#### THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



#### **Contract Number**

20-1069 A-1

**SAP Number** 4400015586

# **Department of Public Health**

Telephone Number

(909) 388-0222

Contractor

Young Scholars for Academic Empowerment dba TruEvolution, Inc.

Contractor Representative

Gabriel Maldonado

Lisa Ordaz, HS Contracts

 Telephone Number
 (951) 500-8255

 Contract Term
 10/28/2020 through 02/28/2025

 Original Contract Amount
 \$378,597

 Amendment Amount
 \$851,774

 Total Contract Amount
 \$1,230,371

 Cost Center
 9300371000

**Department Contract Representative** 

## IT IS HEREBY AGREED AS FOLLOWS:

## **AMENDMENT NO. 1**

It is hereby agreed to amend Contract No. 20-1069, effective July 27, 2021, as follows:

#### SECTION II. CONTRACTOR PROGRAM RESPONSIBILITIES

#### Paragraph A, Item 1, is amended to read as follows:

1. Provide services as set forth in the Scope of Work – Ending the HIV Epidemic: A Plan for America (Attachment A) for each Program Year and Ryan White Unit of Service Definitions (Attachment B).

## **SECTION V. FISCAL PROVISIONS**

## Paragraph A is amended to read as follows:

A. The maximum amount of payment under this Contract shall not exceed \$1,230,371, of which \$1,230,371 may be federally funded, and shall be subject to availability of funds to the County. If the funding source notifies the County that such funding is terminated or reduced, the County shall determine whether this Contract will be terminated or the County's maximum obligation

reduced. The County will notify the Contractor in writing of its determination and of any change in funding amounts. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

Original Contract	\$378,597	October 28, 2020 through February 28, 2022
Amendment No. 1	\$100,235 increase	March 1, 2021 through February 28, 2022
Amendment No. 1	\$751,539	March 1, 2022 through February 28, 2025

It is further broken down by Program Year as follows:

Program Year	Dollar Amount
October 28, 2020 through February 28, 2021	\$228,319
March 1, 2021 through February 28, 2022	\$250,513*
March 1, 2022 through February 28, 2023	\$250,513
March 1, 2023 through February 29, 2024	\$250,513
March 1, 2024 through February 28, 2025	\$250,513
Total	\$1,230,371

<sup>\*</sup>This amount includes an increase of \$100,235.

## Paragraph B is amended to read as follows:

B. Payment to the Contractor shall be contingent upon the submission by the Contractor, and approval by the County, of the required reports and invoices. Expenditures for services submitted by the Contractor for reimbursement must be consistent with the approved Ending the HIV Epidemic: A Plan for America Budget and Allocation Plan (Attachment H), attached hereto and incorporated by this reference for each Program Year.

Invoices shall be issued with corresponding SAP Contract and/or Purchase Order number stated on the invoice, and shall be processed with a net sixty (60) day payment term following approval by County.

### SECTION VIII. TERM

Amend Section VIII to read as follows:

This Contract is effective as of October 28, 2020, and is extended from its original expiration date of February 28, 2022, to expire on February 28, 2025, but may be terminated earlier in accordance with provisions of Section IX of the Contract.

#### **ATTACHMENTS**

ATTACHMENT A – Remove and replace SCOPE OF WORK – ENDING THE HIV EPIDEMIC: A Plan for America for Program Year 2021-22

ATTACHMENT A1 – Add SCOPE OF WORK – ENDING THE HIV EPIDEMIC: A Plan for America for Program Year 2022-23

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- ATTACHMENT A2 Add SCOPE OF WORK ENDING THE HIV EPIDEMIC: A Plan for America for Program Year 2023-24
- ATTACHMENT A3 Add SCOPE OF WORK ENDING THE HIV EPIDEMIC: A Plan for America for Program Year 2024-25
- ATTACHMENT H Remove and replace PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2021-22
- ATTACHMENT H1 Add PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2022-23
- ATTACHMENT H2 Add PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2023-24
- ATTACHMENT H3 Add PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2024-25

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All other terms and conditions of Contract No. 20-1069 remains in full force and effect.

