GRANTS.GOV

WORKSPACE FORM

1-800-518-4726
SUPPORT@GRANTS.GOV

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

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

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	HRSA-25-054
Opportunity Title:	Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program
Opportunity Package ID:	PKG00287269
CFDA Number:	93.914
CFDA Description:	HIV Emergency Relief Project Grants
Competition ID:	HRSA-25-054
Competition Title:	Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program
Opening Date:	07/03/2024
Closing Date:	10/01/2024
Agency:	Health Resources and Services Administration
Contact Information:	Contact Chrissy Abrahms Woodland at (301)443-1373 or email CAbrahmswoodland@hrsa.gov

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01400450
Application Filing Name:	Ryan White Part A Grant
UEI:	PD18A8XKE7B6
Organization:	SAN BERNARDINO PUBLIC HEALTH
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Aug 15, 2024 12:45:49 PM EDT
Form State:	No Errors

FORM ACTIONS:

OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [ ] New
- [x] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

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

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: H89HA00032

State Use Only:

6. Date Received by State:

7. State Application Identifier: CA

8. APPLICANT INFORMATION:

* a. Legal Name: San Bernardino County

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

* c. UEI: PD18A8XKE7B6

d. Address:

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

e. Organizational Unit:

Department Name: Public Health

Division Name: Ryan White Program

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

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

Title: Program Coordinator

Organizational Affiliation: SBCDPH

* Telephone Number: 9093876492
Fax Number:

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

Application for Federal Assistance SF-424

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

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Health Resources and Services Administration

11. Catalog of Federal Domestic Assistance Number:

93.914

CFDA Title:

HIV Emergency Relief Project Grants

*** 12. Funding Opportunity Number:**

HRSA-25-054

* Title:

Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program

13. Competition Identification Number:

HRSA-25-054

Title:

Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program

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

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Riverside/San Bernardino, CA TGA - Response to 2025 Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program Notice of Funding Opportunity

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

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

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 03/01/2025 * b. End Date: 02/28/2026

18. Estimated Funding ($):

* a. Federal	9,460,867.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	9,460,867.00

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

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

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

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

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

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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

☒ ** I AGREE

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

Authorized Representative:

Prefix: Ms. * First Name: Dawn

Middle Name:

* Last Name: Rowe

Suffix:

* Title: Chair, Board of Supervisors

* Telephone Number: 9093874855 Fax Number:

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

* Signature of Authorized Representative: Dawn Rowe * Date Signed: SEP 24 2024

ATTACHMENTS FORM

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

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

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

OMB Number: 4040-0010
Expiration Date: 12/31/2026

Project/Performance Site Location(s)

Project/Performance Site Primary Location

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

Organization Name: San Bernardino County Department of Public Health

UEI:

* Street1: 451 E Vanderbilt Way

Street2:

* City: San Bernardino County: San Bernardino

* State: CA: California

Province:

* Country: USA: UNITED STATES

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

Project/Performance Site Location 1

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

Organization Name: AIDS HEALTHCARE FOUNDATION

UEI:

* Street1: 8263 Grove Avenue Suite 201

Street2:

* City: Rancho Cucamonga County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

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

Project/Performance Site Location 2

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

Organization Name: AIDS HEALTHCARE FOUNDATION

UEI:

* Street1: 4510 Brockton Ave., Suite #350

Street2:

* City: Riverside County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

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

Project/Performance Site Location(s)

Project/Performance Site Location 3

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

Organization Name: DAP Health

UEI:

* Street1: 1695 N. Sunrise Way

Street2:

* City: Palm Springs County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

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

Project/Performance Site Location 4

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

Organization Name: DAP HEALTH

UEI:

* Street1: 81719 Doctor Carreon Blvd, Suite 1D

Street2:

* City: Indio County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

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

Project/Performance Site Location 5

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

Organization Name: Foothill AIDS Project

UEI:

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

Street2:

* City: Claremont County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

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

Project/Performance Site Location(s)

Project/Performance Site Location 6

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

Organization Name: Foothill AIDS Project

UEI:

* Street1: 344 W. 2nd Street

Street2:

* City: San Bernardino County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

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

Project/Performance Site Location 7

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

Organization Name: Foothill AIDS Project

UEI:

* Street1: 16501 Walnut Street, Suite 8

Street2:

* City: Hesperia County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

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

Project/Performance Site Location 8

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

Organization Name: Foothill AIDS Project

UEI:

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

Street2:

* City: Riverside County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

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

Project/Performance Site Location(s)

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

Organization Name: Riverside University Health Systems - Public Health

UEI:

* Street1: 7140 Indiana Ave.

Street2:

* City: Riverside County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

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

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

Organization Name: Riverside University Health Systems - Public Health

UEI:

* Street1: 308 E. San Jacinto Ave.

Street2:

* City: Perris County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

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

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

Organization Name: Riverside University Health Systems - Public Health

UEI:

* Street1: 47923 Oasis Street

Street2:

* City: Indio County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 922019203 * Project/ Performance Site Congressional District: CA-025

Project/Performance Site Location(s)

Project/Performance Site Location 12 ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: SAC Health System

UEI:

* Street1: 250 S G Street

Street2:

* City: San Bernardino County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 924100000 * Project/ Performance Site Congressional District: CA-033

Project/Performance Site Location 13 ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Young Scholars for Academic Empowerment - TruEvolution

UEI:

* Street1: 8263 Grove Avenue Suite 201

Street2:

* City: Rancho Cucamonga County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

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

Project/Performance Site Location 14 ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Young Scholars for Academic Empowerment - TruEvolution

UEI:

* Street1: 3839 Brockton Ave

Street2:

* City: Riverside County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 925013201 * Project/ Performance Site Congressional District: CA-039

Project/Performance Site Location(s)

Additional Location(s) | Add Attachment | Delete Attachment | View Attachment

Project Narrative File(s)

*** Mandatory Project Narrative File Filename:**

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

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

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

OMB Number: 4040-0013
Expiration Date: 02/28/2025

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

* APPLICANT'S ORGANIZATION

San Bernardino County

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: Ms. * First Name: Dawn Middle Name:

* Last Name: Rowe Suffix:

* Title: Chair, Board of Supervisors

* SIGNATURE: Dawn Rowe * DATE: SEP 24 2024

Budget Narrative File(s)

*** Mandatory Budget Narrative Filename:**

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

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

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

BUDGET INFORMATION - Non-Construction Programs

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

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Part A & MAI Administration	93.914	$ 0.00	$ 0.00	$ 946,087.00	$ 0.00	$ 946,087.00
2. Part A & MAI CQM	93.914	0.00	0.00	473,043.00	0.00	473,043.00
3. Part A & MAI HIV Services	93.914	0.00	0.00	8,041,737.00	0.00	8,041,737.00
4. N/A		0.00	0.00	0.00	0.00	0.00
5. Totals		$ 0.00	$ 0.00	$ 9,460,867.00	$ 0.00	$ 9,460,867.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1) Part A & MAI Administration	(2) Part A & MAI CQM	(3) Part A & MAI HIV Services	(4) N/A	Total (5)
a. Personnel	$ 503,949.00	$ 91,221.00	$ 0.00	$ 0.00	$ 595,170.00
b. Fringe Benefits	214,212.00	46,184.00	0.00	0.00	260,396.00
c. Travel	16,000.00	0.00	0.00	0.00	16,000.00
d. Equipment	0.00	0.00	0.00	0.00	0.00
e. Supplies	3,700.00	0.00	0.00	0.00	3,700.00
f. Contractual	38,165.00	311,046.00	8,041,737.00	0.00	8,390,948.00
g. Construction	0.00	0.00	0.00	0.00	0.00
h. Other	61,111.00	0.00	0.00	0.00	61,111.00
i. Total Direct Charges (sum of 6a-6h)	837,137.00	448,451.00	8,041,737.00	0.00	$ 9,327,325.00
j. Indirect Charges	108,950.00	24,592.00	0.00	0.00	$ 133,542.00
k. TOTALS (sum of 6i and 6j)	$ 946,087.00	$ 473,043.00	$ 8,041,737.00	$ 0.00	$ 9,460,867.00
7. Program Income	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

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 CQM	0.00	0.00	0.00	0.00
10.	Part A & MAI HIV Services	0.00	0.00	0.00	0.00
11.	N/A	0.00	0.00	0.00	0.00
12.	TOTAL (sum of lines 8-11)	$ 0.00	$ 0.00	$ 0.00	$ 0.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 9,460,867.00	$ 9,460,867.00	$ 0.00	$ 0.00	$ 0.00
14. Non-Federal	$ 0.00	0.00	0.00	0.00	0.00
15. TOTAL (sum of lines 13 and 14)	$ 9,460,867.00	$ 9,460,867.00	$ 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	$ 946,087.00	$ 0.00	$ 0.00	$ 0.00
17.	Part A & MAI CQM	473,043.00	0.00	0.00	0.00
18.	Part A & MAI HIV Services	8,041,737.00	0.00	0.00	0.00
19.	N/A	0.00	0.00	0.00	0.00
20.	TOTAL (sum of lines 16 - 19)	$ 9,460,867.00	$ 0.00	$ 0.00	$ 0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: 0

22. Indirect Charges: 0

23. Remarks: None

OMB Number: 4040-0010
Expiration Date: 12/31/2026

Key Contacts Form

*** Applicant Organization Name:**

San Bernardino County

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

*** Contact 1 Project Role:** Project Director

Prefix:

* First Name: Shannon

Middle Name:

* Last Name: Swims

Suffix:

Title: Program Coordinator

Organizational Affiliation:

San Bernardino County Department of Public Health

* Street1: 451 E Vanderbilt Way, 2nd floor

Street2:

* City: San Bernardino

County:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 924083641

* Telephone Number: 9093876492

Fax:

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

Next Person

OMB Number: 4040-0019
Expiration Date: 02/28/2025

Project Abstract Summary

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

Funding Opportunity Number

HRSA-25-054

CFDA(s)

93.914

Applicant Name

San Bernardino County

Descriptive Title of Applicant's Project

Riverside/San Bernardino, CA TGA - Response to 2025 Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program Notice of Funding Opportunity

Project Abstract

RWHAP PART A BUDGET SUMMARY
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2025

	Part A			Minority AIDS Initiative (MAI)			Total
Object Class Categories	**Administration**	**CQM**	**HIV Services**	**Administration**	**CQM**	**HIV Services**	
a. Personnel	$ 466,044	$ 72,041	$ -	$ 37,905	$ 19,180	$ -	$ 595,170
b. Fringe Benefits	$ 195,021	$ 36,474	$ -	$ 19,191	$ 9,710	$ -	$ 260,396
c. Travel	$ 16,000	$ -	$ -	$ -	$ -	$ -	$ 16,000
d. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
e. Supplies	$ 3,700	$ -	$ -	$ -	$ -	$ -	$ 3,700
f. Contractual	$ 37,500	$ 311,046	$ 7,463,657	$ 665	$ -	$ 578,080	$ 8,390,948
g. Other	$ 61,111	$ -	$ -	$ -	$ -	$ -	$ 61,111
Direct Charges	**$ 779,376**	**$ 419,561**	**$ 7,463,657**	**$ 57,761**	**$ 28,890**	**$ 578,080**	**$ 9,327,325**
Indirect Charges	**$ 98,701**	**$ 19,478**		**$ 10,249**	**$ 5,114**		**$ 133,542**
TOTALS	**$ 878,077**	**$ 439,039**	**$ 7,463,657**	**$ 68,010**	**$ 34,004**	**$ 578,080**	**$ 9,460,867**
Program Income			$ -			$ -	$ -

FY 2024 Funding Ceiling:	
Part A Funding	$ 8,780,773
MAI Funding	$ 680,094
Total:	**$ 9,460,867**

Administrative Budget 10%

Part A and MAI Within Limit

CQM Budget 5%

Part A and MAI Within Limit

Manually Enter HIV Services Allocation Percentages	
Core Medical Services	**Support Services**
62%	38%

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

Personnel

Salary *[Insert total annual salary]*	FTE *[Insert as decimal]*	Name, Position *[Insert name, position title]*	Budget Impact Justification *[Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]*	Amount
$ 146,649	0.100	Heather Cockerill, Program Manager	**Part A 10%**, EHE 10%, and General Funds 80%. Program Manager is necessary to provide the RW Program with overall admin support. The Manager provides critical role in oversight and administration of RW Grant.	$ 14,664
$ 120,396	0.300	Shannon Swims, Program Coordinator	**Part A 30%**, Part A CQM 12%, MAI Adm 20%, MAI CQM 8%, and EHE 30%. Program Coordinator; Supervises day to day operation of the program, including oversite of QM and administrative functions and develops policy.	$ 36,118
$ 85,228	0.600	Joshua Olagunju, Staff Analyst II	**Part A 60%**, MAI Adm 10%, and EHE 30%. Staff Analyst II; Provides technical assitance with fiscal support and program monitoring for Ryan White. RWP budget development tracking and policy development.	$ 51,136
$ 99,100	0.400	Laura Moore, Biostatistician	**Part A 40%**, Part A CQM 20%, MAI CQM 10%, and EHE 30%. Biostatistician; Monitors program quality, develops policy and training materials, and oversees local administration of the ARIES data management system; collects, analyzes, and monitors program client-level data and quality progress; actively engages with subrecipient staff regarding data, quality improvement opportunities, ideas, and tools, and feedback on best practices; plans and implements TGA CQM activities based on federal and local requirements; assesses and ensures alignment between RSBTGA RWHAP and HRSA/HAB, CDPH/OA, and IEHPC requirements/directives; develops and revises CQM policy and training materials; lead writer of the RSBTGA CQM Plan; hosts and facilitates monthly CQM Check-Ins; provides CQM updates (infographics included) to HRSA, OA, and IEHPC; participates in CQM listservs and webinars and disseminates information to subrecipients; networks with other CQM staff to stay informed and share data and activities.	$ 39,640
$ 77,186	0.400	Beatrice Garcia, Statistical Analyst	**Part A 40%**, Part A CQM 30%, and EHE 30%. Statiscal Analyst; Program Monitoring Lead that oversees and organizes the annual program monitoring of subrecipients, updates and manages program website, provides and analyzes data, and develops reports for monitoring and program planning. Will work with Biostatistician to: monitor program quality, and oversee local administration of the ARIES data management system; collect, analyze, and monitor program client-level data and quality progress; actively engages with subrecipient staff regarding data, quality improvement opportunities, ideas, and tools, and feedback on best practices; plan and implement TGA CQM activities based on federal and local requirements; assess and ensure alignment between RSBTGA RWHAP and HRSA/HAB, CDPH/OA, and IEHPC requirements/directives; develop and revise CQM policy and training materials; cohost and facilitate monthly CQM Check-Ins; provide CQM updates (infographics included) to HRSA, OA, and IEHPC; participates in CQM listservs and webinars and disseminates information to subrecipients; networks with other CQM staff to stay informed and share data and activities.	$ 30,874
$ 53,047	0.580	Brook Imbriani, Fiscal Specialist	**Part A 58%,** MAI Adm 10%, EHE 20%, and Part B 12%. Fiscal Specialist; Processes subrecipient invoices and program purchases. Tracks service expenditures and provides technical assistance to contracted agencies.	$ 30,767
$ 72,345	0.650	Karina Cruz, Program Specialist I	**Part A 65%**, Part A CQM 10% and EHE 25%. Program Specialist I; Work to support program in the development and update of various policies and procedures as needed in the Ryan White Program. Will also work to support program with various admin reports as required by the various grants.	$ 47,024
$ 85,228	0.450	Enrique Salazar, Accountant III	**Part A 45%**, EHE 13%, Part B 2%, and General Funds 40%. Accountant III; Responsible for fiscal administration of Ryan White contracts.	$ 38,352
$ 53,086	0.700	Vacant, Office Specialist	**Part A 70%,** and EHE 30%. Office Specialist; Provides general office specialist support to admin and CQM program staff to meet administrative goals. Processes subrecipient invoices and program purchases, tracks service expenditures, and provides technical assistance to contracted agencies. Supports staff for operating needs ensure the program meets goals.	$ 37,160
$ 85,228	0.380	Pierre Tadros, Accountant III, Auditor	**Part A 38%**, EHE 20%, Part B 2%, and General Funds 40%. Accountant III, Auditor; Provides auditing support to the contract monitoring process and follows up with fiscal technical assistance.	$ 32,386
$ 69,239	0.100	IT, Various, Automated System Analyst	**Part A 10%**, and 90% General Funds. Automated System Analyst; Provides IT support to staff by troubleshooting computer issues and providing computer and communication system repair/maintenance.	$ 6,923
			Personnel Sub-Total with Rounding	$ 365,044
			Rounding Input Adjustment to Match SF-424A	

