cost objective, such as a Federal award, or other internally or externally funded activity, or that can be assigned to such activities relatively easily with a high degree of accuracy for the RWHP Part A. This is the combined total of sections 1-8 above.  
**Note:** This section requires no input from the recipient, as the direct cost total will automatically calculate based on information entered into section 1-8.
10. **Total Indirect Cost Section:**
  - a) Indirect Costs are those costs incurred for common or joint objectives, which cannot be readily and specifically identified with a particular project or program but are necessary to the

# Help

## Formatting Tips

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1. Object Class Categories of the line item budgets contain hidden rows
2. Column A identifies the location where rows have been hidden
3. Keep unused rows hidden to avoid creating additional pages in your application
4. Formulas are included in the workbook, use **caution** if you add or delete rows
5. Hide the Instructions and Help worksheets (tabs), as well as any worksheets not in used to avoid creating additional pages in your application

## Unhiding Rows

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1. Identify where additional rows have been hidden in the worksheet
2. Select the row labeled "Unhide rows" and the row directly below
3. While both rows are highlighted, right click, and select "Unhide"
4. For additional help refer to the PowerPoint presentation

## Hiding Rows

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1. Identify the excess rows that you want to hide in the worksheet
2. Select all consecutive rows you want to hide
3. While the rows are highlighted, right click and select "Hide"
4. For additional help refer to the PowerPoint presentation

## Hiding Worksheet (tabs)

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1. Identify the worksheet tab you want to hide
2. Right click on the worksheet tab and select "Hide"
3. For additional help refer to the PowerPoint presentation

## Unhiding Worksheets (tabs)

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1. Right-click on any worksheet tab, which opens a context menu.
2. Click "Unhide" to open the Dialog Box, which displays all the hidden worksheets.
3. Click on the worksheet to be unhidden
4. Click "OK" to unhide the selected worksheet
5. For additional help refer to the PowerPoint presentation

## Resources

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See PowerPoint presentation for tutorial on how to hide and unhide rows and worksheets.

**RWHAP PART A BUDGET SUMMARY**  
**RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA**  
**FISCAL YEAR: 2024**

Object Class Categories	Part A			Minority AIDS Initiative (MAI)			Total
	Administration	CQM	HIV Services	Administration	CQM	HIV Services	
a. Personnel	\$ 427,495	\$ 33,841	\$ -	\$ 32,195	\$ 18,087	\$ -	\$ 511,618
b. Fringe Benefits	\$ 175,226	\$ 17,120	\$ -	\$ 16,287	\$ 9,150	\$ -	\$ 217,783
c. Travel	\$ 25,088	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25,088
d. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Supplies	\$ 8,260	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,260
f. Contractual	\$ 34,200	\$ 374,442	\$ 7,381,643	\$ -	\$ 2,642	\$ 558,327	\$ 8,351,254
g. Other	\$ 80,155	\$ -	\$ -	\$ 7,368	\$ -	\$ -	\$ 87,523
<b>Direct Charges</b>	\$ 750,424	\$ 425,403	\$ 7,381,643	\$ 55,850	\$ 29,879	\$ 558,327	\$ 9,201,526
<b>Indirect Charges</b>	\$ 118,005	\$ 8,811	\$ -	\$ 9,836	\$ 2,964	\$ -	\$ 139,616
<b>TOTALS</b>	\$ 868,429	\$ 434,214	\$ 7,381,643	\$ 65,686	\$ 32,843	\$ 558,327	\$ 9,341,142
<b>Program Income</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

<b>FY 2024 Funding Ceiling:</b>	
Part A Funding	\$ 8,684,286
MAI Funding	\$ 656,856
<b>Total:</b>	\$ 9,341,142

Administrative Budget 10%

Part A and MAI      Within Limit

CQM Budget 5%

Part A and MAI      Within Limit

<b>Manually Enter</b>	
<b>HIV Services Allocation Percentages</b>	
Core Medical Services	63%
Support Services	37%

