

**Rapid Start Program
Cover Page**

Legal Name of Applicant Organization:			
Address:			
City, State, Zip:			
Telephone:			
FIN#:			
Name of Person Submitting this Application:			
Phone Number:		E-mail Address:	
Executive Director Name:			
Phone Number:		E-mail Address:	
Name(s) of required community-based partner organization(s):			
Total 1-Year Funding Request \$			

Please indicate the status of the applicant organization:

- ☐ Organization is a federally recognized 501(c)(3) nonprofit
- ☐ Registered and active in SAM.gov
- ☐ Organization is in Suffolk County

Submission of the proposal and signature below indicates the intention of the applicant to comply with the goals, guidelines, and other elements of the request for proposal

Authorized Signature as noted on the Certificate of Authority:

Name:		Signature:	
Title:		Date:	

Rapid Start Pre-Assessment

Instructions: The self-assessment must be completed and submitted as part of the proposal. It is intended to help organizations identify their current strengths, areas for improvement, and potential gaps related to Rapid Start implementation and to inform their initial implementation priorities.

Applicants should complete the assessment based on their organization's current capacity, processes, and experience. There is no expectation that all processes or capabilities are fully established at the time of application. Applicants are encouraged to use the assessment to identify areas they would like to strengthen, develop, or prioritize as part of Rapid Start implementation.

After completing the readiness checklist, applicants must select two (2) or three (3) initial implementation priority domains for focused improvement. For each selected domain, applicants should briefly describe the current practice, an existing strength, the principal gap or barrier, the improvement sought, and the staff or community partner(s) expected to participate.

The self-assessment and selected implementation priorities will be considered during proposal evaluation. Applicants will not be scored based on how many practices are already established. Instead, reviewers will evaluate how well the proposed activities address the identified gaps and align with the selected priorities. Implementation priority domains may be refined after award through the BPHC-facilitated Baseline Assessment.

Readiness Area Definitions

The readiness areas below are intended to provide examples of the types of activities, processes, and capabilities that may fall within each domain. They are not intended to be an exhaustive list.

Rapid Start clinical workflow/protocol

Processes for initiating or re-initiating antiretroviral therapy (ART) within seven (7) days of a new HIV diagnosis or an identified need for re-engagement in HIV care and treatment, with a strong preference for same-day initiation when clinically appropriate.

Linkage, navigation, and warm handoff processes

Processes for connecting newly diagnosed individuals and people returning to HIV care to an HIV medical provider, beginning at the point of diagnosis or identification of an out-of-care event. This includes active community-to-clinic referrals, appointment scheduling, navigation and follow-up, direct provider-to-provider communication, peer or community health worker support, accompaniment, and direct or warm handoffs between testing, community, and clinical settings.

Rapid Start medication access within 7 days

Processes for prescribing, dispensing, and initiating or re-initiating antiretroviral therapy (ART) within seven (7) days of a new HIV diagnosis or identification of a need to re-engage in HIV care and treatment, with same-day initiation preferred when clinically appropriate. Include pharmacy coordination, medication receipt and dispensing, authorized starter or bridge medication, adherence support, and rapid resolution of payment or access barriers. Track ART prescribing, dispensing, and actual initiation or re-initiation separately when data are available.

Insurance, benefits, and medication assistance processes

Processes for assessing insurance coverage and benefits, identifying barriers to HDAP, Medicaid, and other medication-assistance enrollment, supporting enrollment and coverage maintenance, and developing expedited eligibility and payment pathways to address financial and coverage barriers without delaying clinical evaluation, rapid ART initiation.

Supportive services and whole-person care coordination

Processes for identifying and addressing non-medical needs that may affect engagement in HIV care, such as housing, food, transportation, behavioral health, substance use, and other supportive services.

Workforce development and organizational capacity to implement Rapid Start

Staff knowledge, training, defined roles, staffing capacity, leadership support, and organizational processes needed to implement Rapid Start effectively.

Data collection, performance monitoring, and CQI

Processes for collecting, documenting, and reviewing Rapid Start data, including the first positive HIV test or identified out-of-care event, attended clinical visit, ART initiation or re-initiation, medication access, retention in care, and viral suppression; and using data to support continuous quality improvement.

Community testing and referral partnerships

Partnerships and referral processes with community-based organizations, testing programs, health centers, hospitals, and other settings that may identify or refer individuals with a new HIV diagnosis.

Transition from Rapid Start to ongoing HIV care

A planned and coordinated process for moving individuals from initial Rapid Start



BOSTON PUBLIC HEALTH COMMISSION STANDARD CONTRACT FOR THE PROVISION OF GOODS OR SERVICES

This contractual agreement ("Contract") is hereby made on this date _____, between **Boston Public Health Commission ("BPHC")**, a body politic and corporate and political subdivision of the Commonwealth of Massachusetts with a principal place of business located at **1010 Massachusetts Avenue, Boston, Massachusetts 02118** and _____ ("Contractor").

*This document is subject to the Terms and Conditions (pages 2 – 4) and may include additional supporting documents.
Complete fields in Part 1, 2, 3 and 4. Enter N/A for fields that are not applicable.*

Part 1 – BPHC INFORMATION	Part 2 – CONTRACTOR INFORMATION
Bureau Name: _____	Contractor Name: _____
Program Name: _____	Payee Name if different from Contractor Name: _____
BPHC Service Location: _____	Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Goods/Services Requested: _____	Contact Name: _____
BPHC Contact Name: _____	Email: _____ Phone: _____
Email: _____	Tax Identification Number (SSN or EIN): _____
Phone: _____	Number of Full Time Equivalents (FTE*) _____
	Unique Entity Identifier (if a subrecipient of federal funds): _____
Part 3 – IS THIS A SUBRECEIPT OF FEDERAL FUNDING?	

Yes ☐ if selected, the Subrecipient Information Rider must be completed and included
No ☐

Part 4 – CONTRACT TERM AND CONTRACT AMOUNT

This contract shall be in effect from (start date) _____ through (end date) _____
Review Terms and Conditions for earlier termination as provided herein.

This contract shall not exceed _____ dollars
(\$ _____) and is subject to the availability and appropriation of funds.

