



# ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA – RYAN WHITE HIV/AIDS PROGRAM PARTS A AND B

**Atlanta Eligible Metropolitan Area FY21 Agreement** 

FY 2025 Partial Award and

Three-Month Contract Extension

**THIS AGREEMENT**, entered this 1st day of March 2025 through the 31st day of May 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 Positive Impact Health Centers, Inc. (hereinafter referred to as "Subrecipient").

**WHEREAS**, the County, has recommended funding to Subrecipient to facilitate the approved program for a three-month extension into FY2025 not to exceed **\$137,175**. Award is subject to federal funding availability and disbursement.

**WHEREAS**, the County desires to avoid an interruption of client services through the provision of partial FY2025 funding for services provided in FY2025 through extension of the existing Department for HIV Elimination Agreement.

WHEREAS, the County and subrecipient entered in an agreement dated the 1st day of March 2021 pursuant to Item #21-0800 (10/20/2021).

WHEREAS, the County desires to amend aid agreement pursuant to Item #25-0021 (1/8/2025).

**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 Work Plan Goals and Objectives tied to Approved Budget
- EXHIBIT B-25 Approved Three-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 Workplan and EXHIBIT B-25 Budget herein shall be performed by Subrecipient for a FY2025 partial allocation of EHE funds, in an amount not to exceed \$137,175.

#### **Revise Paragraph 7.2 by adding:**

**Paragraph 7.2a.** The budget attached to Contract in EXHIBIT B-25 Approved three-month Budget is a complete, approved partial FY2025 budget for expenditures of all EHE 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 three-month budget, subrecipient must submit a draft partial FY2025 Work Plan and partial FY2025 budget to the designated DHE Project Officer no later than **February 14, 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 partial FY2025 Work Plan Goals and Objectives tied to Approved Budget and EXHIBIT B-25 partial Approved Annual Budget respectively.

EXHIBIT B-25 partial Budget shall then be a complete, approved partial FY2025 budget for expenditures of all EHE 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 8. **GENERAL SUBRECIPIENT REQUIREMENTS**

#### **Revise Paragraph 8.4:**

**Paragraph 8.4.** In order to reduce the administrative burden to clients and Subrecipients of collecting and maintaining client eligibility documents, Subrecipient agrees to participate in the uploading, updating, and sharing of client eligibility documents via e2Fulton.

In order to obtain client consent for the sharing of such documentation Subrecipient will obtain client consent using the form developed by the Department for HIV Elimination and available at <a href="https://www.endhivatl.org">www.endhivatl.org</a>. The consent must be uploaded into e2Fulton before a client's service data can be entered.

#### ARTICLE 9. **INVOICING AND PAYMENT**

**Paragraph 9.9. Closeout and Final Reimbursement Submission**. The final submission must include a certification <u>signed by the official authorized to legally bind Subrecipient</u> 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 10.0:**

Paragraph 10.0. Subrecipient shall use funds in accordance with federal requirements and shall not use EHE funds for unallowable costs including those listed herein, in the "Program Manual of Policies and Procedures" incorporated herein by reference and available at <a href="https://www.endhivatl.org">www.endhivatl.org</a>, "PPPN-004: Funding Exclusions and Restrictions" incorporated herein by reference and available at <a href="https://www.endhivatl.org">www.endhivatl.org</a>, and in the RFP incorporated herein by reference.

#### **Revise Paragraph 10.1:**

**Paragraph 10.1.** Subrecipient agrees that EHE 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, 2021 and ending May 31, 2025.

#### ARTICLE 15. **TERMINATION**

#### **Revise Paragraph 15.0:**

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

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

FULTO	ON COUNTY, GEORGIA		
By:	Robert L. Pitts	03/06/2025   7:5	9 PM EST
-,-	Robert L. Pitts, Chairman Board of Commissioners	Date	
Attest	Signed by:		
	Tearpal Gran EEC476C4837648D	ITEM#: <sup>25-0021</sup>	DATE: <sup>1/8/2025</sup>
	Tonya Grier		
	Fulton County Clerk to the Commission		
APPRO	OVED AS TO FORM:		
	Signed by:		
	David Lowman		
	Office of the County		
	Attorney For Fulton		
	County Government		
APPRO	OVED AS TO CONTENT:		
	DocuSigned by:		
	I OND		
	Jeff Cheek, Director		
	Department for HIV		
	Elimination		
SUBRE	ECIPIENT:		
Ву: _	Positive Impact Health Centers, Inc	. 03/05/2025   2:44 PM	M EST
	Agency Name	Date	
_	Larry M. Leliman	Larry M. Lehman	
	Signature	Typed Name	
	President & CFO		