SAN BERNARDINO COUNTY		TruEvoluti	
		(Print or typ	pe name of corporation, company, contractor, etc.)
<b>•</b>		Ву	
Curt Hagman, Chairman, Board of Supe	rvisors	_,	(Authorized signature - sign in blue ink)
Dated:		Name (	Gabriel Maldonado
SIGNED AND CERTIFIED THAT A COF	PY OF THIS	-	(Print or type name of person signing contract)
DOCUMENT HAS BEEN DELIVERED T	O THE		
CHAIRMAN OF THE BOARD		Title Ch	ief Executive Officer
Lynna Monell Clerk of the Board of San Bernardino Coul			(Print or Type)
By		Dated:	
Deputy		_	
		Address	4164 Brockton Ave., Suite A
			Riverside, CA 92501
FOR COUNTY USE ONLY			
Approved as to Legal Form	Reviewed for Contract Comp	liance	Reviewed/Approved by Department
<b>&gt;</b>	•		
Adam Ebright, County Counsel	Becky Giroux, HS Contracts		Andrew Goldfrach, Interim Director
Date	Date		Date

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Scoi	SCOPE OF WORK YR 2—Ending the HIV Epidemic: A Plan for America USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY
Contractor	TruEvolution, Inc.
<b>Grant Period</b>	Mar. 1, 2021 – Feb. 28, 2022
Service Category	Early Intervention Services
Service Goal	Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support
	treatment adherence and maintenance in medical care. Decrease the time between acquisition of HIV and entry into
	care and decrease instances of out-of-care to facilitate access to medications, decrease transmission rates, and improve
	health outcomes
Service Health Outcomes:	<ul> <li>Maintain 1.1% positivity rate or higher</li> </ul>
	<ul> <li>Link new diagnosed HIV+ to HIV Medical Care -</li> </ul>
	(appointment scheduled w/24 hours for an appointment w/in 72 hours)
	- Retention in medical care (at least two medical visits in a 12-month period) and
	<ul> <li>Improved or maintained viral load suppression rates.</li> </ul>

AREAS:	AREAS: SB – West	SB East	SB – Desert	FY 2021 -2022 Total
Proposed # of Clients	330	330		660
Proposed # of Visits	330	330		660
Proposed # of Units	660	660		1320

	Group Name & Description
	Service Area of Delivery
	Targeted Population
	Open/ Closed
	Targeted Open/ Expected Avg. Population Closed Attend. Per Session
	Session Length (hrs)
	Sessions per Week
	Group Duration
	Outcome Measures

Planned Service Delivery & Implementation Activities:	Service Area	Timeline	Process Outcomes
Activities:	SB – West,	03.01.21 to	We will use the following outcome indicators to
• Identify/locate HIV+ unaware and HIV+ that have fallen out of care	East, Desert	02.28.22	measure either aspects of the process (client's care, #
Provide testing services and/or refer high-risk unaware to testing			of visits and linkage to care or health outcomes (VLS).
One-on-one encounters			These indictors will be:
Coordination with local HIV prevention programs			
<ul> <li>Identify and problem-solve barriers to care</li> </ul>			<ul> <li>HIV Positivity Rate – 1.1%</li> </ul>
Provide education/information regarding availability of testing and			<ul> <li>Linkages to HIV Medical Care – 90%</li> </ul>
HIV care services to HIV+, those at-risk, those affected by HIV, and			<ul> <li>Decrease Unmet Need – 75%</li> </ul>
caregivers.			<ul> <li>HIV Viral Load Suppression – 90%</li> </ul>
No HIV prevention education.			
Referrals to testing, medical care, support services			Benchmark rates will be recorded at beginning of cycle
Follow-up activities to ensure linkage			and there after every three months to determine
• Utilize "Bridge" model to reconnect those that have fallen out of			areas in need of improvement.
care			
<ul> <li>Establish and maintain formal linkages with traditional (prisons,</li> </ul>			
homeless shelters, treatment centers, etc.) AND non-traditional			
(faith-based organizations, community centers, hospitals, etc.) entry			
points			
Utilize standardized, required documentation to record			
encounters, progress			
Maintain up-to-date, quantifiable data to report and evaluate			
service.			
<ul> <li>Maintain services based on C&amp;L Competency Standards</li> </ul>			

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Scoi	SCOPE OF WORK – Ending the HIV Epidemic: A Plan for America  USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY
Contractor	TruEvolution, Inc.
Grant Period	Mar. 1, 2022 – Feb. 28, 2023
Service Category	Early Intervention Services
Service Goal	Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support
	treatment adherence and maintenance in medical care. Decrease the time between acquisition of HIV and entry into
	care and decrease instances of out-of-care to facilitate access to medications, decrease transmission rates, and improve
	health outcomes
Service Health Outcomes:	<ul> <li>Maintain 1.1% positivity rate or higher</li> </ul>
	- Link new diagnosed HIV+ to HIV Medical Care -
	(appointment scheduled w/24 hours for an appointment w/in 72 hours)
	<ul> <li>Retention in medical care (at least two medical visits in a 12-month period) and</li> </ul>
	<ul> <li>Improved or maintained viral load suppression rates.</li> </ul>