For BPHC Procure to Pay Office Use ONLY

BPHC Assigned Number: _____

BPHC Vendor ID: _____

*FTE: Full-Time Equivalent shall mean a formula to calculate the number of employee work hours which equal one (1) full-time position. For the purposes of this document, full time shall mean the standard number of working hours, between thirty-five (35) hours and forty (40) hours per week, that is used by the covered vendor to determine full time employment.

ARTICLE I – PERFORMANCE

- a) Performance under this Contract shall include services rendered, obligations due, costs incurred, goods and deliverables provided and accepted by BPHC. Contractor shall conduct all activities, provide all goods, and/or perform all services as may be required by the provisions of this Contract. No variations from specifications hereunder shall be allowed without the written approval of an authorized representative of BPHC.
- b) Where applicable and unless otherwise indicated in this Contract or any Statement of Work, Quote, Order, or Budget, all shipments shall be assumed F.O.B., destination inside delivery. Such inside delivery shall be performed through the shipper and charged back to the shipper and shall be made between the hours of 9:00 AM and 5:00 PM, Monday through Friday, exclusive of Holidays, unless otherwise specified in this Contract or any Statement of Work, Proposal, Quote, Order, or Budget.
- c) Upon written request of BPHC, Contractor shall remove from BPHC premises and/or replace all individuals in Contractor's employ or control rendering goods or services to BPHC whom BPHC determines to be disorderly, careless, or incompetent, or to be employed, provide services, or conduct activities in violation of the terms of this Contract or in violation of the law.
- d) Contractor shall maintain books, records, and other compilations of data relative to the services to be performed hereunder sufficient to substantiate its claims for payment or meet any regulatory requirements, including any and all applicable federal, state, or local requirements. All such records shall be retained for at least seven (7) years. BPHC or its designee shall examine and copy such records upon reasonable notice to Contractor and at such times and expense as may be reasonable.
- e) Prior to beginning performance under this Contract, Contractor must receive a Purchase Order from BPHC

ARTICLE II – ACCEPTANCE OF GOODS AND SERVICES

BPHC shall have a reasonable opportunity to inspect all goods and services. If the goods or services are not acceptable, Contractor may be allowed to cure the goods and/or services within a reasonable time at no additional cost to BPHC. Unless otherwise provided hereunder, liability for payment shall be subject to acceptance by BPHC.

ARTICLE III – TIME

Contractor's performance shall be completed as specified in the Contract, Statement of Work, Proposal, Quote, Order, or Budget; and if not specified, it should be timely and meet or exceed industry standards for the performance required.

ARTICLE IV – COMPENSATION

- a) Contractor may be compensated only for those costs and expenses it incurred, except as otherwise required for certain federally funded grants, as identified on any Statement of Work, Proposal, Quote Order, or Budget or attached hereto except that such cost and expense shall not exceed the not-to-exceed Contract Amount listed in the Contract cover page above.
- b) BPHC shall not be liable for any interest, penalties, or late fees.
- c) Invoices with back-up documentation shall reference a BPHC purchase order number and shall be submitted electronically to BPHC's Procure to Pay (P2P) Department at AccountsPayable@bphc.org.
- d) All Contractors must comply with proper invoice documentation submissions to assure timely payments in accordance with BPHC's Vendor Invoice Requirement and Submission Letter. A copy of same shall be provided to Contractor.
- e) Unless otherwise agreed, invoices shall be payable thirty (30) days from receipt of same. To expedite payments, BPHC recommends that all Contractors complete the Payment Account Information section with Electronic Fund Transfer ("EFT") information of the Vendor Set-Up Form authorizing BPHC to make electronic payments.
- f) Final invoices for goods received or services completed must be submitted to BPHC within thirty (30) days of the expiration or termination of this Contract. BPHC retains the right to deny payment for any invoices received after the thirty (30) day invoice period.

ARTICLE V – RELATIONSHIP WITH BPHC

Contractor is retained solely for the purposes of and to the extent set forth in this Contract. Contractor's relationship to BPHC during the term of this Contract shall be that of an independent contractor. Contractor shall be fully

responsible for completion of its obligations under this Contract without supervision from BPHC. Contractor has full discretion to employ the proper means and methods to complete the work and shall determine its own working hours. Contractor shall have no capacity to bind BPHC in any contract or to incur any liability on behalf of BPHC. Contractor, its agents, or employees shall not have the status or pension rights of an employee. BPHC shall not be liable for any personal injury to or death of Contractor, its agents, or employees.

ARTICLE VI – ASSUMPTION OF LOSS AND LIABILITY

- a) Contractor shall pay and be exclusively responsible for any expenses incurred on account of the delivery of goods or services to be under this Contract, and/or for all debts for labor and materials incurred by Contractor for the rental of any appliance or equipment hired by Contractor.
- b) Contractor shall bear all loss, resulting from any cause, before the delivery of goods or services is completed and after performance, if the goods or services fail to conform to specifications.
- c) Contractor or any of its agents, employees, or subcontractors entering on the premises of BPHC shall take all precautions necessary to prevent injury to persons or property.
- d) Contractor shall indemnify, assume the defense of, and hold BPHC its officers, agents, assigns, or employees, harmless from all suits and claims arising from any act or omission of Contractor, its agents, or employees in any way connected with performance under this Contract.
- e) Contractor shall maintain at a minimum General Liability, Property Damage, Employers' Liability, Worker's Compensation, and Motor Vehicle Liability (Personal Injury Protection and Property Damage), and such other liability insurance coverage as may be required hereunder sufficient to protect Contractor and BPHC from any risks or claims which may be associated with this Contract and as are customary in Contractor's business. Contractor shall provide BPHC with evidence of such coverage. In the event any changes occur in such liability coverage during the period of performance, Contractor shall notify BPHC of such changes and shall provide BPHC with new evidence of coverage. At its discretion, BPHC shall have the right to require that it be named as an Additional Insured on any applicable policies.
- f) Contractor acknowledges that BPHC, its officers, agents, assigns, and employees, are subject to all provisions in M.G.L.c. 258, including but not limited to, the liability limitations for governmental entities.