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

	Personnel Total	**$ 365,044**

Fringe Benefits

Percentage *[Insert as %]*	Components *[List components that comprise the fringe benefit rate.]*	Amount
50.63%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life	$ 184,821
	Fringe Benefit Sub-Total with Rounding	$ 184,821
	Rounding Input Adjustment to Match SF-424A	
	Fringe Benefit Total	**$ 184,821**

Travel

Local

Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification *[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.*	Amount (round down to nearest whole number)
0.670	4,478	6 Employees: Shannon Swims, Program Coordinator; Joshua Olagunju, Staff Analyst; Laura Moore, Biostatistician; Karina Cruz, Program Specialist; Beatrice Garcia, Statistical Analyst; Pierre Tadros, Auditor	Mileage; Represents miles for staff member's travel related to contract monitoring, attendance to meetings and conferences, and provision of on-site TA at the rate of 67 cents per mile.	$ 3,000
			Local Travel Sub-Total	**$ 3,000**

Long Distance

Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification *[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.*	Amount (round down to nearest whole number)
Air & Other Travel	5 Employees: Shannon Swims, Program Coordinator; Joshua Olagunju, Staff Analyst; Laura Moore, Biostatistician; Karina Cruz, Program Specialist; Beatrice Garcia Statistical Analyst	Air/Rental Car/Lodging/Meals: United States Conference on AIDS, HRSA Workshops, California STD/HIV Controllers Association Conference, State Office of AIDS Conference and other functions that help to support and improve grant administration capacity.	$ 6,500
		Long Distance Travel Sub-Total	**$ 6,500**
		Travel Total	**$ 9,500**

Equipment

[Equipment is defined as a unit cost of $5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]

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)
	Equipment Total	**$ -**

Supplies

*[Supplies is defined as property with a unit cost under $5,000. **Note:** Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the $5,000 threshold.] Show breakdown of costs.*

List of Supplies	Budget Impact Justification *[Description of need to carry out the program's objectives/goals.]*	Amount (round down to nearest whole number)

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

General office supplies such as paper, pens, folders, and other miscellaneous	Supplies; Includes costs associated with purchase of general office supplies such as paper, pens, folders, and other miscellaneous items needed to fulfill administrative duties. The breakdown is as follows: Paper (6 box - 466.68) Notepads (12-17.79) Pens (36 -48.49) Sharpie (12- 29.99) Pencils (40-14.88) Calculator (4-37.96)Desktop Calculator (2- 159.98) Adding tape (10-11.99) Post It Notes (18-31.99) Post It Flags (Pack - 11.09) Sign here flags (pack - 18.29) Calculator Ink cartridge (2-29.99) Printer toner (5-743.03) Folders (100 -31.79) Hanging folders (50 -22.49) Computer supplies (air cans and monitor wipes) – (12 - 96.00, 200 -47.99) labels (80 -36.49) stamp (1-17.99) keyboard & mouse(5-526.25) hand sanitizer (12-75.53) Kleenex (12-29.29) Clorox Wipes (6-39.89) Correction tape (6-12.99) Batteries AAA (20-24.99) Batteries AA (24-29.03) Jumbo paper clips (10-9.99) paper clips (10 - 9.99) Stapler (5 - 47.40) Staples (5-30.20) 3 ring binders (12 -39.99) Binder dividers (12 - 74.28) Tape (12-17.29) Dry Erase Marker (12-15.99) Envelopes (500-35.49) Scissors (3-29.49) 3 hole punch (1-58.99) 2 hole punch (1-17.29) Rubber bands (50-12.99) XL rubber bands (48-5.99) Assorted Binder clips (60-7.49) Water (88.01)	$ 3,000
	Supplies Total	**$ 3,000**

Contractual

List of Contract	Deliverables	Budget Impact Justification *[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)
Divine Truth	Needs Assessment, Comprehensive HIV Services Plan, PSRA, EAM, Ensure at least 33% representation of PWH on planning council that are unaffiliated, and maintain website	*The majority of PC Support is contracted with Divine Truth Unity Fellowship Church: See details and contract total on PC Support Budget Narrative tab.*	See PC Support
		Contracts Total	**$ -**

Other

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

List of Other	Budget Impact Justification *[Impact on the program's objectives/goals.] Show breakdown of costs.*	Amount (round down to nearest whole number)
Rental and Lease Maintenance color copy machine and fax machine	Rental and Maintenance; Cost of annual lease/maintenance associated with a color copy machine, and fax machine to ensure communications with stakeholders in administration of the grant. ~85/month	$ 1,000
Computers refresh	Purchase computers; Refresh computers for 3 employees. ~1200/employee	$ 3,500
Communication	Communication; Telephones, e-mail, internet, and other devices to support admin staff in communicating Ryan White expectations and updates with stakeholders and providers. ~85/month	$ 1,000
Software	Software: Purchase of updated microsoft software/license for analysis and related data. ~175/month	$ 2,000
Printing	Printing; Special Projects, Costs for re-printing brochures and other sundries printing for admin functions. ~85/month	$ 1,000
Shredding	Shredding; Costs associated with shredding administrative records to ensure compliance with HIPAA regulations. ~60/month	$ 700
DPH Contracts	DPH Contracts; Costs associated with support provided by contracts team for development of contracts, RFPs, bids, and the oversite of such related to administration of the grant. ~420/month	$ 5,000
County Counsel	County Counsel; Review legal documents and contracts related to admin functions. ~235/month	$ 2,811
	Other Costs Total	**$ 17,011**

Total Direct Cost

$ 579,376

Indirect Cost

Type of Indirect Cost *[Select from dropdown list]*	Rate *[Insert rate below]*	Insert Base	Total [Insert Indirect]
Final	17.95%	Indirects Charges	$ 98,701

Part A Administrative Total

$ 678,077

PART A PLANNING COUNCIL/PLANNING BODY BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2025

Personnel

Salary *[Insert total annual salary]*	FTE *[Insert as decimal]*	Name, Position *[Insert name, position title]*	Budget Impact Justification *[Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]*	Amount
$ 55,000	1.000	Rafael Gonzalez, Proram Support Manager	Part A 100% funding. IEHPC Support Manager; Serves as the primary liaison to PC in the coordination of its legislatively mandated functions. Defines immediate and long-range goals; establishes and revises program policies and procedures according to program guidelines.	$ 55,000
$ 46,000	1.000	Vacant, Health Planner I	Part A 100% funding. Health Planner I; Provides administrative support to the Planning Council and Health Planner to meet their mandated roles including meeting set up, taking minutes and filing appropriate notices.	$ 46,000
			Personnel Sub-Total with Rounding	$ 101,000
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	**$ 101,000**

Fringe Benefits

Percentage *[Insert as %]*	Components *[List components that comprise the fringe benefit rate.]*	Amount
10.10%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life Insurance, Workers' Compensation	$ 10,200
	Fringe Benefit Sub-Total with Rounding	$ 10,200
	Rounding Input Adjustment to Match SF-424A	
	Fringe Benefit Total	**$ 10,200**

Travel

Local

Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification *[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.*	Amount (round down to nearest whole number)
0.670	746	PC staff members	Mileage; Represents miles for PC staff member's travel related to PC and related meetings at the rate of 67.0 cents per mile.	$ 500
0.670	4,478	IEHPC Consumer members	PC consumer member reimbursement for mileage/meals for IEHPC and other related meetings.	$ 3,000
			Local Travel Sub-Total	**$ 3,500**

Long Distance

Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification *[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.*	Amount (round down to nearest whole number)
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. (HRSA 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.	$ 3,000
		Long Distance Travel Sub-Total	**$ 3,000**
		Travel Total	**$ 6,500**

Equipment

[Equipment is defined as a unit cost of $5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.

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

Supplies

*[Supplies is defined as property with a unit cost under $5,000. **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)

General office supplies such as paper, pens, folders, and other miscellaneous	Office supplies to support daily Council (i.e.: paper, related copy supplies, pens pencils, tablets, paper clips, desk/office supplies & other miscellaneous items). ~60/month	$ 700
	Supplies Total	**$ 700**

Contractual

List of Contracts	Deliverables	Budget Impact Justification *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.*	Amount (round down to nearest whole number)
Chris Marin	Outreach Community Engagement, Divine Truth	**Part A 50%**, and 50% other funding. Outreach Community Engagement for IEHPC; Provides outreach support to the PC to meet their mandated roles including meeting set up, taking minutes, and filing appropriate notices. Annual Salary ($40,000 x .50FTE No Benefits) $20,000	$ 20,000
Benita Ramsey	Administrative Manager, Divine Truth	**Part A 10%**, and 90% other funding. 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. Annual Salary ($75,000 x .10FTE No Benefits) $7,500	$ 7,500
Consultant Services	Development of 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.	$ 10,000
		Contracts Total	**$ 37,500**

Other

[List all costs that do not fit into any other category.] Show breakdown of costs.

List of Other	Budget Impact Justification *[Impact on the program's objectives/goals.]*	Amount (round down to nearest whole number)
Three Computers refresh	Computers for two PC Support staff needed to fulfill support functions for Planning Council. ~1500 each	$ 3,000
PLWH/A Empowerment Training	Costs associated with Planning Council member training, outreach to PLWH/A ~250/month	$ 3,000
Interpreter (Language or Hearing)	Projected costs associated with language interpretation and/or hearing impaired interpreter ~625/meeting and meetings held quarterly	$ 2,500
Registration fees for outreach membership	Marketing; Costs associated with registration fees for outreach endeavors to build IEHPC membership. ~300/month	$ 3,500
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, Meeting space rental ~9600/year	$ 24,000
Printing	Printing: Costs of printing & copying materials for standing committees, PC meetings/retreat, and brochures. ~250/month	$ 3,000
Communication	Communication; Includes phones, internet & other devices to support PC Staff and PC Meeting, including PolyCom system. ~175/month	$ 2,000
Rental and Maintenance	Rental and Maintenance; Cost of annual lease/maintenance associated with a color copy machine, and fax machine ~260/month	$ 3,100
	Other Costs Total	**$ 44,100**

Total Direct Cost

	$ 200,000

Indirect Cost

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

Part A Planning Council/Planning Body Total

$ 200,000

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

Personnel

Salary *[Insert total annual salary]*	FTE *[Insert as decimal]*	Name, Position *[Insert name, position title]*	Budget Impact Justification *[Description of duties, impact on program goals and outcomes, payment source for balance of FTE.] Only include duties that are allocable to the CQM budget.*	Amount
$ 120,396	0.123	Shannon Swims, Program Coordinator	Part A 30%, **Part A CQM 12%,** MAI Adm 20%, MAI CQM 8%, and EHE 30%. Program Coordinator; Supervises day to day operation of the CQM programs and projects.	$ 14,808
$ 99,100	0.200	Laura Moore, Biostatistician	Part A 40%, **Part A CQM 20%**, MAI CQM 10%, and EHE 30%. Biostatistician; Monitors program quality, develops policy and training materials, and oversees local administration of the ARIES data management system; Collects, analyzes, and monitors program client-level data and quality progress; actively engages with subrecipient staff regarding data, quality improvement opportunities, ideas, and tools, and feedback on best practices; plans and implements TGA CQM activities based on federal and local requirements; assesses and ensures alignment between RSBTGA RWHAP and HRSA/HAB, CDPH/OA, and IEHPC requirements/directives; develops and revises CQM policy and training materials; lead writer of the RSBTGA CQM Plan; hosts and facilitates monthly CQM Check-Ins; provides CQM updates (infographics included) to HRSA, OA, and IEHPC; participates in CQM listservs and webinars and disseminates information to subrecipients; networks with other CQM staff to stay informed and share data and activities.	$ 19,820
$ 70,240	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.	$ 7,024
$ 77,186	0.300	Beatrice Garcia, Statistical Analyst	Part A 40%, **Part A CQM 30%**, and EHE 30%. Statiscal Analyst; Will work with Biostatistician to: monitor program quality, develop policy and training materials, and oversee local administration of the ARIES data management system; collect, analyze, and monitor program client-level data and quality progress; actively engages with subrecipient staff regarding data, quality improvement opportunities, ideas, and tools, and feedback on best practices; plan and implement TGA CQM activities based on federal and local requirements; assess and ensure alignment between RSBTGA RWHAP and HRSA/HAB, CDPH/OA, and IEHPC requirements/directives; develop and revise CQM policy and training materials; cohost and facilitate monthly CQM Check-Ins; provide CQM updates (infographics included) to HRSA, OA, and IEHPC; participates in CQM listservs and webinars and disseminates information to subrecipients; networks with other CQM staff to stay informed and share data and activities.	$ 23,155
$ 72,345	0.100	Karina Cruz, Program Specialist I	Part A 65%, **Part A CQM 10%** and EHE 25%. Program Specialist I; Work to support program in the development and update of various policies and procedures as needed in the Ryan White Program. Will also work to support program with various admin reports as required by the various grants.	$ 7,234
			Personnel Sub-Total with Rounding	$ 72,041
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	$ 72,041

Fringe Benefits

Percentage *[Insert as %]*	Components *[List components that comprise the fringe benefit rate.]*	Amount
50.63%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life	$ 36,474
	Fringe Benefit Sub-Total with Rounding	$ 36,474
	Rounding Input Adjustment to Match SF-424A	
	Fringe Benefit Total	$ 36,474

Travel

Local

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

Long Distance

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

Equipment

[Equipment is defined as a unit cost of $5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.).] Show breakdown of costs.

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

Supplies

*[Supplies is defined as property with a unit cost under $5,000. **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)
	Supplies Total	$ -

Contractual

List of Contracts	Deliverables	Budget Impact Justification *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.*	Amount (round down to nearest whole number)
		Contracts Total	$ -

Other

[List all costs that do not fit into any other category]Show breakdown of costs.

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

Total Direct Cost

	$ 108,515

Indirect Cost

Type of Indirect Cost *[Select from dropdown list]*	Rate *(Insert rate below)*	Insert Base	Total [Insert Indirect]
Final	17.95%	Indirects Charges	$ 19,478

Part A Clinical Quality Management Total

	$ 127,993

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: 2025

Personnel

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

Fringe Benefits

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

Travel

Local

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

Long Distance

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

Equipment

[Equipment is defined as a unit cost of $5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.).] Show breakdown of costs.

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

Supplies

*[Supplies is defined as property with a unit cost under $5,000. **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)
		$ -
	Supplies Total	$ -

Contractual

List of Contracts	Deliverables	Budget Impact Justification *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.*	Amount (round down to nearest whole number)
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 TruEvolution): 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 creation of HIV/STD mobile sites to test, link, and retain clients in care.	$ 311,046
		Contracts Total	**$ 311,046**

Other

[List all costs that do not fit into any other category]Show breakdown of costs.

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

Total Direct Cost

	$ 311,046

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

	$ 311,046

PART A HIV SERVICES BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2025

Personnel

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

Fringe Benefits

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

Travel

Local

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

Long Distance

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

Equipment

[Equipment is defined as a unit cost of $5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]

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)
	Equipment Total	$ -

Supplies

*[Supplies is defined as property with a unit cost under $5,000. **Note:** Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the $5,000 threshold.]Show breakdown of costs.*

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

Contractual

List of Contracts	Deliverables	Budget Impact Justification *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.*	Amount (round down to nearest whole number)
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.	$ 7,463,657
		Contracts Total	**$ 7,463,657**

Other

[List all costs that do not fit into any other category]Show breakdown of costs.

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

Total Direct Cost

	$ 7,463,657

Indirect Cost

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

Part A HIV Services Total

	$ 7,463,657

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

Personnel

Salary *[Insert total annual salary]*	FTE *[Insert as decimal]*	Name, Position *[Insert name, position title]*	Budget Impact Justification *[Description of duties, impact on program goals and outcomes, payment source for balance of FTE]*	Amount
$ 120,396	0.200	Shannon Swims, Program Coordinator	Part A 30%, Part A CQM 12%, **MAI Adm 20%**, MAI CQM 8%, and EHE 30%. Program Coordinator; Supervises day to day operation of the program, including oversite of MAI administrative functions and develop policy.	$ 24,079
$ 85,228	0.100	Joshua Olagunju, Staff Analyst II	Part A 60%, **MAI Adm 10%**, and EHE 30%. Staff Analyst II; Monitors program quality, develops MAI policy and provide technical assitance with fiscal support and program monitoring for Ryan White. RWP budget development tracking and CQM reporting and policy development.	$ 8,522
$ 53,047	0.100	Brook Imbriani, Fiscal Specialist	Part A 58%, **MAI Adm 10%**, EHE 20%, and Part B 12%. 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.	$ 5,304
				$ -
				$ -
			Personnel Sub-Total with Rounding	$ 37,905
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	$ 37,905

Fringe Benefits

Percentage *[Insert as %]*	Components *[List components that comprise the fringe benefit rate]*	Amount
50.63%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life	$ 19,191
	Fringe Benefit Sub-Total with Rounding	$ 19,191
	Rounding Input Adjustment to Match SF-424A	
	Fringe Benefit Total	$ 19,191

Travel

Local

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

Long Distance

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

Equipment

[Equipment is defined as a unit cost of $5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]Show breakdown of costs.

