



## ENDING THE HIV EPIDEMIC GRANT

### Metropolitan Area FY22 Agreement

### FY 2025 Partial Award and

### Additional Two-Month Contract Extension

**THIS AGREEMENT**, entered this 1st day of June 2025 through the 31st day of July 2025 by and between FULTON COUNTY (hereinafter referred to as "County") a political subdivision of the State of Georgia, acting by and through its duly elected Board of Commissioners ("**BOC**"), and Carl Bean Men's Health and Wellness Center, Inc. (hereinafter referred to as "Subrecipient").

**WHEREAS**, as the recipient for Ryan White Part A funds for Metropolitan Atlanta, Fulton County received notification from the Health Resources and Services Administration (HRSA) of an "Ending the HIV Epidemic" award (UT8HA33933) with a project period from March 1, 2020 through February 28, 2025 with an award of \$3,975,746 per year subject to the availability of federal funding; and

**WHEREAS**, Subrecipients, including Carl Bean Men's Health and Wellness Center, Inc., were recommended by a Review Committee pursuant to 21RFPRW0708B-EC; and

**WHEREAS**, these subrecipient agencies provide core medical services and essential support services for medically indigent Persons Living with HIV in Fulton, Cobb, DeKalb, and Gwinnett Counties; and

**WHEREAS**, on September 19, 2024, pursuant to Agenda Item #24-0586, the BOC approved the acceptance of new "Ending the HIV Epidemic" grant funding through the Health Resources and Services Administration award UT8HA3393; and

**WHEREAS**, the Department for HIV Elimination was concerned about ensuring the uninterrupted provision of services while completing the vendor selection process for the remainder of FY2025 through February 28, 2030, pursuant to RFP 24RFP1343702B-PS, and requested that the BOC extend the subrecipient contracts and increase the spending authority of the "Ending the HIV Epidemic" agencies; and

**WHEREAS**, on January 8, 2025, pursuant to Agenda Item #25-0021, the BOC approved this requested extension of Subrecipient's contract for a three-month period from March 1, 2025 through May 31, 2025, and, subject to federal funding, approved the amendment of Subrecipient's existing contract to increase the spending authority in the amount of **\$113,330** pursuant to HRSA's "Ending the HIV Epidemic" award UT8HA3393; and

**WHEREAS**, the County and Subrecipient have entered into an amended agreement to facilitate the approved funding for a three-month extension into FY2025 through May 31, 2025 in an amount not to exceed **\$113,330**, subject to federal funding availability and disbursement; and

**WHEREAS**, the Department for HIV Elimination desires to avoid an interruption of client services through the provision of partial FY2025 funding for services provided in FY2025 by extending the existing Department for HIV Elimination agreements with subrecipients for an additional two months; and

**WHEREAS**, on May 21, 2025, pursuant to Agenda Item 25-0386, the BOC approved the requested additional two-month extension from June 1, 2025 through July 31, 2025, and, subject to federal funding, approved the amendment of Subrecipient's contract to increase the spending authority of Subrecipient in the amount of **\$125,325**; and

**WHEREAS**, by extending these contracts for an additional two months and increasing the spending authority of "Ending the HIV Epidemic" agencies, the Department for HIV Elimination will be able to ensure the uninterrupted provision of services while completing the vendor selection process for the remainder of FY2025 through February 28, 2030, pursuant to RFP 24RFP1343702B-PS; and

**WHEREAS**, the County now desires to amend Subrecipient's agreement pursuant to Agenda Item #25-0386, approved by the BOC on May 21, 2025.

**NOW, THEREFORE**, in consideration of the mutual covenants contained herein and for other good and valuable consideration, the parties hereunto agree as follows:

#### ARTICLE 1. CONTRACT DOCUMENTS

**Revise Paragraph 1.0 by adding:**

- EXHIBIT A-25-2 Work Plan Goals and Objectives tied to Approved Budget
- EXHIBIT B-25-2 Approved Five-Month Budget

#### ARTICLE 7. COMPENSATION FOR SERVICES

**Revise Paragraph 7.0 by adding:**

**Paragraph 7.0** Subject to the availability and disbursement of federal funds, the legislatively approved services described in EXHIBIT A-25-2 Workplan and EXHIBIT B-25-2 Budget herein shall be performed by Subrecipient for a FY2025 partial allocation of RWHAP, Part A funds, in an amount not to exceed three-month funding amount of **\$113,330** + two-month funding amount of **\$125,325**, for a total of five-month funding amount of **\$238,655**.

