

EXHIBIT A

BID RESPONSE PACKET

RFP No. CY2015 – HIV Prevention & Testing Services

To: The County of Alameda

From: _____

(Official Name of Bidder)

- **AS DESCRIBED IN THE SUBMITTAL OF BIDS SECTION OF THIS RFP, BIDDERS ARE TO SUBMIT ONE (1) ORIGINAL HARDCOPY BID (EXHIBIT A – BID RESPONSE PACKET), INCLUDING ADDITIONAL REQUIRED DOCUMENTATION), WITH ORIGINAL INK SIGNATURES, PLUS 5 COPIES.**
- **ALL PAGES OF THE BID RESPONSE PACKET (EXHIBIT A) MUST BE SUBMITTED IN TOTAL WITH ALL REQUIRED DOCUMENTS ATTACHED THERETO; ALL INFORMATION REQUESTED MUST BE SUPPLIED; ANY PAGES OF EXHIBIT A (OR ITEMS THEREIN) NOT APPLICABLE TO THE BIDDER MUST STILL BE SUBMITTED AS PART OF A COMPLETE BID RESPONSE, WITH SUCH PAGES OR ITEMS CLEARLY MARKED “N/A”.**
- **BIDDERS SHALL NOT SUBMIT TO THE COUNTY A RE-TYPED, WORD-PROCESSED, OR OTHERWISE RECREATED VERSION OF EXHIBIT A – BID RESPONSE PACKET OR ANY OTHER COUNTY-PROVIDED DOCUMENT.**
- **ALL BUDGETS AND BUDGET JUSTIFICATIONS MUST BE PRINTED IN INK OR TYPEWRITTEN; NO ERASURES ARE PERMITTED; ERRORS MAY BE CROSSED OUT AND CORRECTIONS PRINTED IN INK OR TYPEWRITTEN ADJACENT, AND MUST BE INITIALED IN INK BY PERSON SIGNING BID.**
- **BIDDERS THAT DO NOT COMPLY WITH THE REQUIREMENTS, AND/OR SUBMIT INCOMPLETE BID PACKAGES, SHALL BE SUBJECT TO DISQUALIFICATION AND THEIR BIDS REJECTED IN TOTAL.**
- **IF BIDDERS ARE MAKING ANY CLARIFICATIONS AND/OR AMENDMENTS, OR TAKING EXCEPTION TO POLICIES OR SPECIFICATIONS OF THIS RFP, THESE MUST BE SUBMITTED IN THE EXCEPTIONS, CLARIFICATIONS, AMENDMENTS SECTION OF THIS EXHIBIT A – BID RESPONSE PACKET IN ORDER FOR THE BID RESPONSE TO BE CONSIDERED COMPLETE.**

BIDDER INFORMATION AND ACCEPTANCE

1. The undersigned declares that the Bid Documents, including, without limitation, the RFP, Addenda, and Exhibits have been read.
2. The undersigned is authorized, offers, and agrees to furnish the articles and/or services specified in accordance with the Specifications, Terms & Conditions of the Bid Documents of RFP No. CY2015 – HIV Prevention and Testing Services.
3. The undersigned has reviewed the Bid Documents and fully understands the requirements in this Bid including, but not limited to, the requirements under the County Provisions, and that each Bidder who is awarded a contract shall be, in fact, a prime Contractor, not a subcontractor, to County, and agrees that its Bid, if accepted by County, will be the basis for the Bidder to enter into a contract with County in accordance with the intent of the Bid Documents.
4. The undersigned acknowledges receipt and acceptance of all addenda.
5. The undersigned agrees to the following terms, conditions, certifications, and requirements found on the County's website:
 - **[Bid Protests / Appeals Process](http://www.acgov.org/gsa/departments/purchasing/policy/bidappeal.htm)**
[<http://www.acgov.org/gsa/departments/purchasing/policy/bidappeal.htm>]
 - **[Debarment / Suspension Policy](http://www.acgov.org/gsa/departments/purchasing/policy/debar.htm)**
[<http://www.acgov.org/gsa/departments/purchasing/policy/debar.htm>]
 - **[Iran Contracting Act \(ICA\) of 2010](http://www.acgov.org/gsa/departments/purchasing/policy/ica.htm)**
[<http://www.acgov.org/gsa/departments/purchasing/policy/ica.htm>]
 - **[General Environmental Requirements](http://www.acgov.org/gsa/departments/purchasing/policy/environ.htm)**
[<http://www.acgov.org/gsa/departments/purchasing/policy/environ.htm>]
 - **[General Requirements](http://www.acgov.org/gsa/departments/purchasing/policy/genreqs.htm)**
[<http://www.acgov.org/gsa/departments/purchasing/policy/genreqs.htm>]
 - **[Proprietary and Confidential Information](http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm)**
[<http://www.acgov.org/gsa/departments/purchasing/policy/proprietary.htm>]
6. The undersigned acknowledges that Bidder will be in good standing in the State of California, with all the necessary licenses, permits, certifications, approvals, and authorizations necessary to perform all obligations in connection with this RFP and associated Bid Documents.
7. It is the responsibility of each bidder to be familiar with all of the specifications, terms and conditions and, if applicable, the site condition. By the submission of a Bid, the Bidder certifies that if awarded a contract they will make no claim against the County based upon ignorance of conditions or misunderstanding of the specifications.