Title

### **EXHIBIT A-25**

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

**APPROVED BUDGET (SEE END OF DOCUMENT)** 

### **EXHIBIT B-25**

# FY2025 APPROVED BUDGET AND BUDGET JUSTIFICATION TIED TO GOALS AND OBJECTIVES (SEE END OF DOCUMENT)

## EXHIBIT A-25 PARTIAL FY2025 WORK PLAN GOALS AND OBJECTIVES TIED TO APPROVED BUDGET

				EHE				
WORK PLAN – Positive	Impact Health Centers							
Priority Category	MCM EtHE- Extended	Hours	Total funding requested in this \$ 3,793 category:					
Service Targets	Target number of unduplicated clients	19		Target number of units/visits (Include unit value, ie. 50 visits or 50 one-way trips)				25
Care Continuum Impact	Linkage	Retention	Engagement Prescription of ART				Viral Suppression	
Does this goal focus on	persons in care, but no	ot virally supp	pressed?					Yes
EHE Goal # and Goal	Goal 2. Improve health out	comes to reach su	ustained viral s	suppression.				
Objective # & Objective	Objective 2.1 Engage and	retain PLWH in m	nedical care.					
Key	Action Steps		Time	eline	Person(s)	Responsible		Progress Measure(s)
1 Data Team will collect database system and pr		March : May 20		Data Manag Bales & Data & Data Qua Specialist	Specialist	Develop and monitor Individualized Service Plans (ISPs) 19 PLWHs who are not appropriate for Self-Management. Medical Case Management assists clients in accessing timely and coordinated health and support services and continuity of care. TOTAL: Clients:19 Units: 25		

			EHE					
WORK PLAN – Positive Imp	oact Health Centers							
Priority Category	MH EtHE - Extended Ho	urs	Total fund	ing requ	ested in this ca	ategory:	\$ 7,273	
Service Targets	Target number of unduplicated clients	19		_	number of units it value, ie. 50 visits	•	trips)	25
Care Continuum Impact	Linkage	Retention Eng			ment	Prescript ART	ion of	Viral Suppression
Does this goal focus on per	sons in care, but not vira	ally suppressed	?			1		Yes
EHE Goal # and Goal	Goal 2. Improve health outcor	mes to reach sustaine	ed viral suppression	on.				1
Objective # & Objective	Objective 2.1 Engage and ret	tain PLWH in medica	l care.					
Кеу	Action Steps		Timeline Person(s) Respon		Responsible	e F	Progress Measure(s)	
1 Data Team will collect and input data in the CAREWare/e2Fulton database system and produce a report showing OAHS outcomes.			March 2025- May 2025		Data Manage Bales & Data Data Quality	Specialist 8	hea diag cris 95% be i the witl	vide individual mental Ith assessment, gnosis, counseling, and is sessions to PLWH, 5 of whom will either in HIV medical care as y begin services or nin 30 days. FAL: Clients: 19 Units: 25

			EH	HE				
WORK PLAN – Positive Imp	act Health Centers							
Priority Category	OAHS EtHE - Extended H	lours	Tota	al funding requ	ested in this	category:	\$ 8,472	2
Service Targets	Target number of unduplicated clients	87	l	Target number of units/visits (Include unit value, ie. 50 visits or 50 one-			trips)	125
Care Continuum Impact	Linkage	Retention		Engager	nent	Prescrip ART	tion of	Viral Suppression
Does this goal focus on per	sons in care, but not vira	ally suppresse	d?	1		1		Yes
EHE Goal # and Goal	Goal 1. Increase access to care	e to ensure PLWH	eceive tre	eatment rapidly				
Objective # & Objective	Objective 1.1. Utilize a target	ed marketing cam	paign to in	ncrease awareness o	of HIV core medic	al and support se	ervices in the	e jurisdiction.
Key	Action Steps		Timeline Perso			) Responsibl	е	Progress Measure(s)
1 Data Team will collect and input data in the CAREWare/e2Fulton database system and produce a report showing OAHS outcomes.			2025- 25	Data Manage Data Speciali Specialist		uality dia se gu HI PL re	agnostic, rvices co idelines a V-care m WH with ceiving ca DTAL: C	primary HIV medical, and therapeutic nsistent with HHS and prescribe/monitor edications to 87 at least 90% (78) are twice a year.  lients: 87 Units: 125

			EHE					
WORK PLAN – Positive Imp	oact Health Centers							
Priority Category	SA-O EtHE - Extended H	ours	Total funding	requested in this c	ategory:	\$ 3,150		
Service Targets	Target number of unduplicated clients							
Care Continuum Impact	Linkage	Retention	Eng	agement	Viral Sup	pression	Choose an item.	
Does this goal focus on per	sons in care, but not vir	ally suppressed	?		1		Yes	
EHE Goal # and Goal	Goal 2. Improve health outco	mes to reach sustain	ed viral suppression.				l	
Objective # & Objective	Objective 2.1 Engage and ret	tain PLWH in medica	l care.					
Кеу	Action Steps		Timeline Person(s) Responsible		Responsible	e P	rogress Measure(s)	
1 Data Team will collect an CAREWare/e2Fulton datable showing OAHS outcomes.		March 2025- May 2025	Data Manage Bales & Data Data Quality	Specialist 8	heal diag crisi 95% be ii they with	vide individual mental of the assessment, choosis, counseling, and as sessions to PLWH, of whom will either of HIV medical care as of begin services or of hin 30 days. AL: Clients: 3 Units: 7		

