

**San Francisco Department of Public Health
AIDS Office**

**CONTRACT/MOU
INVOICE MANUAL**

(Revised March 31, 2005)

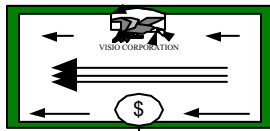
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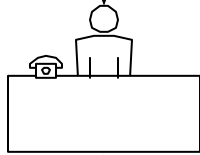
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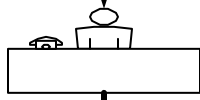
Invoicing Processing FLOWCHART



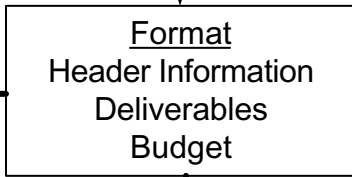
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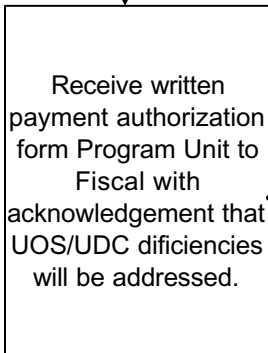
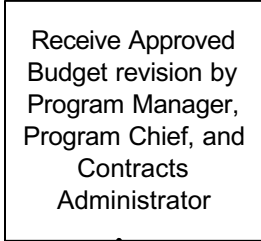
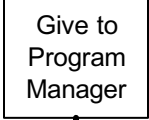
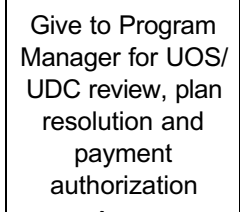
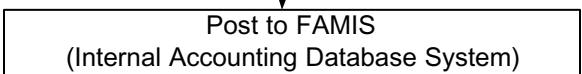
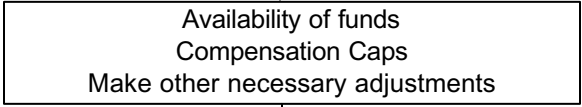
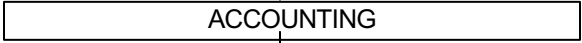
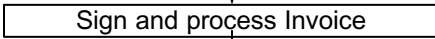
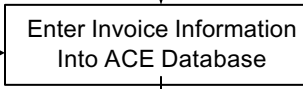
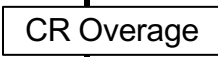
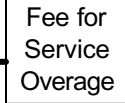
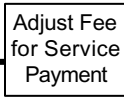
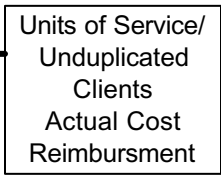
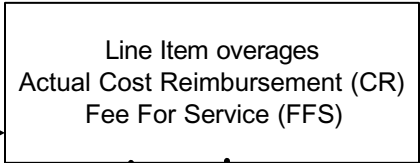
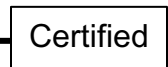
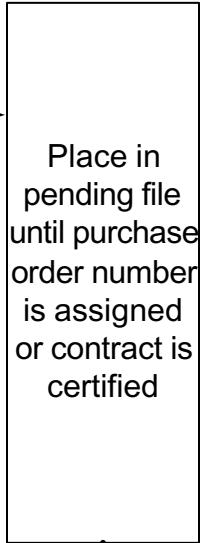
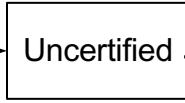
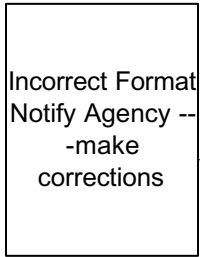
Invoice Review



Review



Review



Adjust CR Payment

Monthly or as Needed

Quarterly

Adjust Fee for Service Payment

Adjust CR Payment

INFORMATION AND REFERRALS

REQUEST FOR:	REFER TO:	PHONE
1. Status of invoice payment	AIDS Office Contract Payment Hotline	554-9035
2. Account balance	AIDS Office Contract Payment Hotline	554-9035
3. Questions regarding monthly invoice format	AIDS Office Contract Payment Hotline	554-9035
4. Questions regarding budget revisions	Program Manager	
5. Questions regarding work-plan to address low UOS/UDC	Program Manager	
6. Questions regarding modification of unit rates, deliverables, expenditures	Contract Manager and Program Manager	
7. Status of contract certification	Contract Manager	
8. Copy of contract invoice format on disk or by email	Contract Manager	
9. Contract award amount	Irene Carmona, Chief, Contract Section	554-9086
10. Research breakdown of check and adjustments made to invoiced amounts.	AIDS Office Contract Payment Hotline	554-9035
11. Research check shortage or overpayment	AIDS Office Contract Payment Hotline	554-9035
12. Questions regarding auditor requests for information/confirmation	AIDS Office Contract Payment Hotline	554-9035

FREQUENTLY ASKED QUESTIONS BY CONTRACTORS' INVOICE STAFF

1. Should we always have a copy of the contract in front of us while we are preparing an invoice?

Yes, the contract is the basis of all billings to the AIDS Office.

The contract contains copies of the correct invoice format (Exhibit-C), the budget and indirect cost percentage (Exhibit-B), Program Units of Service (UOS) deliverables information (Exhibit-A), and Method of Payment (Section 7). Under no circumstances should an invoice be sent to the AIDS Office without first reviewing the contract.

From time to time, contracts are modified and the Contract Unit provides the contractor with a new invoice format (Exhibit-C). ALL months of the Contract/Exhibit Term must be invoiced (or re-invoiced) with the modified invoice format (modified Exhibit-C). If the old invoice format is utilized, processing will be delayed until (revised) invoices on the new invoice formats are submitted.

2. We don't have a copy of the contract. Where can we get one?

Obtain a copy of the contract from your agency's Executive Director or whoever is authorized to sign the contract.

Upon signing the contract, the AIDS Office Contract Unit gives a complete copy of the contract and an extra copy of the invoice(s) with instruction sheet to the signer to take back to their agency.

3. Can we submit an invoice if our contract is not yet certified?

Yes, your agency may begin to invoice the AIDS Office as soon as your contract is signed but your agency will not be paid until the contract is certified. Please note that there is approximately a three to six week period between the signing of the contract and the actual contract certification.

If your agency chooses to submit invoices for an uncertified contract, please be aware of the following:

- a) Your invoices will be held and not paid until the contract is fully certified.
- b) If the invoices you sent in are in any way different from the invoices in the certified contract, the invoice will not be paid. The AIDS Office Contract Payments Unit will request your agency to re-submit invoices on the correct format (the correct invoice format is found in Exhibit-C of the certified contract).
- c) Please use all new and correct Control and ACE Numbers. These ARE available in the signed (but not certified) copy of the contract. The ONLY Number that is not available at that time is the PO Number. Leave this field blank until you are given the new PO Number.

4. Will use of the prior year’s Control, ACE, and Contract Purchase Order Numbers help expedite payment?

No, the Control, ACE and PO Numbers vary from year to year. Using the prior year’s Number will only confuse matters and delay payment.

ALL Control Numbers are available on Exhibit-C at the time of signing. The ONLY Number that is NOT available at that time is the PO Number. Refer to the “Certified Contract Purchase Order” document (Attachment-C) for the correct number, located at the top right of the page. You may also obtain this Number from the Contract Payments Hotline (554-9035).