ARTICLE VII – REMEDIES OF BPHC

- a) BPHC shall have the right to inspect goods or services for forty-five (45) days and if the goods or services fail to meet the terms of the Contract or are otherwise not merchantable or fit for their intended purpose, BPHC shall have all remedies as are provided by law.
- b) If Contractor provides goods or services which do not meet the specifications provided or are otherwise not merchantable or fit for their intended purposes, BPHC shall have the right to unilaterally terminate this Contract by providing thirty (30) calendar days written notice to Contractor. In addition, BPHC shall have all remedies as provided by law.
- c) BPHC may deduct the cost of any substitute contract or non-performance of services together with incidental and consequential damages from the Contract amount and shall withhold such damages from the sums due or to become due to Contractor.
- d) BPHC retains all rights to warranty as supplied by Contractor.
- e) If this Contract is funded in whole or in part by a grant to BPHC from a third party, BPHC has the right to reduce the amount of this Contract or terminate this Contract if the grant from the third party is reduced or eliminated. In the event the grant terminates after BPHC has disbursed funds to the Contractor, the Contractor shall be responsible for reimbursing the funds, if such reimbursement is required by the third party, either directly to the BPHC or directly to the third party as required.
- f) In addition to all other remedies available to BPHC under applicable state and federal laws, in the event Contractor or its subcontractor(s) fail to comply with the terms of this Contract or with applicable federal, state, or local requirements governing the use of any grant funding supplied by a third party that supports this Contract, BPHC may withhold or suspend awards, in whole or in part, or recover from Contractor or subcontractor(s) any funds improperly paid to Contractor or subcontractor(s) following an audit by BPHC.

applicable to Contractor upon request.

ARTICLE VIII – REMEDIES OF CONTRACTOR

If damages, other than loss of nonconforming goods or services, are sustained by Contractor due to any act or material omission for which BPHC is legally responsible, BPHC may allow a sum equal to the amount of such damages sustained by Contractor as determined by BPHC in writing, provided Contractor shall deliver to BPHC a detailed written statement of such damages and cause thereof within thirty (30) days after the alleged act or material omission by BPHC. Contractor shall not have the option to accelerate at will.

ARTICLE IX – ASSIGNMENT

Contractor shall not assign, delegate, subcontract, or in any way transfer any interest in this Contract without the prior written consent of BPHC. BPHC reserves the right to delegate, assign, or otherwise transfer any interest in this Contract to another entity without further notice to Contractor.

ARTICLE X – AMENDMENTS

- a) All material alterations or additions to the terms and conditions of this Contract must be in writing and signed by BPHC and Contractor subject to BPHC's internal procurement policy.
- b) At BPHC's sole discretion it may make non-substantive unilateral modifications to this Contract. These will be in writing and written notice of same will be promptly provided to Contractor.

ARTICLE XI – COMPLIANCE WITH LAWS, BPHC POLICIES, GRANT REQUIREMENTS, AND PUBLIC POLICY

- a) This Contract is subject to the laws of the Commonwealth of Massachusetts and, where applicable, is governed by M.G.L. c. 106 §2-101, et seq. (the Uniform Commercial Code, Article 2).
- b) Contractor shall provide, at its sole expense, all necessary licenses, permits, or other authorizations required by the City of Boston, the Commonwealth of Massachusetts, or any state or federal governmental agency with proper jurisdiction and shall ensure that all specifications are met, and that the goods or services acquired or performed hereunder adhere to all applicable regulations. Contractor agrees and certifies that it is authorized and/or licensed to perform the services required by this Contract and if necessary, Contractor will secure such authorization and/or licensure within a reasonable period of time for so long as it is bound to perform under the terms of this Contract.
- c) Contractor shall not discriminate against any individual on the basis of gender, race, religious creed, national origin (including language), age, disability, gender identity, or sexual orientation in connection with the performance of this Contract. Contractor shall post in conspicuous places notices to be provided by the Massachusetts Commission Against Discrimination, setting forth provisions of the Fair Employment Practice Law of the Commonwealth of Massachusetts. Contractor shall respond to discrimination complaints and/or refer complaints to an appropriate agency for resolution. Contractor shall notify the BPHC General Counsel in writing of any information alleging a violation of civil rights resulting from the work performed in the fulfillment of this contract within ten days of the allegation or complaint being made.
- d) Contractor shall not act in collusion with any BPHC officer, agent, assign, employee, or any other party, nor shall Contractor make gifts regarding this Contract or any other matter in which BPHC has a direct and substantial interest in violation of M.G.L. c. 268A (the Conflict of Interest Law).
- e) Pursuant to M.G.L. c. 62C, §49A, Contractor certifies under the penalties of perjury that Contractor has complied with laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.
- f) Contractor shall comply with all applicable City of Boston Ordinances, City Executive Orders, BPHC Regulations or policies, and any state and federal laws or grant requirements that, in any manner, affect the goods or services herein specified. Contractor shall, at all times, observe and comply with said ordinances, regulations/policies or laws, and shall protect and indemnify BPHC, its officers, agents, assigns, and employees against any claim or liability arising from or based on any violation of such ordinances, regulations or laws.
- g) In addition to its obligations to comply with any applicable federal or state laws under section (f) above, Contractor shall also comply with the requirements of any federal, state, or city grant that supports this contract. In particular, Contractor must comply with all applicable grant reporting requirements and must provide appropriate supporting backup documentation for any invoices submitted to BPHC for payment. Any waiver of these grant requirements by BPHC shall not prejudice BPHC's right to strictly require compliance with this section at any time during the life of this Contract. BPHC shall supply a copy of the applicable Notice of Award with any provisions

b) BPHC will not purchase goods or allow services from a Contractor who is currently disbarred or suspended from doing business with the United States government. Contractor hereby certifies that it is not on the Systems for Award Management (SAM.gov) Exclusion List, and it is not disbarred or suspended from federal contracting. If Contractor is disbarred or suspended from federal contracting during the period of this contract, Contractor must notify BPHC in writing within fifteen (15) days of such occurrence. In the event Contractor is disbarred or suspended from federal contracting, BPHC shall have the right to modify or terminate this Contract at its discretion.

- i) BPHC and Contractor commit to making a good-faith effort to contract/subcontract with Certified Underrepresented Business Enterprises (CUBE) in accordance with BPHC's Equitable Procurement Policy. A copy of BPHC's Equitable Procurement Policy may be provided to Contractor upon request.
- j) If this Contract is in response to an infectious disease outbreak, including but not limited to COVID-19, Contractor acknowledges that this contract may be supported by funds from the United States federal government. Accordingly, the required federal provisions at the following link are hereby incorporated into this agreement: <https://www.ecfr.gov/>.