**PART A ADMINISTRATIVE BUDGET**  
**RECIPIENT: RIVERSIDE SAN BERNARDINO, CA TGA**  
**FISCAL YEAR: 2024**

PART A ADMINISTRATIVE BUDGET				
RECIPIENT: RIVERSIDE SAN BERNARDINO, CA TGA				
FISCAL YEAR: 2024				
Personnel				
Fedex	FTE	Name, Position	Budget Impact Justification	Amount
(Amount)	(FTE)	(Name, Position)	(Description of duties, impact on program goals and outcomes, payment source, for	
(Total)			(Budget Offsets)	
\$ 121,154	0.100	John Rappley, Program Manager	Part A 100%, EDE 100%, and General Funds 80%. Program Manager is necessary to provide to RFP Program with a small administrative support. The Manager provides overall supervision and administrative support of the program.	\$ 121,154
\$ 28,894	0.200	Sharon Bonin, Program Coordinator	Part A 100%, Part CQM 10%, Part MAJ CQM 10%, Part MAJ CQM 10%, and EDE 10%. Program Coordinator, Supervises day to day operations of the program, which includes overseeing CQM and administrative support for the program.	\$ 28,894
\$ 47,764	0.400	Judith Chagnac, Staff Accountant II	Part A 100%, Part CQM 10%, Part MAJ CQM 10%, and EDE 10%. Staff Accountant II, provides technical assistance with budget support and program monitoring for the program. RFP budget development and CQM reporting and public.	\$ 47,764
\$ 84,233	0.400	Laura Brown, Receptionist	Part A 100%, Part CQM 10%, Part MAJ CQM 10%, and EDE 10%. Receptionist, Receptionist provides front desk and training services, and oversees front desk operations of the ABIS data management system, culture, analysis, and monitors program data and quality program, activity reports with monitoring and reporting data, quality improvement opportunities, ideas, and feedback on best practices, plans and implements TGA CQM activities based on follow up and implementation, assesses and monitors programs between EDE/OSA and OSA/MAJ, CDE/OSA, and EDE/CQM program elements, develop and review CQM program and training materials, but some of the EDE/OSA CQM Plan, forms and the other monthly CQM Check lists, provide CQM updates (including methods) to EDE/OSA, OSA, and EDE/CQM, participate in CQM activities and activities and disseminate information to participants, actively work with CQM staff to improve and share data and information.	\$ 84,233
\$ 72,894	0.400	Terrell Stewart, Technical Analyst	Part A 100%, Part CQM 10%, Part MAJ CQM 10%, and EDE 10%. Technical Analyst, Technical Analyst provides technical assistance with budget support and program monitoring for the program. RFP budget development and CQM reporting and public.	\$ 72,894
\$ 48,234	0.100	Christy Blalock, Secretary I	Part A 100%, EDE 10%, Part MAJ CQM 10%, Part MAJ CQM 10%, and EDE 10%. Secretary I, Secretary I provides administrative support to the program.	\$ 48,234
\$ 49,120	0.500	David Johnson, Field Specialist	Part A 100%, Part MAJ CQM 10%, EDE 10%, and Part B 10%. Field Specialist, Field Specialist provides technical assistance with budget support and program monitoring for the program. RFP budget development and CQM reporting and public.	\$ 49,120
\$ 71,784	0.100	TJ Warner, Accountant System Analyst	Part A 100%, EDE 10%, Part MAJ CQM 10%, Part MAJ CQM 10%, and EDE 10%. Accountant System Analyst, Accountant System Analyst provides technical assistance with budget support and program monitoring for the program. RFP budget development and CQM reporting and public.	\$ 71,784
\$ 80,744	0.800	Shelly Carr, Receptionist II	Part A 100%, EDE 10%, Part B 10%, and General Funds 10%. Receptionist II, Receptionist II provides front desk and training services, and oversees front desk operations of the ABIS data management system, culture, analysis, and monitors program data and quality program, activity reports with monitoring and reporting data, quality improvement opportunities, ideas, and feedback on best practices, plans and implements TGA CQM activities based on follow up and implementation, assesses and monitors programs between EDE/OSA and OSA/MAJ, CDE/OSA, and EDE/CQM program elements, develop and review CQM program and training materials, but some of the EDE/OSA CQM Plan, forms and the other monthly CQM Check lists, provide CQM updates (including methods) to EDE/OSA, OSA, and EDE/CQM, participate in CQM activities and activities and disseminate information to participants, actively work with CQM staff to improve and share data and information.	\$ 80,744
\$ 80,744	0.800	Paula Taylor, Assistant II, and/or Receptionist	Part A 100%, EDE 10%, Part B 10%, and General Funds 10%. Assistant II, and/or Receptionist, Assistant II, and/or Receptionist provides front desk and training services, and oversees front desk operations of the ABIS data management system, culture, analysis, and monitors program data and quality program, activity reports with monitoring and reporting data, quality improvement opportunities, ideas, and feedback on best practices, plans and implements TGA CQM activities based on follow up and implementation, assesses and monitors programs between EDE/OSA and OSA/MAJ, CDE/OSA, and EDE/CQM program elements, develop and review CQM program and training materials, but some of the EDE/OSA CQM Plan, forms and the other monthly CQM Check lists, provide CQM updates (including methods) to EDE/OSA, OSA, and EDE/CQM, participate in CQM activities and activities and disseminate information to participants, actively work with CQM staff to improve and share data and information.	\$ 80,744
\$ 47,800	0.500	Kevin Cline, Program Specialist I	Part A 100%, EDE 10%, Part B 10%, and General Funds 10%. Program Specialist I, Program Specialist I provides technical assistance with budget support and program monitoring for the program. RFP budget development and CQM reporting and public.	\$ 47,800
Resolving budget adjustments March 31, 2024				\$ 112,292
Personnel Total				\$ 1,122,922
Printing Benefits				
Percentage		Component		Amount
(Amount)		(Description of duties, impact on program goals and outcomes, payment source, for		
(Total)		(Budget Offsets)		
10.0%		Printing		\$ 112,292
Printing Total				\$ 112,292
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler	Travel Expense Budget Justification	Amount Granted
			(Include no. printing, per diem, etc., and the impact of travel on program objectives) (Show breakdown of costs)	(Amount)
0.45	12,500	Employee Name: Sharon Bonin, Program Coordinator; Staff: Judith Chagnac, Staff Accountant II; David Johnson, Field Specialist; Kevin Cline, Program Specialist; Paula Taylor, Receptionist	Mileage Reimbursement for all members of staff related to contract monitoring, field visits to meet with contractors and vendors, and provision of site TA at the rate of \$0.45 per mile.	\$ 5,625
Local Total				\$ 5,625
Long Distance				
Type of Travel	Name, Position of Traveler	Travel Expense Budget Justification	Amount Granted	
		(Include no. printing, per diem, etc., and the impact of travel on program objectives) (Show breakdown of costs)	(Amount)	
Air & Other Travel	Employee Name: Sharon Bonin, Program Coordinator; Staff: Judith Chagnac, Staff Accountant II; David Johnson, Field Specialist; Kevin Cline, Program Specialist; Paula Taylor, Receptionist	Airfare for Contracting Needs: David Jones Cashless on ADIS, OSA, Workshops, Callisto STS/SDV Contract Assessment Conference, State Office of ADIS Conference, and other activities that help to support and improve grant administration capacity.	\$ 6,000	
Long Distance Total				\$ 6,000
Equipment				
Equipment is defined as a unit cost of \$1,000 or more and a useful life of 10 or more years. If your agency uses a different definition, please adjust your acquisition list.				
List of Equipment	Budget Impact Justification	Amount Granted		
	(Description of need to carry out the program objectives) (Show breakdown of costs)	(Amount)		
		\$		
Supplies				
Supplies is defined as property with a unit cost under \$1,000. Also, items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$1,000 threshold. (Show breakdown of costs)				
List of Supplies	Budget Impact Justification	Amount Granted		
	(Description of need to carry out the program objectives) (Show breakdown of costs)	(Amount)		
Office supplies such as paper, pens, binders, and other accessories	Supplies, including office supplies such as paper, pens, binders, and other accessories. The breakdown is as follows: Paper (11,500 lbs) @ \$0.45/lb = \$5,175; Pens (10,000) @ \$0.10 = \$1,000; Binders (100) @ \$10 = \$1,000; Other supplies (100) @ \$10 = \$1,000; Total: \$8,175.	\$ 8,175		
Supplies Total				\$ 8,175
Contractual				
List of Contract	Description	Budget Impact Justification	Amount Granted	
		(Description of how the contract supports the program objectives and how the costs were estimated) (Show breakdown of costs)	(Amount)	
Direct Tech	Oracle Assessment, Computerized Inventory System, EDE, SAN, EDE, and Inventory Management System. The majority of PC support is contracted with Direct Tech. Following Checkmate and contract renewal on PC support for the Direct Tech.		\$ 60,000	
Network Consulting	Completed Part A Application	The contractor will assist the recipient with the completion of the Part A Application and will be responsible for the Part A Application.	\$ 12,000	
Contract Total				\$ 72,000
Other				
List of Other				
	Description	Budget Impact Justification	Amount Granted	
		(Description of how the contract supports the program objectives and how the costs were estimated) (Show breakdown of costs)	(Amount)	
Facilities and Lease	Facilities and Lease: Maintenance and repair of copy machines and fax machines		\$ 2,000	
Competition index	Competition index: Refresh contracts for employees		\$ 12,450	
Commodities	Commodities: TGA, such as, email, internet, and other devices to support administrative and operational needs. While not a contract, it is a purchase order with a fixed price and quantity.		\$ 1,250	
Software	Software: Purchase of software licenses for analysis and related data.		\$ 4,800	
Printing	Printing: Costs associated with printing letters, contracts, progress reports, RFPs, bids, and other documents related to the grant and program operations.		\$ 1,600	
Printing	Printing: Special Projects: Costs for printing brochures and other materials printing for other activities.		\$ 300	
Shipping	Shipping: Costs associated with shipping administrative records to ensure compliance with EDE/OSA requirements.		\$ 400	
HR Contracts	HR Contracts: Costs associated with support provided by HR contractors for development of contracts, RFPs, bids, and all services of staff related to administration of the grant.		\$ 10,000	
County Counsel	County Counsel: Attorney fees for administrative and contract-related to other business.		\$ 8,000	
Other Total				\$ 32,750
Total Direct Costs				\$ 148,342
Indirect Costs				
Type of Indirect Cost	Rate	Amount	Total	
(Total)	(Percent)	(Amount)	(Amount)	
Facilities	15.41%		\$ 18,843	
Part A Administrative Total				\$ 1,271,264