5. Can I submit invoices out of monthly sequence?

No, DPH Accounting will not pay any invoice that is out of monthly sequence.

For example, a May invoice cannot be paid without first paying an April invoice and an April invoice cannot be paid without first paying a March invoice and so forth.

Every month of the contract term must be invoiced even if there are no expenditures for that month. Invoices for months with no expenditures should show a total reimbursement amount of “\$0.00.”

6. Is it necessary to submit all invoices on or before the 15th working day of the following month?

Yes, this is specified in Section 7a or Section 8a of your contract.

Contractors will increase their chances for prompt payment if invoices are submitted before the fifteenth working day of each month. Non-compliance with Section 7a or Section 8a (see Attachment-C) constitutes a violation of contract terms and may affect Agency/Contract review and monitoring reports.

7. What if I spend more that the contract amount?

Refer to Section 5 or 6 Compensation and Section 6 or 7 Guaranteed Maximum Costs of the contract for the City’s maximum dollar obligation.

The contractor may be compensated up the maximum dollar obligation, ONLY. In no event will the contractor be entitled to more than this amount. Mid-term changes to program award amounts (increase or decrease) are effected by a modification to the contract, ONLY.

Contract modifications need to be initiated by the contractor by contacting the AIDS Office Program Manager no later than sixty days prior to the end of the contract term. Contract modifications must be certified (a process that takes approximately 6 weeks) before subsequent invoices may be processed.

8. Will we be reimbursed for line item overages on our invoices as long as the total expenses are within budget?

No, DPH Accounting will not pay any line item overages.

In order to redistribute expenses within a line item budget, your agency must submit a **Budget Revision Request** (see attachment-F) to their AIDS Office Program Manager. It is the contractor's responsibility to contact their AIDS Office Program Manager to initiate a budget revision. Budget revisions must include justification for line item expense redistribution and must be submitted no later than the **sixty days** prior to the contract exhibit end date.

Line item overages deducted by the AIDS Office Fiscal or DPH Accounts Payable will be automatically reimbursed upon receipt of an approved Budget Revision. Additional invoicing to recover those costs is NOT necessary.

Addition or deletion of line item(s) normally requires contract modification.

9. When should the "Final" invoice be submitted?

According to Section 7d or Sd, (see attachment-G, Section 7d) of the contract, an invoice clearly marked "Final" should be submitted within 45 days following the closing date of the contract exhibit.

A "Final" invoice must be submitted no later than 45 days from the closing date of the contract. A "Final" invoice should include only those expenses and services incurred during the referenced period of performance. Submission of the "Final" invoice indicates that the contractor has reconciled their books and is ready to close out the account. (Note: Any invoice marked "Final" will automatically close out your contract account. Once accounts are closed out, no payments can be made against them.)

The AIDS Office is not obligated to pay invoices that are received after the 45 day period following the closing date of the contract exhibit.

If the contractor has submitted their last invoice for the contract term without marking it "FINAL," contractor may re-submit a freshly signed copy of this last invoice, CLEARLY MARKED "FINAL." This should be done within 45 days from the closing date of the contract exhibit.

10. What are some possible reasons for not receiving timely payment?

- a) Invoice is in an incorrect format,
- b) The wrong Control, ACE, or Contract Purchase Order Number or no Contract Purchase Order number has been reported on the invoice.
- c) Contractor has not followed all the guidelines outlined in this Manual,
- d) Contract is not yet certified,
- e) Your agency has not submitted a work plan to address low UOS/UDC,
- f) Your agency has not submitted a Budget Revision request to address an overage on a line-item,

- g) Your invoice reflects more than one month of service,
- h) Your agency has not received approval on a contract modification or Budget Revision request,
- i) Your agency has not submitted current and updated insurance,
- j) Your “Delivered-to-Date” figures are inaccurate.

11. If I call the AIDS Office (Contract Invoice Hotline @ 554-9035) to inquire about the status of an invoice, what relevant information should I offer to expedite the request?

- a) Agency Name/Contact Info,
- b) Contract Purchase Order Number,
- c) Funding (e.g.: CDC, CARE, and General Fund),
- d) Month of the invoice,
- e) Amount of the invoice,
- f) Exhibit Name,
- g) ACE Control Number,
- h) Date invoice was submitted.

12. When should I expect payment?

If you’ve done everything correctly and there are no problems with the invoice or the contract, then you should expect payment within 15 working days after sending the invoice to the AIDS Office.

It takes about 15 working days for contractors to receive checks (AIDS Office 2 days, DPH Accounting - Accounts Payable 10 days, Controllers Office 2 days, and Post Office 1 day).

13. Where should we send requests/notices from auditors for contract account confirmation/information?

Send auditor requests/notices directly to the following address:

**SFDPH – AIDS Office
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102
Attn: Contract Payments**

14. Who do we call to get our contract's Federal Catalogue ID Number?

Irene Carmona

SFDPH AIDS Office, Contract Section

554-9086

INVOICE PROCEDURES

INVOICING PROCEDURES FOR CONTRACTORS

Payment Timeline:

- ◆ It takes about 15 working days after submitting invoices for contractors to receive checks (providing that all systems are working properly).
- ◆ AIDS Office takes 2 days, DPH Accounting - Accounts Payable 10 days, Controller's Office 2 days, and Post Office 1 day.
- ◆ From time to time, invoice processing does take longer when the following occurs:
 - Invoice is in an incorrect format
 - The wrong Contract Purchase Order Number (PO#) or no PO# has been reported on the invoice
 - Contractor has not followed all the guidelines outlined in this Manual
 - Contract is not yet certified
 - Your agency has not submitted work plan to address low UOS/ UDC
 - Your agency has not submitted a Budget Revision Request to address line- item overage(s)
 - Your invoice reflects more than one month of service
 - Your agency has not received approval on a contract modification or budget revision
 - Your agency has sent invoices with pro-rated or proforma expenses
 - Delivered-to-Date" figures are inaccurate
 - Invoice sent to Program Manager instead of Contract Payments Unit

PROCEDURES

Getting Started:

1. Be sure to obtain a current copy of the contract and invoice format from your agency Executive Director's Office. A copy of the contract is given to the Executive Director on signing.
2. Use the invoice format located in the contract (Exhibit-C).
3. You may contact your AIDS Office Contract Manager to request a copy of the invoice format on disk. Your Contract Manager may send you the file by email. Do not modify any part of this format. All information must appear exactly as it appears on disk or the contract hard copy (Exhibit-C). The only information the contractor is asked to add to the invoice format are the following:
 - Purchase order number
 - Identify invoice period (month)
 - Invoice number (details will follow)
4. There are two different types of invoice formats. Please identify which format your Agency has been assigned to utilize for each contract exhibit. The invoice format is determined during the contract development stage.

The two formats are:

- A.** Cost Reimbursement — invoices for line-item expenses (i.e., occupancy, materials and supplies, general operating, etc.). See attachment-A and go to page 11 for specific instructions.
- B.** Fee-For-Service - invoices for number of units delivered multiplied by the negotiated unit rate. See Attachment-B and go to page 17 for specific instructions.

COST REIMBURSEMENT FORMAT (See Attachment-A)

Filling out the Invoice:

1. Contract Purchase Order Number

Fill in this number using the PO number located on the “Certified Contract Purchase Order” document (see Attachment-C). **Do not use prior year contract numbers, they are no longer relevant. Use of an invalid number will delay payment.**

2. Invoicing Period:

Fill in the month for which expenditures incurred.