8. Patent indemnity: Vendors who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of an nature or kind, including cost and expenses, for infringement or use of any patent, copyright or other proprietary right, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
9. Insurance certificates are not required at the time of submission. However, by signing Exhibit A – Bid Response Packet, the Contractor agrees to meet the minimum insurance requirements stated in the RFP. This documentation must be provided to the County, prior to award, and shall include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in the RFP.



COVER PAGE

Official Name of Bidder: _____

Street Address Line 1: _____

Street Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Webpage: _____

Target Population (check all that apply):

- HIV Positive
- Women
- MSM
- Transgender
- IDU
- Sexual and Needle Sharing Partners of HIV-positive individuals

Jurisdiction of Organization Structure: _____

Date of Organization Structure: _____

Federal Tax Identification Number: _____

Primary Contact Information:

Name / Title: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

SIGNATURE: _____

Name and Title of Signer: _____

Dated this _____ day of _____ 20_____

BID FORM

COST SHALL BE SUBMITTED ON EXHIBIT A AS IS. NO ALTERATIONS OR CHANGES OF ANY KIND ARE PERMITTED. Bid responses that do not comply will be subject to rejection in total. The cost quoted below shall include all taxes and all other charges, including travel expenses, and is the cost the County will pay for the one-year term of any contract that is a result of this bid. Quantities listed herein are annual estimates based on past usage and are not to be construed as a commitment. No minimum or maximum is guaranteed or implied.

Bidder hereby certifies to County that all representations, certifications, and statements made by Bidder, as set forth in this Bid Form and attachments are true and correct and are made under penalty of perjury pursuant to the laws of California.

RFP #CY2015 – HIV Prevention and Testing Services

DESCRIPTION	Estimated Number of Clients Served Per Year (B)	Charge per Unit of Service (A)	1 Year Total (C) = A x B
HIV Testing Providing HIV testing in traditional and non-tradition settings		\$	\$
Linkage and Re-linkage to Care Assisting those with HIV connect to HIV medical care		\$	\$
Partner Services Assisting those with HIV inform sexual and IDU partners of potential exposure to HIV		\$	\$
Intervention (RRA) Number of clients to be served		\$	\$
Other Allowable Services: _____		\$	\$
1 YEAR TOTAL BUDGET FOR SERVICES			\$

REQUIRED DOCUMENTATION AND SUBMITTALS

All of the specific documentation listed below is required to be submitted with the Exhibit A – Bid Response Packet in order for a bid to be deemed complete. Bidders shall submit all documentation, in the order listed below and clearly label each section with the appropriate title (i.e. Table of Contents, Letter of Transmittal, Key Personnel, etc.).