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

Supplies

*[Supplies is defined as property with a unit cost under $5,000. **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)
Supplies Total		**$ -**

Contractual

List of Contracts	Deliverables	Budget Impact Justification *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.*	Amount (round down to nearest whole number)
DPH Contracts		DPH Contracts; Costs associated with support provided by HS contracts for development of contracts, RFPs, bids, and the oversite of such related to administration of the grant.	$ 665
		Contracts Total	**$ 665**

Other

[List all costs that do not fit into any other category]Show breakdown of costs.

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

Total Direct Cost

	$ 57,761

Indirect Cost

Type of Indirect Cost *[Select from dropdown list]*	Rate *(Insert rate below)*	Insert Base	Total [Insert Indirect]
Final	17.95%	Indirects Charges	$ 10,249

MAI Administrative Total

	$ 68,010

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

Personnel

Salary *[Insert total annual salary]*	FTE *[Insert as decimal]*	Name, Position *[Insert name, position title]*	Budget Impact Justification *[Description of duties, impact on program goals and outcomes, payment source for balance of FTE] Only include duties that are allocable to the CQM budget.*	Amount
$ 120,396	0.077	Shannon Swims, Program Coordinator	Part A 30%, Part A CQM 12%, MAI Adm 20%, **MAI CQM 8%**, and EHE 30%. Program Coordinator; Supervises day to day operation of the program, including overall oversite of MAI CQM projects.	$ 9,270
$ 99,100	0.100	Laura Moore, Biostatistician	Part A 40%, Part A CQM 20%, **MAI CQM 10%**, and EHE 30%. Biostatistician; Monitors program quality, develops policy and training materials, and oversees local administration of the ARIES data management system; Collects, analyzes, and monitors program client-level data and quality progress; actively engages with subrecipient staff regarding data, quality improvement opportunities, ideas, and tools, and feedback on best practices; plans and implements TGA CQM activities based on federal and local requirements; assesses and ensures alignment between RSBTGA RWHAP and HRSA/HAB, CDPH/OA, and IEHPC requirements/directives; develops and revises CQM policy and training materials; lead writer of the RSBTGA CQM Plan; hosts and facilitates monthly CQM Check-Ins; provides CQM updates (infographics included) to HRSA, OA, and IEHPC; participates in CQM listservs and webinars and disseminates information to subrecipients; networks with other CQM staff to stay informed and share data and activities.	$ 9,910
				$ -
				$ -
				$ -
			Personnel Sub-Total with Rounding	$ 19,180
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	**$ 19,180**

Fringe Benefits

Percentage *[Insert as %]*	Components *[List components that comprise the fringe benefit rate]*	Amount
50.63%	Includes personnel costs such as: Retirement, Survivor's benefits, Short Term Disability, Medical/Dental Insurance, Life	$ 9,710
	Fringe Benefit Sub-Total with Rounding	$ 9,710
	Rounding Input Adjustment to Match SF-424A	
	Fringe Benefit Total	**$ 9,710**

Travel

Local

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

Long Distance

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

Equipment

[Equipment is defined as a unit cost of $5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]Show breakdown of costs.

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

Supplies

*[Supplies is defined as property with a unit cost under $5,000. **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)
	Supplies Total	$ -

Contractual

List of Contracts	Deliverables	Budget Impact Justification *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.*	Amount (round down to nearest whole number)
		Contracts Total	$ -

Other

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

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	$ -

Total Direct Cost

	$ 28,890

Indirect Cost

Type of Indirect Cost *[Select from dropdown list]*	Rate *(Insert rate below)*	Insert Base	Total [Insert Indirect]
Final	17.95%	Indirects Charges	$ 5,114

MAI Clinical Quality Management Total

	$ 34,004

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: 2025

Personnel

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

Fringe Benefits

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

Travel

Local

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

Long Distance

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

Equipment

[Equipment is defined as a unit cost of $5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]Show breakdown of costs.

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

Supplies

*[Supplies is defined as property with a unit cost under $5,000. **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)
	Supplies Total	$ -

Contractual			
List of Contracts	**Deliverables**	**Budget Impact Justification** *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.*	**Amount (round down to nearest whole number)**
		Contracts Total	$ -

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

Total Direct Cost	
	$ -

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

MAI Clinical Quality Management Total	
	$ -

MAI HIV SERVICES BUDGET
RECIPIENT: RIVERSIDE/SAN BERNARDINO, CA TGA
FISCAL YEAR: 2025

Personnel

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

Fringe Benefits

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

Travel

Local

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

Long Distance

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

Equipment

[Equipment is defined as a unit cost of $5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]Show breakdown of costs.

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

Supplies

*[Supplies is defined as property with a unit cost under $5,000. **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)
	Supplies Total	$ -

Contractual

List of Contracts	Deliverables	Budget Impact Justification *[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.*	Amount (round down to nearest whole number)
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	$ 578,080
		Contracts Total	**$ 578,080**

Other

[List all costs that do not fit into any other category]Show breakdown of costs.

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

Total Direct Cost

	$ 578,080

Indirect Cost

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

MAI HIV Services Total

	$ 578,080

PROJECT ABSTRACT

General Overview: There were 4,688,053 people living in the Riverside/San Bernardino Transitional Grant Area (RSBTGA) in 2023 according to 2023 US Census Bureau Estimates, a 1.2% increase from the 2020 Census, and exceeding the state's overall population, which decreased by 1.4%. Persons of Hispanic descent comprise 51.9% of the RSBTGA's population, 7.6% are African American, 31.0% are White, 8.1% are Asian, and the remaining 1.4% are other races combined. Women comprise 49.8% of the population, and 60.5% are aged 19-64. Persons under the age of 18 make up one fifth of the population. The US Census Bureau also estimates that 12.6% of the RSBTGA lived below 100% of the federal poverty level in 2023 compared to 12.2% for California. These percentages represent nearly 590,000 persons in the RSBTGA living in poverty.

The largest of the 56 EMAs/TGAs in the U.S., the RSBTGA spans 27,407 square miles. Ryan White services are geographically accessible across the RSBTGA's six service areas. PLWHA of color predominantly reside in San Bernardino County as well as West and Mid Riverside County.

In 2023, there were 17,423 Persons with HIV (PWH) in the RSBTGA. Based on these data, the RSBTGA estimates there are approximately 2,445 people with HIV living in the RSBTGA who are unaware of their status. The demographics of the RSBTGA's people with HIV are predominantly White (45.6%), cisgender men (88.6%), aged 45-64 years (48.1%), and the primary mode of HIV transmission is male-to-male sexual contact (69.8%).

Description of the Comprehensive System of Care: Through Ryan White funding, the RSBTGA funds eight Core Medical Services; Outpatient/Ambulatory Health Services, Medical Case Management, Oral Health Care, Mental Health Services, Substance Abuse Services – Outpatient, Early Intervention Services (both through Part A and Minority AIDS Initiative [MAI] funding), Home and Community-Based Health Services and Medical Nutrition Therapy. These services ensure clients receive comprehensive services for improving adherence and retention in HIV primary Care. To improve access to HIV primary Care, the RSBTGA also funds seven Support Services; Housing, Non-Medical Case Management, Medical Transportation, Psychosocial Support Services, Food Bank/Home Delivered Meals, Substance Abuse (Residential), and Emergency Financial Assistance. All funded services are based on data-reviewed needs of the community in the RSBTGA. Services are located throughout the 2-county RSBTGA and are accessible through Medical Transportation services and public transportation routes. The RSBTGA's MAI funds are used to support Early Intervention Services (EIS), particularly in the areas where the majority of minority PLWHA live. As part of its Continuum of Care, Medical Transportation Services help support PLWHA, particularly minority PLWHA accessing their appointments.

Overall Viral Suppression Rate for the EMA/TGA: According to the California State office of AIDS (OA), of the 17,423 persons with HIV in the RSBTGA as of 12/31/2023, 13,087, or 75%, are virally suppressed. This is an improvement over 2019, when 68% of persons (10,352) were virally suppressed.

INTRODUCTION

There were 4,688,053 people living in the Riverside/San Bernardino Transitional Grant Area (RSBTGA) in 2023 according to 2023 US Census Bureau Estimates, a 1.2% increase from the 2020 Census[1], and exceeding the state's overall population, which *decreased* by 1.4%. Persons of Hispanic descent comprise 51.9% of the RSBTGA's population, 7.6% are African American, 31.0% are White, 8.1% are Asian, and the remaining 1.4% are other races combined. Women comprise 49.8% of the population, and 60.5% are aged 19-64. Persons under the age of 18 make up one fifth of the population. The US Census Bureau also estimates that 12.6% of the RSBTGA lived below 100% of the federal poverty level in 2023 compared to 12.2% for California.[2] These percentages represent nearly 590,000 persons in the RSBTGA living in poverty.

In 2023, there were 17,423 Persons with HIV (PWH) in the RSBTGA[3]. Based on these data, the RSBTGA estimates there are approximately 2,445 people with HIV living in the RSBTGA who are unaware of their status. The demographics of the RSBTGA's people with HIV are predominantly White (45.6%), cisgender men (88.6%), aged 45-64 years (48.1%), and the primary mode of HIV transmission is male-to-male sexual contact (69.8%).

To support access and retention in care, the RSBTGA funds a wide range of Ryan White core services including Outpatient/Ambulatory Health Services, Early Intervention Services, Oral Health Services, Medical Case Management Services, Mental Health Services, and Substance Abuse Services; additionally, the RSBTGA funds multiple Ryan White support services, including Non-Medical Case Management, Transportation, Housing, Food Bank/Home Delivered Meals, and Outreach to help people with HIV navigate a complex care system. The RSBTGA's Continuum of HIV Prevention and Care is designed to address the needs of people with HIV across all life stages, from those unaware of their HIV status, through HIV counseling and testing, early intervention and linkage to care, to retention in care, treatment adherence, and viral suppression.

ORGANIZATIONAL INFORMATION

A. *Grant Administration:*

1) *Program Organization:*

a) The San Bernardino County Department of Public Health (SBCDPH) is the agency that serves as the Administrative Agent for the Ryan White Program. SBCDPH administers Part A formula and supplemental funds, including MAI funds, on behalf of the recipient of record, the San Bernardino County Board of Supervisors' Chief Elected Official. Grant administration begins with the Health Resources and Services Administration (HRSA) providing a notice of award, which is then taken to the Board of Supervisors for acceptance by the Director of Public Health. Upon approval, the funds are dispersed to the Inland Empire HIV Planning Council (IEHPC) and the SBCDPH. The Ryan White Program (RWP) receives the funds from the SBCDPH and, in turn, allocates them to subrecipients who provide direct core and support services to eligible Ryan White (RW) clients.

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

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

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

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

Additionally, the BOS also oversees the IEPHC, which dedicates itself to the development of a client-centered continuum of care for persons living with HIV in the TGA by planning and promoting health services and organizing priority and resource allocation activities. The Support Manager along with support staff ensure this through strategic and effective planning, promoting the development of HIV/AIDS health services, personnel, and facilities, cost-effectiveness in meeting the identified health and support service needs, reduction of inefficiencies in service delivery, and accessibility to address the needs of uninsured, underinsured, and low-income individuals living with HIV. Below are summarized descriptions of staffing levels for the RWP staff and Planning Council Support Staff. *Ryan White Program Staffing*:

- Program Manager (0.10 FTE, Cockerill, H.): Provides high level oversight and administration of program to include budget, reporting requirements, and contracts.
- Program Coordinator (0.70 FTE, Swims, S.): Provides staff supervision, ensures grant requirements are met, and provides oversight of QM and Administrative functions.
- Staff Analyst II (0.70 FTE, Olagunju, J.) Develops budgets, monitors program expenditures; coordinates and provides technical assistance to subrecipients.
- Biostatistician (0.70 FTE, Moore, L.); Monitors program quality, develops policy and training materials related to the ARIES data management system; analyzes data and develops reports utilized for quality improvement and program planning.
- Statistical Analyst (0.70 FTE, Garia, B.) Program Monitoring Lead that oversees and organizes the annual program monitoring of subrecipients, updates and manages program website, provides and analyzes data, and develops reports for monitoring and program planning.
- Program Specialist I (0.75 FTE, Cruz, K.) Supports program in the development and update of various policies and procedures as needed in the Ryan White Program. Will also work to support program with various admin reports as required by the various grants.
- Fiscal Specialist (0.68 FTE, Imbriani, B.): Provides fiscal processing support and provides technical assistance to subrecipients related to administrative functions.
- Office Specialist (0.70 FTE, VACANT): Processes subrecipient invoices and program purchases, tracks service expenditures, and provides technical assistance to subrecipients. Supports staff for operating needs ensure the program meets goals.

- Senior Accountant/Auditor (0.45 FTE, Salazar, E.): Senior Accountant/Auditor provides county fiscal support for the program. Responsible for fiscal administration of Ryan White contracts and monitoring.
- Accountant III, Auditor (0.38 FTE, Tadros, P.): Provides fiscal compliance services through conducting fiscal monitoring engagements to audit subrecipient cost reimbursements who are receiving grants related to Ryan White program.
- Public Health Epidemiologist (0.10 FTE, Garcia-Cano, J.) 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.

IEHPC Support (PCS) Staffing:

- IEHPC Support Liaison (1.00 FTE, Gonzales, R.): Serves as primary liaison to PC in the coordination of its legislatively mandated functions and provides analytical and programmatic support to the planning council.
- Health Planner I IEHPC Program (1.00 FTE, VACANT): Serves as the primary liaison to the Planning Council in the coordination of its legislatively mandated functions. Defines immediate and long- range goals; establishes and revises program policies and procedures according to program guidelines.

b) The RSBTGA administers funds directly and does not utilize a contractor or fiscal agent.

2) Grant Recipient Accountability

a) Monitoring

Each RWP Part A funded subrecipient is monitored for program compliance as specified in the HIV/AIDS Bureau (HAB) National Monitoring Standards (NMS), IEHPC Service Standards, RWP Policies, RWP contracts, and HRSA requirements. The RWP staff review program compliance elements (Agency and Site Modules), client eligibility verification requirements, and service compliance elements.

For the project period of 2025-2027, all subrecipients will be required to complete the Agency Module Tool and submit all required documents/examples/redacted copies/etc. Subrecipients scan and submit their Agency Module Tool and all required documents to the Recipient three (3) days prior to the "on-site" scheduled date. Site Modules are completed via FaceTime, and Eligibility and Client Services are conducted as a Desk Review for chart abstraction.

Each monitoring staff member is paired with a subrecipient staff member to review client data in the CDPH Office of AIDS ARIES database and other agency specific databases used as a centralized client management system. These sessions are not only helpful, but extremely efficient. Staff can navigate the databases swiftly on their own and can simply share their computer screen (HIPAA compliant), which eliminates extra time and waiting. Furthermore, the hybrid virtual/in-person visits enable more detailed conversations with staff when needed. Staff can quickly and easily log in to the virtual platform to address any questions or concerns. Conducting portions of the site visits remotely has become commonplace since the COVID-19 pandemic and works well for all parties.

Once all Modules are completed, monitoring staff compile reports for each subrecipient detailing any program or fiscal related concerns along with a timeframe for addressing each finding.

Corrective Actions Plans are reviewed and approved by the Recipient office and tracked for progress. TA is offered/provided to agencies with several deficiencies. Mid-year monitoring visits are scheduled to ensure deficiencies are being addressed and do not continue to the next monitoring cycle.

b) Payer of Last Resort

RW-funded medical subrecipients utilize the State of California's Automatic Eligibility Verification System (AEVS) to determine and document client eligibility for Medicaid and other medical care programs. Medicaid subrecipients can verify client eligibility monthly. Private health insurance coverage is reviewed for services covered by RW. Any third-party denial/rejection notices must be documented and available for review. If a service is fundable under another source, that source must be billed before RW. At the time of intake, all clients are screened for available programs, including Veterans Affairs and county indigent care programs. The results of this screening must be documented in client charts, entered into ARIES, and be available for monitoring staff. To ensure access to care, clients are not turned away while eligibility for other program services is being verified. Rather, clients receive the necessary care and if another payer source is verified, RW subrecipients bill that payer source for services rendered. As an example, if Medicaid eligibility were pending, a client would receive RW-funded medical care until a determination regarding Medicaid eligibility is made. All RW medical subrecipients are contractually required to be certified Medicaid subrecipients so that they can bill Medicaid should a client be eligible for that insurance.