ARTICLE XII – MISCELLANEOUS

- a) Any waiver expressed or implied by BPHC of any rights, terms, or conditions of the Contract shall not operate to waive such rights, terms or conditions or any other rights, terms, or conditions beyond the specific instance of waiver.
- b) Contractor acknowledges that any and all products (tangible and intangible) created pursuant to this Contract shall be the exclusive property of BPHC. All work, papers, reports, questionnaires, and other written materials prepared or collected by Contractor while completing the work to be performed under this Contract shall always be the exclusive property of BPHC. In addition, Contractor has an affirmative obligation to request collaboration with the BPHC on the creation or publication of any research paper, tool, or other product that is the result of the performance of this Contract. Contractor shall not use, publish, or cause to be used or published any work, reports, or any other printed material in relation to the services performed hereunder without written authorization from BPHC. Where such authorization is given, Contractor shall appropriately acknowledge the collaboration and support of BPHC.
- c) Contractor shall not make any press release, media outreach, or other public announcement regarding this Contract or the related products (tangible or intangible) created pursuant to this Contract without BPHC's express prior written consent (which consent may be granted or denied in BPHC's sole discretion). Such prior approval must also include BPHC's approval as to the form, substance, nature, and extent of the press release, media outreach, or other public announcement.
- d) Unless separately agreed upon by the parties in this Contract or any applicable Statement of Work, Proposal, Quote, Order or Budget, BPHC shall be the owner of any and all data collected by Contractor pursuant to this Contract.
- e) In the event of any dispute concerning the meaning or application of this Contract, any such dispute shall be resolved pursuant to the laws of the Commonwealth of Massachusetts and, if necessary, by a court of the Commonwealth of Massachusetts in Suffolk County or the United States Federal District Court sitting in Boston, MA.
- f) Neither party shall be liable to the other or be deemed to be in breach of the Contract for any failure or delay in rendering performance arising out of causes beyond its reasonable control and without its fault or negligence. Such causes may include, but are not limited to, acts of God or a public enemy (including terrorist acts), fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, unusually severe weather, or compliance with governmental orders that prohibits the performance of this Contract.
- g) If any provision of this Contract is declared or found to be illegal, unenforceable, or void, both parties shall be relieved of all obligations under such provision. The remainder of the Contract shall be fully enforced as permissible by law.
- h) BPHC is a tax-exempt entity (federal tax identification number 04-3316655) and shall not be responsible for the payment of any type of tax that may arise as a result of the performance of this Contract. See Mass. Gen. Laws III App. §2-3, 2-9, 26 USC §115(1). The St-2 (MA Certificate of Sales Tax Exemption) Form will be provided upon request.
- i) Contractor acknowledges that BPHC is subject to Massachusetts Public Records Law pursuant to M.G.L. c. 4 M.G. L. c. 4, § 7(26) and 950 CMR 32.00.

As such, this Contract and other records and documents created or received in connection with this Contract may be subject to public disclosure under applicable Public Records Laws, including but not limited to, M.G. L. c. 4, § 7(26) and 950 CMR 32.00. BPHC will use reasonable efforts to identify, label, or withhold any information that is proprietary, exempt under the law, or confidential prior to disclosure.

ARTICLE XIII – AVAILABLE APPROPRIATION

This Contract is subject to the availability of an appropriation therefore BPHC retains the right to reduce the amount of this Contract or terminate it without penalty if funding for the Contract is reduced or eliminated. This expressly includes any contract that is funded in whole or in part by the City of Boston or any grant funding received by BPHC in accordance with Article VII(e).

ARTICLE XIV – RELEASE OF BPHC ON FINAL PAYMENT

Acceptance by Contractor of final payment from BPHC under this Contract shall be deemed to release BPHC from all claims and liabilities, except those which Contractor notifies BPHC in writing within 60 days after the expiration or termination of this Contract.

ARTICLE XV – TERMINATION OR CANCELLATION

This Contract may be terminated by BPHC for any breach of its terms by Contractor, for convenience, or for any other ground stated elsewhere in this contract. All obligations which are executory on both sides shall be discharged upon termination. Any rights based on prior breach of performance shall survive. The terms of the Contract shall survive its termination for the purposes of (1) resolving any claims; and (2) warranties. This Contract may be cancelled by BPHC and will have the same effect as termination, except that BPHC shall retain any remedy for breach of the whole Contract or any unperformed balance. Notice of termination or cancellation shall be given to Contractor at the address supplied on the Request for Contract/Standard Contract Cover Page by email or mail and shall be effective upon receipt. Contractor shall have no right to recover other amounts, including but not limited to amounts for lost profits, indirect, incidental, or consequential damages.

ARTICLE XVI – WARRANTIES

Contractor makes all warranties as applicable under M.G.L. c. 106 §2-313, the Warranty of Title, M.G.L. c. 106 §2-313, Express Warranties as by affirmation, promise, description and/or sample, M.G.L. c. 106 §2-314, the implied warranties of merchantability or by usage of trade, and M.G.L. c. 106 §2-315, implied warranty of fitness for a particular purpose.

ARTICLE XVII – CONFIDENTIALITY

Contractor shall comply with all applicable federal, state, and local laws and regulations relating to confidentiality and privacy of any data collected or received by Contractor. Contractor shall inform, in writing, each of its employees or agents having any involvement with personal data or other confidential data of the laws and regulations relating to confidentiality and shall ensure their compliance.

ARTICLE XVIII – CRIMINAL OFFENDER RECORD INFORMATION (CORI)

By signing this Contract, the Contractor certifies that it has conducted CORI checks (or equivalent background checks as defined in 101 CMR 15.00) on all subcontractors and employees who may have contact with the public, minors or BPHC clients, or have access to financial, protected health, or other sensitive information owned by BPHC. The Contractor further certifies its compliance with BPHC and Department of Public Health policies, which recognize that certain criminal convictions pose an unacceptable risk to vulnerable populations that the BPHC serves.