- 1. **Table of Contents:** Bid responses shall include a table of contents listing the individual sections of the proposal/quotation and their corresponding page numbers. Tabs should separate each of the individual sections.
- 2. **Letter of Transmittal:** Bid responses shall include a description of Bidder’s capabilities and approach in providing its services to the County, and provide a brief synopsis of the highlights of the Proposal and overall benefits of the Proposal to the County. This synopsis should not exceed three (3) pages in length and should be easily understood.
- 3. **Exhibit A – Bid Response Packet:** Every bidder must fill out and submit the complete Exhibit A – Bid Response Packet.
- (a) **References:**
 - (1) Bidders must use the templates on pages 9-10 of this Exhibit A – Bid Response Packet to provide references.
 - (2) Bidders are to provide a list of three (3) current and three (3) former clients. References must be satisfactory as deemed solely by County. References should have similar scope, volume and requirements to those outlined in these specifications, terms and conditions.
 - Bidders must verify the contact information for all references provided is current and valid.
 - Bidders are strongly encouraged to notify all references that the County may be contacting them to obtain a reference.
 - (3) The County may contact some or all of the references provided in order to determine Bidder’s performance record on work similar to that described in this request. The County reserves the right to contact references other than those provided in the Response and to use the information gained from them in the evaluation process.

- (b) **Exceptions, Clarifications, Amendments:**
- (1) This shall include clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and shall be submitted with your bid response using the template on page 7 of this Exhibit A – Bid Response Packet.
 - (2) **THE COUNTY IS UNDER NO OBLIGATION TO ACCEPT ANY EXCEPTIONS, AND SUCH EXCEPTIONS MAY BE A BASIS FOR BID DISQUALIFICATION.**
4. **Key Personnel:** Bid responses shall include a complete list of all key personnel associated with the RFP. This list must include all key personnel who will provide services/training to County staff and all key personnel who will provide maintenance and support services. For each person on the list, the following information shall be included:
- (a) The person’s relationship with Bidder, including job title and years of employment with Bidder;
 - (b) The role that the person will play in connection with the RFP;
 - (c) Address, telephone, fax numbers, and e-mail address;
 - (d) Person’s educational background; and
 - (e) Person’s relevant experience, certifications, and/or merits.
5. **Description of the Proposed Services:** Bid response shall include a description of the terms and conditions of services to be provided during the contract term including response times. The description shall contain a basis of estimate for services including its scheduled start and completion dates, the number of Bidder’s and County personnel involved, and the number of hours scheduled for such personnel. The description must: (1) specify how the services in the bid response will meet or exceed the requirements of the County; (2) explain any special resources, procedures or approaches that make the services of Bidder particularly advantageous to the County; and (3) identify any limitations or restrictions of Bidder in providing the services that the County should be aware of in evaluating its Response to this RFP.
6. **Implementation Plan and Schedule:** The bid response shall include an implementation plan describing how the bidder will (1) prepare to provide services beginning on or around January 1, 2015, (2) plan to inform HIV service providers and clients on how to access services, and (3) how services will be delivered. The plan should also include an assessment of service, effectiveness and any areas for improvement on April 1, 2015.
7. **Financial Statements**
- (a) Audited financial statements for the past three (3) years



CURRENT REFERENCES

RFP No. CY2015 – HIV Prevention and Testing Services

Bidder Name: _____

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	



FORMER REFERENCES

RFP No. CY2015 – HIV Prevention and Testing Services

Bidder Name: _____

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	

Company Name:	Contact Person:
Address:	Telephone Number:
City, State, Zip:	E-mail Address:
Services Provided / Date(s) of Service:	



EXCEPTIONS, CLARIFICATIONS, AMENDMENTS

RFP No. CY2015 – HIV Prevention and Testing Services

Bidder Name: _____

List below requests for clarifications, exceptions and amendments, if any, to the RFP and associated Bid Documents, and submit with your bid response.

The County is under no obligation to accept any exceptions and such exceptions may be a basis for bid disqualification.

Reference to:			Description
Page No.	Section	Item No.	
p. 23	D	1.c.	<i>Vendor takes exception to...</i>

*Print additional pages as necessary



EXHIBIT B

INSURANCE REQUIREMENTS

Insurance certificates are not required at the time of submission; however, by signing Exhibit A – Bid Packet, the bidder agrees to meet the minimum insurance requirements stated in the RFP, prior to award. This documentation must be provided to the County, prior to award, and shall include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in this Exhibit B – Insurance Requirements.