In April 2013, the RSBTGA developed a standardized eligibility recertification tracking form, which was piloted at several provider sites. Subrecipients indicated that it was a useful and helpful tool, and those that used the tool tended to fare better during on-site monitoring visits. The RSBTGA finalized the tool in late 2013 and conducted individual training sessions to subrecipients in early 2014 to ensure compliance with all required activities. In FY 2020-2021, 99% of sampled client records were compliant with eligibility verification and documentation requirements. Years of subrecipient diligence and dedicated technical assistance provided by the RWP greatly improved verification processes, thereby ensuring services are provided only to those most in need and ensuring that necessary documentation is collected and maintained to support these efforts.

When program income/third party reimbursement is collected, RW Part A and MAI-funded subrecipients are contractually required to (1) track program income, (2) report income to the RSBTGA annually, and (3) channel funds into eligible RW services for RW eligible clients. RWP staff developed a template for subrecipients to utilize when tracking program income. The template enables subrecipients to record program income variables monthly, including the funding source, associated service, funding amount, and number of clients served by the service funded with the program income. Annually, the subrecipient submits the completed template to the RSBTGA. During its annual program and fiscal monitoring visit, the RSBTGA verifies compliance by reviewing source documents against what is reported by the subrecipient in their annual reports.

c) Fiscal Oversight

The following topics are discussed by RWP staff during weekly staff meetings: (1) budget modification requests; (2) service category expenditure status and projected contract balances; (3) any invoice supporting documentation issues; (4) client utilization status; and (5) any current subrecipient technical assistance needs. In addition, Ryan White Staff meet regularly to discuss: (1) expenditure status reports submitted by subrecipients on a quarterly basis; (2) projected formula

and supplemental unobligated balances; (3) inventory of RSBTGA-wide program income; (4) CQM activities, program challenges, program and fiscal monitoring results, and needed follow up; and (5) health outcomes, (i.e., impact of HIV/AIDS clients' health in relation to expenditures). RWP staff also meet regularly with the Accountant III, Public Health Auditor to discuss: (1) fiscal monitoring results and needed follow-up and (2) procurement and contracting issues. The Program Coordinator facilitates all meetings to ensure reporting requirements are met in a timely and complete manner. Open, informal communication with contracted service subrecipients is encouraged and often occurs daily via phone, email, and in person. All RWP staff is housed within the same facility, which enhances communication and coordination of efforts to track expenditures.

With review/approval from the SBCDPH, the RSBTGA developed internal policies and procedures to track and process expenditure of Part A funds. Using an electronic cost accounting system *Enterprise Financial Management System (SAP)* to allocate costs to proper funding streams, staff can track formula, supplemental, MAI, and carryover funds separately. At year-end, all funds are reported separately.

The process developed by the RSBTGA for receiving invoices from Part A/MAI subrecipients includes: (1) receiving and logging all invoices upon receipt; (2) reviewing costs to determine if allowable; (3) tracking costs against contracted budgets, formula/supplemental amounts, and comparing against reported service provision; (4) evaluating supporting documentation; (5) comparing invoices to data in ARIES, clients served and units delivered, to evaluate for reasonability; (6) communicating with subrecipients to correct problems with invoices to ensure timely payment; (7) monitoring invoicing for compliance with local and federal requirements; and (8) processing completed invoices for payment.

The RSBTGA's payment process includes: (1) tracking the payment through the County's fiscal and administrative services division; (2) reviewing appropriateness of costs and compliance with County fiscal requirements by the SBCDPH internal fiscal/administrative services; (3) reviewing invoice amounts against the County's centralized electronic fiscal accounting system and seeking approval by the County Auditor Controller accounts payable; and (4) facilitating final approval by the Auditor Controller. Through this thorough review process, the RSBTGA can ensure that any errors or omissions are identified and corrected before final payment is released for reimbursement, usually within four (4) weeks of the initial processing of the invoice.

B) Maintenance of Effort (MOE)

1) Please see Attachment 3 for the RSBTGA's Maintenance of Effort table.

2) As noted in the Grant Administration section above, the County of San Bernardino, Department of Public Health (SBCDPH), functions as the administrative agent for Part A grant funds. Annually, staff in the RWP 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 subrecipient accounting systems which allow 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 RWP Coordinator reviews the MOE documentation for completeness and accuracy and ensures its annual submission within the application.

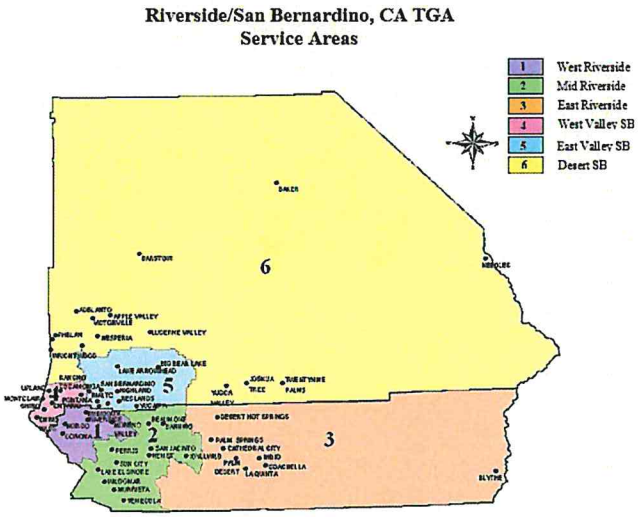
NEEDS ASSESSMENT

A. Demonstrated Need

1) Epidemiological Overview

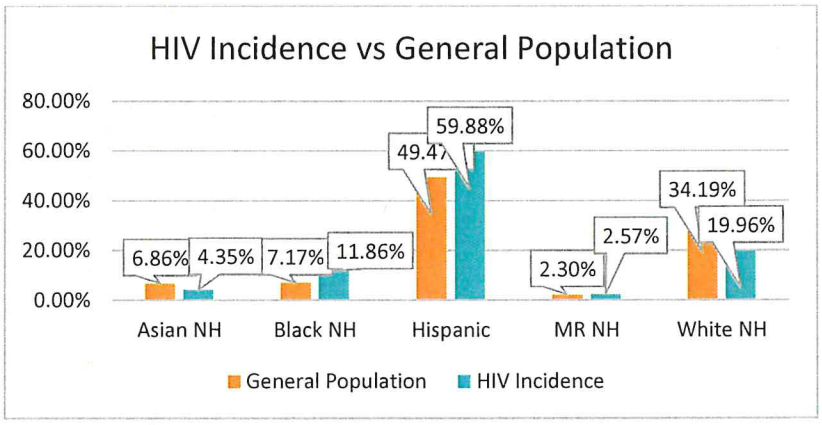
a) The RSBTGA is the largest of the 52 EMAs/TGAs in the U.S. The RSBTGA spans 27,407 square miles; larger than New Jersey, Hawaii, Delaware, Connecticut, Rhode Island, and half of Massachusetts combined. Ryan White services are geographically accessible across the RSBTGA's six service areas: (1) West Riverside County, (2) Mid Riverside County, (3) East Riverside County, (4) San Bernardino County West Valley, (5) San Bernardino County East Valley, and (6) San Bernardino County Desert. PWH of color predominantly reside in San Bernardino County, as well as West and Mid Riverside County. The RSBTGA's MAI funds support Early Intervention Services (EIS). These services are available throughout the service area, particularly in the areas where a significant number of minority people with HIV live. To best serve this geographically challenged area, and as part of the RSBTGA's Care Continuum, medical transportation services help support people with HIV to access medical care, especially for those residing in Service Area 6, the San Bernardino County Desert. All data presented in the Epidemiological Profile for people with HIV are for the entire RSBTGA. A map of the RSBTGA and its service areas is presented in Figure 1 on page six.

Figure 1: Riverside/San Bernardino TGA Service Areas



In 2023, there were an estimated 17,423 people living with HIV/AIDS in the TGA, and more than 500 people were newly diagnosed with HIV. The HIV prevalence rate in the TGA is 353.1 per 100,000 persons compared to the California rate of 348.7.3 per 100,000. The local epidemic is disproportionately affecting Black and Latino people as shown in Figure 2, below.

Figure 2



b) The following provides the predominant socio-demographic characteristics of the RSBTGA epidemic as of December 31, 2023, for the indicated populations:

i. The demographic characteristics (highest percentages) as of 2023 for the RSBTGA:
   - Newly Diagnosed Individuals (583):
     - Cisgender Men – 88.2%
     - MSM – 53.3%
     - Aged 25-44 – 55.8%
     - Hispanic (of any race) – 51.4%
   - People with HIV:
     - Cisgender Men – 88.6%
     - MSM – 69.8%
     - Aged 45-64 – 48.1%
     - White – 45.6%
   - People at higher risk for HIV in the service area (see Attachment 4 – HIV/AIDS Incidence and Prevalence):
     - The persons at higher risk for HIV in the RSBTGA include all demographics listed in the Newly Diagnosed subset above. Cisgender men who have sex with men (MSM), persons aged 25-44, and Hispanic individuals exhibit a higher risk for contracting HIV. The three-year trend in Attachment 4 shows these groups to be increasing in HIV incidence reports.

ii. The socioeconomic characteristics as of 2023 for the RSBTGA[4]:
   - Individuals living in poverty – 12.1% (vs 12.2% for California), or 568,000 people;
   - Median Household Income - ~$80,000 (vs $91,000 for California)
   - Education:
     - High School Graduate – 82.3% (vs 84.4% for California)
     - Bachelor's Degree or Higher – 23.3% (vs 35.9% for California)
   - Health Insurance Coverage[5]: (7.5% uninsured for California overall)
     - San Bernardino County – 8.7% uninsured

[4] *https://www.census.gov/quickfacts/*

[5] *https://www.countyhealthrankings.org*

        - Riverside County – 8.3% uninsured
    - Language Barriers
        - Data show that more than 42% of RSBTGA residents speak a language other than English at home.

c) Please see Attachment 5 for the 2021 – 2023 Co-occurring conditions table that includes the requested data.

d) Although primary care is readily available across the two-county area, there are only a handful of HIV specialists to serve the specific needs of people with HIV outside of the Ryan White system. Most private doctors, for whom visits by PWH have increased, cannot offer a comparable level of care to an HIV specialist, especially to PWH who have multiple co-occurring conditions and other health or socioeconomic needs.

Approximately two thirds of Ryan White clients are insured by Medicaid (MediCal) and almost one third are insured by Medicare. Additional coverages include Private insurance, which covers approximately 8% of clients, and "other" insurance coverages, which cover approximately one fifth of clients. Nearly 20% of clients have no insurance coverage at all. These figures indicate that nearly half of clients are covered by more than one insurance source.

2) Unmet Need

The Unmet Need Framework is included as Attachment 6 of this application.

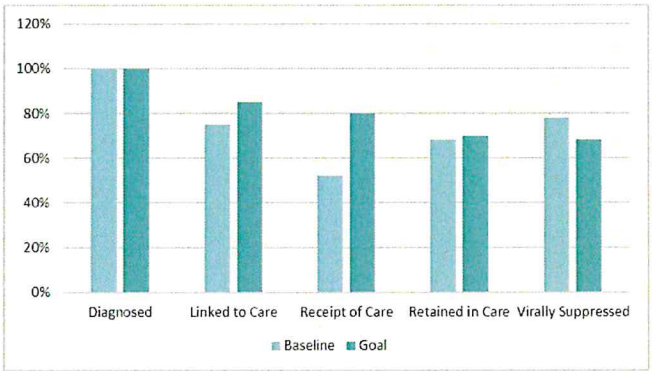
a) Unmet Need in the RSBTGA was calculated under the required method using local HIV surveillance data.

- Late Diagnosed: 20.7% of persons newly diagnosed with HIV in 2022 (121) progressed to an AIDS diagnosis within three months, indicating late diagnosis. The Mayo Clinic estimates that the normal progression of HIV to AIDS without treatment ranges from seven to ten years. Persons with undiagnosed HIV who are late to diagnosis, therefore, not only spend up to a decade risking the spread of HIV to their sexual and needle-sharing partners, but they also risk devastating outcomes that can mean unnecessary death and suffering. In the TGA, there is a predominant need for Early Intervention Services (EIS), for which 100% of Minority AIDS Initiative funding and a portion of Part A funding are targeted.
- Unmet Need: 24.1% of persons previously diagnosed with HIV (404) were not in care in 2023, indicating their need for HIV care was not being met. Like persons who are late to diagnosis, persons with HIV who are not receiving ART and adequate healthcare risk the further spread of HIV as well as reduced health outcomes.
- Not Virally Suppressed: 24.9% of persons with HIV in the TGA are not virally suppressed (4,336), indicating a failure of or lack of adherence to their ART regimen. Persons who are not responding to care are candidates for genotyping or phenotyping to rule out medication resistance and must have a full system review to rule out or identify medical reasons for treatment failure. In addition, supportive services must do a full psychosocial assessment to rule out or identify other barriers to adherence and efficacy.

3) HIV Care Continuum

a) Figure 4 below is a graphic depiction of the RSBTGA Continuum of Care for 2022 with the baseline and goals for each pillar. Attachment 6 has the full definitions for denominators and numerators used to calculate the continuum.

Figure 3: 2022 Continuum of Care



B) *Early Identification of Individuals with HIV/AIDS (EIIHA)*

1) *Planned RSBTGA EIIHA activities for FY 2025-2027:*

a) The specific activities undertaken by the RWP through its subrecipients that deliver EIS as well as its collaborative partners will include the following:

- Outreach to targeted priority populations who are unaware of their status,
- HIV testing, counseling, and partner elicitation services,
- Prevention education and referrals for HIV negative individuals, including education about Pre-exposure prophylaxis (PrEP),
- Benefits counseling and assistance with insurance enrollment to ensure maximum utilization of available health care coverage, and
- Referral and linkage to HIV medical care as well as social services for assistance with addressing barriers to care to facilitate linkage and retention.

In addition to the client-level activities listed above, system-level interventions being undertaken by the Ryan White Program and its collaborative partners include:

- Increased testing of targeted populations through the integration of HIV and STD/TB testing as well as increased use of social media platforms to promote HIV testing,
- Increased routine, opt-out testing administered by local health centers, in hospital emergency departments, and in correctional facilities,
- Increased general education and awareness to reduce stigma around HIV, sexual orientation, and gender identity,
- Increased utilization of PrEP through expanded education to medical subrecipients and community organizations; and
- Increased partnerships, collaborations, and community involvement to ensure newly diagnosed individuals are immediately linked to care.

Additionally, EIS has a robust and successful "Return to Care" component that works with HIV clinics in the community to identify those clients who have fallen out of care or are at risk for falling out of care. Also, in collaboration with the Part B-funded Data-to-Care program, the Ryan White Program utilizes surveillance data provided by the state to identify and locate individuals for which the state's lab reporting system has no recent record of a CD4 or viral load test and who, therefore, are potentially out of care. These interventions assist in maintaining clients in care

through outreach, counseling, referral, and active linkage to medical care as well as supportive services to remove any barriers to care that may arise.

b) *Anticipated Outcomes and Primary Collaborators*

- Representatives of the Riverside County Department of Public Health and SBCDPH HIV Care and Prevention Divisions are both members of the IEHPC. They brief the council during their quarterly meetings on the status of prevention activities in the RSBTGA.
- In addition to the IEHPC coordination with the county prevention programs, three Ryan White EIS subrecipients are also recipients of prevention funds. They coordinate their specific activities in-house and ensure coordination of services by informing other EIS subrecipients about their activities during Ryan White Program-facilitated EIS/Outreach Collaborative meetings.
- The Part B programs in both Riverside and San Bernardino Counties also contribute to EIIHA activities in two major ways. First, internal county programs funded by Part B have increased collaboration with the respective county surveillance and prevention programs, partnering to improve education about available services and facilitate rapid linkage to medical care and support services. Second, community agencies contracted with the county Part B programs are funded to provide HIV Testing, Early Intervention Services, and Outreach Services to support the two-county efforts to locate and quickly link people with HIV. One such agency, TruEvolution, partners with mobile dating companies such as Jack'd and Grindr to advertise social events to specific populations (i.e., youth, gay men, and minorities) residing in San Bernardino County. The social events are designed to appeal to young individuals, incorporate information about testing and service resources, and establish trusting relationships between counselors and young participants.
- Several public health-led coalitions in which the Ryan White Program participates including the Riverside County HIV Coalition, the San Bernardino County STD Taskforce, the San Bernardino County HIV Stakeholder Committee, and the San Bernardino County Reentry Collaborative are successfully breaking down system "silos" in the two-county area. These coalitions have representatives from both county health departments and a wide-array of participants including people with HIV, medical subrecipients, community support service subrecipients, faith-community representatives, safety/correctional administrators and officers, personnel and students from local universities, and health insurance representatives.
- Arrowhead Regional Medical Center (ARMC) in San Bernardino County implemented a routine, opt-out testing program in its emergency department in early 2017. To leverage local knowledge related to HIV testing and linkage, as well as to ensure individuals testing positive in their emergency rooms can be linked quickly to medical care and support services, ARMC convened an HIV collaborative consisting of public health representatives, medical subrecipients, and community support service subrecipients. This collaborative continues to meet quarterly and has reduced system barriers.
- All San Bernardino Department of Public Health clinics have begun opt-out HIV testing for all clinic visits.
- RWP and STD/Surveillance staff from both Riverside and San Bernardino Counties are members of the California STD/HIV Controllers Association. Through the connections developed in this network of STD/HIV professionals, both counties benefit from best practices and tools shared by other jurisdictions throughout the state.