Notwithstanding, BPHC's General Counsel's Office has the discretion to require CORI checks, other affiliated checks, or a CORI Affidavit for any other contracts where it deems necessary, including but not limited to, any time a Contractor or its subcontractors and employees may work on any BPHC sites.

ARTICLE XIX – ENTIRE AGREEMENT, COUNTERPARTS, COPIES, AND ORDER OF PRECEDENCE

This Contract constitutes the entire agreement between the parties concerning the subject matter hereof and supersedes all prior conversations, proposals, negotiations, understandings, and agreements, whether written or oral. In the event of any discrepancy between the terms set forth in this Contract and any other accompanying documents, communications, or agreements, the terms of this Contract shall prevail and control. If necessary, this Contract may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same Contract. In addition, a copy of this Contract will be just as enforceable as an original, unless one party demands creation and receipt of a contract with original signatures.

ARTICLE XX – CERTIFICATE OF AUTHORITY

Contractor warrants that it has full power and authority to enter into and perform this Contract, and the person signing this Contract warrants that they have been properly authorized and empowered to enter into this Contract. In addition, acceptance of any payment under a contract or grant shall operate as a waiver of any claims against BPHC that challenge the existence of a valid contract due to the lack of actual signatory authority by Contractor. BPHC reserves the right to request proof of signatory authority from any Contractor.

-----END OF TERMS AND CONDITIONS-----

BPHC and Contractor hereby cause this instrument to be executed by the duly authorized representatives as of the day first written above.

CONTRACTOR

Signature:

Printed Name: _____

Title: _____

Date: _____

BOSTON PUBLIC HEALTH COMMISSION

Approved as to Form - Office of the General Counsel

Signature:

Printed Name: _____

Date: _____

Approved - Administration and Finance / Executive Office

Signature:

Printed Name: _____

Date: _____

Attachment 4: Sample Year 1 Budget Justification

BOSTON PUBLIC HEALTH COMMISSION

INFECTIOUS DISEASE BUREAU

RAPID START RFP

SAMPLE YEAR 1 BUDGET JUSTIFICATION

Anticipated Year 1 funding period: March 1, 2027 – February 29, 2028

Applicant organization: _____

Community-based partner(s): _____

ILLUSTRATIVE EXAMPLE ONLY — This sample demonstrates the level of explanation expected; it is not a required staffing model, approved budget, or list of mandatory expenditures.

For each proposed line item, identify the cost basis (salary × FTE, unit cost × quantity, rate × months, or other calculation), the organization incurring the cost, and how the expense supports the Year 1 Scope of Work and selected Rapid Start priority domains. Amounts must match the BPHC Year 1 Excel budget template.

I. Direct Costs — Personnel

HIV Clinical Provider / Prescriber (Lead Clinical Organization): Supports timely clinical evaluation, eligibility determination, prescribing and initiation or re-initiation of antiretroviral therapy (ART), and coordination with the Rapid Start team. Justify the proposed portion of provider time based on projected Rapid Start responsibilities and documented level of effort.

Registered Nurse / Clinical Support Staff (Lead Clinical Organization): Coordinates same-day or rapid appointments, intake and clinical follow-up, patient education, laboratory coordination, and medication-start workflows. Specify the proposed FTE and how this position supports initiation within seven days when clinically appropriate.

Rapid Start Patient Navigator / Medical Case Manager (Lead or Partner): Provides warm handoffs, appointment coordination, insurance/benefits enrollment assistance, follow-up after ART initiation, and referrals to ongoing HIV care and supportive services. Describe which organization employs the position and the activities funded.

Community-Based HIV Testing / Outreach Staff (CBO Partner): Conducts HIV testing and facilitates timely, documented referrals to the clinical partner for people newly diagnosed with HIV or returning to care. Describe referral coordination, follow-up, and the portion of staff time assigned to the initiative.

Community Health Worker / Peer Educator (CBO Partner): Provides culturally responsive engagement, navigation, communication, and support to address barriers to starting or returning to HIV treatment. Explain how responsibilities complement, rather than duplicate, other funded positions.

Data / CQI Coordinator (Lead Clinical Organization): Supports Rapid Start tracking, performance reporting, data-quality improvements, process mapping, patient feedback, and participation in quality improvement activities and BPHC evaluation activities.

Supervisory / Administrative Support (As Applicable): Provides documented supervision, scheduling, fiscal coordination, or program administration directly allocable to approved Rapid Start activities. Describe the assigned responsibilities and basis for allocation.

II. Fringe Benefits

Fringe Benefits: Employee benefits associated with personnel charged to the program, such as employer payroll taxes, health insurance, retirement, unemployment insurance, and workers' compensation. Explain the agency's fringe calculation and apply it only to the appropriate funded salary base.

III. Other Direct Costs — Clinical and Patient Support

ART Starter Medications: Initial antiretroviral medication starter packs of up to 30 days, when needed to prevent delays in Rapid Start initiation or re-initiation. Explain anticipated utilization, estimated unit costs, and how the organization will screen for other available payment sources before charging EHE funds. Do not budget the same medication twice.

Clinical Testing and General Supplies: HIV-related testing and clinical supplies needed for approved Rapid Start workflows. Identify supplies, quantities, estimated costs, and the link to proposed clinical activities; exclude costs payable by another source.

Patient Transportation Assistance: Taxi or rideshare vouchers to help eligible clients attend Rapid Start medical visits or other approved care activities. Explain expected volume, average cost, eligibility and documentation procedures; support must be non-cash and tied to an allowable purpose.

Emergency Financial Assistance / Non-Cash Patient Incentives: Proposed, documented supports that address immediate barriers to engagement, treatment initiation, or retention, when permitted under applicable federal and BPHC requirements. Specify the type of support, anticipated number of recipients, unit value, eligibility, and controls. Cash payments to intended recipients are not allowable.

Patient Communications / Educational Materials: Patient phones or communication services when needed for linkage and follow-up, and accessible, culturally and linguistically appropriate educational materials. Describe quantities, expected use, and safeguards against duplicate funding.

Other Approved Support Services (If Proposed): For example, licensed mental health provider time, legal assistance, housing or nutrition support staff time, or mobile/telehealth capacity when directly connected to the approved Rapid Start model. Itemize each distinct cost and explain the role in the Scope of Work.