**PART A PLANNING COUNCIL/PLANNING BODY BUDGET**  
**RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA**  
**FISCAL YEAR: 2024**

Personnel				
Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]</i>	Amount
\$ 60,000	0.90	Rafael Gonzalez, IEHPC Support Manager	Part A 90%, and 10% other funding. IEHPC Support Manager. Serves as the primary liaison to PC in the coordination of its legislatively mandated functions. Defines immediate and long range goals, establishes and revises program policies and procedures according to program guidelines.	\$ 54,000
\$ 60,000	0.60	Benita Ramsey, Inland Empire HIV/AIDS Planning Council (IEHPC) Assistant Support Manager	Part A 60%, and 40% other funding. Serves as Consumer Liaison to the Planning Council & Staff. Provides administrative support to the PC and Support Manager to meet their mandated roles including training & development, marketing meeting set up, taking minutes and filing appropriate notices.	\$ 36,000
\$ 50,000	0.50	Jaclyn Jones, Administrative Assistant (Secretary I)	Part A 50%, and 50% other funding. Administrative Assistant (IEHPC Secretary I). Provides secretarial and clerical support to the PC to meet their mandated roles including meeting set up, taking minutes, and filing appropriate notices.	\$ 25,000
<b>Personnel Sub-Total with Rounding</b>				\$ 115,000
<b>Rounding Input Adjustment to Match SF-424A</b>				\$ -
<b>Personnel Total</b>				\$ 115,000

Fringe Benefits		
Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate.]</i>	Amount
14.90%	Includes personnel costs such as Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation	\$ 17,135
<b>Fringe Benefit Sub-Total with Rounding</b>		\$ 17,135
<b>Rounding Input Adjustment to Match SF-424A</b>		\$ -
<b>Fringe Benefit Total</b>		\$ 17,135

Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
0.655	2,443	PC staff members	Mileage. Represents miles for PC staff member's travel related to PC and related meetings at the rate of 65.5 cents per mile.	\$ 1,600
0.655	6,107	IEHPC Consumer members	PC consumer member reimbursement for mileage/meals for IEHPC and other related meetings.	\$ 4,000
<b>Local Travel Sub-Total</b>				\$ 5,600

Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)	
Air & Other Travel	IEHPC Support Manager and Consumer members	IEHPC Support Manager and Consumer members reimbursement for mileage/meals for IEHPC and other related meetings. (HRSAs approved travel). The number of consumer members that will be in attendance varies depending on the number of slots that are approved in accordance with the HRSA Project Officer and the budget.	\$ 5,300	
<b>Long Distance Travel Sub-Total</b>			\$ 5,300	
<b>Travel Total</b>			\$ 10,900	

Equipment		
List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.]</i>	Amount (round down to nearest whole number)
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.) Show breakdown of costs.]</i>		\$ -
<b>Equipment Total</b>		\$ -

Supplies		
List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.]</i>	Amount (round down to nearest whole number)
<i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>		
General office supplies such as paper, pens, folders, and other miscellaneous	Office supplies to support daily Council (i.e.: paper, related copy supplies, pens pencils, tablets, paper clips, desk/office supplies & other miscellaneous items)	\$ 3,200
<b>Supplies Total</b>		\$ 3,200

Contractual			
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Consultant Services	Development and Assessments, Policies and Bylaws for PC	Consultant services provided to PC Support Staff and IEHPC for assistance in developing assessments, policies, procedures, bylaws, trainings, etc. necessary to fully support the mandated functions of PC.	\$ 5,000
PC Webmaster Services	PC website up date	Webmaster. Cost of maintaining contract with agency tasked with keeping the PC website up to date & functioning.	\$ 4,200
<b>Contracts Total</b>			\$ 9,200