330     330       330     330       660     660	AREAS:	AREAS: SB - West	SB – East	SB - Desert	FY 2022 -2023 Total
330     330       660     660	Proposed # of Clients	330	330		660
660 660	Proposed # of Visits	330	330		660
	Proposed # of Units	660	660		1320

	_	
	(must be HIV related)	Group Name & Description   Service Area   Targeted   Open/   Expected Avg.
	of Delivery	Service Area
	Population	Targeted
	Closed	Open/
	ion	Expected Avg.
	Length (hrs)	Session
	per Week Duration	Sessions
	Duration	Group
		Outcome Measures

Planned Service Delivery & Implementation Activities:	Service Area	Timeline	Process Outcomes
Activities:	SB – West,	03.01.22 to	We will use the following outcome indicators to
<ul> <li>Identify/locate HIV+ unaware and HIV+ that have fallen out of care</li> </ul>	East, Desert	02.28.23	measure either aspects of the process (client's care, #
<ul> <li>Provide testing services and/or refer high-risk unaware to testing</li> </ul>			of visits and linkage to care or health outcomes (VLS).
One-on-one encounters			These indictors will be:
Coordination with local HIV prevention programs			
Identify and problem-solve barriers to care			- HIV Positivity Rate - 1.1%
Provide education/information regarding availability of testing and			<ul> <li>Linkages to HIV Medical Care – 90%</li> </ul>
HIV care services to HIV+, those at-risk, those affected by HIV, and			<ul> <li>Decrease Unmet Need – 75%</li> </ul>
caregivers.			<ul> <li>HIV Viral Load Suppression – 90%</li> </ul>
No HIV prevention education.			
Referrals to testing, medical care, support services			Benchmark rates will be recorded at beginning of cycle
Follow-up activities to ensure linkage			and there after every three months to determine
Utilize "Bridge" model to reconnect those that have fallen out of			areas in need of improvement.
care			
• Establish and maintain formal linkages with traditional (prisons,			
homeless shelters, treatment centers, etc.) AND non-traditional			
(faith-based organizations, community centers, hospitals, etc.) entry			
points			
Utilize standardized, required documentation to record			
encounters, progress			,
Maintain up-to-date, quantifiable data to report and evaluate			
service.			
Maintain services based on C&L Competency Standards			

Scor	SCOPE OF WORK – Ending the HIV Epidemic: A Plan for America USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY
Contractor	TruEvolution, Inc.
Grant Period	Mar. 1, 2023 – Feb. 29, 2024
Service Category	Early Intervention Services
Service Goal	Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support
	treatment adherence and maintenance in medical care. Decrease the time between acquisition of HIV and entry into
	care and decrease instances of out-of-care to facilitate access to medications, decrease transmission rates, and improve
	health outcomes
<b>Service Health Outcomes:</b>	<ul> <li>Maintain 1.1% positivity rate or higher</li> </ul>
	<ul> <li>Link new diagnosed HIV+ to HIV Medical Care -</li> </ul>
	(appointment scheduled w/24 hours for an appointment w/in 72 hours)
	- Retention in medical care (at least two medical visits in a 12-month period) and
	Improved or maintained viral load suppression rates.

AREAS:	AREAS: SB – West	SB - East	SB - Desert	FY 2023 -2024 Total
Proposed # of Clients	330	330		660
Proposed # of Visits	330	330		660
Proposed # of Units	660	660		1320

	Group Name & Description Service Area Targeted (must be HIV related) of Delivery Population
	Service Area of Delivery
	Targeted Population
	Open/ Closed
	TargetedOpen/Expected Avg.SessionPopulationClosedAttend. Per SessionLength (hrs)
	Session Length (hrs)
	Sessions per Week
	Group Duration
	Outcome Measures