- As a result of the Center for Quality Improvement and Innovation's (CQII) Ending+ Disparities ECHO Collaborative, the California Regional Group (CARG) was formed to increase local quality improvement capacities. Through monthly Zoom video meetings, trainings, and didactic presentations, participation in this collaborative has contributed to further development of the RSBTGA CQM Program, better alignment with HIV/AIDS Bureau clinical quality management expectations, stronger partnerships with Ryan White recipients and subrecipients on a local and national level, and the improvement of quality improvement capacity of HIV providers and clients.
- And finally, the TGA Ending the HIV Epidemic (EHE) program partners with TruEvolution, Foothill AIDS Project, AIDS Healthcare Foundation, and Desert AIDS Project on pillars two and four of the EHE program, providing early intervention services, targeted testing, and more, to reach the goal of 90/90/90 by 2030.

The EIIHA outcomes shown in Table 2 on page 11 are tracked for EIS and are a measure of clients being successfully and quickly identified and linked to care:

Table 1: EIIHA: EIS Planned Outcomes 3/1/2025 – 2/28/2027

EIIHA Indicators and Anticipated Outcomes for EIIHA Components:	Baseline outcomes	2022 Final Outcomes	2027 Anticipated Outcomes
Identification of individuals unaware of their HIV Status. (Positivity rate)	0.78	1.74	1.75
Informing individuals that tested positive of their HIV diagnosis	100%	100%	100%
Referral to care of newly diagnosed individuals	100%	100%	100%
Linkage to care of newly diagnosed individuals	76%	76%	79%

C. Subpopulations of Focus

1) Identify three (3) subpopulations with disparities in health outcomes in your jurisdiction and describe the specific needs for each subpopulation.

- **Persons aged 65 and Older:** Persons aged 65+ experienced an increase in HIV diagnoses from 2021 to 2022 of 77%, the sharpest increase of any other age group. This age group, though smaller, will require a very targeted intervention to improve early identification. A deep data dive to stratify risk factors and provide targeted early intervention services will be necessary to ensure the trend in new diagnoses among the age group does not continue its climb.

- ***Persons living in RSBTGA Service Area 6, the High Desert:*** HIV diagnoses among persons living in the Mojave Desert region of the RSBTGA have risen 64% between 2021 and 2022. Please refer to Figure 1 on page six for a visual representation of the service area. The challenges for this region are many, but the most urgent is the need for transportation or proximate HIV prevention services within the high desert area. As previously mentioned, the RSBTGA is the largest TGA in the country, and Service Area 6 represents nearly 70% of the TGA's geographic area. The RSBTGA will be working with the state to identify HIV clusters in the service area to target areas of greatest need for EIIHA strategies.

- ***Persons living in Service Area 2, Mid-Riverside**:* HIV diagnoses among persons living in the Service Area 2 rose by 17% from 2021 to 2022, while diagnoses in service areas 1 and 3, both adjacent, declined by 12.7%.

2) Activities that will impact Subpopulations of Focus

- Diagnosis of persons unaware of their HIV status
  - In its overarching workplan, which includes objectives and strategies for the Ryan White HIV/AIDS Program (RWHAP) and the Ending the HIV Epidemic Program (EHE) the RSBTGA is implementing a broad messaging campaign through EHE funding that will:
    - Work with community groups representing the various priority groups to provide feedback regarding messaging campaigns and any barriers to care.
    - Create website messaging to increase utilization and develop social media accounts to target priority populations; and
    - Improve capacity for data analysis to target more finely the pockets of HIV clusters within priority service areas to refine targeting efforts to identify the undiagnosed.
- Referral to care of persons newly diagnosed
  - The RSBTGA has a solid referral process in place, with 75% of persons diagnosed receiving care following diagnosis at known clinical sites. The RSBTGA will undertake the following objectives:
    - Improve collaboration at the testing level with non-RWHAP clinical providers to establish avenues to identify client outcomes for those not entering care at a RWHAP provider location.
    - Improve follow-up on referrals to include identifying client landing sites when outside the RWHAP; and
    - Upgrade data collection tools to include reportable fields for verifying client linkage to care to non-RWHAP locations post diagnosis and referral.
- Linkage to care of persons newly diagnosed
  - The RSBTGA will undertake the following improvements to linkage to care over the next three years:
    - By 12/31/25 continue to design and implement a project aimed at reducing the number of days from diagnosis to first provider appointment for priority populations to 7 days.
    - By 12/31/25 continue to design and implement a project aimed at reducing the number of days from diagnosis to ART prescription for priority populations to 0 days.

APPROACH

A. Planning Responsibilities

1) Please see Attachment 7 for the Letter of Assurance from the Inland Empire HIV Planning Council Chair.

The letter includes details on the most recent Needs Assessment, the Comprehensive Planning Process (Integrated HIV Prevention and Care Plan), the Priority Setting and Resource Allocation

(PSRA) process, the involvement of clients in the PSRA process, assurance that funding was allocated and expended in accordance with the priorities set by the Inland Empire HIV Planning Council, ongoing membership training, the completion of the Assessment of the Administrative Mechanism and that the most recent Comprehensive HIV Needs Assessment was completed in 2024.

A) Planning:

2) Resource Inventory

a) Please see Attachment 8 for the Coordination of Services and Funding Streams table that identifies public funding sources for HIV prevention, care, and treatment services available in the jurisdiction, and the dollar amount and percentage of total funds available in 2021.

WORK PLAN

A. HIV Care Continuum Services Table and Narrative

1) HIV Care Continuum Services Table

Please see Attachment 9 for the RSBTGA HIV Care Continuum for 2025-2027.

2) HIV Care Continuum Narrative

a) Figure 3 below shows the anticipated HIV Care Continuum for 2025-2027[6]. It should be noted that these data are representative of all PWH in the TGA, not only those receiving Ryan White Care. For this reason, the proposed impact of the RWHAP may appear minor.

Table 2:2025-2027 HIV Care Continuum for the RSBTGA:

	2025	2026	2027	Difference
Diagnosis	100%	100%	100%	0%
Linked to Care	70%	71%	72%	+3%
Receipt of Care	41%	42%	43%	+3%
Retained in Care	50%	51%	52%	+3%
Virally Suppressed	67%	68%	69%	+3%

i. Planned service categories outlined in Attachment 10 will impact the Integrated HIV Prevention and Care Plan through coordination and collaboration across all disciplines in the TGA to ensure the identification and linkage to care of individuals newly diagnosed with HIV, their retention in care, and ultimately the viral suppression of those persons. These activities will ensure movement toward the goal of 90/90/90 by 2030.

ii. Core services identified that will impact Receipt of Care, Retention in Care, and Viral Suppression include Outpatient/Ambulatory Health Services, Medical Case Management Services, Mental Health Services, Substance Abuse Services, Housing, and Medical Transportation. Core services that will impact Diagnosis and Linkage to Care include Early Intervention Services and Medical Transportation.

[6] *Data provided by California State Office of AIDS, July 2023.*

B. Funding for Core and Support Services

1) Service Category Plan

a) Service Category Plan Table.

i. Ryan White Part A: Please see Attachment 10 for the 2025 RWHAP Service Category Plan.

ii. MAI: Please see Attachment 10 for the 2025 MAI Service Category Plan.

iii. Please see Page 3 of Attachment 10 for all Service Unit Definitions. The TGA does not have multiple definitions per service category.

iv. Not applicable.

b) MAI Service Category Plan Narrative:

i. Data show that Hispanic and African American people with HIV face barriers at a greater intensity than other populations, and experience barriers to care such as socio-cultural and language barriers that ultimately result in health inequities. These barriers keep individuals from getting tested, contribute to late entry into care, and can result in lapses in care. To address these issues, the IEHPC has allocated 100% of MAI funds to Early Intervention Services (EIS). MAI-funded EIS works to address these barriers in a manner and at locations that work best for Hispanic and African American communities to link newly diagnosed individuals and bring individuals that have fallen out of care back into care. Further, MAI-funded EIS programs are required to utilize evidence-based strategies proven effective in the identification of, linkage to, and maintenance in care of individuals from minority populations.

ii. EIS services differ from all other Part A services in general because they are proactive as opposed to reactive. All other Part A services respond to the needs of people with HIV, whether it is with medical care, transportation, or mental health and substance use issues. EIS is proactive in that it 1) actively seeks out people who are at high-risk for HIV, 2) tests them, and 3) refers and connects them to medical care if their test results are positive. If the results are negative, the program refers high-risk clients to prevention partners to receive education about safe behaviors and follows up to ensure completion of referrals. This proactive approach with African American and Hispanic communities is designed to reduce the numbers of people who are late-to-test and improve outcomes for those who are connected to care.

2) Unmet Need

a) The RSBTGA proposes the following interventions (Table 4, page 15) for persons with Unmet Need as identified in Attachment 6:

Table 3: Unmet Need Interventions

Population	Population Count	Intervention
Late Diagnosis	121 or 20.7%	1. EHE campaigns to improve access to hard-to-reach populations for messaging on testing and treatment. 2. Ongoing EIS programs utilizing improved, refined data to identify HIV clusters within priority communities to ensure access to early and effective HIV testing.

Unmet Need	404 or 24.1%	1. The RSBTGA is developing enhanced Retention in Care efforts to reduce the number of persons who drop out of care and become part of the Unmet Need population. 2. Ongoing outreach and testing efforts to return lost to care populations to care and reduce the population of persons with Unmet Need in the community.
Not Virally Suppressed	4,336 or 24.9%	1. Enhanced Retention in Care efforts to improve client adherence to HIV medical care and HIV regimens. 2. Wider and more sustained promotion of the U=U campaign and the benefits of viral suppression/ undetectable status. 3. Enhanced client education efforts to ensure full understanding of HIV and viral suppression efforts, and the reasons for these goals being established.

ii. The strategies above are a part of the RSBTGA's combined RWHAP and EHE Work Plan, first described on page 9, which integrates these two initiatives together in a complementary plan that supports the gaps of each program. This integration allows for a more comprehensive tool to battle the advance of HIV and AIDS in the RSBTGA. Supporting Pillars 2 and 4 of the EHE, while supporting the goals of the RWHAP, the RSBTGA has been able to create a wrap-around funding effort that will in the coming year demonstrate improvements to the Continuum of Care for all demographics including priority populations.

3) Core Medical Services Waiver: The RSBTGA is submitting a Core Medical Services Waiver for FY 2025.

RESOLUTION OF CHALLENGES

Resolution of Challenges Part A Program			
Anticipated Challenges	**Proposed Resolution**	**Intended Outcome**	**Current Status**
Housing: Housing is a challenging need to meet for PWH. There is a lack of affordable housing in general and very limited long-term transitional housing for individuals with substance abuse issues.	One subrecipient has a five-year expansion plan that includes the development of additional, on-site housing units designated for PWH. This development will double the capacity of the agency's on-site housing. (*Update: The housing complex has been purchased, and the plan is moving forward.*) Additionally, other subrecipient agencies have launched robust housing programs to help provide affordable housing. Case managers and referral coordinators work together to build relationships with community partners who can	To increase the availability of housing and improve the linkage between Ryan White subrecipients and other community resources thereby improving clients' linkage, retention, and viral suppression outcomes.	The number of PWH who report they are stably housed increased to 90% in 2023 compared to 88% in 2019.

	meet the unmet needs of people with HIV.		
Transportation: Many clients in the TGA experience transportation barriers that prevent them from linking to care and make it difficult for them to remain in consistent care. **The Inland Empire Health Plan (IEHP) has provided transportation services but is now phasing out this service.**	Subrecipients have implemented emergency Lyft transportation to clients who may have exceeded the $70 per month budget limitation for RW transportation services and who have a medical transportation need. One subrecipient has also secured other funding for a van to address transportation challenges of those residing in remote areas of the San Bernardino high desert. This subrecipient applied for and received a grant to purchase a van to provide services in San Bernardino County.	To improve the linkage between Ryan White subrecipients and other grant and community resources thereby improving clients' linkage, retention, and viral suppression outcomes.	Fully implemented and ongoing.
Nutrition: Although there are several food pantries in the more populated areas of the two-county area, many clients, especially those that do not reside close to the food pantries, cannot afford to meet their nutritional needs. In addition, the aging population and others struggling with illness need supplemental nutrition (e.g., Ensure®).	Case managers first link all clients in need of nutrition services to local food pantries, whenever possible. For those that cannot benefit from pantries and those that require more nutritional assistance, subrecipients distribute food vouchers. Considering the increasing need, the IEHPC increased funding to food services and also increased the cap on vouchers from $60 to $80 per client per month. Finally, the IEHPC funded Medical Nutrition Therapy to further assist clients with nutrition education and food supplements.	To improve the linkage between Ryan White subrecipients and other community resources thereby improving clients' health outcomes.	Fully implemented and ongoing.
Medical Nutritional Therapy: In addition to the need for additional food pantries and services, people need nutritional counseling to establish good habits. The TGA is currently experiencing difficulty obtaining medical referrals from non-Ryan White clinicians. A $25 co-pay has been established that	The Administrative Agency works with subrecipients to identify private doctors who are charging for referrals to nutritional therapy and helps with developing working relationships with these providers to remove this barrier to care. The work continues in 2020 and beyond.	That PWH will have unfettered access to Medical Nutrition Therapy.	Ongoing collaborations since Fall 2019.

many Ryan White clients cannot afford to pay.			
With lower uninsured rates, persons accessing Ryan White program services tend to have higher acuity levels, often with multiple co-morbidities, such as mental health, substance use, and other complex issues. These clients often require more intense care coordination.	Subrecipient agencies frequently provide their staff with trainings related to HIV management, trauma care, crisis intervention, and other evidence-based interventions to support the staff in dealing with the unique challenges faced by many PWH.	To increase the capacity of funded staff to successfully engage, retain, and treat persons of higher acuity thereby improving clients' linkage, retention, and viral suppression outcomes.	Fully implemented and ongoing.
Size of the TGA: Referenced throughout this application is the significant size of the TGA, with both San Bernardino and Riverside Counties being approximately 225 miles long from east to west. Getting services to clients, or getting them to services, is a constant battle.	The TGA is always working through its subrecipients to improve the mobility of services and transportation for clients. The TGA will work with the Inland Empire HIV Planning Council to determine the best solutions to the service/transportation issue in the TGA.	To develop innovative solutions to get services to remote areas of the TGA, or to get clients closer to services.	Collaborations ongoing since Fall 2019.