Other		
List of Other	Budget Impact Justification <i>[Impact on the program's objectives/goals.]</i>	Amount (round down to nearest whole number)
Three Computers refresh	Computers for three new PC Support staff needed to fulfill support functions for Planning Council.	\$ 4,000
Communication	Communication. Includes phones, internet & other devices to support PC Staff and PC Meeting, including PolyCom system.	\$ 1,200
PLWHA Empowerment Training	Costs associated with Planning Council member training, outreach to PLWHA	\$ 1,605
Interpreter (Language or Hearing)	Projected costs associated with language interpretation and/or hearing impaired interpreter	\$ 1,440
Registration fees for outreach membership	Marketing. Costs associated with registration fees for outreach endeavors to build IEHPC membership.	\$ 2,200
PC meetings space rental & Utilities	Rent/Lease: Costs associated with rental of meeting space for PC meetings and PC Support staff offices. Rent @ \$850 per month, Utilities @ \$207 per month, Storage Rental @ \$143 per month	\$ 14,400
Postage	Postage, Postage stamps, postage meter or bulk mail costs as they relate to the provision of service to ensure that meeting agendas, minutes, training materials and IEHPC materials are communicated with IEHPC members.	\$ 200
Printing	Printing. Costs of printing & copying materials for standing committees, PC meetings/retreat, and brochures.	\$ 1,600
<b>Other Costs Total</b>		\$ 26,645

<b>Total Direct Cost</b>	\$ 182,080
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Indirect Cost		
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>[Insert rate below]</i>	Total <i>[Insert Indirect]</i>
Fixed	17.61%	17,920
<b>Indirects Charges</b>		\$ 17,920

<b>Part A Planning Council/Planning Body Total</b>	\$ 200,000
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PART A CLINICAL QUALITY MANAGEMENT BUDGET					
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA					
FISCAL YEAR: 2024					
Personnel					
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.] Only include duties that are allocable to the CQM budget.	Amount	
\$ 96,647	0.100	Shannon Swims, Program Coordinator	Part A 30%, Part CQM 10%, Part A MAI Adm 20%, Part A MAI CQM 10%, and EHE 30%. Program Coordinator, Supervises day to day operation of the CQM programs and projects.	\$	9,664
\$ 84,239	0.200	Laura Moore, Biostatistician	Part A 40%, Part CQM 20%, Part A MAI CQM 10%, and EHE 30%. Biostatistician, Monitors program quality, develops policy and training materials, and oversees local administration of the ARIES data management system, Collects, analyzes, and monitors program client-level data and quality progress; actively engages with subrecipient staff regarding data, quality improvement opportunities, ideas, and tools, and feedback on best practices; plans and implements TGA CQM activities based on federal and local requirements; assesses and ensures alignment between RSBTGA RWHP and HRS/VHAB, COPHQA, and IEHPC requirements/directives; develops and revises CQM policy and training materials; lead writer of the RSBTGA CQM Plan, hosts and facilitates monthly CQM Check-Ins; provides CQM updates (infographics included) to HRS/A, OA, and IEHPC; participates in CQM listservs and webinars and disseminates information to subrecipients; networks with other CQM staff to stay informed and share data and activities.	\$	16,847
\$ 73,301	0.100	Jennifer Garcia-Cano, Epidemiologist	Part A CQM 10%, and General Funds 90%. Epidemiologist, Provides statistical analysis of HIV/AIDS and other data relevant to CQM. Coordinates epi staff to secure data to inform CQM activities.	\$	7,330
<b>Personnel Sub-Total with Rounding</b>				\$	33,841
<b>Rounding Input Adjustment to Match SF-424A</b>					
<b>Personnel Total</b>				\$	33,841
Fringe Benefits					
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]			Amount	
50.59%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation.			\$	17,120
<b>Fringe Benefit Sub-Total with Rounding</b>				\$	17,120
<b>Rounding Input Adjustment to Match SF-424A</b>					
<b>Fringe Benefit Total</b>				\$	17,120
Travel					
Local					
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)	
<b>Local Travel Sub-Total</b>				\$	-
Long Distance					
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.		Amount (round down to nearest whole number)	
<b>Long Distance Travel Sub-Total</b>				\$	-
<b>Travel Total</b>				\$	-
Equipment					
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.) Show breakdown of costs.					
List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]			Amount (round down to nearest whole number)	
<b>Equipment Total</b>				\$	-
Supplies					
[Supplies is defined as property with a unit cost under \$5,000. (Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.) Show breakdown of costs.					
List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]			Amount (round down to nearest whole number)	
<b>Supplies Total</b>				\$	-
Contractual					
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.		Amount (round down to nearest whole number)	
<b>Contracts Total</b>				\$	-
Other					
[List all costs that do not fit into any other category] Show breakdown of costs.					
List of Other	Budget Impact Justification [Impact on the program's objectives/goals]			Amount (round down to nearest whole number)	
<b>Other Costs Total</b>				\$	-
<b>Total Direct Cost</b>					\$ 50,961
Indirect Cost					
Type of Indirect Cost [Select from dropdown list]	Rate [Insert rate below]	Insert Base			Total [Insert Indirect]
Fixed	17.61%	Indirects Charges			\$ 8,811
<b>Part A Clinical Quality Management Total</b>					\$ 59,772

**PART A CLINICAL QUALITY MANAGEMENT CONTRACTUAL BUDGET**

*Note: complete this budget sheet if the jurisdiction contracts with a third party to provide CQM for the program.*

RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA

FISCAL YEAR: 2024

**Personnel**

Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.] Only include duties that are allocable to the CQM budget.	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Personnel Sub-Total with Rounding</b>				\$ -
<b>Rounding Input Adjustment to Match SF-424A</b>				\$ -
<b>Personnel Total</b>				\$ -

« Unhide rows

**Fringe Benefits**

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

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**Travel**

**Local**

Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
<b>Local Travel Sub-Total</b>				\$ -

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**Long Distance**

Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
<b>Long Distance Travel Sub-Total</b>			\$ -
<b>Travel Total</b>			\$ -

« Unhide rows

**Equipment**

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]	Amount (round down to nearest whole number)
<b>Equipment Total</b>		\$ -

« Unhide rows

**Supplies**

List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]	Amount (round down to nearest whole number)
<b>Supplies Total</b>		\$ -