Planned Service Delivery & Implementation Activities:	Service	Timeline	Process Outcomes
	Area		
Activities:	SB – West,	03.01.23 to	We will use the following outcome indicators to
• Identify/locate HIV+ unaware and HIV+ that have fallen out of care	East, Desert	02.29.24	measure either aspects of the process (client's care, #
Provide testing services and/or refer high-risk unaware to testing			of visits and linkage to care or health outcomes (VLS).
One-on-one encounters			These indictors will be:
Coordination with local HIV prevention programs			
Identify and problem-solve barriers to care			<ul> <li>HIV Positivity Rate – 1.1%</li> </ul>
Provide education/information regarding availability of testing and			<ul> <li>Linkages to HIV Medical Care – 90%</li> </ul>
HIV care services to HIV+, those at-risk, those affected by HIV, and			<ul> <li>Decrease Unmet Need – 75%</li> </ul>
caregivers.			<ul> <li>HIV Viral Load Suppression – 90%</li> </ul>
No HIV prevention education.			
Referrals to testing, medical care, support services			Benchmark rates will be recorded at beginning of cycle
Follow-up activities to ensure linkage			and there after every three months to determine
Utilize "Bridge" model to reconnect those that have fallen out of			areas in need of improvement.
care			
<ul> <li>Establish and maintain formal linkages with traditional (prisons,</li> </ul>			
homeless shelters, treatment centers, etc.) AND non-traditional			
(faith-based organizations, community centers, hospitals, etc.) entry			
points			
<ul> <li>Utilize standardized, required documentation to record</li> </ul>			
encounters, progress			
<ul> <li>Maintain up-to-date, quantifiable data to report and evaluate</li> </ul>			
service.			
<ul> <li>Maintain services based on C&amp;L Competency Standards</li> </ul>			

SCOP	SCOPE OF WORK – Ending the HIV Epidemic: A Plan for America  Use a separate Scope of Work for each proposed service category
Contractor	TruEvolution, Inc.
Grant Period	Mar. 1, 2024 – Feb. 28, 2025
Service Category	Early Intervention Services
Service Goal	Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support treatment adherence and maintenance in medical care. Decrease the time between acquisition of HIV and entry into care and decrease instances of out-of-care to facilitate access to medications, decrease transmission rates, and improve health outcomes
Service Health Outcomes:	— Maintain 1.1% positivity rate or higher
	- Link new diagnosed HIV+ to HIV Medical Care -
	(appointment scheduled w/24 hours for an appointment w/in 72 hours)
	- Retention in medical care (at least two medical visits in a 12-month period) and
	<ul> <li>Improved or maintained viral load suppression rates.</li> </ul>

AREAS:	AREAS: SB - West	SB — East	SB - Desert	FY 2024 -2025 Total
Proposed # of Clients	330	330		660
Proposed # of Visits	330	330		660
Proposed # of Units	660	660		1320

	(must be HIV related) of	Group Name & Description   Service Area   Targeted   Open/   Expected Avg.
	of Delivery	ervice Area
	Population	Targeted
	Closed	Open/
	Population Closed Attend. Per Session Length (hrs)	Expected Avg.
		Session
	per Week	Sessions
	Duration	Group
		Outcome Measures

ridilled service belivery & implementation Activities:	Service Area	limeline	Process Outcomes
Activities:	SB – West,	03.01.24 to	We will use the following outcome indicators to
<ul> <li>Identify/locate HIV+ unaware and HIV+ that have fallen out of care</li> </ul>	East, Desert	02.28.25	measure either aspects of the process (client's care, #
<ul> <li>Provide testing services and/or refer high-risk unaware to testing</li> </ul>			of visits and linkage to care or health outcomes (VLS).
One-on-one encounters			These indictors will be:
<ul> <li>Coordination with local HIV prevention programs</li> </ul>			
<ul> <li>Identify and problem-solve barriers to care</li> </ul>			<ul> <li>HIV Positivity Rate – 1.1%</li> </ul>
<ul> <li>Provide education/information regarding availability of testing and</li> </ul>			<ul> <li>Linkages to HIV Medical Care – 90%</li> </ul>
HIV care services to HIV+, those at-risk, those affected by HIV, and			<ul> <li>Decrease Unmet Need – 75%</li> </ul>
caregivers.			<ul> <li>HIV Viral Load Suppression – 90%</li> </ul>
No HIV prevention education.			
<ul> <li>Referrals to testing, medical care, support services</li> </ul>			Benchmark rates will be recorded at beginning of cycle
<ul> <li>Follow-up activities to ensure linkage</li> </ul>			and there after every three months to determine
<ul> <li>Utilize "Bridge" model to reconnect those that have fallen out of</li> </ul>			areas in need of improvement.
care			
<ul> <li>Establish and maintain formal linkages with traditional (prisons,</li> </ul>			
homeless shelters, treatment centers, etc.) AND non-traditional			
(faith-based organizations, community centers, hospitals, etc.) entry			
points			
<ul> <li>Utilize standardized, required documentation to record</li> </ul>			
encounters, progress			
<ul> <li>Maintain up-to-date, quantifiable data to report and evaluate</li> </ul>			
service.			
<ul> <li>Maintain services based on C&amp;L Competency Standards</li> </ul>			