**Revise Paragraph 7.2 by adding:**

**Paragraph 7.2a.** The budget attached to Contract in EXHIBIT B-25-2 Approved five-month Budget is a complete, approved FY2025 budget for expenditures of all RWHAP Part A funds awarded pursuant to this Agreement and may hereafter be amended or extended in writing by mutual agreement of parties prior to expenditure of funds.

**Paragraph 7.2.b.** For FY2025 five-month budget, subrecipient must submit a draft partial FY2025 Work Plan and FY2025 budget to the designated DHE Project Officer no later than **May 12, 2025**. After the subrecipient and the designated DHE Project Officer agree on a negotiated budget and work plan and the negotiated budget and work plan are approved by the DHE Director, these items will become a part of this agreement as EXHIBIT A-25-2 partial FY2025 Work Plan Goals and Objectives tied to Approved Budget and EXHIBIT B-25-2 partial Approved Annual Budget respectively.

EXHIBIT B-25-2 partial Budget shall then be a complete, approved partial FY2025 budget for expenditures of all “Ending the HIV Epidemic” funds awarded pursuant to this Agreement and may hereafter be amended or extended in writing by mutual agreement of parties prior to expenditure of funds.

**ARTICLE 9. INVOICING AND PAYMENT**

**Paragraph 9.9. Closeout and Final Reimbursement Submission.** The final submission must include a certification **signed by the official authorized to legally bind Subrecipient** as follows: *“By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of this contract. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812, 45 CFR 75.415(a)).”*

**ARTICLE 10. FUNDING EXCLUSIONS AND RESTRICTIONS**

**Revise Paragraph 10.1:**

**Paragraph 10.1.** Subrecipient agrees that “Ending the HIV Epidemic” funds will not be used to supplant or replace state and local HIV-related funding or in-kind resources expended by Subrecipient for HIV-related services during the contract period beginning March 1, 2022 and ending July 31, 2025

**ARTICLE 15. TERMINATION**

**Revise Paragraph 15.0:**

**Paragraph 15.0.** This contract shall terminate no later than 11:59 p.m. on July 31, 2025.

**IN WITNESS HEREOF**, the parties hereto have set their hands and affixed their seals.

FULTON COUNTY, GEORGIA

By: 

DocuSigned by:

*Robert L. Pitts*

BA715B1A26544E7...

  
Robert L. Pitts, Chairman  
Board of Commissioners

06/11/2025 | 9:42 AM EDT

Date

Attest: 

Signed by:

*Tonya Grier*

EEC476C4837648D...

  
Tonya Grier  
Fulton County Clerk to the Commission

ITEM#: 25-0386      DATE: 05/21/25

APPROVED AS TO FORM:

Signed by:

*David Lowman*

0EC92EDADEFB4B8...

  
Office of the County Attorney  
For Fulton County Government

APPROVED AS TO CONTENT:

DocuSigned by:

*Jeff Cheek*

340753E150D0432

  
Jeff Cheek, Director  
Department for HIV Elimination

SUBRECIPIENT:

By:	Carl Bean Men's Health and wellness Center	06/05/2025   6:21 AM PDT
	<div><div>DocuSigned by:</div><div><i>Dewayne Crowder</i></div><div>D26B3E13FE5A41D...</div></div>	Date
	Signature	Dewayne Crowder
	Executive Director	Typed Name
	Title	