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**Contractual**

List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.	Amount (round down to nearest whole number)
Various Healthcare Services	Improvement of Services and Service Delivery	Various Providers (AIDS Healthcare Foundation, Desert AIDS Project, Foothill AIDS Project, Riverside University Health System-Public Health, Social Action Community Health Systems, and TriEvolution) Ensure CQM and data requirements are met, participate in CQM Workgroups; assist in reviewing projects and making recommendations to the Group; submit agency-level data to CQM Coordinator; makes improvements at the agency level, presents agency QI updates to Quality Group; shares QM updates with staff; attends all scheduled CQM meetings; review and provide input for the TGA-wide CQM Plan; solicit and maintain consumer involvement in the agency's CQM program, and ensure requirements are met that relate to data collection and reporting. Due to the total number of clients served, and in keeping with alignment of HRSA PCN-15-02, service categories of focus currently include EIS/Outreach and NMCM. Outcomes within these categories focus on Linkage (Linked to Care within 7 days), Retention (Medical Visit Frequency), and Comprehensive Healthcare Coverage. Other measures, though optional, include prescription of ART and Viral Load Suppression rates for clients receiving OAHs and Engagement in Care for clients receiving MCM services. Quality improvement projects for these categories and measures include increasing use of technology to retain clients in care, immediate/intensive case management services, initiation of Rapid START and the	\$ 374,442
<b>Contracts Total</b>			\$ 374,442

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**Other**

List of Other	Budget Impact Justification [Impact on the program's objectives/goals]	Amount (round down to nearest whole number)
<b>Other Costs Total</b>		\$ -

« Unhide rows

**Total Direct Cost**

<b>Total Direct Cost</b>				\$ 374,442
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**Indirect Cost**

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

**Part A Clinical Quality Management Total**

<b>Part A Clinical Quality Management Total</b>				\$ 374,442
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**PART A HIV SERVICES BUDGET**  
**RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA**  
**FISCAL YEAR: 2024**

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
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Personnel Sub-Total with Rounding</b>				\$ -
<b>Rounding Input Adjustment to Match SF-424A</b>				\$ -
<b>Personnel Total</b>				\$ -

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

Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	Amount (round down to nearest whole number)
<b>Local Travel Sub-Total</b>				\$ -

Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.		Amount (round down to nearest whole number)
<b>Long Distance Travel Sub-Total</b>				\$ -
<b>Travel Total</b>				\$ -

Equipment		
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]</i>		
List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]Show breakdown of costs.	Amount (round down to nearest whole number)
<b>Equipment Total</b>		\$ -

Supplies		
<i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.]Show breakdown of costs.</i>		
List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount (round down to nearest whole number)
<b>Supplies Total</b>		\$ -

Contractual			
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.	Amount (round down to nearest whole number)
Various Outsider Providers	Medical and Support Services	Various Providers: AIDS Healthcare Foundation, Desert AIDS Project, Foothill AIDS Project, Riverside University Health System-Public Health, Social Action Community Health Systems, and TruEvolution	\$ 7,381,643
<b>Contracts Total</b>			\$ 7,381,643

Other		
<i>[List all costs that do not fit into any other category]Show breakdown of costs.</i>		
List of Other	Budget Impact Justification [Impact on the program's objectives/goals]	Amount (round down to nearest whole number)
<b>Other Costs Total</b>		\$ -

<b>Total Direct Cost</b>				\$ 7,381,643
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Indirect Cost			
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base	Total [Insert Indirect]

<b>Part A HIV Services Total</b>				\$ 7,381,643
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MAI ADMINISTRATIVE BUDGET					
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA					
FISCAL YEAR: 2024					
<b>Personnel</b>					
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	
\$ 96,647	0.200	Shannon Swams, Program Coordinator	Part A 30%, Part CQM 10%, Part A MAI Adm 20%, Part A MAI CQM 10%, and EHE 30% Program Coordinator, Supervises day to day operation of the program, including oversight of MAI administrative functions and develop policy.	\$	19,329
\$ 79,510	0.100	Joshua Olugunju, Staff Analyst II	Part A 60%, Part A MAI Adm 10%, and EHE 30%. Staff Analyst II; Monitors program quality, develops MAI policy and provide technical assistance with fiscal support and program monitoring for Ryan White RWP budget development tracking and CQM reporting and policy development.	\$	7,951
\$ 49,150	0.100	Brook Imbriani, Fiscal Specialist	Part A 50%, Part A MAI Adm 10%, EHE 20%, and Part B 20%. Fiscal Specialist; Processes subcontractor invoices and contractor payments for RWP and monitors expenditures. Assists with contract monitoring and technical assistance related to MAI administrative functions provided to contracted agencies.	\$	4,915
				\$	-
				\$	-
<b>Personnel Sub-Total with Rounding</b>				\$	32,195
<b>Rounding Input Adjustment to Match SF-424A</b>					
<b>Personnel Total</b>				\$	32,195
<b>Fringe Benefits</b>					
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]			Amount	
50.59%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation			\$	16,287
<b>Fringe Benefit Sub-Total with Rounding</b>				\$	16,287
<b>Rounding Input Adjustment to Match SF-424A</b>					
<b>Fringe Benefit Total</b>				\$	16,287
<b>Travel</b>					
<b>Local</b>					
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.	Amount (round down to nearest whole number)	
<b>Local Travel Sub-Total</b>				\$	-
<b>Long Distance</b>					
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.		Amount (round down to nearest whole number)	
<b>Long Distance Travel Sub-Total</b>				\$	-
<b>Travel Total</b>				\$	-
<b>Equipment</b>					
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.) Show breakdown of costs.]					
List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]			Amount (round down to nearest whole number)	
<b>Equipment Total</b>				\$	-
<b>Supplies</b>					
[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.					
List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]			Amount (round down to nearest whole number)	
<b>Supplies Total</b>				\$	-
<b>Contractual</b>					
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated] Show breakdown of costs.		Amount (round down to nearest whole number)	
<b>Contracts Total</b>				\$	-
<b>Other</b>					
[List all costs that do not fit into any other category] Show breakdown of costs.					
List of Other	Budget Impact Justification [Impact on the program's objectives/goals]			Amount (round down to nearest whole number)	
RWP MAI - Special Projects	Ryan White MAI Special Projects for Grant Year 2024/25				7,368
<b>Other Costs Total</b>				\$	7,368
<b>Total Direct Cost</b>					55,850
<b>Indirect Cost</b>					
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base			Total [Insert Indirect]
Fixed	17.61%	Indirects Charges			\$ 9,836
<b>MAI Administrative Total</b>					\$ 65,686