#### Ending the HIV Epidemic: A Plan for American Program Budget and Allocation Plan

Fiscal Year March 1, 2021 - February 28, 2022

Agency Name: TruEvolution
Service Category: Early Intervention Services

	Α	- 20	В		C
Non-E	nsing the HIV	En	ging the HIV		Total Coat
		\$	37,440.00	\$	37,440.0
		\$	37,440.00	\$	37,440.0
\$	18,720.00	5	18,720.00	\$	37,440.04
\$	25,000.00	\$	25,000.00	\$	50,000.0
\$	37,500.00	\$	37,500.00	\$	75,000.0
\$	81,220	\$	158,100	\$	237,32
\$	18,681	\$	35,903	\$	54,58
\$	99,901	\$	192,003		291,903,60
				1970	201,000,00
\$	32,667	\$	9,333	\$	42,00
\$	15,645	\$	4,723	\$	20,36
		\$	6,000	\$	6,000
\$	47,496	\$	10,000	\$	57,49
		\$	3,402	\$	3,40
				\$	
				\$	
\$	95,808	5	33,459	\$	129,28
\$	195,708	\$	225,462	\$	421,17
	\$ \$ \$ \$ \$ \$	\$ 25,000.00  \$ 37,500.00  \$ 81,220  \$ 18,661  \$ 99,901  \$ 32,667  \$ 15,645	\$ 18,720.00 \$ \$ \$ 25,000.00 \$ \$ \$ 37,500.00 \$ \$ \$ \$ 18,681 \$ \$ \$ 99,901 \$ \$ \$ \$ 15,645 \$ \$ \$ \$ \$ \$ \$ 47,496 \$ \$ \$ \$ \$ \$	\$ 37,440.00 \$ 37,440.00 \$ 18,720.00 \$ 25,000.00 \$ 25,000.00 \$ 37,500.00 \$ 37,500.00 \$ 37,500.00 \$ 19,601 \$ 35,003 \$ 99,901 \$ 192,003 \$ 32,667 \$ 9,333 \$ 15,645 \$ 4,723 \$ 6,000 \$ 3,402	\$ 37,440.00 \$ 37,440.00 \$ \$ 37,500.00 \$ \$ 37,500.00 \$ 37,500.00 \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ 37,500.00 \$ \$ \$ \$ 37,500.00 \$ \$ \$ \$ 37,500.00 \$ \$ \$ \$ \$ 37,500.00 \$ \$ \$ \$ \$ 37,500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Total Number of EHE Units to be Provided for this Service Category:

\$ 1,320

Total EHE Cost Per Unit (RW Part B Budget Divided by RW Units to be Provided):