NOTE: Each month of the contract term must have a separate invoice and be submitted in sequential order. DPH Accounting will not pay invoices if there is a gap in sequence. For example, a May invoice cannot be paid without first paying an April invoice and an April invoice cannot be paid without first paying a March invoice and so forth.

Every month of the contract term must be invoiced even if there are no expenditures to report. Invoices for months with no expenditures should show a total reimbursement amount of “\$0.00.”

3. Invoice Number

- Change the invoice number to correspond with the billing month (i.e., HPCO1Jan96O, HPCO1 Feb96O, HPCOI March96O, etc.).

NOTE: The “01”, “02”, “03” .before the month represents the exhibit number of the contract that is being invoiced.

- To create an AIDS Office Invoice Number, see Attachment-J.
- Agencies may create their own unique invoice numbers.

NOTE: If an agency submits an invoice that does not meet the above guidelines, the invoice may be processed with corrections made by the AIDS Office. The Contract Payments Unit will then contact the agency to correct this problem for future submissions. If the agency continues to submit invoices with incorrect information, those subsequent incorrect invoices will NOT be paid

4. Deliverables

- Fill in each column with the appropriate information for contractual Units of Service (UOS) and Clients (NOC), UOS and Clients (UDC) delivered during respective invoice period, % of total and remaining deliverables.
- Reported “Delivered-to-Date” UOS and client totals must equal the sum of all deliverables from all previous invoices. If these totals are incorrect, the AIDS Office may not pay your invoice and may ask your agency to revise your invoice(s) to reflect the correct “Delivered-to-Date” UOS and client numbers.
- Fill out the monthly and “Delivered-to-Date” Unduplicated Clients for Exhibit portion of your invoice. This section identifies the number of unique clients

served by the Exhibit. This number is NOT necessarily the sum of clients from all Exhibit service modalities. For questions concerning Client data reports, call your Program Manager.

- Payment is dependent upon meeting at least 90% of contracted deliverables in any given quarter. If at least 90% of UOS/UDC obligations are not met by the end of a particular quarter, payment will be withheld pending authorization by AIDS Office Program Manager and Section Director. Authorization is normally contingent upon receipt and approval of a work plan. See Attachment-H1 for a sample of a specified deliverables timeline as might be found in contract Exhibit-A; see Attachment-H2 for sample Deliverables timelines that are prorated across the contract/ exhibit term.

5. Expenditures

- Be sure that all expenses recorded are actual expenses. Proforma invoices will not be processed.
- Fill in all pertinent Personnel and Operating Expenses.
- **A receipt and item description** must accompany all **capital expenditures** billed. Payment will be withheld until a receipt and item description is provided.
- **Any credit amount reported on a line item must have an explanation.** The explanation can be written in the “Note” section of the invoice or can be reflected on a separate cover letter. (Example: vendor rebates).
- **Indirect Expenses** should be reported as a percentage of total Direct Expenses. DPH Accounting will adjust this figure DOWN if you over bill, but will NOT adjust it up. It behooves you to bill at the correct percentage. Refer to Exhibit-B of the contract for the correct indirect percentage rate. (See attachment-D, line 19.)
- Contractors can only be paid up to the total contracted amount. **Any costs reported beyond this amount will not be paid. However, actual costs and services performed should still be reported, as this data is useful in negotiating future contracts.**
- Calculate the sum of all expenses for the respective billing month into the “Total Expense” portion of the invoice.

6. Initial Payments

- Check section 51, 7d, or 8d of your contract to see whether your contract has an initial payment that needs to be repaid over a specific period of time.
- If your contract has an initial payment, check to see if the respective billing month requires an initial payment recovery (Section 51, 7d, or 8d of contract). Put that monthly initial payment recovery amount in the “Less: Initial Payment Recovery” line. If your contract has multiple exhibits, please check Exhibits-C of your contract (invoice formats) to see whether all or only specific exhibits will reflect the initial payment recovery and at which rates.

7. Detail Personnel Expenditures

- The Total Salaries line on Page-B of the invoice should match the Total Salaries line on Page-A of the invoice.
- If these numbers do not match, the agency will have to correct this and resubmit a new invoice.
- Both Page A and Page-B must be **signed and dated**. The AIDS Office will hold any invoice without an original signature on both Page A and Page-B.

FEE FOR SERVICE FORMAT (see Attachment B)

Filling out the Invoice:

1. Contract Purchase Order Number

- Fill in this number using the PO number located on the “Certified Contract Purchase Order” Document (see Attachment-C). **Do not use prior year contract numbers they are no longer relevant. Use of an invalid number may delay payment.**

2. Invoicing Period

- Fill in the month for which expenditures were incurred.

NOTE: Each month of the contract term must have a separate invoice and be submitted in sequential order. DPH Accounting will not pay invoices if there is a gap in sequence. For example, a May invoice cannot be paid without first paying an April invoice and an April invoice cannot be paid without first paying a March invoice and so forth.

Every month of the contract term must be invoiced even if there are no units to report that month. Invoices for months with no units to report should report “0” (zero) units and show a total reimbursement amount of “\$0.00.”

3. Invoice Number

- Change the month to correspond with the billing month (i.e., HPC01Jan96O, HPC01Feb96O, HPC01 Mar96O, etc.).

NOTE: The “01”, “02”, “03” . . . before the month represents the exhibit number of the contract that is being invoiced.

- If you are submitting revised invoices, replace the “O” with an “R” (i.e., FIPC01Jan96R).

“O” indicates original invoice

“R” indicates revised invoice

- Refer to Attachment-J
- Agencies may create their own unique invoice numbers.

NOTE: If an agency submits an invoice that does not meet the above guidelines, the invoice may be processed with corrections made by the AIDS Office. The Contract Payments Unit will then contact the agency to correct this problem for future submissions. If the agency continues to submit invoices with incorrect information, those subsequent incorrect invoices will NOT be paid

4. Deliverables

- Fill in each column with the appropriate information for Contracted Units of Service (UOS) and Clients (UDC), UOS and Clients (UDC) delivered during respective invoice period. Delivered-to-Date UOS and UDC, % of Total and Remaining Deliverables.

- Multiply UOS “Delivered This Period” by the “Unit Rate” for each service deliverable. Add all items in “amount due” under total expenses.

NOTE: Contractors can only be paid up to the total contracted amount on a line item (service modality) basis. **Any service units performed and reported beyond this amount will not be paid. However, additional units of service delivered should still be reported. “Fees” in excess of contracted should be deducted as “Other Adjustments.” Though NOT factored into the REIMBURSEMENT amount, this is important programmatic data and useful in future contract negotiations.**

5. Initial Payment Recovery

- Check section 51, 7d, or 8d of your contract to see whether your contract has an initial payment that needs to be repaid over a specific period of time.
- If your contract has an initial payment, check to see if the respective billing month requires an initial payment recovery (Section 51, 7d, or 8d of contract). Put that monthly initial payment recovery amount in the “Less: Initial Payment Recovery” line. If your contract has multiple exhibits, please check Exhibits-C of your contract (invoice formats) to see whether only specific exhibits will reflect the initial payment recovery and at which rates.