MAI CLINICAL QUALITY MANAGEMENT BUDGET RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA FISCAL YEAR: 2024				
<b>Personnel</b>				
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE] Only include duties that are allocable to the CQM budget.	Amount
\$ 96,647	0.100	Shannon Swims, Program Coordinator	Part A 30%, Part CQM 10%, Part A MAI Adm 20%, Part A MAI CQM 10%, and EHE 30%. Program Coordinator; Supervises day to day operation of the program, including overall oversight of MAI CQM projects.	\$ 9,664
\$ 84,239	0.100	Laura Moore, Biostatistician	Part A 30%, Part CQM 10%, Part A MAI Adm 20%, Part A MAI CQM 10%, and EHE 30%. Biostatistician, Monitors program quality, develops policy and training materials, and oversees local administration of the ARIES data management system; Collects, analyzes, and monitors program client-level data and quality progress; actively engages with subrecipient staff regarding data, quality improvement opportunities, ideas, and tools, and feedback on best practices; plans and implements TGA CQM activities based on federal and local requirements; assesses and ensures alignment between RSBTGA RWIAP and HRSA/HAB, CDPH/OA, and IEHPC requirements/directives; develops and revises CQM policy and training materials; lead writer of the RSBTGA CQM Plan; hosts and facilitates monthly CQM Check-Ins; provides CQM updates (infographics included) to HRSA, OA, and IEHPC; participates in CQM listservs and webinars and disseminates information to subrecipients; networks with other CQM staff to stay informed and share data and activities.	\$ 8,423
				\$ -
<b>Personnel Sub-Total with Rounding</b>				\$ 18,087
<b>Rounding Input Adjustment to Match SF-424A</b>				
<b>Personnel Total</b>				\$ 18,087
<b>Fringe Benefits</b>				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]			Amount
50.59%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation			\$ 9,150
<b>Fringe Benefit Sub-Total with Rounding</b>				\$ 9,150
<b>Rounding Input Adjustment to Match SF-424A</b>				
<b>Fringe Benefit Total</b>				\$ 9,150
<b>Travel</b>				
<b>Local</b>				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.	Amount (round down to nearest whole number)
				Local Travel Sub-Total \$ -
<b>Long Distance</b>				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.		Amount (round down to nearest whole number)
				Long Distance Travel Sub-Total \$ -
				Travel Total \$ -
<b>Equipment</b>				
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.) Show breakdown of costs.</i>				
List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]			Amount (round down to nearest whole number)
				Equipment Total \$ -
<b>Supplies</b>				
<i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>				
List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]			Amount (round down to nearest whole number)
				Supplies Total \$ -
<b>Contractual</b>				
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated] Show breakdown of costs.		Amount (round down to nearest whole number)
				Contracts Total \$ -
<b>Other</b>				
<i>[List all costs that do not fit into any other category]</i>				
List of Other	Budget Impact Justification [Impact on the program's objectives/goals] Show breakdown of costs.			Amount (round down to nearest whole number)
				Other Costs Total \$ -
<b>Total Direct Cost</b>				\$ 27,237
<b>Indirect Cost</b>				
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base		Total [Insert Indirect]
Fixed	17.61%	Indirects Charges		\$ 2,964
<b>MAI Clinical Quality Management Total</b>				\$ 30,201

**MAI CLINICAL QUALITY MANAGEMENT CONTRACTUAL BUDGET**  
*Note: complete this budget sheet if the jurisdiction contracts with a third party to provide CQM for the program*  
**RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA**  
**FISCAL YEAR: 2024**

Personnel				
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE] Only include duties that are allocable to the CQM budget.	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Personnel Sub-Total with Rounding</b>				\$ -
<b>Rounding Input Adjustment to Match SF-424A</b>				\$ -
<b>Personnel Total</b>				\$ -

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

Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc. and the impact of the travel on program objectives/goals] Show breakdown of costs.	Amount (round down to nearest whole number)
<b>Local Travel Sub-Total</b>				\$ -

Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc. and the impact of the travel on program objectives/goals] Show breakdown of costs.		Amount (round down to nearest whole number)
<b>Long Distance Travel Sub-Total</b>				\$ -
<b>Travel Total</b>				\$ -

Equipment		
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.</i>		
List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount (round down to nearest whole number)
<b>Equipment Total</b>		\$ -

Supplies		
<i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desk top computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>		
List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount (round down to nearest whole number)
<b>Supplies Total</b>		\$ -

Contractual			
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated] Show breakdown of costs.	Amount (round down to nearest whole number)
Various Healthcare Services	Improvement of Services and Service Delivery	Various Providers (AIDS Healthcare Foundation, Desert AIDS Project, Foothill AIDS Project, Riverside University Health System-Public Health, Social Action Community Health Systems, and TriEvolution). Ensure CQM and data requirements are met, participate in CQM Workgroups; assist in reviewing projects and making recommendations to the Group; submit agency-level data to CQM Coordinator; makes improvements at the agency level; presents agency QI updates to Quality Group; shares QM updates with staff; attends all scheduled CQM meetings; review and provide input for the TGA-wide CQM Plan; solicit and maintain consumer involvement in the agency's CQM program; and ensure requirements are met that relate to data collection and reporting. Due to the total number of clients served, and in keeping with alignment of HRSA PCN-15-02, service categories of focus currently include EIS/Outreach and NMCM. Outcomes within these categories focus on Linkage (Linked to Care within 7 days), Retention (Medical Visit Frequency), and Comprehensive Healthcare Coverage. Other measures, though optional, include prescription of ART and Viral Load Suppression rates for clients receiving OAHs and Engagement in Care for clients receiving MCM services. Quality improvement projects for these categories and measures include increasing use of technology to retain clients in care, <del>invest</del> intensive case management services, initiation of Rasid START, and the	\$ 2,642
<b>Contracts Total</b>			\$ 2,642

Other		
<i>[List all costs that do not fit into any other category]</i>		
List of Other	Budget Impact Justification [Impact on the program's objectives/goals] Show breakdown of costs.	Amount (round down to nearest whole number)
<b>Other Costs Total</b>		\$ -