#### Ending the HIV Epidemic: A Plan for American Program Budget and Allocation Plan

Fiscal Year March 1, 2022 - February 28, 2023

Agency Name: TruEvolution
Service Category: Early Intervention Services

Budget Category	Non-En	ding the HIV	Enc	fing the HIV	Total Cost
Fersonnel "Community Health Specialist:			3-0-20		The second
TBD \$37,440 x 100 FTE x 12 Months) Conducts formal outreach to venues where targeted oppulation congregate, recruit's participants to participate in nerventions, facilitates group interventions, develops individual behavioral risk reduction plans and goals with clients, and provide referrals as necessary. Linkage Clients to			\$	37,440.00	\$ 37,440.0
"Community Health Specialist:					
TBD (S37,440 x 100 FTE x 12 Months) Conducts formal outreach to venues where targeted population congregate, recruit's participants to participate in interventions, callitates group interventions, develops individual behavioral risk reduction plans and goals with clients, and provide referrats as necessary. Linkage Clients to Care.			\$	37,440.00	\$ 37,440.0
Community Health Specialist:					
E, Campos (SS7,440 x, 50 FTE x 12 Months) Conducts formal outreach to venues where targeted opoulation congregate, recruit's participants to participate in interventions, facilitates group interventions, develops individual behavioral risk reduction plans and goals with clients, and provide referrals as necessary. Linkage Clients to Case.	\$	18,720.00	\$	18,720.00	\$ 37,440.00
Community Health Specialist: S. Meador [\$50,000 x .50 FTE x 12 Months) Conducts formal outreach to venues where targeted population conjergate, recruit's participants to participate in interventions, facilitates group interventions, develops individuals behavioral risk reduction plans and goals with clients, and provide referrals as necessary. Linkage Clients to Care.	5	25,000.00	\$	25,000.00	\$ 50,000.00
Contracts & Granta Compliance Manager IBD \$75,500 x .50 FTE x 12 Months) Plans, developes and evaluate the effectiveness of Quality Management and Compliance programs for the EHE contract. Collaborate with others managers and directors to ensure the ongqing effectiveness of quality services, routine collection of relevant data points.	\$	37,500.00	\$	37,500.00	\$ 75,000.0
TOTAL PERSONNEL (Without Fringe Benefits)	\$	81,220	\$	156,100	\$ 237,320
Fringe Benefits - 23% of Total Personnel	\$	18,681	\$	35,903	\$ 54,584
TOTAL PERSONNEL	\$	99,901	\$	192,003	\$ 291,903.60
Other ( Examples: Supplies, Travel, Rent, Utilitie,	TO 21		130		281,803.00
Rent: Office Rent from Mar.1, 2021 to Feb.28 2022 - Based on Reimbursement Calculator using FTE, of Monthly Rent. (Total Expense/Total Org FTE x # of people on contract)	\$	32,567	s	9,333	\$ 42,00
Utilities: Cost of telephone/internat, and cell phone expenses directly related to Outreach Services for contacting clients for follow-up, ensuring continued access to needed services, contacting community collaborators, etc.	\$	15,645	\$	4,723	\$ 20,38
Supplies: Office furniture, computer equipment, paper, pens, markers, printer toner, note pads, client file folders, etc.			\$	6,000	\$ 6,00
Social Media: Outreach social media advertising, paying for consultant to	\$	47,496	s		\$ 57,49
work on social media events.			•	10,000	
work on social media events.  Travel: Mileage reimbursement for staff is besed on reimbursement for mileage from State per mileage rate. (Approx mileage 565			\$	3,402	\$ 3,40
work on social media events.  Travel:  Mileage reimbursement for staff is besed on reimbursement for mileage from State per mileage rate. (Approx mileage 565 per month)  Telehealth System Pro IT:  This will be to do telehealth, the use of electronic information and telecommunications technologies to support long-distance clinical health care and outreach, patient and professional health-related education, public health and health administration including outreach. Technologies include but not limited to, videoconferencing, the Internet, store-and-forward imaging, streaming media, and wireless.					\$ 3,40
work on social media events.  Travel:  Mileage reimbursement for staff is based on reimbursement for mileage from State per mileage rate. (Approx mileage 565 per month)  Telehealth System Pro IT:  This will be to do telehealth, the use of electronic information and telecommunications technologies to support long-distance clinical health care and outreach, patient and professional health-related education, public health and health administration including outreach. Technologies include but not limited to, videconferencing, the internet, store-and-forward imaging, streaming media, and wireless communications.  Equipments  Buying equitment for program staff, computers, hot spot,					3,40;
work on social media events.  Travel:  Misege reimbursement for staff is based on reimbursement for mileage from State per mileage rate. (Approx mileage 565 per month)  Telehealth System Pro IT:  This will be to do telehealth, the use of electronic information and telecommunications technologies to support long-distance clinical health care and outreach, patient and professional health-related education, public health and health administration including outreach. Technologies include but not limited to, videconferencing, the internet, store-and-forward imaging, streaming media, and wireless communications.  Equipments  Equipments  Equipments	\$	95,808			\$
work on social media events.  Travel:  Mileage reimbursement for staff is based on reimbursement for mileage from State per mileage rate. (Approx milesge 585 per month)  Telehealth System Pro IT:  Tiles will be to de leshealth, the use of electronic information and telecommunications technologies to support long-distance clinical health care and outreach, patient and professional health-orated education, public health and health administration including outreach. Technologies include but not limited to, wideconferencing, the internet, store-and-forward imaging, streaming media, and wireless communications.  Equipments  Buying equitment for program staff, computers, hot spot, phones, desk, printers.		95,808	\$	3,402	\$ 3,40% 129,286 421.17
work on social media events.  Travel:  Mileage reimbursement for staff is based on reimbursement for mileage from State per mileage rate. (Approx mileage 565 per month)  Telehealth System Pro IT:  Tile will be to delehealth, the use of electronic information and telecommunications technologies to support long-distance clinical health care and outreach, patient and professional health-related education, public health and health administration including outreach. Technologies include but not limited to, videoconferencing, the intermet, store-and-forward imaging, streaming media, and wireless communications.  Equipments  Buying equitment for program staff, computers, hot spot, shones, deak, printers.	\$ <b>\$</b>		\$	3,402	\$

Total Number of EHE Units to be Provided for this Service Category:

\$ 1,320

Total EHE Cost Per Unit (RW Part B Budget Divided by RW Units to be Provided):