IV. Community–Clinical Partnerships and Subcontracts

CBO HIV Testing and Referral Subcontract: Funds allocated to the participating community-based partner for approved HIV testing, warm handoffs, navigation, staffing, and other defined Rapid Start responsibilities. Identify the partner, scope of services, basis for the amount, and how costs are allocated. Do not duplicate partner costs under lead-agency line items.

Legal / Data-Sharing Agreement Support: Directly attributable legal support to develop clinical–community subcontracts, referral arrangements, or appropriate data-sharing agreements needed for the initiative. Explain deliverables and estimated professional hours or fees.

V. Data Systems and Continuous Quality Improvement

Data and Technology Improvements: Approved purchases or improvements to clinical, pharmacy, HIV testing, referral, or reporting systems, including tablets or other technology needed to strengthen Rapid Start workflows. Describe each item, purpose, quantity, cost basis, and anticipated benefit.

CQI Activities, Training, and Community of Practice: Direct costs for process mapping, small tests of change, staff training/certification, patient experience assessment, participation in the monthly Community of Practice, and coordination with the BPHC evaluation team. Describe the activity and how it supports Year 1 improvement priorities.

VI. Administrative / Indirect Costs

Administrative / Indirect Costs: Identify the proposed method, applicable documentation, calculation base, and rate. The current RFP states a 10% administrative/indirect cost cap, subject to applicable federal and BPHC requirements.

Important Budget Preparation Notes

- Include only categories actually requested in the applicant's Year 1 Excel budget and supported by the proposed Scope of Work; this sample is not a checklist of mandatory expenses.
- All expenditures must be reasonable, allocable, allowable, properly documented, and consistent with the approved budget. The award operates on a cost-reimbursement basis.
- EHE funds are subject to payer-of-last-resort requirements. Do not charge costs already paid, or reasonably expected to be paid by insurance or another available source.
- Examples of prohibited costs include cash payments to intended recipients, clinical research, international travel, and PrEP/PEP medications and related medical services for people who do not have HIV; additional restrictions in the RFP also apply.
- Distinguish lead-clinical-organization expenses from CBO partner expenses. Ensure that budget narrative, Year 1 Scope of Work, and Excel budget agree.

Infectious Disease Bureau

Agency: _____

Certificate of Authority

(For Corporations Only)

_____, 20____
(Current Date)

At a meeting of the Directors of the _____
(Name of Corporation)
duly called and held at _____
(address)
on the _____ day of _____, 20____, at which a
quorum was present and acting, it was VOTED, that _____
(Name)
the _____ of this corporation is hereby
(Office)
authorized and empowered to make, enter into, sign, seal and deliver on behalf of this
corporation a contract for _____
(Describe Service)
with the Boston Public Health Commission, and if required by such contract, a
performance bond in connection therewith.

I do hereby certify that the above is a true and correct copy of the records, that
said vote has not been amended or repealed and is in full force and effect as of this date,
and that _____ is the duly elected
(Name)
_____.
(Office)

Of this corporation

Attest

(Affix Corporate Seal)

(Clerk or Secretary of the Corporation)

[corpcert.doc]



EHE RAPID START | CONTINUOUS QUALITY IMPROVEMENT FRAMEWORK

A guided plan for funded clinical lead agencies and community-based HIV testing partners.

Applicants should use this framework as a reference when preparing their responses to Section 7: Continuous Quality Improvement and Performance Measurement, under Part XV of the Rapid Start RFP. The information provided will help applicants describe their proposed CQI approach, including how they will identify improvement priorities, test changes, and assess progress.

Lead clinical agency: [Type response]

Community testing partner(s): [Type response]

CQI contacts (clinical / community): [Type response]

Date / version: [Type response]

Purpose

This framework guides participating applicants in implementing and improving the Rapid Start services CQI pre-assessment for the BPHC's HRSA-funded Ending the HIV Epidemic (EHE) RFP. It helps ensure all applicants use the same structure to identify gaps and share findings. This document does not replace the approved Scope of Work, partnership agreement, or required reporting.

Applicants should begin with what is known at the time of application. BPHC's evaluation team will work with successful applicants to update the plan after award to focus on one to two priorities at a time – identifying baseline measures, data definitions, best approaches, measures to track, and success criteria. Applicants are not expected to have a fully developed CQI program before onboarding.

Rapid Start means initiating or re-initiating ART within seven days (and ideally same day) of:

- The first positive HIV test for newly diagnosed clients, or
- The date a client is identified as out of care and eligible for re-engagement.

When dates are unknown, sites should document the earliest verifiable point of contact and continue to track the case as a distinct category.

* Record the following as separate events: linkage visit, prescribing, medication access, and actual ART initiation.

Equity considerations

Health equity means identifying who may be experiencing longer delays or poorer outcomes and will include identifying which measures and demographic categories can be reported now and what is currently missing or unreliable. When feasible and safe, variations will be viewed by factors such as race/ethnicity, exposure mode, language, age, sex/gender, housing status, incarceration history, immigration status, or referral source. Extra care will be used to protect confidentiality and privacy for all groups.

Client feedback, navigator observations, and community input will be used to understand where delays or disparities occur and to guide selection of improvement strategies.

Responsibilities

Everyone on the team* plays a part in improvement.

- The clinical lead: Accountable for program and fiscal oversight, operations (clinical care, treatment data, coordination with community partners) and reporting.
- Community-based partners representative: Oversee testing, referrals, warm handoffs, navigation, follow-up, and client perspectives.

(all should participate in CQI reviews, testing changes/improvements, and monthly Community of Practice).

Improvement priorities

What is PDSA (Plan-Do-Study-Act)?

How to Test a Change: **PDSA** Plan–Do–Study–Act (PDSA) cycles are short, structured tests that help determine whether a change leads to improvement before wider adoption.

PLAN: Define the problem, the approach you will use to assess it, the change to test, who will carry it out, the time period, and what **SMART** (Specific, Measurable, Achievable, Relevant, Time-bound) goals/outcomes you expect to see.

DO: Try the change in a small setting and record what happens.

STUDY: Compare results to expectations and document what you learned.

ACT: Decide whether to adopt, modify, or discontinue the change.

Use the structure below for each priority identified in the Rapid Start Pre-Assessment. These may be refined after baseline assessment performed with BPHC.