**EXHIBIT A-25-2**

**PARTIAL FY2025 WORK PLAN GOALS AND OBJECTIVES TIED TO APPROVED BUDGET**

**(SEE END OF DOCUMENT)**

**EXHIBIT B-25-2**

**PARTIAL FY2025 APPROVED BUDGET AND BUDGET JUSTIFICATION TIED TO GOALS AND OBJECTIVES**

**(SEE END OF DOCUMENT)**

## PARTIAL FY2025 WORK PLAN GOALS AND OBJECTIVES TIED TO APPROVED BUDGET

NON-MAI FY25*						
WORK PLAN – Carl Bean Men’s Health and Wellness Center, Inc.						
Priority Category	OAHs - GENERAL		Total funding requested in this category		\$128,414	
Target Number of Clients:	20		Target Number of Units:		60	
HIV Care Continuum Impact						
	Linkage	Retention	Engagement	Prescribed ART	Viral Suppression	
Clients Achieving Outcome	15	15	10	18	18	
Total Clients	18	45	45	18	18	
% Achieving Outcome	95%	80%	80%	95%	85%	
Does this goal focus on persons in care, but not virally suppressed?		Yes	If yes, please describe: We expect that a significant number of clients to be seen are newly diagnosed (unknown HIV status and viral load at the time of enrollment); or lost to follow-up in HIV care.			
Part A Goal # and Goal	Goal 1. Increase access to care to ensure PLWH receive treatment rapidly					
Objective # & Objective	Objective 2.2 Increase access to medications.					
Key Action Steps	Timeline	Title of Person(s) Responsible		Progress Measure(s)		
1. Review/update outpatient standards, as needed.	March 2025 - June 2025	Program Director, Medical Director, Nurse Practitioner		Standards Manual review (in-house, Fulton RW Program, HRSA National Monitoring Standards)		
2. Schedule healthcare provider.	March 2025 – July 2025	Medical Case Manager, Medical Assistant		EMR; Daily schedule		
3. Obtain laboratory tests.	March 2025 – July 2025	Nurse Practitioner, Medical Assistant		EMR; Lab requisitions		
4. Issue prescription for ART.	March 2025 – July 2025	Nurse Practitioner, Medical Director		EMR; Pharmacy on file		
5. Assess treatment response.	March 2025 – July 2025	Nurse Practitioner, Medical Director		Viral load results		
6. Assess overall health of clients.	March 2025 – July 2025	Program Director, Medical Director, Nurse Practitioner		Annual physical exam; Lab results; EMR		
7. Collect data required for e2Fulton.	March 2025 – July 2025	Data Manager		Data collection forms completed; Data entry and reports from e2Fulton		
8. Evaluate effectiveness of services based on health outcomes.	Quarterly	Program Director, Nurse Practitioner, Quality Manager		Lab results; Medical charts; Data reports from e2Fulton; Quarterly reports to funder		

\* Programmatic changes will occur based on outcomes from program evaluation and compliance with indicators of success or progress measures. This will determine if changes or improvements should take place and at what level (e.g., program activities, changes in policies and procedures, staff trainings, etc.).

NON-MAI FY25*									
WORK PLAN – Carl Bean Men’s Health and Wellness Center, Inc.									
Priority Category	MCM		Total funding requested in this category				\$75,061		
Target Number of Clients:	20		Target Number of Units:				60		
HIV Care Continuum Impact									
	Linkage	Retention	Engagement	Prescribed ART	Viral Suppression				
Clients Achieving Outcome	15	15	10	18	18				
Total Clients	18	45	45	18	18				
% Achieving Outcome	95%	80%	80%	95%	85%				
Does this goal focus on persons in care, but not virally suppressed?		Yes		If yes, please describe: We expect that a significant number of clients to be seen are newly diagnosed (unknown HIV status and viral load at the time of enrollment); or lost to follow-up in HIV care.					
Part A Goal # and Goal		Goal 2. Improve health outcomes to reach sustained viral suppression.							
Objective # & Objective		Objective 2.1 Engage and retain PLWH in medical care.							
Key Action Steps	Timeline	Title of Person(s) Responsible			Progress Measure(s)				
1. Review/update case management standards, as needed.	March 2025 - June 2025	Program Director, Medical Director, Medical Case Manager			Conduct an in-house review consistent with the Fulton RW Program and HRSA National Monitoring Standards.				
2. Review/update MOUs for existing or potential partnerships.	March 2025 – July 2025	Program Director, Medical Director, Medical Case Manager			Track the number of Memoranda of Understanding (MOUs) established, noting the type of agency (medical vs. non-medical) and the services they offer.				
3. Identify newly diagnosed or returning to care HIV+ clients.	March 2025 – July 2025	Medical Case Manager, Nurse Practitioner			Monitor the number and demographic profiles of clients who are newly diagnosed or returning to care.				
4. Determine client’s eligibility.	March 2025 – July 2025	Medical Case Manager			Ensure that all required documentation is obtained and reviewed, and that client eligibility is determined.				
5. Complete client’s intake, assessment, re-assessment.	March 2025 – July 2025	Medical Case Manager			Record the number of intakes, assessments, and re-assessments completed.				
6. Create care plan with client.	March 2025 – July 2025	Medical Case Manager, Peer Support Worker			Verify that a comprehensive care plan is developed in collaboration with each client.				
7. Refer and link client to appropriate services.	March 2025 – July 2025	Medical Director, Medical Case Manager, Peer Support Worker			Document the number of clients enrolled, and capture the number and type of referrals (internal or external).				
8. Collect data required for e2Fulton.	March 2025 - June 2025	Data Manager			Complete data collection forms, perform accurate data entry in e2Fulton, and generate necessary reports.				
9. Evaluate effectiveness of services based on health outcomes.	Quarterly	Program Director, Medical Case Manager, Quality Manager			Lab results; Medical charts; Data reports from e2Fulton; Quarterly reports to funder				