#### Ending the HIV Epidemic: A Plan for American Program Budget and Allocation

Plan Fiscal Year March 1, 2023 - February 29, 2024

Agency Name: TruEvolution
Service Category: Early Intervention Services

Budget Category	Non En	A ding the HIV	E	B ding the HIV		C Total Cost
Personnel	NON-ER	Ging the ray	En	dind the Hiv		Total Cost
"Community Health Specialist: TBD (\$37,440 x 100 FTE x 12 Months) Conducts formal outseast to venues where targeted population congregate, recruit's participants to participate in interventions, facilitates group interventions, dewelops individual behavioral risk reduction plans and goals with clients, and provide referrals as necessary. Linkage Clients to Cane			\$	37,440.00	\$	37,440.0
"Community Health Specialist: TED (\$37,440 x 100 FTE x 12 Months) Conducts formal outreach to venues where targeted population congregate, recruit's participants to participate in interventions, facilitates group interventions, develops individual behavioral risk reduction plans and goals with clients, and provide referrals as necessary. Linkage Clients to Case.			\$	37,440.00	\$	37,440.0
Community Health Specialist: E. Campos [\$37,440 x .50 FTE x 12 Months] Conducts formal outreach to venues where targeted population congregate, recruit's participants to participate in interventions, facilitates group interventions, develops individual behavioral risk reduction plane and goals with clients, and provide referrals as necessary. Linkage Clients to Came	\$	18,720.00	\$	18,720.00	\$	37,440.0
Community Health Specialist: S., Mandor. Mando	\$	25,000.00	\$	25,000.00	\$	50,000.0
Contracts & Grants Compliance Manager TED (\$175,000 x .50 FTE x 12 Months) Plans, developes and evaluate the effectiveness of Quality Management and Compliance programs for the EHE contract. Collaborate with others managers and directors to ensure the ongcing effectiveness of quality services, routine collection of relevant data points.	\$	37,500.00	\$	37,500.00	\$	75,000.0
TOTAL PERSONNEL (Without Fringe Benefits)	\$	81,220	\$	156,100	\$	237,32
Fringe Benefits - 23% of Total Personnel	\$	18,681	\$	35,903	\$	54,584
TOTAL PERSONNEL	\$	99,901	\$	192,003	s	291,903.60
Other ( Examples: Supplies, Travel, Rent, Utilitie, Depreciation, Maintenance, Telephone, Computers)	100			OTH BY	76	
Rent: Office Rent from Mar.1, 2021 to Feb.28 2022 - Based on Relimbursement: Calcutator using FTE, of Monthly Rent. (Total Expense/Total Org FTE x # of people on contract)	\$	32,667	\$	9,333	\$	42,00
Utilities:  Cost of telephone/internet, and cell phone expenses directly related to Outreach Services for contacting clients for follow-up, ensuring continued access to needed services, contacting community collaborators, etc.	\$	15,645	\$	4,723	\$	20,36
Supplies: Office furniture, computer equipment, paper, pens, markers, printer toner, note pads, client file folders, etc.			\$	6,000	\$	6,00
Social Media: Outreach social media advertising, paying for consultant to work on social media events.	\$	47,498	\$	10,000	\$	57,49
Travel: Mileage reimbursement for staff is based on reimbursement for mileage from State per mileage rate. (Approx mileage 585 per month)			\$	3,402	\$	3,40
This will be to do telehealth, the use of electronic information						
Into will be to do teleneath, the use or descroric information and telecommunications technologies to support long-distance clinical health care and outreach, patient and professional health-related education, public health and health administration including outreach. Technologies include but not limited to, videoconferencing, the internet, store-and-forward imaging, streaming media, and wireless communications.					s	
and telecommunications technologies to support long- distance clinical health care and outreach, patient and professional health-related education, public health and health administration including outreach. Technologies include but not limited to, videoconferencing, the internet, store-and- forward imaging, streaming media, and wireless					\$	
and telecommunications technologies to support long- distance clinical health care and outreach, patient and professional health-related solucation, public health and health administration including outreach. Technologies include but not limited to, videoconferencing, the internet, store-end- forward imaging, streaming media, and wireless communications.  Equipments  Equipments	\$	95,808	s	33,459	Ť	129,26
and telecommunications technologies to support long- distance clinical health care and outreach, patient and professional health-related education, public health and health administration including outreach. Technologies include but not limited to, ideoconferencing, the internet, store-and- forward imaging, streaming media, and wireless communications.  Equipments Buying equitment for program staff, computers, hot spot, phones, desk, printers.	\$	95,808 195,708	\$	33,459 225,462	\$	
and helecommunications technologies to support long- distance difficial health care and outreach, patient and professional health-related education, public health and health administration including outreach. Technologies include but not lamited to, videoconferending, the Internet, store-and- forward imaging, streaming media, and wireless communications.  Equipments Buying equilment for program staff, computers, hot spot, phones, desk, printers.  TOTAL OTHER	2				\$	129,28 421,17 44,62