Subrecipient Information Rider

This rider supplements the Boston Public Health Commission (BPHC) Standard Contract and any subsequent amendments to ensure compliance with all Federal requirements related to a Federal award pass-through.

Signature in Part G constitutes acknowledgement and acceptance of all Terms, Conditions and Certifications in parts C, D, & F.

Part A: Federal Award Information

☒ BPHC is a prime recipient **OR** ☐ BPHC is a subrecipient of _____

Federal Awarding Agency:			
Federal Award Date:			
Federal Award Identification Number:			
Assistance Listing Number and Title:			
Federal Award Project Description:			
Is the Federal Award for Research & Development?	NO – this rider may not be used for Research & Development subawards		

Part B: Subaward Information

Organization Name:			
PI for this subaward:		PI Email:	PI Phone:
Amount obligated & committed by this subaward:			
Total obligated to subrecipient, including this subaward:			
Period of Performance (Budget Period) Start and End Dates:		Start:	End:
Cost sharing required: Yes ☐ No ☐ If Yes, amount of cost share required \$ _____			
Select Applicable Subrecipient Indirect Cost Rate:			
☐ Not allowed ☐ _____% Negotiated (attach agreement); Method: ☐ _____% De minimis			
Technical/Progress Reporting Frequency (check all that apply):		☐ Monthly ☐ Quarterly / 3 months ☐ Annually ☐ Other _____ months	

Part C: Subaward Terms and Conditions

All subawards are subject to the regulations contained in Title 2 of the Code of Federal Regulations for the awarding agency which includes the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards under Title 2 Part 200.

See attached Notice of Award for terms and conditions specific to the Federal award.

All grant modification actions require prior written approval from BPHC. Examples include substantive (greater than 25%) budget changes, SOW changes, PI changes, requests for no cost extensions, carry forward requests, etc.

Unless otherwise specified, all reports (e.g. technical/progress) are due no later than 30 days after the reporting period is complete and must conform to all requirements outlined in the Notice of Award.

Unless otherwise specified, monthly invoicing is required. The final invoice must be received no later than 30 days after the end of the award for reimbursement to occur.

The subrecipient must establish, document, and maintain effective internal control over the Federal award that provides reasonable assurance that the award is managed in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award.

☒ This subaward carries with it terms and conditions in addition to the above. These additional terms and conditions are included under **Part F**.

Part D: Subrecipient Required Certifications

Audit and Access to Records. Subrecipient certifies that it will provide BPHC with notice of any adverse findings which impact this Subaward. Subrecipient certifies compliance with applicable provisions of 2 CFR 200.501-200.521. If Subrecipient is not required to have a Single Audit as defined by 200.501, Awarding Agency requirements, or the Single Audit Act, then Subrecipient will provide notice of the completion of any required audits and will provide access to such audits upon request. Subrecipient will provide access to records as required by parts 2 CFR 200.332 (a)(5), 200.337, and 200.338 as applicable. Also, Subrecipient agrees to maintain files in accordance with applicable record retention requirements, which is a minimum of three years from the date of submission of their final financial report per 2 CFR 200.334 but may extend longer for other Federal awards

Certification Regarding Lobbying. Subrecipient certifies, to the best of their knowledge and belief, that no Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement in accordance with 2 CFR 200.450.

Subrecipient Subawards. The Subrecipient shall seek prior approval from BPHC for all subawards made under this program. In addition, the subrecipient shall require that the language of the certifications in this document be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

☐ This subaward carries with it certifications in addition to the above. These additional certifications are included under **Part F**.

Part E: Federal Funding Accountability and Transparency Act (FFATA)

☐ This subaward is subject to FFATA reporting (total value meets or exceeds \$30,000)

Institution Type:	Place of Performance Zip: _____ - _____	Congressional District _____ - _____																
Highest Compensated Officers The names and total compensation of the five most highly compensated officers must be listed if subrecipient in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards; \$25,000,000 or more in annual gross revenues are from Federal awards; and the public does not have access to this information about the compensation of the senior executives of the subrecipient through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 or section 6104 of the Internal Revenue Code of 1986. ☐ Subrecipient is exempt from reporting; or ☐ this information is publicly available <table><thead><tr><th>Name</th><th>Compensation</th><th>Name</th><th>Compensation</th></tr></thead><tbody><tr><td>#1 _____</td><td>_____</td><td>#4 _____</td><td>_____</td></tr><tr><td>#2 _____</td><td>_____</td><td>#5 _____</td><td>_____</td></tr><tr><td>#3 _____</td><td>_____</td><td></td><td></td></tr></tbody></table>			Name	Compensation	Name	Compensation	#1 _____	_____	#4 _____	_____	#2 _____	_____	#5 _____	_____	#3 _____	_____		
Name	Compensation	Name	Compensation															
#1 _____	_____	#4 _____	_____															
#2 _____	_____	#5 _____	_____															
#3 _____	_____																	

Part F: Additional Terms, Conditions, and Certifications

Part G: Approval of Subrecipient (same as authorized signature on BPHC contract)

_____	_____	_____
Authorized Name (print)	Signature	Date

For BPHC Procure to Pay Office Use ONLY

BPHC Assigned Number: _____

Subrecipient Vendor ID: _____

TABLE 1: ORGANIZATION DIVERSITY - Board and Staff

Organization Totals for Gender, Ethnicity, and Race must equal the same number.

Organization Total for Other Racial or Ethnic Groups may be less than or equal to the other totals. Complete table for the ENTIRE Agency rather than for the proposed program.

	Paid Staff			SUBTOTAL Paid Staff	Board of Directors	ORGANIZATION TOTAL	
	Executive Director	Professional Staff	Support Staff			#	%
Gender:							
Male							
Female							
Transgender Male							
Transgender Female							
Gender non-conforming / nonbinary							
TOTAL:							
Ethnicity:							
Hispanic or Latino/a							
Not Hispanic or Latino/a							
TOTAL:							
Race:							
White							
Black or African American							
Asian							
Native Hawaiian/ Pacific Islander							
American Indian/ Alaskan Native							
Unknown or Unreported*							
TOTAL:							
Other Racial or Ethnic Groups:							
African							
Cape Verdean							
Haitian							
Brazilian							
Portuguese							
Other /Unknown							
TOTAL:							

*Unknown or Unreported includes Latinos who do not identify with any of the five Federal race categories.