EVALUATION AND TECHNICAL SUPPORT CAPACITY

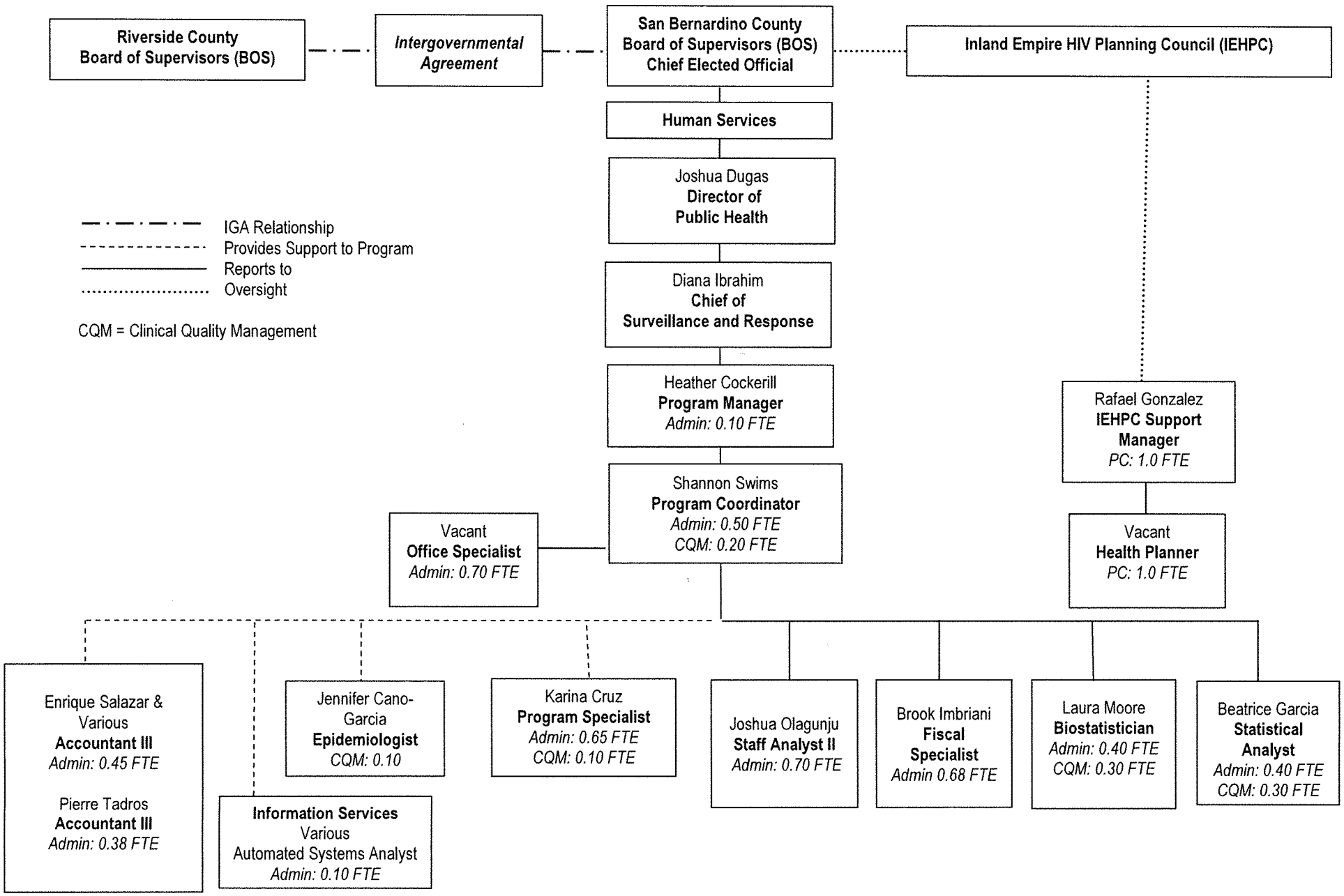
A. *Clinical Quality Management (CQM) Program*

1) Please see below for two of six QI projects undertaken this past year with multiple RW Part A subrecipients.

Service Category: Emergency Intervention Services	***Measure: Newly Diagnosed Individuals Linked to Care within 30 Days***	
Description	*% of newly diagnosed Part A/MAI clients receiving EIS and had at least one medical visit, or one viral load test within 30 days of their diagnosis date*	
Methodology	*Pull raw ARIES Part A/MAI data for services rendered in Quarter X. Variables to include: Agency Name, Contract Name, Agency Enrollment Date, ARIES ID, Date HIV Pos., Viral Load Date, Viral Load Count, Service Date, Primary Service, Address Zip, Address Geo Area, Client DOB, Age by Decade, Current Gender, Race by CADR, Risk by CADR category*	*Sort by ARIES ID and Viral Load Date (Old to New). Calculate days between HIV Dx and 1st Viral Load Date. [=Viral Load Date - HIV Dx Date]*
Activities & Performance	*Outreach Events (In Person/ Media Campaigns), Quarterly Data Pull and analysis by TGA provided to Subrecipients to assist in enhancing services.*	
Planned Outcome	*Decrease Linkage to Care time and ensure higher adherence to medication and services. Increase linkage will increase VL Suppression and ART adherence.*	
Actual Outcome	*82% of newly diagnosed individuals were linked to care within 30 days of diagnosis.*	

Service Category: Medical and Non-Medical Case Management	***Retention in Care***	
Description	*% of Part A clients receiving NMCM and had two medical visits, or two viral load tests at least 90 days apart during the reporting period*	
Methodology	*Use ARIES HAB QM Indicator Report for reporting period - Filter for Contract - Gap In Medical Visits -- 1 year -- Include 23/24 and 24/25 contracts*	*All Client Follow-Up: AA/LX, 50+, SA-2, SA-6*
Activities & Performance	*Add new Services to OAHS and engage clients with NMCM. Quarterly Data Pull and analysis by TGA provided to Subrecipients to assist in enhancing services.*	
Planned Outcome	*Clients afforded diverse OAHS Services will increase participation in medical care outside of VL and increase Retention in Care.*	
Actual Outcome	*76% of PWH were retained in care in the measurement period*	

Program Organizational Chart



Attachment 2: Staffing Plan, Job Descriptions, and Biographical Sketches for Key Personnel

Staff Name:	Position:	Qualifications (Knowledge, Skills, Abilities):	Position Description	Rationale for Time Requested
Heather Cockerill	Program Manager	*BA* with 24+ years of experience, serving a variety of Public Health programs, including several years specifically within or in support of the Ryan White Program, within the San Bernardino County, Department of Public Health.	Provides high level oversight and administration of program to include budget, reporting requirements, and 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 20+ years of experience with San Bernardino County including 6+ years of experience in the Ryan White Program and experience in Behavioral Health, Public Works, and Child Support Services programs.	Provides staff supervision, ensures grant requirements are met, and provides 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.
Joshua Olagunju	Staff Analyst II (SAII)	*PhD - Public Administration and Finance*. 24+ years with SB County DPH, with experience in the Ryan White Program and other public health programs.	Develops budgets, monitors program expenditures; coordinates and provides technical assistance to contracted agencies.	0.70 FTE is needed to provide a critical role in supporting RWP budget development/ tracking, and technical assistance.
Laura Moore	Biostatistician	*MS – Criminal Justice/ Criminology*; 10 years doctoral work in Statistics; experience in quantitative and qualitative collection and analysis, descriptive and multivariate analytics, database management/design/ aggregation, and interview techniques with sensitive populations.	Monitors program quality, develops policy and 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 as they fill a critical role in the RWP by monitoring and analyzing client-level data for the program as well as CQM reporting and policy development.

Attachment 2: Staffing Plan, Job Descriptions, and Biographical Sketches for Key Personnel

Staff Name:	Position:	Qualifications (Knowledge, Skills, Abilities):	Position Description	Rationale for Time Requested
Beatrice Garcia	Statistical Analyst	*MBA in Business Administration* emphasis is GIS, BA in Psychology. 13+ Years Public Service with San Bernardino County in Human Services. Experience with Behavioral Health and Transitional Assistance working with special populations and sensitive medical records.	Program Monitoring Lead that oversees and organizes the annual program monitoring of subrecipients, updates and manages program website, provides and analyzes data, and develops reports for monitoring and program planning.	0.70 FTE is needed to provide the RWP with Statistical Analyst support. The SA works with the Biostatistician to fill a critical role in tracking and CQM reporting and policy development
Karina Cruz	Program Specialist I	*MPA* with 17+ years of experience with San Bernardino County serving Public Health and Human Services; including policy and standard practice development, legislative analysis and interpretation, program quality review, and social services appeals process.	Supports program in the development and update of various policies and procedures as needed in the Ryan White Program. Will also work to support program with various admin reports as required by the various grants.	0.75 FTE is needed to provide analytical and programmatic support to the Ryan White Program.
Brook Imbriani	Fiscal Specialist I (FSI)	24+ years with San Bernardino County providing clerical and fiscal support at Child Support Services, Transitional Assistance and Public Health.	Processes subrecipient invoices and program purchases. Tracks service expenditures and provides technical assistance to contracted agencies.	0.68 FTE is needed to provide the RWP with fiscal support and to assist the team in providing program fiscal TA to sub-recipients.
Vacant	Office Specialist	Vacant	Processes subrecipient invoices and program purchases, tracks service expenditures, and provides technical assistance to contracted agencies. Supports staff for operating needs ensure the program meets goals.	0.70 FTE is needed to provide support to RWP admin and CQM and to provide the RWP with fiscal support and assist the team in providing program fiscal TA to sub-recipients.

Attachment 2: Staffing Plan, Job Descriptions, and Biographical Sketches for Key Personnel

Staff Name:	Position:	Qualifications (Knowledge, Skills, Abilities):	Position Description	Rationale for Time Requested
Enrique Salazar	Senior Accountant/Auditor	*MSA* - 3 years with San Bernardino County providing Fiscal Administrative Support to various DPH programs.	Senior Accountant/Auditor provides county fiscal support for the program. Responsible for fiscal administration of Ryan White contracts and monitoring.	0.45 FTE is needed to provide county fiscal support to the RWP.
Pierre Tadros	Accountant III, Auditor	*BA - Accounting*; 8 years with San Bernardino County providing fiscal monitoring / Audit, and accounting support.	Provides fiscal compliance services through conducting fiscal monitoring engagements to audit subrecipient cost reimbursements who are receiving grants related to Ryan White program.	0.38 FTE is needed to provide support to the contract monitoring process.
Jennifer Garcia-Cano	Public Health Epidemiologist	*MPH* - Epidemiologist with the Spatial Analytics Date and Evaluation team and provides epidemiological support to the Ryan White HIV/AIDS program in addition to the Communicable Disease Section's HIV program at SBC DPH.	Epidemiologist: Provides statistical analysis of HIV/AIDS and other data related to CQM and QI programs, activities, projects, etc. Coordinates epidemiological staff to secure data to inform CQM and QI activities and plans.	0.10 FTE is needed to provide epidemiologic support to the RWP in the form of manipulating data so that it can usefully answer questions about demographics, services, and needs in the county for the purposes of informing stakeholders.
Rafael Gonzalez	IEHPC Program Support Manager	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 the Planning Council in the coordination of its legislatively mandated functions. Defines immediate and long- range goals; establishes and revises program policies and procedures according to program guidelines.	1.00 FTE is needed to provide support and direction to the Planning Council in its various roles and functions.

Attachment 2: Staffing Plan, Job Descriptions, and Biographical Sketches for Key Personnel

Staff Name:	Position:	Qualifications (Knowledge, Skills, Abilities):	Position Description	Rationale for Time Requested
Vacant	Health Planner I (PC) IEHPC Program	Vacant	Provides administrative support to the Planning Council and Health Planner to meet their mandated roles including meeting set up, taking minutes and filing appropriate notices.	1.00 FTE is needed to provide administrative support to the Planning Council and the Program Manager.

Attachment 3: Maintenance of Effort

NON-FEDERAL EXPENDITURES	
FY Prior to Application (Actual) Actual prior FY non-federal EMA/TGA political subdivision expenditures for HIV-related core medical and support services.	Current FY of Application (Estimated) Estimated current FY non-federal EMA/TGA political subdivision expenditures for HIV-related core medical and support services.
Amount: $4,699,805	**Amount: $4,700,000**

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

TGA - Incidence (New Cases in the year indicated): Riverside/San Bernardino TGA

HIV/AIDS Incidence Surveillance 2021-2023										
	HIV Incidence (1)			3-Yr	HIV	AIDS Incidence			3-Yr	AIDS
	2021	2022	2023	HIV	Percent	2021	2022	2023	AIDS	Percent
Incidence	431	498	583	**1512**	**100.0%**	140	170	165	**475**	**100.0%**
Rate per 100,000 (2)	10.6	10.7	11.1			3.6	3.5	3.6		
Risk										
MSM	282	307	324	**913**	**60.4%**	79	101	73	**253**	**53.3%**
IDU	11	15	24	**50**	**3.3%**	6	8	8	**22**	**4.6%**
MSM/IDU	6	13	18	**37**	**2.4%**	6	3	8	**17**	**3.6%**
Hetero	13	32	117	**162**	**10.7%**	7	11	15	**33**	**6.9%**
Other	0	0	10	**10**	**0.7%**	0	0	0	**0**	**0.0%**
Perinatal	2	1	1	**4**	**0.3%**	1	0	0	**1**	**0.2%**
Unknown/NRR/NIR	117	130	89	**336**	**22.2%**	41	47	61	**149**	**31.4%**
Current Gender										
Males	378	427	500	**1305**	**86.3%**	123	159	137	**419**	**88.2%**
Females	50	65	70	**185**	**12.2%**	16	11	27	**54**	**11.4%**
Transgender MTF	2	4	10	**16**	**1.1%**	1	0	0	**1**	**0.2%**
Transgender FTM	1	2	2	**5**	**0.3%**	0	0	1	**1**	**0.2%**
Alternative Gender	0	0	1	**1**	**0.1%**	0	0	0	**0**	**0.0%**
Unknown	0	0	0	**0**	**0.0%**	0	0	0	**0**	**0.0%**
Race/Ethnicity										
American Indian	0	2	1	**3**	**0.2%**	0	0	0	**0**	**0.0%**
Black	65	93	82	**240**	**15.9%**	19	23	17	**59**	**12.4%**
Hispanic	232	257	352	**841**	**55.6%**	68	88	88	**244**	**51.4%**
Multi race	11	5	7	**23**	**1.5%**	4	4	4	**12**	**2.5%**
Unknown	1	9	0	**10**	**0.7%**	0	0	1	**1**	**0.2%**
White	107	123	119	**349**	**23.1%**	38	50	51	**139**	**29.3%**
Asian	15	8	21	**44**	**2.9%**	10	5	4	**19**	**4.0%**
NH/Pacific Islander	0	1	1	**2**	**0.1%**	1	0	0	**1**	**0.2%**
Age Group										
<13	2	1	1	**4**	**0.3%**	1	0	0	**1**	**0.2%**
13-24	88	95	80	**263**	**17.4%**	10	12	11	**33**	**6.9%**
25-44	255	305	353	**913**	**60.4%**	81	95	89	**265**	**55.8%**
45-64	74	85	133	**292**	**19.3%**	44	53	54	**151**	**31.8%**
65+	12	12	16	**40**	**2.6%**	4	10	11	**25**	**5.3%**
Unknown	0	0	0	**0**	**0.0%**	0	0	0	**0**	**0.0%**
	1.4%	1.2%	1.2%	1435		0.7%	0.6%	0.6%	475	

Source: CA Office of AIDS eHARS Download

(1) Due to complexities of reporting during COVID-19, 2021 data may not be complete.

(2) California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections

Three-Year Prevalence (Living as of December 31 of indicated year): Riverside/San Bernardino TGA

HIV/AIDS Prevalence Surveillance 2021-2023

	HIV Prevalence (1)			AIDS Prevalence			HIV/AIDS Prevalence			2023
	2021	2022	2023	2021	2022	2023	2021	2022	2023	Proportions
Total Prevalence	**7,575**	**8,071**	**8,654**	**8,387**	**8,604**	**8,769**	**15,962**	**16,675**	**17,423**	**100.0%**
Risk										
MSM	5,358	5,695	6,019	5,907	6,067	6,140	11,265	11,762	12,159	**69.8%**
IDU	283	287	311	489	500	508	772	787	819	**4.7%**
MSM/IDU	304	357	375	548	545	553	852	902	928	**5.3%**
Hetero	539	541	658	731	748	763	1,270	1,289	1,421	**8.2%**
Other	7	7	17	26	26	26	33	33	43	**0.2%**
Perinatal	38	37	38	33	35	35	71	72	73	**0.4%**
Unknown/NRR/NIR	1,046	1,147	1,236	653	683	744	1,699	1,830	1,980	**11.4%**
TOTAL	**7,575**	**8,071**	**8,654**	**8,387**	**8,604**	**8,769**	**15,962**	**16,675**	**17,423**	**100.0%**
Current Gender										
Males	6,676	7,106	7,606	7,524	7,694	7,831	14,200	14,800	15,437	**88.6%**
Females	828	886	956	811	856	883	1,639	1,742	1,839	**10.6%**
Transgender MTF	49	61	71	43	46	46	92	107	117	**0.7%**
Transgender FTM	14	11	13	8	8	9	22	19	22	**0.1%**
Alternative Gender	-	-	1	-	-	-	-	-	1	**0.0%**
Unknown	8	7	7	1	-	-	9	7	7	**0.0%**
TOTAL	**7,575**	**8,071**	**8,654**	**8,387**	**8,604**	**8,769**	**15,962**	**16,675**	**17,423**	**100.0%**
Race/Ethnicity										
White	3,409	3,523	3,642	4,233	4,248	4,299	7,642	7,771	7,941	**45.6%**
Black	1,062	1,084	1,166	1,035	1,052	1,069	2,097	2,136	2,235	**12.8%**
Hispanic	2,695	2,976	3,328	2,732	2,862	2,950	5,427	5,838	6,278	**36.0%**
Asian	169	184	205	157	159	163	326	343	368	**2.1%**
NH/PI	4	8	9	3	6	6	7	14	15	**0.1%**
American Indian	19	20	21	21	21	21	40	41	42	**0.2%**
Multi race	188	235	242	203	250	254	391	485	496	**2.8%**
Unknown	29	41	41	3	6	7	32	47	48	**0.3%**
TOTAL	**7,575**	**8,071**	**8,654**	**8,387**	**8,604**	**8,769**	**15,962**	**16,675**	**17,423**	**100.0%**
Age Group										
<13	10	9	10	1	2	2	11	11	12	**0.1%**
13-24	297	276	356	38	42	53	335	318	409	**2.3%**
25-44	3,031	3,240	3,593	1,331	1,350	1,439	4,362	4,590	5,032	**28.9%**
45-64	3,205	3,344	3,477	4,926	4,857	4,911	8,131	8,201	8,388	**48.1%**
65+	1,009	1,166	1,182	2,087	2,336	2,347	3,096	3,502	3,529	**20.3%**
Unknown	23	36	36	4	17	17	27	53	53	**0.3%**
TOTAL	**7,575**	**8,071**	**8,654**	**8,387**	**8,604**	**8,769**	**15,962**	**16,675**	**17,423**	**100.0%**

Source: CA Office of AIDS eHARS Download

(1) HIV numbers do not include those persons diagnosed with AIDS in the same year.