\* Programmatic changes will occur based on outcomes from program evaluation and compliance with indicators of success or progress measures. This will



determine if changes or improvements should take place and at what level (e.g., program activities, changes in policies and procedures, staff trainings, etc.

NON-MAI FY25*									
WORK PLAN – Carl Bean Men’s Health and Wellness Center, Inc.									
Priority Category	PS		Total funding requested in this category				\$31,430		
Target Number of Clients:	20		Target Number of Units:				60		
HIV Care Continuum Impact									
	Linkage	Retention	Engagement	Prescribed ART	Viral Suppression				
Clients Achieving Outcome	15	15	10	18	18				
Total Clients	18	45	45	18	18				
% Achieving Outcome	95%	80%	80%	95%	85%				
Does this goal focus on persons in care, but not virally suppressed?		Yes	If yes, please describe: We expect that a significant number of clients to be seen are newly diagnosed (unknown HIV status and viral load at the time of enrollment); or lost to follow-up in HIV care.						
Part A Goal # and Goal		Goal 2. Improve health outcomes to reach sustained viral suppression.							
Objective # & Objective		Objective 2.1 Engage and retain PLWH in medical care.							
Key Action Steps	Timeline	Title of Person(s) Responsible			Progress Measure(s)				
1. Review SOP set forth by funder, as needed.	March 2025 - June 2025	Program Director, Peer Support Worker			Conduct an in-house review of the Standards Manual, ensuring alignment with the Fulton RW Program and HRSA National Monitoring Standards.				
2. Review/update community resources and increase network.	March 2025 – July 2025	Program Director, Peer Support Worker			Record the number of available resources and categorize them by type (e.g., transportation, housing, pantry).				
3. Contact clients newly diagnosed or returning to care.	March 2025 – July 2025	Peer Support Worker, Medical Director			Track the number and demographic profiles of newly diagnosed clients as well as those returning to care.				
4. Assist MCM with intake process.	March 2025 – July 2025	Peer Support Worker			Monitor the total number of completed client intakes.				
5. Arrange transportation, assist with arrival/departure of clients, send appointment reminders.	March 2025 – July 2025	Peer Support Worker			Document the number of clients served, the types of services provided, and the percentage of clients who keep their appointments.				
6. Develop and implement educational and social activities.	March 2025 – July 2025	Peer Support Worker, Medical Case Manager			Record the number of planned and executed activities, detail the types of activities, and track client attendance.				
7. Lead Community Advisory Board.	March 2025 – July 2025	Peer Support Worker			Maintain comprehensive records through signing sheets, agendas, and meeting minutes.				
8. Collect data required for e2Fulton.	March 2025 – July 2025	Data Manager			Ensure data collection forms are fully completed, followed by accurate data entry and the generation of reports from e2Fulton.				
9. Evaluate effectiveness of services based on health outcomes.	Quarterly	Program Director, Peer Support Worker			Analyze lab results and medical charts, compile data reports from e2Fulton, and prepare quarterly reports for funders.				

\* Programmatic changes will occur based on outcomes from program evaluation and compliance with indicators of success or progress measures. This will determine if changes or improvements should take place and at what level (e.g., program activities, changes in policies and procedures, staff trainings, etc.).