<b>Total Direct Cost</b>	\$ 2,642
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Indirect Cost			
Type of Indirect Cost [Select from dropdown list]	Rate [Insert rate below]	Insert Base	Total [Insert Indirect]

<b>MAI Clinical Quality Management Total</b>	\$ 2,642
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**MAI HIV SERVICES BUDGET**  
**RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA**  
**FISCAL YEAR: 2024**

<b>Personnel</b>				
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
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Personnel Sub-Total with Rounding</b>				\$ -
<b>Rounding Input Adjustment to Match SF-424A</b>				
<b>Personnel Total</b>				\$ -
<b>Fringe Benefits</b>				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]			Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Fringe Benefit Sub-Total with Rounding</b>				\$ -
<b>Rounding Input Adjustment to Match SF-424A</b>				
<b>Fringe Benefit Total</b>				\$ -
<b>Travel</b>				
<b>Local</b>				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.	Amount (round down to nearest whole number)
<b>Local Travel Sub-Total</b>				\$ -
<b>Long Distance</b>				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.		Amount (round down to nearest whole number)
<b>Long Distance Travel Sub-Total</b>				\$ -
<b>Travel Total</b>				\$ -
<b>Equipment</b>				
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.) Show breakdown of costs.</i>				
List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]			Amount (round down to nearest whole number)
<b>Equipment Total</b>				\$ -
<b>Supplies</b>				
<i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>				
List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]			Amount (round down to nearest whole number)
<b>Supplies Total</b>				\$ -
<b>Contractual</b>				
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated] Show breakdown of costs.		Amount (round down to nearest whole number)
Various Outsider Providers	Medical and Support Services to targeted populations	Various Providers: Desert AIDS Project, Foothill AIDS Project, Riverside University Health System-Public Health, and TruEvolution		\$ 558,327
<b>Contracts Total</b>				\$ 558,327
<b>Other</b>				
<i>[List all costs that do not fit into any other category] Show breakdown of costs.</i>				
List of Other	Budget Impact Justification [Impact on the program's objectives/goals]			Amount (round down to nearest whole number)
<b>Other Costs Total</b>				\$ -
<b>Total Direct Cost</b>				\$ 558,327
<b>Indirect Cost</b>				
Type of Indirect Cost [Select from dropdown list]	Rate [Insert rate below]	Insert Base		Total [Insert Indirect]
<b>MAI HIV Services Total</b>				\$ 558,327

# HRSA Ryan White HIV/AIDS Program (RWHAP) Core Medical Services Waiver Request Attestation Form

This form is to be completed by the Chief Elected Official, Chief Executive Officer, or a designee of either.

Please initial to attest to meeting each requirement after reading and understanding the explanation.

Riverside/San Bernardino TGA

Name of recipient \_\_\_\_\_

RWHAP Part A recipient     RWHAP Part B recipient     RWHAP Part C recipient

Initial request     Renewal request

Year of request: **2024/2025**

REQUIREMENT	EXPLANATION
<b>No ADAP waiting lists</b>	By initialing here and signing this document, you attest there are no AIDS Drug Assistance Program (ADAP) waiting lists in the service area. <span style="float: right;"><input type="checkbox"/> DR</span>
<b>Availability of, and accessibility to core medical services to all eligible individuals</b>	By initialing here and signing this document, you attest to the availability of and access to core medical services for all HRSA RWHAP eligible individuals in the service area within 30 days. Such access is without regard to funding source, and without the need to spend on these services, at least 75 percent of funds remaining from your RWHAP award after reserving statutory permissible amounts for administrative and clinical quality management. You also agree to provide HRSA HAB supportive evidence of meeting this requirement upon request. <span style="float: right;"><input type="checkbox"/> DR</span>
<b>Evidence of a public process</b>	By initialing here and signing this document, you attest to having had a public process during which input related to the availability of core medical services and the decision to request this waiver was sought from impacted communities, including clients and RWHAP funded core medical services providers. You also agree to provide supportive evidence of such process to HRSA HAB upon request. <span style="float: right;"><input type="checkbox"/> DR</span>

*Dawn Rowe*

**SIGNATURE OF CHIEF ELECTED OFFICIAL OR CHIEF EXECUTIVE OFFICER (OR DESIGNEE)**

\_\_\_\_\_  
**Dawn Rowe**  
**PRINT NAME**

\_\_\_\_\_  
**Chair, Board of Supervisors**  
**TITLE**

\_\_\_\_\_  
**SEP 12 2023**  
**DATE**

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



**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is **0906-0065** and is **valid until 09/30/2024**. Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

Expiration Date 09/30/2024



TOMAS J. ARAGON, M.D.,  
DR.P.H.  
Director & State Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

January 27, 2023

Paul Chapman  
Chief Financial Officer  
San Bernardino County  
351 N. Mountain View Avenue  
San Bernardino, CA, CA 92415-0010

Dear Paul Chapman:

Thank you for submitting your Indirect Cost Rate (ICR) documentation to the California Department of Public Health (CDPH). CDPH is using a standardized process that allows each Local Health Department (LHD) to use the negotiated ICR for all contracts, unless the ICR is otherwise designated by state or federal statutes, regulations, or specific grant guidelines, with CDPH.

For Fiscal Year 2023-2024, CDPH has accepted the documentation you have provided and, on a one-year basis, will approve your ICR proposal as follows:

**17.611% calculated based on Salaries, Wages and Fringe Benefits**

Please note, the rate you provided was approved up to the maximum allowed by CDPH policy (up to 25% for ICR calculated based on Salaries, Wages and Fringe Benefits and up to 15% for ICR calculated based on Allowable Total Direct Costs).

We look forward to working with you to document your approved ICR in CDPH contracts with a start date of July 1, 2023 or later.

If you have any questions, contact CDPH at [CDPH-ICR-Mailbox@cdph.ca.gov](mailto:CDPH-ICR-Mailbox@cdph.ca.gov).

Sincerely,

A handwritten signature in cursive script that reads 'Luz Lunetta'.