Table 2: Organization Diversity – Current Clients

- Organization Totals for Gender, Ethnicity, Race and Age must equal the same number.
- Organization Total for Other Racial or Ethnic Groups may be less than or equal to the other totals.
- Complete table for the ENTIRE client population rather than for the proposed program.

	TOTAL AGENCY CLIENTS		AGENCY PLWHA CLIENTS	
	#	%	#	%
Gender:				
Male				
Female				
Transgender Male				
Transgender Female				
Gender non-conforming / nonbinary				
Gender TOTAL:				
Ethnicity:				
Hispanic or Latino/a				
Not Hispanic or Latino/a				
Ethnicity TOTAL:				
Race:				
White				
Black or African American				
Asian				
Native Hawaiian/Pacific Islander				
Native American/Alaskan Native				
Unknown/Unreported*				
Race TOTAL:				
Other Ethnicity:				
African				
Cape Verdean				
Haitian				
Brazilian				
Portuguese				
Other /Unknown				
Other Ethnicity TOTAL:				
Age:				
18-44				
45+				
Age TOTAL:				

*Unknown or Unreported includes Latinos who do not identify with any of the five Federal race categories.

Table 3: Demographics And Characteristics of The Proposed Population of Focus

Applicant organization: _____

Complete the following tables for the population(s) proposed to be served through the Rapid Start initiative. Use available data or reasonable estimates, as appropriate. Enter “N/A” or “Data not available” when applicable. Identify the source or basis for the figures at the end of the form.

Basis of figures: ☐ Actual data ☐ Estimates ☐ Combination of both

Table 3.1: Age Group

Category	Number	Percentage
Under 15		
15–19		
20–29		
30–39		
40–49		
50 and above		
TOTAL:		

Table 3.2: Gender

Category	Number	Percentage
Female		
Male		
Transgender Male		
Transgender Female		
Gender non-conforming / nonbinary		
TOTAL:		

Use the categories available in your data system; explain any differences below.

Table 3.3a: Race

Category	Number	Percentage
American Indian / Alaska Native		
Asian		
Black / African American		
Native Hawaiian / Other Pacific Islander		
White		
Multiracial		
Other / unknown		
TOTAL:		

Table 3.3b: Ethnicity

Category	Number	Percentage
Hispanic / Latino		
Not Hispanic / Latino		
Unknown / not reported		
TOTAL:		

Report race and ethnicity separately when available.

Table 3.4: Additional Priority Population Characteristics

Category	Number	Percentage of total client served
Non-U.S.-born individuals		
Men who have sex with men (MSM)		
People who inject drugs		
People with no identified HIV exposure or risk category		
Pregnant people with HIV		
Individuals recently released from incarceration		

Individuals may appear in multiple categories; percentages are not expected to total 100%. Percentages are calculated from the Table 3.1 total.

Table 3.5: HIV Care Status

Category	Number	Percentage of total client served
Newly diagnosed people with HIV		
Individuals re-engaging in HIV care		

Use the definitions and available data relevant to your proposed Rapid Start services. Percentages are calculated from the Table 3.1 total.

Data source or basis for estimates:**Additional notes (including unavailable data or different category definitions):**

This table is intended to describe the proposed population of focus; it does not establish additional eligibility criteria or require applicants to serve every listed population.

RYAN WHITE EHE: ALN 93.686
Boston Public Health Commission
FY 2027
March 1, 2027 - February 29, 2028

AGENCY NAME

Ending the HIV Epidemic - EHE Initiative Services

Core/Support Service Direct Cost

	<u>Personnel</u>	<u>Salary</u>	<u>FTE</u>	<u>Months</u>	<u>Annual</u>
Public Health NP	M. Jones	\$141,000	1.00	12	\$141,000
Medical Case Manager	J. Smith	\$82,000	0.50	12	\$41,000
		SUBTOTAL	1.50		\$182,000
		FRINGE	29.30%		\$53,326
		PERSONNEL TOTAL			\$235,326

Other Direct Cost

Community-based Provider					\$75,000
Incentive					\$2,000
		SUBTOTAL			\$77,000
		DIRECT COST TOTAL			\$312,326

HHS Indirect Approved Rate

		69.50%	<u>Annual</u>
Ryan White Indirect Rate Cap (10%)		10%	\$31,233
		INDIRECT SUBTOTAL	\$31,233
		DIRECT COST TOTAL	\$312,326
		INDIRECT COST TOTAL (15% Cap)	\$31,233
		HIV/STI SERVICES AWARD TOTAL	\$343,559

RYAN WHITE EHE: ALN 93.686
Boston Public Health Commission
FY 2027
March 1, 2027 - February 29, 2028

AGENCY NAME

Ending the HIV Epidemic - EHE Initiative Services

<u>Core/Support Service Direct Cost</u>	<u>Personnel</u>	<u>Salary</u>	<u>FTE</u>	<u>Months</u>	<u>Annual</u>
Public Health NP	M. Jones	\$141,000	0.50	12	\$70,500
Medical Case Manager	J. Smith	\$82,000	0.50	12	\$41,000
		SUBTOTAL	1.00		\$111,500
		FRINGE	29.30%		\$32,670
		PERSONNEL TOTAL			\$144,170
<u>Other Direct Cost</u>					
Community-based Provider Incentive					\$75,000
					\$2,000
		SUBTOTAL			\$77,000
		DIRECT COST TOTAL			\$221,170
<u>Administrative Cost</u>	<u>Personnel</u>	<u>Salary</u>	<u>FTE</u>	<u>Months</u>	<u>Annual</u>
Program Manager	J. Doe	\$63,273	0.07	12	\$4,429
		SUBTOTAL	0.07		\$4,429
		FRINGE	29.30%		\$1,298
		SUBTOTAL			\$5,727
<u>Other Administrative Cost</u>					
Accounting Cost					\$825
Financial Reporting Costs					\$2,000
Payroll Costs					\$649
		SUBTOTAL			\$3,474
		ADMIN COST TOTAL			\$9,201
		DIRECT COST TOTAL			\$221,170
		ADMIN COST TOTAL (Ryan White Indirect Cap (10%))			\$9,201
		HIV/STI SERVICES AWARD TOTAL			\$230,370