NON-MAI FY2*									
WORK PLAN – Carl Bean Men’s Health and Wellness Center, Inc.									
Priority Category	MT - GENERAL		Total funding requested in this category \$3,750						
Target Number of Clients:	20		Target Number of Units: 60						
HIV Care Continuum Impact									
	Linkage	Retention	Engagement	Prescribed ART	Viral Suppression				
Clients Achieving Outcome	15	15	10	18	18				
Total Clients	18	45	45	18	18				
% Achieving Outcome	95%	80%	80%	95%	85%				
Does this goal focus on persons in care, but not virally suppressed?		Yes		If yes, please describe: We expect that a significant number of clients to be seen are newly diagnosed (unknown HIV status and viral load at the time of enrollment); or lost to follow-up in HIV care.					
Part A Goal # and Goal		Goal 1. Increase access to care to ensure PLWH receive treatment rapidly							
Objective # & Objective		Objective 2.2 Increase access to medications.							
Key Action Steps	Timeline	Title of Person(s) Responsible			Progress Measure(s)				
1. Review SOP for medical transportation.	March 2025 - June 2025	President, Program Director, Medical Director			<ul style="list-style-type: none"><li>Conduct a comprehensive review of the Standards Manual using in-house protocols, the Fulton RW Program guidelines, and HRSA National Monitoring Standards.</li></ul>				
2. Assist client with medical appointments, scheduling, and accessing medical and support services, as needed.	March 2025 – July 2025	Medical Case Manager, Peer Support Worker			<ul style="list-style-type: none"><li>Track the number of intakes completed.</li><li>Record the number of clients served and detail the types of services provided.</li><li>Calculate the percentage of clients who kept their appointments.</li></ul>				
3. Identify those clients with transportation barriers.	March 2025 – July 2025	Medical Case Manager, Peer Support Worker			<ul style="list-style-type: none"><li>Monitor the number of clients who face transportation barriers.</li></ul>				
4. Complete transportation assessment and ensure eligibility criteria are met.	March 2025 – July 2025	Medical Case Manager, Peer Support Worker			<ul style="list-style-type: none"><li>Record the number of clients enrolled in the Ryan White Program.</li><li>Track the number of completed transportation assessments.</li></ul>				
5. Complete transportation request.	March 2025 – July 2025	Medical Case Manager, Peer Support Worker			<ul style="list-style-type: none"><li>Document the number of transportation requests completed.</li><li>Record the reasons for requesting transportation assistance.</li></ul>				

6. Complete transportation log.	March 2025 – July 2025	Medical Case Manager, Peer Support Worker	<ul style="list-style-type: none"> <li>• Ensure the transportation log is thoroughly completed with the following details: <ul style="list-style-type: none"> <li>• Date service was requested and offered</li> <li>• Purpose of the trip</li> <li>• Start and end locations</li> <li>• Date and type of medical appointment (e.g., labs, mental health counseling, follow-up doctor appointment)</li> </ul> </li> </ul>
7. Collect data required for e2Fulton.	March 2025 – July 2025	Data Manager	<ul style="list-style-type: none"> <li>• Complete all data collection forms and ensure accurate data entry in e2Fulton.</li> <li>• <input checked="" type="checkbox"/> Generate relevant reports from e2Fulton, including lab results, medical charts, and quarterly reports to the funder.</li> </ul>
8. Evaluate effectiveness of services based on health outcomes.	Quarterly	Program Director, Peer Support Worker, Medical Case Manager, Quality Manager	<ul style="list-style-type: none"> <li>• Lab results; Medical charts; Data reports from e2Fulton; Quarterly reports to funder</li> </ul>

\* Programmatic changes will occur based on outcomes from program evaluation and compliance with indicators of success or progress measures. This will determine if changes or improvements should take place and at what level (e.g., program activities, changes in policies and procedures, staff trainings, etc.)


Carl Bean Men's Health and Wellness Center, Inc.

FY25 BUDGET REQUEST March 1, 2025 - July 31, 2025



CORE MEDICAL SERVICES: PRIORITY CATEGORY SUMMARY

CAPACITY BUILDING



		TOTAL	CAPACITY BUILDING SUBTOTAL	HIPCA EtHE-Capacity Building	MNT EtHE-Capacity Building	MCM EtHE-Capacity Building	MH EtHE-Capacity Building	OH EtHE-Capacity Building	OAHs EtHE-Capacity Building
A	Personnel	\$ 99,979	\$ 89,510	\$ -	\$ -	\$ 51,494	\$ -	\$ -	\$ 38,016
	Fringe	\$ 21,546	\$ 19,250	\$ -	\$ -	\$ 15,448	\$ -	\$ -	\$ 3,802
B	Materials & Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Medications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
C	Printing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
E	Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Space	\$ 14,000	\$ 14,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,000
G	Audit	\$ 2,550	\$ 2,550	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,550
	Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
I	Other	\$ 65,400	\$ 65,400	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 65,400
	Total Direct Charges	\$ 203,475	\$ 190,709	\$ -	\$ -	\$ 66,942	\$ -	\$ -	\$ 123,768