6. Annual FFS Reconciliation

- Agencies with FFS type contracts are required to submit an annual reconciliation comparing revenues received to actual costs incurred. This reconciliation is due with the *Final* invoice, 45 calendar days post contract exhibit term. Revenues received in excess of actual costs incurred for delivery of services reported must be returned to the Department of Public Health. Reconciliation detail is by *Service Mode*, not by contract exhibit total. If your agency must return funds to the Department, please submit a check, made payable to the Department of Public Health, along with your FFS reconciliation and *Final* invoice. Sample courtesy letters referencing this requirement, as well as a copy of a suggested reconciliation form/format are attached as Attachments K, L, and M.

OTHER INFORMATION

> Before your Agency Mails the Invoice:

1. Do not send any invoices to the AIDS Office unless they are on the correct invoice format (the invoice format located in the current contract Exhibit-C). If your agency's renewal contract is in the development phase, do not send any invoices. Do not send invoices until negotiations are completed and you know for certain what the finalized invoice will contain. This will avoid having to re-submit invoices in the correct format.
2. Due to rounding differences, be sure to double check all calculations even if the invoice is on a computerized spreadsheet (carry out calculations to no more than two decimal places). Refer to contract budget pages for maximum compensation per service mode (line-item) in FFS type contract invoices.
3. Make sure every page of the invoice is signed by an authorized signer as designated by your agency's Board of Directors (see Attachment-F). Typically, the authorized signer may be your agency Executive Director, Chief Financial Officer, and Agency Program Manager.
4. Send all invoices to:

SFDPH - AIDS Office
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102-6033
Attn: Contracts Payment

5. Submit monthly invoices to the AIDS Office no later than the 15th working day of the following month (see Attachment-C, Section 7a).
6. An invoice marked "FINAL" must be submitted within 45 days following closing day of the contract. All accounts will be liquidated and closed out immediately following submission of the "FINAL" invoice. If no "final" invoice is submitted during this time period, the AIDS Office is NOT obligated to make any additional payments, and any award balance will automatically revert to the Funder (see Attachment-C, Section 7d).
7. It is sometimes helpful to place the invoice preparer's name, phone number, and email address on each invoice.

➤ **Obstacles to Immediate or Full Payment**

1. Low UOS/UDC (for Cost Reimbursement Invoice Formats only)

- If at least 90% of UOS/UDC obligations are not met by the end of a particular quarter, payment will be withheld pending approval of a contractor's written work plan by AIDS Office Program Manager and Section Director. Exhibit A (see Attachment H1) of the contract provides a timeline of deliverables per quarter. If a service delivery timeline is not explicitly stated in the contract, then a prorata delivery schedule across the contract/exhibit term is assumed (see Attachment H2).

NOTE: For low UOS/UDC performance, the contractor must provide their AIDS Office Program Manager with a written work plan. In general, this work plan should include the following elements:

- a) Acknowledgement of below target performance for a stated exhibit for a stated quarter;
- b) Specified reason(s) for low service delivery;
- c) Planned activities to bring service delivery into compliance by the end of the subsequent quarter; and
- d) Acknowledgement that failure to comply with the 90% of projected deliverables by the end of the subsequent quarter may require a contract modification, which contract modification could change the contracted service deliverables and reduce the dollar amount of the contract.

2. Quarterly Compensation Caps (Reimbursement Ceilings)

A. DPH Accounting cannot authorize payment for any billings that exceed quarterly compensation caps. Refer to Section 6 of the contract (see Attachment-I).

B. If the cumulative billings for any quarter exceed the reimbursement ceiling for that given quarter, the dollars in excess of the reimbursement ceiling will be withheld by DPH Accounting. DPH Accounting will automatically pay this balance due with the first invoice of the following quarter.

C. **Note:** These caps are negotiable during contract development. They can also be changed or eliminated by a contract modification.

3. Line Item Overages and Budget Revisions

As previously stated in this manual, any line item overage will not be paid. In addition, Indirect Expenses will adjust down appropriately.

When a line item overage occurs it is the responsibility of the contractor to initiate a Budget Revision Request. A Budget Revision redistributes funds amongst different line items but does not add or delete a line item nor does it change the exhibit amount. Budget Revisions are initiated through the Program Manager.

Deadline for resubmitting a Budget Revision Request is 60 days prior to the end of the contract/exhibit term. Changes in excess of 10% per line-item require a contract modification, a process which involves re-certification. In contrast, Budget Revisions are accomplished “in-house” within and between the AIDS Office and the requesting agency.

4. Proforma Invoices (Cost Reimbursement Invoices)

a) Proforma invoices are invoices that show uniform (e.g., 1/12th) reimbursement amounts each month based on a pro-rated annual budget. DPH Accounting will NOT process proforma invoices because Section 7a or 8a of contract states that actual expenses must be billed each month.

b) Contractors are obligated to bill actual expenses even if they are not evenly distributed during the contract year. Contractor may invoice more than the quarterly reimbursement cap. They will then be reimbursed up to the quarterly cap for any given quarter and will be reimbursed any withheld balance due with the first invoice of the next quarter.

Example:

- Contract Term: 01/01/98 — 12/31/98
- Contract Amount: \$100
- 6/30/ 98 Reimbursement Ceiling 50% of exhibit amount or \$50
- Bill through 6/30/ 98: \$55
- Through 6/98, Contractor will be paid: \$50
- Through 6/98, amount withheld: \$5
- Payment when 7/98 invoice is processed: 7/98 invoice amount PLUS \$5 previously withheld.

**Example of Quarterly Reimbursement Ceiling Calculation
for Exhibits without Initial Payments**

❖ **Scenario:**

Exhibit Amount:	\$10,000
Quarterly Reimbursement Ceiling:	25% 1 st Qtr
	50% 2 nd Qtr
	75% 3 rd Qtr
	100% 4 th Qtr

❖ **How to Calculate Reimbursement Ceilings — Without Initial Payment**

1. Calculate Adjusted City Contract Total.

In contract exhibits without Initial Payments, the Adjusted City Contract Total is the exhibit amount. In this case, the Adjusted City Contract Total is \$10,000.

2. In order to calculate the quarterly reimbursement ceiling for any given quarter, see Section 6 of your contract to determine when your Contract Reimbursement Ceilings are calculated and what corresponding percentages are specified. (NOTE: This schedule is negotiable!)
3. Quarterly Reimbursement Cap = Adjusted City Contract Amount x QTR Reimbursement Cap %

Example: 1st QTR Reimbursement Ceiling $\$10,000 \times 25\% = \$2,500$

4. Based upon this example, the contractor may receive up to \$4,500 during the first quarter of the contract. The contractor may bill more than \$2,500 but expenses beyond \$2,500 will be reimbursed to the contractor when DPH Accounting pays the invoice for the first month of the next quarter (provided the cumulative reimbursement does not exceed the ceiling for the next quarter).

Example of Quarterly Reimbursement Ceiling Calculation for Exhibits with an Initial Payment:

❖ **Scenario**

Exhibit Amount:	\$10,000
Initial Payment:	\$1,500 PAID upon contract certification
Quarterly Reimbursement Ceiling:	25% 1 st Qtr
	50% 2 nd Qtr
	75% 3 rd Qtr
	100% 4 th Qtr

❖ **How to Calculate Reimbursement Ceilings — With Initial Payment**

1) Calculate Adjusted City Contract Total utilizing the following formula:

Adjusted City Contract Total = Exhibit Amount - Initial Payment Amount.