Prepared By Department of Public Health Departments, San Bernardino County and Riverside County

Attachment 5: Co-occurring Conditions

	General Population			PWH[7]		
	2021 #/rate per 100,000	2022 #/rate per 100,000	2023 #/rate per 100,000	2021 #/rate per 100,000	2022 #/rate per 100,000	2023 #/rate per 100,000
Syphilis (Total	3,158/80.5	3,215/71.4	3,091/67.2	1,361/7,300	1,412/8,100	1,503/8,700
Gonorrhea	8,013/172.9	7,974/167.1	7,607/165.3	813/5,200	850/5,200	898/5,200
Chlamydia	20,941/452.0	21,766/488.3	23,742/516.0	672/4,300	700/4,300	743/4,300
Hepatitis C (acute & chronic)[6]	5,799/125.2	5,799/125.2	5,799/125.2	1,767/11,300	1,856/11,300	1,952/11,300
Homelessness	6,009/128.4	6,649/129.7	7,920/172.1	2,314/14,800	3,333/14,800	2,556/14,800
Formerly Incarcerated				6,521/41,700	6,953/41,700	7,202/41,700
Mental Illness				11,494/73,500	12,256/73,500	12,694/73,500
Substance Abuse				5,708/36,500	6,086/36,500	6,304/36,500

(1) State of California, Department of Finance. P-3: State and County Projections Dataset, California Department of Finance.

(2) San Bernardino County 2023 Homeless Count and Subpopulation Survey: Final Report. April 2023, and 2023 County of Riverside Homeless Count and Subpopulation Survey. June 2023.

(3) California Department of Public Health, Office of AIDS, total HIV/AIDS prevalence as of March 2024. (EHARS data)

(4) Estimates for PWH based on the Riverside-San Bernardino TGA based on rate per 100,000 PWH

(5) CalREDIE.

(6) CalREDIE but the Hepatatitis C data are from 2019 as those are the last data currently available.

(7) 2022 Data for PWH are estimates as no data were available other than 2021

Required Reporting Template A - Unmet Need

Reporting Template A - Unmet Need					
Jurisdiction Name: RIVERSIDE/SAN BERNARDINO TGA			Approach?		Required
			Linked Databases Used?		No
Definition/Description		Number	Percent	Data Source	Year(s) of Data
A	B	C	D	E	F
HIV SURVEILLANCE DATA					
Late Diagnosed					
1	**Late diagnoses:** Number of people with late diagnosed HIV in the most recent calendar year in the jurisdiction based on residence at time of diagnosis. Late diagnosed HIV is based on the first CD4 test result (<200 cells/mL or a CD4 percentage of total lymphocytes of <14) or documentation of an AIDS-defining condition ≤3 months after a diagnosis of HIV infection	121	20.7%	HIV Surveillance data	2022 & 2023
2	**New diagnoses:** Number of people in the jurisdiction with HIV diagnosed in the most recent calendar year based on residence at time of diagnosis	583			
Unmet Need					
3	**Unmet need:** Number of people living with diagnosed HIV infection in the jurisdiction based on most recent known address without any CD4 or VL test in the most recent calendar year	404	24.1%	HIV Surveillance data; if linked databases are used please specify[1]	2023
4	**Population size:** Number of people living with diagnosed HIV infection in the jurisdiction based on most recent known address who had an HIV diagnosis or any other HIV-related lab data (e.g., CD4, VL, genotype, or HIV test even if already diagnosed) reported to the HIV surveillance program during the most recent five calendar year period	2,528		HIV Surveillance data	2019-2023
In Care, Not Virally Suppressed					
5	**Not virally suppressed:** Number of people living with diagnosed HIV infection in the jurisdiction who are in care and whose most recent viral load test result was ≥200 copies/mL in the most recent calendar year	4,336	24.9%	HIV Surveillance data; if linked databases are used please specify[1]	2023

[1]Linked database jurisdictions may also use data from RWHAP or other databases as long as data are from a clinical source. Linked databases may only be used for care pattern definitions and in care, viral suppression

[2]Linked database jurisdictions may also use data from HIV Surveillance or other databases as long as clinical data from other databases are from a clinical source. Linked databases may only be used for care pattern definitions and in care, viral suppression

[3] Jurisdictions may choose to use other services to reflect HIV primary medical care. Any variation from the definitions should be clearly stated in documentation that accompanies the estimates.

Items in yellow reflect cells that will auto calculate when data are entered into the other cells

INLAND EMPIRE HIV PLANNING COUNCIL

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 — **County Health Officer Co-Chair**
David Sesate — **Community Co-Chair**

Subject: Inland Empire HIV Planning Council Assurance for RWHAP Part A FY 2025 Funding

August 12, 2024

Dear San Bernardino County Ryan White Program,

On behalf of the Inland Empire HIV Planning Council (IEHPC), we present this letter of assurance, detailing 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 2025 Funding Opportunity Announcement.

a) Planning:

i. Comprehensive Needs Assessment:
The 2023-2026 Comprehensive HIV Needs Assessment was unveiled early this year and utilized as a data source during the 2024 Priority Setting Resource Allocation Summit. The Planning Committee, which serves as our Needs Assessment workgroup, is actively analyzing the data to identify the needs and making plans on how to best address those needs. Notably, the workgroup has prioritized community education, the expansion of Ryan White providers, and addressing the need for youth engagement in accessing prevention tools to reduce their risk of acquiring HIV and STDs.

ii. Participation in Comprehensive Planning Process:
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, attends our general planning council meetings throughout the year to provide updates on the Integrated Plan. Planning Council Support Staff and Planning Council members are part of the regional Community Advisory Board led by Riverside University Health System Public Health. This advisory board is currently working to identify unmet needs in the TGA, using the Integrated Statewide Strategic Plan to guide their process. This collaboration places the Inland Empire HIV Planning Council at the forefront of addressing unmet needs and breaking down barriers to care in our TGA.

b) Priority Setting and Resource Allocation (PSRA):

i. Data Utilization in PSRA Process:
During the FY 2025 Priority Setting and Resource Allocation Summit, meticulous data utilization ensured:

- **a) Addressing the Needs of Populations with HIV:** The diverse needs of populations living with HIV, including those with unmet requirements for HIV-related services, disparities in access among affected subpopulations and historically underserved communities, and individuals unaware of their HIV status were addressed.
- **b) Resource Allocation According to Local Demographics:** Resource allocation was guided by the local demographic incidence of HIV/AIDS, with targeted allocations for services pertaining to women, infants, children, and youth.

The 2024 Priority Setting and Resource Allocation Summit leveraged an extensive array of data sets, including:

- **HIV/AIDS Epidemiology:**
  - Epidemiology Summary
  - True Prevalence Summary
  - Unmet Need Summary
- **Additional Detailed Data/Backup Information:**
  - Additional "True Prevalence" Information - Unaware Estimate
  - Additional Unmet Need Information
- **Ryan White Client Profile GY 23/24:**
  - Demographics
  - Service Area Reports
  - Substance Abuse Outpatient Review
- **Client Health Outcomes:**
  - Performance Measures
  - Viral Suppression Outcomes
- **Ryan White Health Performance Measures & Health Outcomes**
- **Ryan White Service Category Dashboards**
- **Ryan White Resource Gap Estimate**
  - Estimate of Resource Gaps by Service Category
  - Resource Gap Analysis Scenarios
- **Allocations and Expenditures:**
  - Ryan White Program Part A & MAI Budgets vs. Expenditures
  - Final Budgets
  - Year-End Expenditures
  - Percent Difference Between Budgets vs. Expenditures
  - Ryan White Program Part A Expenditures Bar Graph
- **Service Category Data:**
  - All Service Category Dashboards
  - Outpatient/Ambulatory Health Services Dashboard
  - Oral Health Dashboard
  - Early Intervention Services Dashboard
  - Home and Community-Based Health Services Dashboard

- Medical Case Management Dashboard
- Mental Health Services Dashboard
- Substance Use Services (Outpatient) Dashboard
- Case Management Dashboard
- Food Bank/Home-Delivered Meals Dashboard
- Housing Services Dashboard
- Medical Transportation Dashboard
- Psychosocial Support Services Dashboard
- Medical Nutrition Therapy Dashboard
- Emergency Financial Assistance Dashboard

- **Additional Presentation Request:**
  - Ending the Epidemics: Integrated Statewide Strategic Plan Overview 2022-2026
  - Ending the Epidemic Update: Riverside County
  - Ending the Epidemic Update: San Bernardino County
  - 2023-2026 IEHPC Needs Assessment
  - Consumer Caucus Report

ii. Involvement of People with HIV in Planning and Allocation Processes:
Our dedication to inclusive planning and allocation processes is evident through the involvement of People Living with HIV in the FY 2025 Planning and Allocation endeavors. We have cultivated a consumer participation platform through in-person (Hesperia on June 13th and Palm Springs on June 17th) and virtual (online June 24th) 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, as witnessed during the PSRA on June 26th and 27th, 2024.

iii. Expenditure of FY 2024 Funds:
We are pleased to report that the FY 2024 budget period formula, supplemental, and MAI funds awarded to the TGA reflect alignment with the priorities established by the Planning Council. Our grant recipient provides regular quarterly reports verifying that all FY 2024 Formula, Supplemental, and MAI fund expenditures adhere to the priorities outlined by the Planning Council.

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 topics such as reading data, Ryan White Part A, and participating in PSRA. In preparation for the 2024 priority-setting process, a virtual training session took place on June 20th, 2024, to enhance members' proficiency in interpreting various reports crucial to the PSRA. Additionally, a planning council reimbursement training was held on July 26th, 2024, and a directives training workshop was held on August 8th, 2024. This year, we are revamping our Planning Council Orientation/Training, which will be incorporated into the 2025 training calendar.

d) Assessment of the Efficiency of the Administrative Mechanism:

i. Assessment of Grant Recipient Activities:
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. The Inland Empire HIV Planning Council is currently forming a committee that will evaluate our current screening tool and improve the process, including updating our policies and procedures and bylaws. This will improve how we conduct this assessment annually.

Conclusion:

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 are fully committed to collaborating with the recipient and HRSA to ensure ongoing compliance and effective program implementation. We stand ready to provide any further clarifications or information if required.

Sincerely,

David Sesate

David Sesate
Co-Chair, Inland Empire HIV Planning Council

Attachment 8: Coordination of Services and Funding Streams

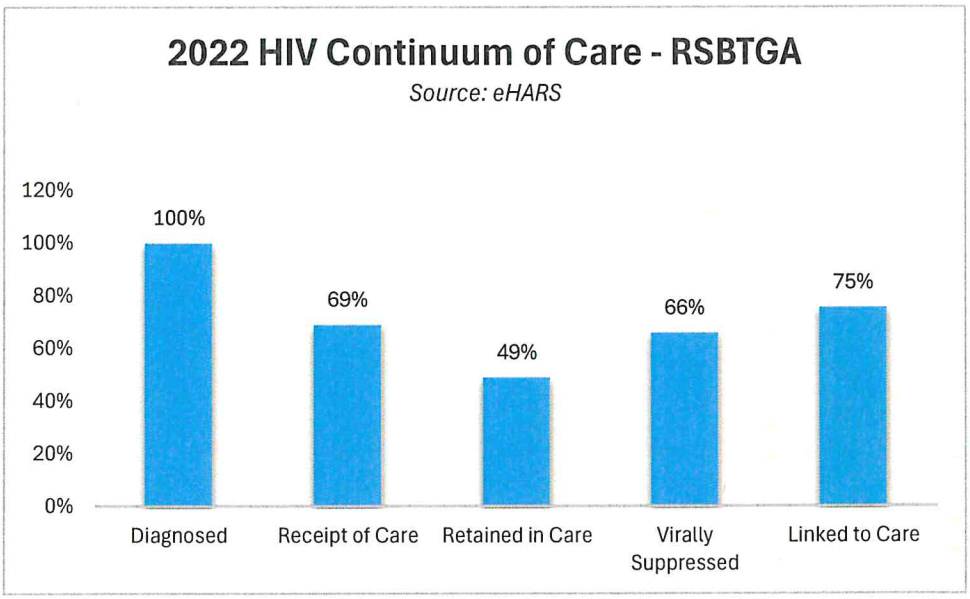
(1) Funding Sources	(2) 2020 Budget		(3) Services Delivered																															
	$ Amount	%	**Core Medical-related Services**	Outpatient/Ambulatory Medical Care	AIDS Drug Assistance Program	AIDS Pharmaceutical Assist.	Oral Health Care	Early Intervention Services	Health Insurance Prem/ Cost-Sharing Assist	Home Health Care	Home & Community-based Health Services	Hospice Services	Mental Health Services	Medical Nutrition Therapy	Medical Case Management	Substance Abuse Services – Outpatient	**Supportive Services**	Non-medical Case Management	Child Care Services	Emergency Financial Assistance	Food Bank/Home-delivered Meals	Health Education/Risk Reduction	Housing Services	Legal Services	Linguistic Services	Medical Transportation Services	Outreach Services	Psychosocial Support Services	Referral for Health Care/ Supportive	Rehabilitation Services	Respite Care	Substance Abuse Services – Residential	Treatment Adherence Counseling	**HIV Testing**
Part A	6,864,296	2.9987		✓			✓	✓			✓		✓	✓	✓	✓		✓		✓	✓		✓			✓		✓						✓
MAI (Part A)	469,683	0.2052						✓																										✓
Part B	1,791,810	0.7828		✓				✓			✓			✓	✓			✓			✓	✓				✓	✓							
MAI (Part B)	97,487	0.0426																									✓							
Part C	702,174	0.3068		✓				✓					✓		✓																			✓
Part F	39,225	0.0171					✓																											
EHE Prevention	2,350,467	1.0268						✓																			✓							✓
EHE	1,894,048	0.8274		✓				✓							✓			✓																✓
ADAP	16,393,842	7.1618			✓																													
OA-HIPP	5,191,362	2.2679							✓																									
CDC	1,921,250	0.8393																									✓							✓
HUD/HOPWA	2,220,732	.9702																					✓											
Medi-Cal	90,805,885	39.6695		✓		✓	✓			✓	✓	✓	✓																					
Medicare	76,080,482	33.2366		✓						✓		✓																						
OTHER	22,083,038	9.6472		✓			✓	✓			✓		✓	✓	✓	✓		✓			✓		✓			✓	✓	✓						✓
TOTAL	$228,905,781																																	