The following page contains the minimum insurance limits, required by the County of Alameda, to be held by the Contractor performing on this RFP:

***** SEE NEXT PAGE FOR COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS *****

COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following minimum insurance coverage, limits and endorsements:

TYPE OF INSURANCE COVERAGES		MINIMUM LIMITS
A	Commercial General Liability Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability	\$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
B	Commercial or Business Automobile Liability All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities	\$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage
C	Workers' Compensation (WC) and Employers Liability (EL) Required for all contractors with employees	WC: Statutory Limits EL: \$100,000 per accident for bodily injury or disease
D	<p><u>Endorsements and Conditions:</u></p> <ol style="list-style-type: none"> 1. ADDITIONAL INSURED: ALL INSURANCE REQUIRED ABOVE WITH THE EXCEPTION OF COMMERCIAL OR BUSINESS AUTOMOBILE LIABILITY, WORKERS' COMPENSATION AND EMPLOYERS LIABILITY, SHALL BE ENDORSED TO NAME AS ADDITIONAL INSURED: COUNTY OF ALAMEDA, ITS BOARD OF SUPERVISORS, THE INDIVIDUAL MEMBERS THEREOF, AND ALL COUNTY OFFICERS, AGENTS, EMPLOYEES, VOLUNTEERS, AND REPRESENTATIVES. THE ADDITIONAL INSURED ENDORSEMENT SHALL BE AT LEAST AS BROAD AS ISO FORM NUMBER CG 20 38 04 13. 2. DURATION OF COVERAGE: All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following the later of termination of the Agreement and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement. 3. REDUCTION OR LIMIT OF OBLIGATION: All insurance policies, including excess and umbrella insurance policies, shall include an endorsement and be primary and non-contributory and will not seek contribution from any other insurance (or self-insurance) available to the County. The primary and non-contributory endorsement shall be at least as broad as ISO Form 20 01 04 13. Pursuant to the provisions of this Agreement insurance effected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties. 4. INSURER FINANCIAL RATING: Insurance shall be maintained through an insurer with a A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise waived by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. 5. SUBCONTRACTORS: CONTRACTOR SHALL INCLUDE ALL SUBCONTRACTORS AS AN INSURED (COVERED PARTY) UNDER ITS POLICIES OR SHALL VERIFY THAT THE SUBCONTRACTOR, UNDER ITS OWN POLICIES AND ENDORSEMENTS, HAS COMPLIED WITH THE INSURANCE REQUIREMENTS IN THIS AGREEMENT, INCLUDING THIS EXHIBIT. THE ADDITIONAL INSURED ENDORSEMENT SHALL BE AT LEAST AS BROAD AS ISO FORM NUMBER CG 20 38 04 13. 6. JOINT VENTURES: If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods: <ul style="list-style-type: none"> – Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured" (covered party), or at minimum named as an "Additional Insured" on the other's policies. Coverage shall be at least as broad as in the ISO Forms named above. – Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured". 7. CANCELLATION OF INSURANCE: All insurance shall be required to provide thirty (30) days advance written notice to the County of cancellation. 8. CERTIFICATE OF INSURANCE: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The required certificate(s) and endorsements must be sent as set forth in the Notices provision. 	

EXHIBIT C

CONTRACTOR:		TARGET POPULATION			
MAIN PROGRAM GOAL:					
INDICATORS:					
OUTCOME OBJECTIVES	PROCESS OBJECTIVES		TIMELINE	STAFF	EVALUATION
<i>(Minimum of 3 listed in order of importance)</i>	<i>(Minimum of 3 Process Objectives for each Outcome Objective. List in order of importance)</i>		<i>Objectives to be completed by?</i>	<i>Who on will provide services?</i>	<i>How will objectives obtainment be tracked?</i>
OUTCOME OBJECTIVE #1	PROCESS OBJECTIVE #1		TIMELINE	STAFF	EVALUATION
	1				
	2				
	3				
OUTCOME OBJECTIVE #2	PROCESS OBJECTIVE #2		TIMELINE	STAFF	EVALUATION
	1				
	2				
	3				
OUTCOME OBJECTIVE #3	PROCESS OBJECTIVE #3		TIMELINE	STAFF	EVALUATION
	1				
	2				
	3				