Example: Adjusted City Contract Total: (\$10,000 - \$1,500) = \$8,500

2) In order to calculate the quarterly reimbursement ceiling for any given quarter, see Section 6 of your contract to determine when your Contract Reimbursement Ceilings are calculated and what corresponding percentages are specified.

(NOTE: This schedule is negotiable!)

3) Qtr Reimbursement Cap = Adjusted City Contract Amt x Qtr Reimbursement Cap %

Example: 1st QTR Reimbursement Ceiling = \$8,500 x 25% = \$2,125

4) Based on this example, this contractor can receive up to the following amount through the 1st quarter of the contract term:

\$1,500	Initial Payment
+ <u>\$2,125</u>	1st Quarter Reimbursement Ceiling
\$3,625	1st Quarter Reimbursement Total

Expenses in excess of \$3,625 will be reimbursed when DPH Accounting receives the invoice for the first month of the next quarter (provided the cumulative reimbursement does not exceed the ceiling for the *next* quarter).

ATTACHMENTS

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
STATEMENT OF DELIVERABLES AND INVOICE

FAH-157-01
14024

Contractor
Address -1
Address-2

Control Number
HP-4-09999-01

Invoice Number
HP001-14-10

Telephone (415) 555-5555
Fax (415) 555-5556

Contract Purchase Order PD No. PDP003JUR06

Fund Source 0000 R00000

CONTRACT NAME Prevention Services

Invoicing Period 1/1/03 - 12/31/03

CONTRACT TERM 1/1/03 - 12/31/03

FINAL Invoice Interim Invoice

PROGRAM NAME HIV Prevention Services for Sex Workers

ACE Control No. 0995-0401-01

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	Units	Cost	Units	Cost	Units	Cost	Units	Cost	Units	Cost
Risk Assessment Hours	300	300							300	300
Dissemination Course materials	240	240							240	240
Needs Assessment	60	60							60	60
Courseing Referrals	300	300							300	300
RAC Hours	366	366							366	366
Drop-in Group hours	30	30							30	30
Specialty Outreach Hours	180	180							180	180
Program Planning Months	12	n/a		n/a		n/a	100		12	n/a
Evaluation Months	12	n/a		n/a		n/a	100		12	n/a

Unduplicated Clients for Exhibit	315								315	
----------------------------------	-----	--	--	--	--	--	--	--	-----	--

BRP 1 MSM, MSM F	158	787							158	787
BRP 2 MSM, MSM F SF	254	562							254	562
BRP 3 MSM, DL, MSM F, DL	158	787							158	787
BRP 4 MSM, DL, MSM F, DL, SF, DL	254	562							254	562
BRP 5 MSM, DL	60	125							60	125
BRP 6 MSM, DL, MSM F, DL, SF, DL	194	467							194	467
BRP 7 MSM, MSM F, SF	200	100							200	100
BRP 8 MSM	200	100							200	100

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page 2)	\$52,550.00				\$52,550.00
Fringe Benefits	\$13,012.00				\$13,012.00
Total Personnel Expenses	\$65,562.00				\$65,562.00
Operating Expenses					
Occupancy	\$20,000.00				\$20,000.00
Materials and Supplies	\$5,000.00				\$5,000.00
General Operating	\$2,700.00				\$2,700.00
Signage					
Consultant/Contractor					
Other					
Innovats	\$7,000.00				\$7,000.00
Total Operating Expenses	\$28,700.00				\$28,700.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$94,262.00				\$94,262.00
Indirect Expenses	\$8,000.00				\$8,000.00
TOTAL EXPENSES	\$102,262.00				\$102,262.00

LESS: Initial Payment Recovery					
Other Adjustments (Increase/Decrease)					
REIMBURSEMENT					

I hereby certify that the information contained herein is, to the best of my knowledge, complete and accurate, and any amount requested for reimbursement is in accordance with the budget approved for the contract and for services provided under the provisions of the contract. If you have any questions or need further information, please contact me at the address indicated.

Signature _____ Date _____

Title _____

Send to:	STOPH AIDS OFFICE 25 Van Ness Ave., Suite 507 San Francisco, CA 94102 Attn: Contract Payments	STOPH AIDS AIDS OFFICE - Authorization for Payment	Date _____
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Attachment B

EXHIBIT C-1
PAGE A

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

CONTRACTOR: _____
 Address: _____
 Telephone: _____
 FAX: _____
 CONTRACT TERM: _____
 CONTRACT NAME: _____
 PROGRAM EXHIBIT: _____

Control Number: HP6-09/NSN-AI Invoice Number: HPCC 980

Contract Purchase Order PO No. _____
 Fund Source: _____
 Invoicing Period: _____
 FINAL Invoice (check if Yes)
 ACE Control No. N3NN NSNN-AI

Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% OF TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:			#DIV0!	

Deliverables	Total Contracted UDC & Clients	Delivered THIS PERIOD UDC & Clients	UNIT RATE	AMOUNT DUE	Delivered to Date UDC & Clients	% OF TOTAL UDC & Clients	Remaining Deliverables UDC & Clients
						#DIV0! #DIV0!	
						#DIV0! #DIV0!	
						#DIV0! #DIV0!	
						#DIV0! #DIV0!	
						#DIV0! #DIV0!	
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						#DIV0! #DIV0!	
						#DIV0! #DIV0!	
						#DIV0! #DIV0!	
Totals						#DIV0! #DIV0!	
TOTAL EXPENSES					NOTES		
LESS Initial Payment Recovery							
Other Adjustments							
REIMBURSEMENT							

I certify that the information provided above is, to the best of my knowledge, true, correct and accurate. The amount requested for reimbursement is in accordance with the contract approved for services provided under the provisions of that contract. This justification and bill are records for those clients and are maintained in our office at the address indicated.

Signature: _____ Date: _____
 Title: _____

Send to: SFDPH - ACS OFFICE
 25 van Ness Ave. Suite 502
 San Francisco, CA 94102
 Attn: Contract Payments



CITY AND COUNTY OF SAN FRANCISCO

PAGE 01

CONTRACT PURCHASE ORDER
COMMUNITY HEALTH SERVICES

PO NUMBER: POHC000000
PO AMOUNT: \$ (Encumbered Amount)
PO PRINT DATE: 12/27/1995

(Contractor Name)
(Contractor Address) CA 94103-0000
(Contractor Address)

CONTACT: (Agency Contact Name)
VENDOR PHONE: (Agency Phone No.)
VENDOR ID: (Agency ID Number)

TERMS: NET 30
E : DEST

SUE DATE : 12/22/95

LIVER TO: COMMUNITY HEALTH SERVICES
CONTRACTOR'S ADDRESS

AUTHORIZED SIGNATURE:

DATE: 12/27/95
PHONE:

ORIGINAL ORDER MUST BE SIGNED TO BE VALID

IF INVOICE (SHOWING ORDER NUMBER) TO

JOHNSON
H/AIDS OFFICE PREVENTION
VAN NESS AVE 5TH FLOOR
SAN FRANCISCO

TERMS:

THIS CONTRACT PURCHASE ORDER AND THE ACCOMPANYING SIGNED CONTRACT AUTHORIZE YOU TO BEGIN PERFORMING THE CONTRACT AND INVOICING THE CITY. THIS IS SUBJECT TO THE TERMS AND CONDITIONS IN THE CONTRACT. ANY TERMS AND CONDITIONS ON THE REVERSE OF THIS DOCUMENT DO NOT APPLY.