Diagnosis-Based HIV Care Continuum Services Table using CDC Data

Stages of the HIV Care Continuum

I. Diagnosed: Percentage of persons aged ≥13 years with HIV infection who know their serostatus.						**Diagnosed Service Category (List service categories that tie to target goal as described in Part A and/or MAI Service Category Plan Table)**
Goal	Prevent new HIV infections.	**Objective**	By 2030, increase the percentage of people with HIV infection who know their serostatus to at least 95 percent. (Source: NHSS, Indicator HIV02***)			
2022 CDC Baseline						Early Intervention Services
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection in the jurisdiction at the end of the calendar year. Data Source: NHSS 202012 (Reference Source: Vol 5 No 1*).	16,675		**Denominator:** Number of persons aged ≥13 years with HIV infection (diagnosed or undiagnosed) in the jurisdiction at the end of the calendar year. ****	16,675	100%	
FY 2027 Three-Year Period of Performance Target				**Percentage Change from Baseline to Target**	**0%**	
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection in the jurisdiction at the end of the calendar year. Data Source: NHSS 202012 (Reference Source: Vol 5 No 1*).	17,175		**Denominator:** Number of persons aged ≥13 years with HIV infection (diagnosed or undiagnosed) in the jurisdiction at the end of the calendar year. ****	17,175	100%	
II. Receipt of Care: Percentage of persons with diagnosed HIV who had at least one CD4 or viral load test during the calendar year.						**Receipt of Care Service Category (List service categories that tie to target goal as described in Part A and/or MAI Service Category Plan Table)**
Goal	Improve HIV-related outcomes for people with HIV.	**Objective**	By 2030, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 95%. (Source: NHSS, Indicator HIV05***).			
2022 CDC Baseline						Outpatient/Ambulatory Health Services, Medical Case Management, Case Management (Non-Medical)
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had a care visit during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: HPPR, 2019**).	11,505		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	16,675	69%	
FY 2027 Three-Year Period of Performance Target				***Percentage Change from Baseline to Target***	**3%**	
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had a care visit during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: HPPR, 2019**).	12,366		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	17,175	72%	
III. Retained in Care: Percentage of persons with documentation of 2 or more CD4 or viral load tests performed at least 3 months apart during the calendar year.						**Retained in Care Service Category (List service categories that tie to target goal as described in Part A**
Goal	Improve HIV-related outcomes for people with HIV.	**Objective**	By 2030, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 95%. (Source: NHSS, Indicator HIV05).			
2022 CDC Baseline						Early Intervention Services, Medical Case Management, Outpatient/Ambulatory Health Services, Home and Community-based Services, Oral Health Care, Mental Health Services, Substance Abuse (Outpatient), Medical Nutrition Therapy, Case Management (Non-Medical), Food, Transportation, Housing Services, Psychosocial Services, Emergency Financial Assistance
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had two care visits that were at least 90 days apart during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 5 No 1*).	8,162		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	16,675	49%	
FY 2027 Three-Year Period of Performance Target				Percentage Change from Baseline to Target	**3%**	
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection who had two care visits that were at least 90 days apart during the calendar year, as measured by documented test results for CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 5 No 1*).	8,931		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	17,175	52%	
IV. Viral Suppression: Percentage of persons with diagnosed HIV infection whose most recent HIV viral load test in the past 12 months showed that HIV viral load was suppressed.						**Viral Suppression Service Category (List service categories that tie to target goal as described in Part A and/or MAI Service Category**
Goal	Improve HIV-related outcomes for people with HIV.	**Objective**	By 2030, increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 95%. (Source: HNSS, Indicator HIV05***).			
2022 CDC Baseline						Outpatient/Ambulatory Health Services, Medical Case Management
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection whose most recent viral load test in the calendar year showed that HIV viral load was suppressed. Viral suppression is defined as a viral load test result of <200 copies/mL at the most recent viral load test. Data Source: NHSS 202012 (Reference Source: Vol 5 No 1*).	10,990		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	16,675	66%	
FY 2027 Three-Year Period of Performance Target				Percentage Change from Baseline to Target	**3%**	
Numerator: Number of persons aged ≥13 years with diagnosed HIV infection whose most recent viral load test in the calendar year showed that HIV viral load was suppressed. Viral suppression is defined as a viral load test result of <200 copies/mL at the most recent viral load test. Data Source: NHSS 202012 (Reference Source: Vol 5 No 1*).	11,850		**Denominator:** Number of persons aged ≥13 years with HIV infection diagnosed by previous year-end and alive at year-end.	17,175	69%	
V. Linkage to Care: Percentage of persons with newly diagnosed HIV infection who were linked to care within one month after diagnosis as evidenced by a documented CD4 count or viral load.						**Linkage to Care Service Category (List service categories that tie to target goal as described in Part A and/or MAI Service Category**
Goal	Improve HIV-related outcomes for people with HIV.	**Objective**	By 2030, increase the percentage of persons with newly diagnosed HIV infection who are linked to HIV medical care within one month of diagnosis to at least 95%. (Source: NHSS, Indicator HIV04***).			
2022 CDC Baseline						Early Intervention Services, Outpatient/Ambulatory Health Services, Medical Case Management, Case Management (Non-Medical)
Numerator: Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year who were linked to care within one month of their diagnosis date as evidenced by a documented test result for a CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 5 No 1*).	459		**Denominator:** Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year.	608	75%	
FY 2027 Three-Year Period of Performance Target				Percentage Change from Baseline to Target	**3%**	
Numerator: Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year who were linked to care within one month of their diagnosis date as evidenced by a documented test result for a CD4 count or viral load. Data Source: NHSS 202012 (Reference Source: Vol 5 No 1*).	507		**Denominator:** Number of persons aged ≥13 years with newly diagnosed HIV infection during the calendar year.	650	78%	
Describe methodology utilized to calculate the Target to be achieved during the three-year period of performance:	HIV Continuum of Care data for Riverside and San Bernardino County provided by California State office of AIDS, June 2024 Bases on CY 2022 CDC HIV SURVEILLANCE DATA AS OF December 31, 2023					

Numerator and Denominator Definitions Sources:	*CDC. Core indicators for monitoring the Ending the HIV Epidemic initiative: National HIV Surveillance System data reported through December 2023. HIV Surveillance Data Tables 2024;5(1).
	**HIV Prevention Progress Report. 2019 (HPPR, 2019)
	***Healthy People 2030. National HIV Surveillance System (NHSS)
	****The Diagnosed stage measures the percentage of the total number of people with HIV whose infection has been diagnosed. To determine this percentage, the


2022 HIV Continuum of Care - RSBTGA
Source: eHARS
120%
100%
80%
60%
40%
20%
0%
100%
69%
49%
66%
75%
Diagnosed
Receipt of Care
Retained in Care
Virally Suppressed
Linked to Care

Recipient Name: Riverside/San Bernardino TGA

Grant Number: H89HA00032

RWHAP Part A Service Category Plan Table

Service Categories	FY 2024 Allocated				FY 2025 Estimated				
	Priority #	Allocated Amount	Unduplicated Clients	Service Units	Priority #	Estimated Amount	Unduplicated Clients	Service Units	Average Cost per Service Unit
Core Medical Services									
AIDS Drug Assistance Program (ADAP) Treatment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
AIDS Pharmaceutical Assistance (LPAP)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Early Intervention Services	1	$ 685,438.00	739	10850	1	$ 600,000.00	730	10800	$55.56
Health Insurance Premium & Cost Sharing Assistance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Home & Community Based Health Service	5	$ 203,093.00	23	11784	7	$ 400,000.00	40	15000	$26.67
Home Health Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospice	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medical Case Management (Incl Treatment Adherence)	2	$ 710,824.00	1414	17758	4	$ 750,000.00	1450	18000	$41.67
Medical Nutrition Therapy	8	$ 177,706.00	276	3800	8	$ 100,000.00	200	2500	$40.00
Mental Health Services	6	$ 365,567.00	132	8849	3	$ 380,000.00	150	9000	$42.22
Oral Health Care	4	$ 1,279,484.00	1315	36825	2	$ 1,100,000.00	1300	35000	$31.43
Outpatient/ Ambulatory Health Services	3	$ 507,732.00	540	4080	5	$ 475,000.00	520	4000	$118.75
Substance Abuse Outpatient Care	7	$ 355,412.00	186	9840	6	$ 400,000.00	200	10000	$40.00
CORE MEDICAL TOTAL		$ 4,285,256.00				$ 4,205,000.00			
Support Services									
Child Care Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Emergency Financial Assistance	6	$ 81,237.00	35	565	5	$ 60,000.00	30	560	$107.14
Food Bank/ Home Delivered Meals	2	$ 863,144.00	1503	70993	1	$ 850,000.00	1500	70800	$12.01
Health Education/ Risk Reduction	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Housing	5	$ 253,866.00	535	14250	2	$ 260,000.00	550	14270	$18.22
Linguistics Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medical Transportation	3	$ 456,959.00	1368	29260	3	$ 550,000.00	1500	29500	$18.64
Non-Medical Case Management Services	1	$ 1,015,464.00	2993	46320	4	$ 1,025,000.00	3000	46400	$22.09
Other Professional Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Outreach Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Psychosocial Support	4	$ 152,319.00	124	21616	6	$ 150,000.00	120	21400	$7.01
Referral For Health Care Supportive Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rehabilitation Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Respite Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Substance Abuse-residential	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SUPPORT SERVICES TOTAL		$ 2,822,989.00				$ 2,895,000.00			
GRAND TOTAL		$ 7,108,245.00				$ 7,100,000.00			

FY 2024 Part A Allocated		
	Core Medical Services	Support Services
FY 2024 Percentages	60.29%	39.71%

FY 2025 Part A Estimated		
	Core Medical Services	Support Services
FY 2025 Percentages	59.23%	40.77%

FY 2024 Part A + MAI Allocated		
	Core Medical Services	Support Services
FY 2024 Percentages	63.14%	36.86%

FY 2025 Part A + MAI Estimated		
	Core Medical Services	Support Services
FY 2025 Percentages	62.40%	37.60%

Core Medical Services Waiver Requested	

Recipient Name:
Grant Number: H89HAXXXXX

MAI Service Category Plan Table

Service Categories	FY 2024 Allocated					FY 2025 Estimated					
	Priority #	Allocated Amount	Unduplicated Clients	Service Units	Subpopulation(s) of Focus	Priority #	Estimated Amount	Unduplicated Clients	Service Units	Subpopulation(s) of Focus	Average Cost per Service Unit
Core Medical Services											
AIDS Drug Assistance Program (ADAP) Treatment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
AIDS Pharmaceutical Assistance (LPAP)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Early Intervention Services	1	$ 550,553.00	1,010	10640	African American, and LatinX	1	$ 600,000.00	1100	10800	African American, and LatinX	$55.56
Health Insurance Premium & Cost Sharing Assistance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Home & Community Based Health Service	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Home Health Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hospice	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medical Case Management (Incl. Treatment Adherence)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medical Nutrition Therapy	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oral Health Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient/ Ambulatory Health Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Substance Abuse Outpatient Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CORE MEDICAL TOTAL		$ 550,553.00					$ 600,000.00				
Support Services											
Child Care Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Food Bank/ Home Delivered Meals	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Health Education/ Risk Reduction	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Housing	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Linguistics Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Medical Transportation	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Non-Medical Case Management Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Professional Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Outreach Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Psychosocial Support	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Referral For Health Care Supportive Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rehabilitation Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Respite Care	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Substance Abuse-residential	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SUPPORT SERVICES TOTAL		$ -					$ -				
GRAND TOTAL		$ 550,553.00					$ 600,000.00				

FY 2024 MAI Allocated		
	Core Medical Services	Support Services
FY 2024 Percentages	100.00%	

FY 2025 MAI Estimated		
	Core Medical Services	Support Services
FY 2025 Percentages	100.00%	

Service Unit Definitions

Provide service unit definitions. You may have multiple unit definitions for a service category. Indicate funding stream (RWHAP Part A or MAI), when applicable

RWHAP Service Category	Comments
AIDS Drug Assistance Program (ADAP) Treatment	N/A
AIDS Pharmaceutical Assistance (LPAP)	N/A
Early Intervention Services	*1. Encounters = One 15-minute Encounter* *2. Tests = One Test/Confirmatory Test*
Health Insurance Premium & Cost Sharing Assistance	N/A
Home & Community-Based Health Service	*One 15-minute encounter*
Home Health Care	N/A
Hospice	N/A
Medical Case Management (Incl. Treatment Adherence)	*One 15-minute encounter*
Medical Nutrition Therapy	*1. Encounters = One 15-minute encounter* *2. Supplement = 1 prescription*
Mental Health Services	*One 15-minute encounter*
Oral Health Care	*One 15-minute encounter*
Outpatient/Ambulatory Health Services	*1. Encounters = One 15-minute encounter* *2. Emergency medication: One prescription*
Substance Abuse Outpatient Care	*One 15-minute encounter*
Child Care Services	N/A
Emergency Financial Assistance	1. Encounters = One 15-minute encounter 2. Services = One month utility assistance, one month's rent housing, one short term emergency housing for 7 days, one food voucher ($10), one transportation voucher ($10), or one prescription of medication not covered by ADAP or AIDS Pharmaceutical Assistance
Food Bank/Home Delivered Meals	*$10 transaction*
Health Education/Risk Reduction	N/A
Housing	1. Encounters = One 15-minute encounter 2. Services = One Day
Linguistics Services	N/A
Medical Transportation	*One transaction: Payment (one way) (one way)* *One Taxi* *One Van Trip* *One Bus Voucher* *One Gas Voucher ($10)*
Non-Medical Case Management Services	*One 15-minute encounter*
Other Professional Services	N/A
Outreach Services	N/A
Psychosocial Support	*One 15-minute encounter*
Referral For Health Care and Support Services	N/A
Rehabilitation Services	N/A
Respite Care	N/A
Substance Abuse-residential	N/A

Unit Cost Reasonableness Explanations

If applicable, provide an explanation if the average service unit cost appears low or high for the EMA/TGA.

RWHAP Service Category	Comments
AIDS Drug Assistance Program (ADAP) Treatment	N/A
AIDS Pharmaceutical Assistance (LPAP)	N/A
Early Intervention Services	N/A
Health Insurance Premium & Cost Sharing Assistance	N/A
Home & Community-Based Health Service	N/A
Home Health Care	N/A
Hospice	N/A
Medical Case Management (Incl. Treatment Adherence)	N/A
Medical Nutrition Therapy	N/A
Mental Health Services	N/A
Oral Health Care	N/A
Outpatient/Ambulatory Health Services	N/A
Substance Abuse Outpatient Care	N/A
Child Care Services	N/A
Emergency Financial Assistance	N/A
Food Bank/Home Delivered Meals	N/A
Health Education/Risk Reduction	N/A
Housing	N/A
Linguistics Services	N/A
Medical Transportation	N/A
Non-Medical Case Management Services	N/A
Other Professional Services	N/A
Outreach Services	N/A
Psychosocial Support	N/A
Referral For Health Care and Support Services	N/A
Rehabilitation Services	N/A
Respite Care	N/A
Substance Abuse-residential	N/A

OMB Number: 0906-0065

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.

Name of recipient Riverside/San Bernardino TGA

[X] **RWHAP Part A recipient** [ ] **RWHAP Part B recipient** [ ] **RWHAP Part C recipient**

[ ] **Initial request** [X] **Renewal request**

Year of request 2025/26

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

Dawn Rowe

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

Dawn Rowe

PRINT NAME

Chair, Board of Supervisor

TITLE

9-24-24

DATE

Expiration Date 09/30/2024

Appendix: A

FY 2025 AGREEMENTS AND COMPLIANCE ASSURANCES

Ryan White HIV/AIDS Program

Part A HIV Emergency Relief Grant Program

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

Pursuant to Section 2602(a)(2)[5, 6]
The EMA/TGA will establish a mechanism to allocate funds and a Planning Council that comports with section 2602(b).

Pursuant to Section 2602(a)(2)(B)
The EMA/TGA has entered into intergovernmental agreements with the Chief Elected Officials of the political subdivisions in the EMA/TGA that provide HIV-related health services and for which the number of AIDS cases in the last 5 years constitutes not less than 10 percent of the cases reported for the EMA/TGA.

Pursuant to Section 2602(b)(4)
The EMA/TGA Planning Council will determine the size and demographics of the population of people with HIV, as well as the size and demographics of the estimated population of people with HIV who are unaware of their HIV status; determine the needs of such population and develop a comprehensive plan for the organization and delivery of health and support services. The plan must include a strategy with discrete goals, a timetable, and appropriate funding, for identifying people with HIV who do not know their HIV status, making such individuals aware of their HIV status, and enabling such individuals to use the health and support services. The strategy should particularly address disparities in access and services among affected subpopulations and historically underserved communities.

Pursuant to Section 2603(c)
The EMA/TGA will comply with statutory requirements regarding the timeframe for obligation and expenditure of funds and will comply with any cancellation of unobligated funds.

Pursuant to Section 2603(d)
The EMA/TGA will make expenditures in compliance with priorities established by the Planning Council/Planning Body.

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[5] All statutory references are to the Public Health Service Act, unless otherwise specified.

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

Pursuant to Section 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 Dawn Rowe Date 9/24/24

Dawn Rowe
Chair, Board of Supervisor

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 31, 2024

Paul Chapman
Chief Financial Officer
San Bernardino County
451 E. Vanderbilt Way
San Bernardino, CA 92408

Dear Paul Chapman:

Thank you for submitting your Indirect Cost Rate (ICR) documentation to the California Department of Public Health (CDPH). CDPH is 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 2024-2025, CDPH has accepted the documentation you have provided and, on a one-year basis, will approve your ICR proposal as follows:

17.95% 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, 2024 or later.

If you have any questions, contact CDPH at CDPH-ICR-Mailbox@cdph.ca.gov.

Sincerely,

Luz Lunetta

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