K	Indirect Charges	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
---	------------------	------	------	------	------	------	------	------	------

TOTAL	\$ 203,475	\$ 190,709	\$ -	\$ -	\$ 66,942	\$ -	\$ -	\$ 123,768
	\$ 203,475	\$ 190,709						

CAPACITY BUILDING

	TOTAL	CAPACITY BUILDING SUBTOTAL	CCS EtHE- Capacity Building	EFA-H EtHE- Capacity Building	Food Vouchers EtHE- Capacity Building	Housing RA EtHE- Capacity Building	LING EtHE- Capacity Building	TRANSP EtHE- Capacity Building
A	Personnel	Salary	\$ 24,177	\$ 24,177	\$ -	\$ -	\$ -	\$ -
		Fringe	\$ 7,253	\$ 7,253	\$ -	\$ -	\$ -	\$ -
B	Materials & Supplies		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
C	Printing		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
D	Equipment		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
E	Travel		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
F	Medical Transportation		\$ 3,750	\$ 3,750	\$ -	\$ -	\$ -	\$ 3,750
G	Space		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H	Audit		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
I	Insurance		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
J	Other		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Total Direct Charges		\$ 35,180	\$ 35,180	\$ -	\$ -	\$ -	\$ 3,750

K	Indirect Charges	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
---	------------------	------	------	------	------	------	------	------

	TOTAL	\$ 35,180	\$ 35,180	\$ -	\$ -	\$ -	\$ -	\$ 3,750
		\$ 35,180	\$ 35,180					

TOTAL REQUEST	\$ 238,655
Admin Total \$	\$ 16,645
Admin Total %	6.97%

Administrative total cannot exceed 10%

A. Salary & Fringe									
1	2	3	4	5	6	7	8	9	10
Position Number	Priority ( <b>SELECT FROM LIST</b> )	Position Title	Employee Name	TOTAL Annual Salary from ALL Sources	% of Time on EtHE Project in THIS Priority	EtHE Salary Total	Fringe Rate	EtHE Fringe Total	EtHE Personnel Total
1	OAHS EtHE - Cap	Nurse Practitioner	Jaimee Colvin	\$ 42,240.00	90.00%	\$ 38,016	10.00%	\$ 3,802	\$ 41,818
1	NTH - OAHS EtH	Nurse Practitioner	Jaimee Colvin	\$ 42,240.00	10.00%	\$ 4,224	10.00%	\$ 422	\$ 4,646
2	MCM EtHE - Cap	Medical Case Manager	Dana Holmes	\$ 22,424.00	100.00%	\$ 22,424	30.00%	\$ 6,727	\$ 29,151
3	MCM EtHE - Cap	Medical Case Manager	Briana Harper	\$ 24,116.00	80.00%	\$ 19,293	30.00%	\$ 5,788	\$ 25,081
4	MCM EtHE - Cap	Medical Assistant	Cherre Hailey	\$ 17,776.00	55.00%	\$ 9,777	30.00%	\$ 2,933	\$ 12,710
3	QUALITY MANA	QM Specialist	Briana Harper	\$ 24,116.00	20.00%	\$ 4,823	30.00%	\$ 1,447	\$ 6,270
4	QUALITY MANA	Medical Assistant	Cherre Hailey	\$ 17,776.00	8.00%	\$ 1,422	30.00%	\$ 427	\$ 1,849
5	PS EtHE - Capaci	Peer Support Worker	Cedric Harris	\$ 17,600.00	100.00%	\$ 17,600	30.00%	\$ 5,280	\$ 22,880
4	PS EtHE - Capaci	Medical Assistant	Cherre Hailey	\$ 17,776.00	37.00%	\$ 6,577	30.00%	\$ 1,973	\$ 8,550
						\$ -		\$ -	\$ -
Fringe Category		Fringe % (Full-Time Employees)		Fringe % (Part-Time Employees)					
FICA		7.65%		7.65%					
Health Insurance		20.00%							
Dental Insurance									
Vision Insurance									
Life Insurance									
Unemployment Insurance		2.35%		2.35%					
Workers' Compensation									
Disability Insurance									
Other: (Specify)									
Other: (Specify)									
Other: (Specify)									