YOU MUST INCLUDE THE CONTRACT PURCHASE ORDER NUMBER ON ALL INVOICES.

	A	B	C	D	E
1	Exhibit B-1 Page 1				
2	Document Date				
3	DEPARTMENT OF PUBLIC HEALTH CONTRACT BUDGET				
4	BY FUNDING SOURCE				
5	Contractor's Name			Contract Term	
6					
7	(Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>				
8	If Modification, Effective Date of Mod.			No. of Mod	
9	Funding Source:				
10	Term of Funds:				
11	Narrative Reference & Page No(s):				
12	Program Name:				
13	Expenditures				Totals
14	Salaries & Benefits				
15	Operating Expense				
16	Capital Expenditure				
17	Direct Cost				
18	Indirect Cost				
19	<i>Indirect Percentage (%) of direct cost (Line 17)</i>				
20	Total Expenditures				
21	Units of Service				
22	Cost Per Unit of Service				
23	Full Time Equivalent (FTE)				
24	Prepared by:	Telephone No.:			
25	DPH-CO Review Signature _____				
26	DPH #18 April 1995				

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
BUDGET REVISION REQUEST**

CONTRACT ID# _____
Address _____

CONTRACT TERM
Program Term _____
Program Label _____

CONTRACT PURCHASE ORDER NO. _____

FUNDING SOURCE _____

ACE Control Number: _____

EXPENDITURES	A		B		B minus A
	FTE	TOTAL CURRENT BUDGET	FTE	TOTAL REVISED BUDGET	VARIANCE INCR (DECR)
Personnel Expenses:					
Total Salaries					
Fringe Benefits					
Total Personnel Expenses					
Operating Expenses:					
Occupancy					
Rental of Property					
Utilities					
Building Maint. Supplies & Repair					
Materials and Supplies					
Office Supplies/Postage					
Printing & Reproduction					
Program/Educational supplies					
General Operating					
Insurance					
Staff Training					
Rental of Equipment					
Staff Travel (local & out-of-town)					
Consultant/Subcontractor					
Other:					
Capital Expenditures					
Total Operating Expenses:					
TOTAL DIRECT EXPENSES					
Indirect Expenses					
TOTAL EXPENSES					

Attachment B

Please attach a cover letter detailing the rationale for the requested budget revision.

Signature: _____
Title: _____
Date: _____

FOR AIDS OFFICE USE ONLY					
This request is:	APPROVED <input type="checkbox"/>	APPROVED (25 APR 91) <input type="checkbox"/>	DENIED <input type="checkbox"/>		
Comments _____					CC: Agency _____
Program Manager _____					Contract _____
Contract _____					Fiscal _____
Agency Staff _____	Date _____	Service Branch Chief _____	Date _____	Program Mgr _____	

SIGNATURE AUTHORITY RECORD

Organization:

(Name & Address)
Phone number:
Fax number:

In accordance with the Bylaws for the above named organization, the persons listed in the table below have signature authority for contract matters as checked

Secretary, Board of Directors

(OR) _____ Date _____

Title: _____

Title	Name	Signature
<p>_____ (Please Type or Print)</p> <p>Level of signature authority: _____</p> <p>Phone Number: _____</p> <p>Email address: _____</p>	<p>_____ (Please Type or Print)</p> <p><input type="checkbox"/> Contract <input type="checkbox"/> Invoice or Statement of Deliverables</p>	<p>_____ (Please Type or Print)</p> <p><input type="checkbox"/> Budget Revision Request <input type="checkbox"/> Monitoring Report</p>
<p>_____ (Please Type or Print)</p> <p>Level of signature authority: _____</p> <p>Phone Number: _____</p> <p>Email address: _____</p>	<p>_____ (Please Type or Print)</p> <p><input type="checkbox"/> Contract <input type="checkbox"/> Invoice or Statement of Deliverables</p>	<p>_____ (Please Type or Print)</p> <p><input type="checkbox"/> Budget Revision Request <input type="checkbox"/> Monitoring Report</p>
<p>_____ (Please Type or Print)</p> <p>Level of signature authority: _____</p> <p>Phone Number: _____</p> <p>Email address: _____</p>	<p>_____ (Please Type or Print)</p> <p><input type="checkbox"/> Contract <input type="checkbox"/> Invoice or Statement of Deliverables</p>	<p>_____ (Please Type or Print)</p> <p><input type="checkbox"/> Budget Revision Request <input type="checkbox"/> Monitoring Report</p>
<p>_____ (Please Type or Print)</p> <p>Level of signature authority: _____</p> <p>Phone Number: _____</p> <p>Email address: _____</p>	<p>_____ (Please Type or Print)</p> <p><input type="checkbox"/> Contract <input type="checkbox"/> Invoice or Statement of Deliverables</p>	<p>_____ (Please Type or Print)</p> <p><input type="checkbox"/> Budget Revision Request <input type="checkbox"/> Monitoring Report</p>

Please return to: Contracts Unit
San Francisco Department of Public Health
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102

7. **PAYMENT/ INVOICE FORMAT**

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY.

B. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

State
7/1/03-6/30/04

on distributional characteristics and sample sizes for the variables, as appropriate. Correlational and predictive methods may be used, to include bivariate statistics and multivariate statistics (multiple regression, logistic regression, and log linear analysis, as appropriate to the level of measurement of the data).

Quality Control: The Director of Programs will monitor the quality of each questionnaire by conducting individual meetings before each event. Data collected will be reviewed after each event for completeness and feedback given to the data collectors.

MSM, MSM/F (BRP 1): Participants will be reached through program database for follow up interviews. All new participants will complete a questionnaire prior to starting their first workshop.

7. Timeline /Workplan

Quarter 1: July 1, 2003 to September 30, 2003

- Offer single session groups
- Offer PCM
- Plan and Conduct VBGO
- Plan for retreat
- Administer evaluation questionnaires
- Administer satisfaction questionnaires
- Implement all procedures for data entry and MIS database systems
- Submit prevention materials for approval by the review committee
- Plan and design first and second phase of social marketing campaign

Quarter 2: October 1, 2003 to December 31, 2003

- Offer single session groups
- Offer PCM
- Collect data and maintain tracking mechanism for follow up by Research Assistant
- Plan and Conduct VBGO
- Plan retreat
- Administer evaluation questionnaires
- Administer satisfaction questionnaires
- Implement all procedures for data entry and MIS database systems
- Submit prevention materials for approval by the review committee
- Disseminate first phase of social marketing campaign
- Plan, design and submit materials to DPH Material Review Board for second phase of social marketing campaign

Quarter 3: January 1, 2004 to March 31, 2004

- Offer single session groups
- Offer PCM
- Collect data and maintain tracking mechanism for follow up by Research Assistant
- Plan and Conduct VBGO
- Plan and begin recruitment of retreat attendees
- Administer evaluation questionnaires
- Administer satisfaction questionnaires
- Implement all procedures for data entry and MIS database systems
- Submit prevention materials for approval by the review committee
- Refine and finalize marketing campaign based on field test findings and DPH MRB findings
- Begin dissemination of final version(s) of campaign
- Complete any reports due to AIDS Office