Total Number of EHE Units to be Provided for this Service Category:

\$ 1,320

Total EHE Cost Per Unit (RW Part B Budget Divided by RW Units to be Provided):

## Ending the HIV Epidemic: A Plan for American Program Budget and Allocation Plan

Fiscal Year March 1, 2024 - February 28, 2025

Agency Name: TruEvolution
Service Category: Early Intervention Services

Budget Category	Non-End	ing the HIV	En	ding the HIV		C Total Cost
Personnel "Community Health Specialist:						
TBD (\$37,440 x 100 FTE x 12 Months) Conducts formal outreach to venues where targeted population congregate, recruit's participants to participate in interventions, facilitates group interventions, facilitates group interventions, develops individual behavioral risk reduction plans and goals with clients, and provide referrals as necessary. Linkage Clients to Case.			\$	37,440.00	\$	37,440.
"Community Health Specialist: TBD						
(\$37,40 x 100 FTE x 12 Months)  Conducts formal outreach to venues where targeted population congregate, recruits participants to participate in nterventions, facilitates group interventions, develops individual behavioral risk reduction plans and goals with clients, and provide referrate as necessary. Linkage Clients to Case.			\$	37,440.00	\$	37,440.
Community Health Specialist: E. Campos						
(\$37,440 x .50 FTE x 12 Months) Conducts formal outseas his venues where targeted population congregate, recruit's participants to participate in interventione, facilitates group interventions, develops individuals behavioral risk reduction plans and goals with clients, and provide referrals as necessary. Linkage Clients to Case.	\$	18,720.00	\$	18,720.00	\$	37,440.
Community Health Specialist: S. Meador (\$30,000 x .50 FTE x 12 Months) Conducts formal outreach to venues where targeted population congregate, recruits participants to participate in interventions, facilitates group interventions, develops individual behavioral risk moducion plans and poals with clients, and provide referrals as necessary. Linkege Clients to	\$	25,000.00	\$	25,000.00	\$	50,000.
Contracts & Grants Compliance Manager TBD \$15,000 x .50 FTE x 12 Months \$15,000 x .50 FTE x 12 M	\$	37,500.00	\$	37,500.00	s	75,000.
TOTAL PERSONNEL (Without Fringe Benefits)	\$	81,220	\$	156,100	\$	237,3
Fringe Benefits - 23% of Total Personnel	\$	18,681	\$	35,903	\$	54,5
TOTAL PERSONNEL	\$	99,901	\$	192,003	\$	291,903.6
Other (Examples: Supplies, Travel, Rent, Utilitie, Depreciation, Maintenance, Telephone, Computers)	Town It		- 6	3.6-3	105	
Rent: Office Rent from Mar.1, 2021 to Feb.28 2022 - Based on Reimbursement. Calculator using FTE, of Monthly Rent. Total Expense/Total Org FTE x# of people on contract)	s	32,667	\$	9,333	\$	42,0
Utilities: Cost of telephone/internet, and cell phone expenses directly related to Outreach Services for contacting cilents for follow-up, ensuring continued access to needed services, contacting community collaborators, etc.	\$	15,645	\$	4,723	\$	20,3
Supplies: Office furniture, computer equipment, paper, pens, markers, printer toner, note pads, client file folders, etc.			s	6,000	\$	6,0
Social Media: Outreach social media advertising, paying for consultant to work on social media events	\$	47,496	\$	10,000	\$	57,4
Travel:  With the search of the staff is based on reimbursement for staff is based on reimbursement for mileage from State per mileage rate. (Approx mileage 585 per month)			s	3,402	\$	3,4
Telehealth System Pro IT: This will be to do telehealth, the use of electronic information and telecommunications technologies to support long-distance clinical health care and outreach, patient and professional health-related education, public health and health administration including outreach. Technologies include but					\$	
not limited to, videoconferencing, the internet, store-and- ferward imaging, streaming media, and wireless communications.						
not limited to, videoconferencing, the Internet, store-and- forward imaging, streaming media, and wireless					\$	
nat limited to, videoconferencing, the Internet, store-and- covard imaging, streaming media, and wireless communications.  Equipments Buying equitment for program staff, computers, hot spot,	\$	95,808	\$	33,459	\$	129,2
not limited to, videoconferencing, the Internet, store-and- loward imaging, streaming media, and wireless communications.  Equipments  Buying equitment for program staff, computers, hot spot, phones, desk, printers.	\$	95,808 195,708	\$	33,459 225,462		129,2 421,1

Total Number of EHE Units to be Provided for this Service Category:

\$ 1,320

Total EHE Cost Per Unit (RW Part B Budget Divided by RW Units to be Provided):