Total: 30.00% 10.00%

F.	1	2	3	4	5	6	7	8
	Priority Category (SELECT FROM LIST)	Method of Travel (SELECT FROM LIST)	Purpose/Destination (Where is the client going?)	Cost Per One-Way Trip	Trips/Month/Client	Describe how cost/trip and # of trips/month were calculated	# of Months	
	TRANSP EtHE - Cap	Taxi	Medical appointment	\$ 18.75	2	Average Lyft Cost	5	
	NONE			\$ -	0		0	

5. Space	1	2	3	4	5	6	7	8
	Priority Category (SELECT FROM LIST)	Line Item	What type? (SELECT FROM LIST)	Type of Space	Cost/Month (Regardless of Funding Source)	# of Months	% Requested of EtHE	Cost Requested
	OAHS EtHE - Cap	Space	Office	EHE Program staff office rent	\$ 3,500.00	5	80.00%	\$ 14,000
	NONE	Space	NONE		\$ -	0	0.00%	\$ -
	NONE	Space	NONE		\$ -	0	0.00%	\$ -
	NONE	Space	NONE		\$ -	0	0.00%	\$ -
	NONE	Space	NONE		\$ -	0	0.00%	\$ -

Financial Statement	1	2	3	4	5	6
	Priority Category (SELECT FROM LIST)	Line Item	Name of Firm	Total Audit Cost	% Requested of EtHE	Cost Requested
	OAHS EtHE - Cap	Audit/Financial	PWH GROUP, P.C	\$ 3,188.00	80.00%	\$ 2,550
	NONE	Audit/Financial Statement		\$ -	0.00%	\$ -
	NONE	Audit/Financial Statement		\$ -	0.00%	\$ -
	NONE	Audit/Financial Statement		\$ -	0.00%	\$ -
	NONE	Audit/Financial Statement		\$ -	0.00%	\$ -

Is Agency's Federal  
☐ Check if YES

			1	2	3	4	5	6
			Priority Category <b>(SELECT FROM)</b>	Line Item	What is Being Requested?	Total EtHE Cost/Month	# of Months	LINE ITEM TOTAL
			OAHS EtHE - Cap	Other	Lab Cost	\$ 5,906.66	5	\$ 29,533
			OAHS EtHE - Cap	Other	Subcontract- A Vision 4 Hope	\$ 17,933.25	2	\$ 35,867
			NONE	Other		\$ -	0	\$ -
			NONE	Other		\$ -	0	\$ -



12

ADMIN TOTAL
\$ -
\$ -
\$ -
\$ -
\$ -
\$ -
\$ -
\$ -
\$ -

13

Goal # and Objective #(s) from Workplan	
1	2.1
2	2.1
1	2.2
1	3.3
2	2.1
2	2.1

14

DETAILED JOB DESCRIPTION SPECIFIC TO PRIORITY CATEGORY	
Complete client intake assessment and reassessment; create care plan with client; collect data required for e2Fulto	
Complete client intake assessment and reassessment; create care plan with client; collect data required for e2	
Assess, treat, and manage HIV+ Clients; order labs and write Rx	
Assess treatment response; assess overall health of clients; evaluate effectiveness of services.	
Contact clients newly diagnosed or returning to care; review and update community resources.	
Collect standardized performance measures data to maximize program effectiveness.	

9		10
Cost Requested		Goal # and Objective #(s) from Workplan
\$ 3,750		
\$ -	\$ 3,750	

10		
ADMIN TOTAL		Goal # and Objective #(s) from Workplan
\$ 14,000		
\$ -		
\$ -		
\$ -		
\$ -	\$ 14,000	

8		9
ADMIN TOTAL		Goal # and Objective #(s) from Workplan
\$ 2,550		
\$ -		
\$ -		
\$ -		
\$ -	\$ 2,550	

[illegible]

\$	=	\$	=	\$
\$	=	\$	=	\$

\$	-	\$	-	\$	4,646	\$	-
----	---	----	---	----	-------	----	---

[illegible]

\$	-	\$	-
----	---	----	---

	\$	-	\$	-	\$	-
--	----	---	----	---	----	---

QUALITY MANAGEMENT
--------------------

Q M SUBTOTAL	QUALITY MANAGEMENT NT
\$ 6,245	\$ 6,245
\$ 1,874	\$ 1,874
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ 8,119	\$ 8,119

\$ -	\$ -
------	------

\$ 8,119	\$ 8,119
\$ 8,119	