State
7-1-03-6/30/04

Quarter 4: April 1, 2004 to June 30, 2004

- Offer single session groups
- Offer PCM
- Collect data and maintain tracking mechanism for follow up by Research Assistant
- Plan and Conduct VBGO
- Plan and conduct Spring retreat
- Administer evaluation questionnaires
- Administer satisfaction questionnaires
- Implement all procedures for data entry and MIS database systems
- Submit prevention materials for approval by the review committee
- Disseminate conduct evaluation on final version(s) of campaign

8. Quality Assurance

a. Qualified Staff

AGUILAS has a board and staff that are committed to providing innovative and quality services to the community. The board and staff are comprised of Latino gay men who reflect the diversity of the population served by the organization. Diversity is not only reflected in the nationality of the staff, but in the birthplace (US and foreign born), age, educational levels, and bilingual capacity. Often there is a misconception that being "Latino" automatically gives you the qualifications to provide culturally competent services. The board and staff continuously challenge ourselves to insure that programs and activities that are developed take into account the various needs of the population we serve. Both the staff and board have been participating in trainings and retreats for professional development and strategic planning for the AGUILAS Organization. All staff is required to provide a plan for their continued professional development at each annual performance review. Resources are provided to staff to obtain training, certificates of competence, and attend conferences. In addition training sessions are provided on site on an array of topics relevant to the staff's job and professional interest. All training sessions are recorded and kept on file.

b. Cultural Competency

Our services are fully bilingual and bicultural service Latino gay/bisexual men. All staff is required to complete a training plan for their professional development at each annual performance review. In addition staff have attended and will continue to attend training sessions on cultural diversity provided locally as well as when they attend conferences and other workshops. El Ambiente is in a unique position to contribute to the knowledge base in the literature and through presentations at conferences. We have submitted four abstracts on HIV prevention with Latinos and other minority groups to the U.S. AIDS Conference to be held in LA September, 2002. These are data based presentations coming from our multiple efforts in this program and related research projects.

c. Collaborative Efforts

We have collaborated extensively with several agencies on various projects. Letters and MOUs are on file at the office to substantiate the working agreements and collaborations. AGUILAS, Inc. has also worked extensively with the private business sector such as Futura, Club Papi, Pan Dulce, Esta Noche and the Bench and Bar in collaborating on events targeted at marketing the HIV prevention messages and recruiting participants. The staff has worked closely with AIDS Project East Bay in their development of Latino HIV prevention services and in using the models and protocols developed by AGUILAS.

d. Client Satisfaction

Demographics sheet and client satisfaction forms are disseminated at each member orientation meeting. In addition each member signs a sign in sheet for documentation purposes. During the two-month period where the BRA is distributed to existing clients, the client satisfaction form is also distributed.

QUARTERLY MILESTONES FOR CONTRACT AND MOU DELIVERABLES

CDC (Jan-Dec)		100%		90%	
Month	Target	Target	Target	Target	Target
January	8%	8%	8%	8%	8%
February	17%	17%	15%	15%	15%
March	25%	25%	23%	23%	23%
April	33%	33%	30%	30%	30%
May	42%	42%	38%	38%	38%
June	50%	50%	45%	45%	45%
July	58%	58%	53%	53%	53%
August	67%	67%	60%	60%	60%
September	75%	75%	68%	68%	68%
October	83%	83%	75%	75%	75%
November	92%	92%	83%	83%	83%
December	100%	100%	90%	90%	90%

CARE I (Mar-Feb)		100%		90%	
Month	Target	Target	Target	Target	Target
March	8%	8%	8%	8%	8%
April	17%	17%	15%	15%	15%
May	25%	25%	23%	23%	23%
June	33%	33%	30%	30%	30%
July	42%	42%	38%	38%	38%
August	50%	50%	45%	45%	45%
September	58%	58%	53%	53%	53%
October	67%	67%	60%	60%	60%
November	75%	75%	68%	68%	68%
December	83%	83%	75%	75%	75%
January	92%	92%	83%	83%	83%
February	100%	100%	90%	90%	90%

CARE II (Apr-Mar)		100%		90%	
Month	Target	Target	Target	Target	Target
April	8%	8%	8%	8%	8%
May	17%	17%	15%	15%	15%
June	25%	25%	23%	23%	23%
July	33%	33%	30%	30%	30%
August	42%	42%	38%	38%	38%
September	50%	50%	45%	45%	45%
October	58%	58%	53%	53%	53%
November	67%	67%	60%	60%	60%
December	75%	75%	68%	68%	68%
January	83%	83%	75%	75%	75%
February	92%	92%	83%	83%	83%
March	100%	100%	90%	90%	90%

GF & State (Jul-Jun)		100%		90%	
Month	Target	Target	Target	Target	Target
July	8%	8%	8%	8%	8%
August	17%	17%	15%	15%	15%
September	25%	25%	23%	23%	23%
October	33%	33%	30%	30%	30%
November	42%	42%	38%	38%	38%
December	50%	50%	45%	45%	45%
January	58%	58%	53%	53%	53%
February	67%	67%	60%	60%	60%
March	75%	75%	68%	68%	68%
April	83%	83%	75%	75%	75%
May	92%	92%	83%	83%	83%
June	100%	100%	90%	90%	90%

5. COMPENSATION

A. Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs associated with this Agreement appears in Exhibit B, "Budget," attached hereto and incorporated by reference as though fully set forth herein. CONTRACTOR shall submit monthly invoices in the format attached in Exhibit C, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for SERVICES of the immediately preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES. In no event shall the amount of this Agreement exceed One Hundred Thousand DOLLARS (\$100,000).

The maximum dollar for each funding source shall be as follows:

City and County of San Francisco General Fund **\$100,000**

To ensure a controlled pattern of services, reimbursements from the CITY will be limited in the following manner:

Cumulative Reimbursement For the Quarter Ending	Ceiling on Reimbursements from Adjusted CITY Contract Total (Cumulative for Period from July 1, 2003 to June 30, 2004)
September 30, 2003	25%
December 31, 2003	50%
March 31, 2004	75%
June 30, 2004	100%

The ceiling on quarterly reimbursement is based on the adjusted CITY contract amount to be computed by deducting the initial payment amount, if there is one, from the total contract amount. Percent spent will be determined by deducting total initial payment payments, if such exist, from total cumulative invoices to date and dividing by adjusted CITY contract total.

- B. CONTRACTOR agrees to comply with its Budget as shown in Exhibit B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.
- C. No charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, services, or both, required under this Agreement are received from CONTRACTOR and approved by DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.
- D. In no event shall CITY be liable for interest or late charges for any late payments.

Attention Fiscal Manager

**IMPORTANT NOTE: Contract invoices must be submitted MONTHLY
per legal agreement (see Section 7.A. METHOD OF PAYMENT; INVOICE FORMAT)**

Attachment J

INVOICE NUMBERS

The CCSF Controller's Office requires unique Invoice Numbers. To accommodate this requirement, please incorporate the following in your AIDS Office invoice procedures:
(1) Replace the Invoice Number shown in Exhibit-C (sample invoice) with the following:
(2) Write in a new Invoice Number using the following format: ACE Number (with no dashes) followed by three letter month identifier followed by two number year identifier followed by O (for original) or R (for revised) or R2 (for second revised invoice) etc...

Example:

Contractor	Public Health Lab
Program	HIV Testing
ACE Control Number	3871-0506-A1
Month	6/1/2005 to 6/30/2005
Invoice Number	38710506A1JUN05O

The **Contract Purchase Order PO Number PO C** at the upper right hand corner of the certified contract cover document is assigned upon contract certification. Please insert this 12-digit number in the corresponding space on the invoice form when you receive your copy of the certified contract.