EXHIBIT D

Office of AIDS Administration - Budget Summary

Agency Name

BUDGET - Program Category Name

Calendar Year

January 1, 2015 – December 31, 2015

		Salary Annual	FTE	Direct Cost	Indirect Cost	Total
A. Personnel						
Executive Director	Mr. A	60,000	3%		1,800	1,800
Program Director	Mr. B	51,987	5%	2,599	2,599	5,198
Program Coordinator	Mr. C	41,593	75%	31,195		31,195
Community Health Outreach Worker	Mr. D	32,916	100%	32,916		32,916
Data Input Clerk/Admin. Asst.	Ms. E	27,300	50%	13,650		13,650
Bookkeeper	Ms. F	36,000	20%		7,200	7,200
		Subtotal Personnel		80,360	11,599	91,959
B. Fringe Benefits at 25%				20,090	2,900	22,990
				100,450	14,499	114,949
C. Travel						
				5,735	0	5,735
Local Transportation/Mileage				625		625
Air Fare/Per Diem				5,110		5,110
D. Contractual/Sub-contracts						
				20,000	0	20,000
Agency ABC				15,000		15,000
Arts Consultants				5,000		5,000
E. Furniture & Fixture/Equipment						
				2,000	0	2,000
Computer				1,200		1,200

Video Camera	800		800
F. Supplies	2,300	300	2,600
Office Supplies	800	300	1,100
Health Education Supplies	1,500		1,500
G. Other Operating Expenses	11,379	3,338	14,717
Rent/Lease	6,000	1,800	7,800
Utilities/Maintenance/Janitorial	1,819	888	2,707
Communications	800	200	1,000
Postage	150	50	200
Printing/Duplicating	600	100	700
Equipment Lease	850	300	1,150
Training/Registration Fees	1,160		1,160
H. Total Personnel & Operating Expenses	141,863	18,137	160,000
I. Total Budget	141,863	18,137	160,000

EXHIBIT E

INSTRUCTIONS AND EXAMPLES FOR CATEGORICAL BUDGET JUSTIFICATION

AGENCY NAME BUDGET

For the Period Covered January 1, 2015 – December 31, 2015

A. PERSONNEL **\$114,948**

[List each position by title and name of employee, if available. Show the annual salary rate by the percentage of time by the number of months to be devoted to this project.]

EXAMPLE:

Executive Director (Ms. A) \$1,800

\$60,000/year x 3% x 12mos

This position is a full time position overseeing the agency's overall operations and staff.

Program Director (Mr. B) \$5,198

\$51,987/year x 10% x 12mos.

This position is a full-time position overseeing the programmatic implementation including program planning, hiring and supervision of staff, oversight of subcontractors, financial management, reporting and to ensures compliance with contract requirements.

Program Coordinator (Ms. C) \$31,195

\$41,593/year x 75% x 12mos.

This is a full-time position overseeing all aspects in the proposed program and other efforts including coordination, recruitment, training, placement, supervision and evaluation. Prepares all required program reports, designs and maintains data collection system.

Community Health Outreach Worker (Mr. D) \$32,916

\$32,916/year x 100% x 12mos.

Conducts street and community outreach, networking and advocacy, collects accurate data, assists in program development, makes appropriate referrals for services and distributes health education materials.

Data Input Clerk/Admin Assistant (Mr. E) \$13,650

\$27,300/year x 50% x 12mos.

This full-time position provides clerical and administrative support through all phases of the project.

Bookkeeper (Ms. F) \$ 7,200

\$36,000/year x 20% x 12 mos.

This is a full-time position managing the program accounts payable, invoicing, preparing audits and other related fiscal matters to this project.

B. FRINGE BENEFITS **\$ 22,990**

[Itemize the cost of fringe benefits. Fringe Benefits should be based on actual known cost or an established formula. Fringe benefits are for the personnel listed in the budget category (A) and only for the percentage of time devoted to the project.]

EXAMPLE:

Our fringe benefit rate is 25% and consists of Health Insurance (7.70%), Pension (5%), Long Term Disability (0.25%), Parking (0.90%), State Unemployment Insurance (1.3%), Worker's Compensation (2.20%) FICA (7.65%).

C. TRAVEL **\$ 5,735**

[List all travel anticipated to occur during the budget/contract period, be specific about who will travel, where, when and why the travel is necessary. All travel must directly and be specific to the work supported by the contract. Local travel should include reimbursement rate (current rate is .345). Out of Eligible Metropolitan Area travel should be calculated at per diem rates and allocated for each individual traveling: Air fare, ground transportation, lodging, per diem and a total.