Luz Lunetta, Accounting Reporting Section Chief  
California Department of Public Health

Appendix A

**FY 2024 AGREEMENTS AND COMPLIANCE ASSURANCES**

**Ryan White HIV/AIDS Program**

***Part A HIV Emergency Relief Grant Program***

I, the Chief Elected Official of the Eligible Metropolitan Area or Transitional Grant Area  
Dawn Rowe, (hereinafter referred to as the EMA/TGA) assure that:

**Pursuant to Section 2602(a)(2)<sup>4, 5</sup>**

The EMA/TGA will establish a mechanism to allocate funds and a Planning Council that comports with section 2602(b).

**Pursuant to Section 2602(a)(2)(B)**

The EMA/TGA has entered into intergovernmental agreements with the Chief Elected Officials of the political subdivisions in the EMA/TGA that provide HIV-related health services and for which the number of AIDS cases in the last 5 years constitutes not less than 10 percent of the cases reported for the EMA/TGA.

**Pursuant to Section 2602(b)(4)**

The EMA/TGA Planning Council will determine the size and demographics of the population of people with HIV, as well as the size and demographics of the estimated population of people with HIV who are unaware of their HIV status; determine the needs of such population, and develop a comprehensive plan for the organization and delivery of health and support services. The plan must include a strategy with discrete goals, a timetable, and appropriate funding, for identifying people with HIV who do not know their HIV status, making such individuals aware of their HIV status, and enabling such individuals to use the health and support services. The strategy should particularly address disparities in access and services among affected subpopulations and historically underserved communities.

**Pursuant to Section 2603(c)**

The EMA/TGA will comply with statutory requirements regarding the timeframe for obligation and expenditure of funds, and will comply with any cancellation of unobligated funds.

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<sup>4</sup> All statutory references are to the Public Health Service Act, unless otherwise specified.

<sup>5</sup> TGAs are exempted from the requirement related to Planning Councils, but must provide a process for obtaining community input as described in section 2609(d)(1)(A) of the PHS Act. TGAs that have currently operating Planning Councils are strongly encouraged to maintain that structure.

**Pursuant to Section 2603(d)**

The EMA/TGA will make expenditures in compliance with priorities established by the Planning Council/Planning Body.

**Pursuant to Section 2604(a)**

The EMA/TGA will expend funds according to priorities established by the Planning Council/Planning Body, and for core medical services, support services, and administrative expenses only.

**Pursuant to Section 2604(c)**

The EMA/TGA will expend not less than 75 percent of service dollars for core medical services, unless waived by the Secretary.

**Pursuant to Section 2604(f)**

The EMA/TGA will, for each of such populations in the eligible area expend, from the grants made for the area under Section 2601(a) for a FY, not less than the percentage constituted by the ratio of the population involved (infants, children, youth, or women in such area) with HIV/AIDS to the general population in such area of people with HIV, unless a waiver from this provision is obtained.

**Pursuant to Section 2604(g)**

The EMA/TGA has complied with requirements regarding the Medicaid status of providers, unless waived by the Secretary.

**Pursuant to Section 2604(h)(2), Section 2604(h)(3), Section 2604(h)(4)**

The EMA/TGA will expend no more than 10 percent of the grant on administrative costs (including Planning Council or planning body expenses), and in accordance with the legislative definition of administrative activities, and the allocation of funds to subrecipients will not exceed an aggregate amount of 10 percent of such funds for administrative purposes.

**Pursuant to Section 2604(h)(5)**

The EMA/TGA will establish a CQM Program that meets HRSA requirements, and that funding for this program shall not exceed the lesser of five percent of program funds or \$3 million.

**Pursuant to Section 2604(i)**

The EMA/TGA will not use grant funds for construction or to make cash payments to recipients.

**Pursuant to Section 2605(a)**

With regard to the use of funds,



- a. funds received under Part A of Title XXVI of the Act will be used to supplement, not supplant, state funds made available in the year for which the grant is awarded to provide HIV related services to individuals with HIV disease;
- b. during the period of performance, political subdivisions within the EMA/TGA will maintain at least their prior FY's level of expenditures for HIV related services for individuals with HIV disease;
- c. political subdivisions within the EMA/TGA will not use funds received under Part A in maintaining the level of expenditures for HIV related services as required in the above paragraph; and
- d. documentation of this MOE will be retained.

**Pursuant to Section 2605(a)(3)**

The EMA/TGA will maintain appropriate referral relationships with entities considered key points of access to the health care system for the purpose of facilitating EIS for individuals diagnosed with HIV infection.

**Pursuant to Section 2605(a)(5)**

The EMA/TGA will participate in an established HIV community based continuum of care, if such continuum exists within the EMA/TGA.

**Pursuant to Section 2605(a)(6)**

Part A funds will not be used to pay for any item or service that can reasonably be expected to be paid under any state compensation program, insurance policy, or any Federal or state health benefits program (except for programs related to the Indian Health Service) or by an entity that provides health services on a prepaid basis.

**Pursuant to Section 2605(a)(7)(A)**

Part A funded HIV primary medical care and support services will be provided, to the maximum extent possible, without regard to a) the ability of the individual to pay for such services or b) the current or past health conditions of the individuals to be served.

**Pursuant to Section 2605(a)(7)(B)**

Part A funded HIV primary medical care and support will be provided in settings that are accessible to low-income individuals with HIV disease.

**Pursuant to Section 2605(a)(7)(C)**

A program of outreach services will be provided to low-income individuals with HIV disease to inform them of the HIV primary medical care and support services.

**Pursuant to Section 2605(a)(8)**

The EMA/TGA has participated in the Statewide Coordinated Statement of Need (SCSN) process initiated by the state, and the services provided under the EMA/TGA comprehensive plan are consistent with the SCSN.

**Pursuant to Section 2605(a)(9)**

The EMA/TGA has procedures in place to ensure that services are provided by appropriate entities.

**Pursuant to Section 2605(a)(10)**

The EMA/TGA will submit audits every 2 years to the lead state agency under Part B of Title XXVI of the PHS Act.

**Pursuant to Section 2605(e)**

The EMA/TGA will comply with the statutory requirements regarding imposition of charges for services.

**Pursuant to Section 2681(d)**

Services funded will be integrated with other such services, programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.

**Pursuant to Section 2684**

No funds shall be used to fund AIDS programs, or to develop materials, designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

Signature 

Date SEP 12 2023