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR STATEMENT OF DELIVERABLES AND INVOICE

EXHIBIT C-#
PAGE A

CONTRACTOR:	Control Number	Invoice Number
Address:	<input type="text" value="HP6-0####-A1"/>	<input type="text" value="HPC????05O"/>
Telephone:	Contract Purchase Order PO No.	<input type="text" value="POHC????"/>
FAX:	Fund Source:	<input type="text"/>
CONTRACT NAME:	Invoicing Period:	<input type="text"/>
CONTRACT TERM:	FINAL invoice:	<input type="checkbox"/> (check if Yes)
PROGRAM / EXHIBIT:	ACE Control No.	<input type="text"/>

For invoicing or payment questions, call the AIDS Office Invoice Payment number: (415) 554-9035

Tip: Maintain current certificate(s) of insurance on file at:

**San Francisco Department of Public Health
Community Health Services - Contracts Unit
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102**

Please refer to Exhibit D of your contract agreement for specific information regarding insurance requirements.

For an electronic copy of your invoice form or for further assistance, please contact the contract officer assigned to your contract:

Irene Carmona 554-9086; Nancy Foote 554-9005; Betty Dear 554-9333;
Karen Smith 554-9057; William Gaitán 554-9045



ATTACHMENT B

January 31, 2005

Agency/Unit Signee
Agency
Agency Address
San Francisco, CA 94143-0982

RE: REQUEST FOR INVOICES/FFS RECONCILIATION
All Contracts & MOUs
Performance Period: Effective Immediately

Dear Agency/Unit Signee:

1) **OUTSTANDING MONTHLY INVOICES** Our records indicate that we have not received the following invoice(s):

PO Number:	PO-C05000XXX
ACE Control Number	XXXX-050X-A1
Exhibit Name	Project Name
Exhibit Term	XX/XX/XX-12/31/04
Exhibit Amount	XXXXXXX
Outstanding Monthly Invoices:	XXXX

Please submit all outstanding monthly invoices and any revised monthly invoices to the AIDS Office by **January 24, 2005**.

2) **FINAL INVOICE** - In accordance with your contract agreement (Section 7 **PAYMENT; INVOICE FORMATS**), "A final closing invoice, clearly marked "FINAL", shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement . . . Please submit your **FINAL** invoice to the AIDS Office by **February 14, 2005**.

3) **FFS RECONCILIATION** - In accordance with findings of the OIG report and OMB circulars, Agencies that submit FFS type invoices **PLEASE SUBMIT AN ANNUAL RECONCILIATION OF THE FEE-FOR-SERVICE COST COMPARED TO THE ACTUAL COST INCURRED FOR PROGRAM SERVICES. THIS INFORMATION SHOULD BE SUBMITTED WITH YOUR FINAL INVOICE AND WILL BE REQUIRED FOR FINAL PAYMENT.**

Please forward all invoices and FFS reconciliations to:

SFDPH AIDS Office
ATTN: Contract Payments
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102-6033

If you have any questions or need further assistance, please call the AIDS Office Contract Payment Hotline @ 554-9035.

Sincerely,

Brenda Walker
Director, Budget & Finance

cc: XXXX XXXX Program Manager
Steven Terney, Director, HIV Prevention Service



January 31, 2005

Agency Signatory
Agency Name
Agency Address
Agency City, State, Zip

RE: **FFS RECONCILIATION**
2004-05 CARE Title-I Funded Contracts & MOUs
Performance Period: March 1, 2004 - February 28, 2005

Dear Agency Signatory:

Because your CARE Title-I funded contract referenced below, is a Fee-For-Service contract, you are required to submit an annual reconciliation comparing revenues received to actual costs incurred. This reconciliation is due with your Final Invoice, April 14, 2005. Revenues received in excess of actual costs incurred for delivery of services reported must be returned to the Department of Public Health, if this applies to your Agency and to a particular Service Mode in this contract, please submit a check, made payable to the Department of Public Health, along with your FFS reconciliation and Final Invoice.

P.O. Number	PO-XXXXXXXX
ACF Control Number	XXXX-XX-XX
Exhibit Name	Program Name
Exhibit Term	3/1/04-2/28/05
Exhibit Amount	\$Award Amount
Contract Type	FFS

As stated in our recent *OUTSTANDING and FINAL INVOICE* letter, this requirement results from recent findings of the Federal Office of the Inspector General (OIG). To assist you and our Office in meeting this requirement in a standardized and equitable manner, we suggest that your Agency use the amended *SFDPH UCS COST ALLOCATION BY SERVICE MODE* form, renamed *ANNUAL FEE-FOR-SERVICE RECONCILIATION* form. A copy of this amended form is attached. Our Budget & Finance, Contract Payments Unit can provide your Agency with this form in an Excel file format. Requests for copies of this Excel file should be made to david.ruch@sfdph.org with a copy to suzanne.wang@sfdph.org.

Please forward all invoices and FFS reconciliations to:

SFDPH AIDS Office
ATTN: Contract Payments
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102-6033

if you have any questions or need further assistance, please call the AIDS Office Contract Payment Hotline @ 554-9635.

Sincerely,

David L. Ruch, PhD
Financial Analyst, Budget and Finance

cc: XXXXXX XXXXXX, Program Manager
Michelle Long Dixon, Director, HIV Health Service

	A	B	C	D	E	F	G	H	I	J	K	L
1	ANNUAL FEE-FOR-SERVICE RECONCILIATION											
2	SFDPH AIDS Office - Budget & Finance											
3												
4												
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6												
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8												
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11												
12												
13	SERVICE MODES											
14	Personnel Expenses		Deliverable #1		Deliverable #2		Deliverable #3		Deliverable #4		Contract Totals	
15	Position Titles		Salaries	Net Total	Salaries	Net Total	Salaries	Net Total	Salaries	Net Total		
16												
17												
18												
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21												
22												
23												
24	Total FTE & Total Salaries											
25	Fringe Benefits		AMOUNT									
26	Total Personnel Expenses											
27												
28	Operating Expenses		Expenses	Net Total	Expenses	Net Total	Expenses	Net Total	Expenses	Net Total	Contract Totals	
29	Rents Of Property											
30	Utilities											
31	Printing, Supplies & Repro											
32	Office Supplies Postage											
33	Printing and Reproduction											
34	Programs/Instructions/Supplies											
35	Insurance											
36	Staff Training											
37	Rents of Equipment											
38	Staff Travel											
39	Consultants/Contractors											
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41												
42												
43	Total											
44												
45												
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47												
48	Total Operating Expenses											
49												
50	Capital Expenditures											
51												
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53	Total Capital Expenditures											
54	Total Direct Expenses											
55	Indirect Expenses											
56	TOTAL EXPENSES											
57												
58	REVENUE											
59	Difference (REV. minus EXP.)											
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THIS STATEMENT SHALL BE PREPARED BY THE BUDGET OFFICER OF THE AGENCY AND SHALL BE REVIEWED BY THE AGENCY'S SUPERVISOR AND THE BUDGET OFFICER OF THE AGENCY'S SUPERVISOR. THE BUDGET OFFICER SHALL BE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED IN THIS STATEMENT. THE BUDGET OFFICER SHALL BE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED IN THIS STATEMENT.

Signature _____ Date _____

Title _____