Local Transportation/Mileage - \$625.

Since most of our activities will be street and community outreach, these expenses are primarily for local mileage to meetings, outreach locations, parking. (151 miles x \$.345 mile x 12 mos.)

Air Fare/Per Diem - \$ 5,110

This line item is primarily for travel outside of the local area to HRSA/OOA recommended or required conferences for the above staff.

	Title of Conf. 2 staff	Title of Conf. 2 staff	Title of Conf. 2 staff	Total
Hotel	450	800	450	1,700
Air Fare	700	700	300	1,700
Per diem	360	900	450	1,710
Sub-total	1,510	2,400	1,200	5,110

CONTRACTURAL/SUB-CONTRACTS \$20,000

[Include cost such as consultants, contractors, or other Community Based Organizations contracted for the purpose of providing services to clients under the contract. Separate program objectives, evaluation requirements, days and hours of operation and budgets must be submitted for each subcontract.

Agency ABC - \$15,000

This sub-contractor will help our agency to meet the objectives of the program.

Arts Consultants – \$5,000

Our agency will hire consultants, local artists from the community to provide the arts instruction for our multi-week workshop sessions. Arts consultants will include film/videographers, spoken word artists, visual artists, percussionists, musicians, etc.

No. of consultants x rate per hr. x no. of hours x no. of sessions

FURNITURE & FIXTURE/EQUIPMENT \$2,000

[List only equipment that is being purchased from contract funds. Be specific in describing what furniture or equipment is being purchased, who will use the equipment and why it is necessary to purchase the equipment. Cost sharing must be applied when equipment will be used for other funded activities. Equipment purchased by Contractor, valued over \$5,000 becomes property of Alameda County at the termination of the Master Contract. **At the end of the Fiscal Year, all agencies that has equipment, computers and furniture and fixtures expenditures are required to submit a list and copy of receipts to the Office of AIDS.]**

EXAMPLE:

Computer - \$ 1,200

The Computer will be used by the Community Health Outreach Worker to analyze case and data and intelligence information.

Video Camera - \$ 800

The camera will used to record workshop sessions.

F. Supplies \$2,600

[A general description of the type of items classified as supplies must be must provided. Computer software should be included in this category. Health Education Materials are the supplies to be used/help in doing outreach such as condoms, lube packets and supplies for risk reduction and prevention strategies such as brochures and pamphlets.

EXAMPLE:

Office Supplies - \$ 1,100

These expenses are for the standard office supplies requires to conduct the business of the program, including paper, floppy disks, filing supplies, etc. at the average of \$92.00 per month x 12. mos.

Health Education Materials - \$ 1,500

These expenses are includes supplies for safer sex kits.

G. OTHER OPERATING EXPENSES

\$14,717

[List items (e.g. rent, printing, communications,) by major type and the basis of computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent.

EXAMPLE:

Rent/Lease/Space - \$ 7,800

Our facility is lease at 150 square feet at \$1.07 per square foot per FTE per month (252 x \$1.07 x 2.4x12). Costs include direct staff office space plus portion of the usage common areas required for the work of the program such as conference rooms, private counseling rooms, etc.

Utilities/Maintenance/Janitorial - \$2,707

This line cost includes all utilities, janitorial services and any maintenance repair costs for the facility. The cost is calculated as \$.032 per square feet per FTE per month (252 x 2.4 x \$0.323x12 mos.)

Communications - \$1,000

These expenses include monthly phone, internet, facsimile costs as well as lease of phone equipment. (\$35 per mo. X FTE 2.4 x 12 mos.).

Postage - \$200

These expenses are for sending outreach materials, newsletters, correspondence and reporting activities.

Printing/Duplicating - \$700

These expenses are for large volume duplication through vendors for outreach, correspondence, information flyers, evaluation and assessment forms, etc.

Equipment Lease - \$ 1,150

These expenses are for lease and maintenance of our copy machine and other office equipment (\$40.00 per mo. X FTE 2.4 x 12 mos.).

Training/Registration Fees - \$ 1,160

This expense will be used to support any pre-approved conferences, training, workshops, and in-services for program staff.

TOTAL PERSONNEL & OPERATING EXPENSES

\$160,000

I. TOTAL BUDGET \$160,000