	EHE										
WORK PLAN – Positive Imp	act Health Centers										
Priority Category	Non-MCM EtHE - Extend	ded Hours	Total fun	ding requ	ested in this ca	ategory:	\$ 1,330				
Service Targets	Target number of unduplicated clients	•			number of units nit value, ie. 50 visits	-	trips)	5			
Care Continuum Impact	Retention	Engagement		Prescrip	otion of ART	Viral Supp	oression	Choose an item.			
Does this goal focus on per	sons in care, but not vira	ally suppressed	?			•		Yes			
EHE Goal # and Goal	Goal 2. Improve health outcor	nes to reach sustain	ed viral suppres	sion.							
Objective # & Objective	Objective 2.1 Engage and ret	ain PLWH in medica	l care.								
Key	Action Steps		Timeline Person(s) Responsi		Responsible	P	rogress Measure(s)				
1 Data Team will collect an CAREWare/e2Fulton datab showing Substance Abuse s		March 2025 May 2025	5-	Data Manage Bales & Data Data Quality	Specialist &	with social final need clier first with providing	WHs will be provided a obtaining medical, al, community, legal, ncial, and other ded services until nt is able to have the medical appointment of the long-term vider selected by the nt.  AL: Clients: 3  Units: 5				

			EHE						
WORK PLAN – Positive Imp	oact Health Centers								
Priority Category	TRANSP EtHE - Extended	TRANSP EtHE - Extended Hours Total funding requested in this category: \$ 2,775							
Service Targets	Target number of unduplicated clients	5	_	number of units nit value, ie. 50 visits		trips)	12		
Care Continuum Impact	Linkage	Retention Engagement Prescription of ART						Viral Suppression	
Does this goal focus on per	sons in care, but not vira	ally suppressed	?			·		Yes	
EHE Goal # and Goal	Goal 2. Improve health outcor	mes to reach sustaine	ed viral suppress	ion.				1	
Objective # & Objective	Objective 2.1 Engage and ret	ain PLWH in medica	l care.						
Key	Action Steps		Timelii	ne	Person(s) Responsible		e F	Progress Measure(s)	
1 Data Team will collect and input data in the CAREWare/e2Fulton database system and produce a report showing OAHS outcomes.			March 2025 May 2025	-	Data Manage Bales & Data Data Quality	Specialist 8	trar to n and app	Provide clients with transportation assistance to medical appointments and support service appointments.  TOTAL: Clients: 5 Units: 12	

	EHE									
WORK PLAN – Positive Imp	oact Health Centers									
Priority Category	MH EtHE - Extended Ho	urs (telehealth)	Total funding re	equested in this ca	ategory:	\$ 1,389				
Service Targets	Target number of unduplicated clients	3	_	et number of units de unit value, ie. 50 visits		trips)	7			
Care Continuum Impact	Linkage	Retention	Enga	gement	Viral Sup	pression	Choose an item.			
Does this goal focus on per	sons in care, but not vira	ally suppressed	?				Yes			
EHE Goal # and Goal	Goal 2. Improve health outcor	mes to reach sustain	ed viral suppression.				1			
Objective # & Objective	Objective 2.1 Engage and ret	ain PLWH in medica	l care.							
Key	Action Steps		Timeline Person(s) Responsible		e P	rogress Measure(s)				
1 Data Team will collect an CAREWare/e2Fulton datab showing OAHS outcomes.		March 2025- May 2025	Data Manage Bales & Data Data Quality	Specialist &	heal diag crisi 95% be ii they with	vide individual mental Ith assessment, mosis, counseling, and s sessions to PLWH, of whom will either in HIV medical care as v begin services or nin 30 days. AL: Clients: 3 Units: 7				

	EHE									
WORK PLAN – Positive Impa	act Health Centers									
Priority Category	SA-O EtHE - Extended Ho	ours (telehealth)	Total fundir	ng reque	ested in this cat	tegory:	\$ 1,389			
Service Targets	Target number of unduplicated clients									
Care Continuum Impact	ct Linkage Retention Engagement Viral Suppression Choose an item.									
Does this goal focus on persons in care, but not virally suppressed?  Yes										
EHE Goal # and Goal	EHE Goal # and Goal  Goal 2. Improve health outcomes to reach sustained viral suppression.									
Objective # & Objective	Objective 2.1 Engage and reta	ain PLWH in medical o	care.							
Key	Action Steps		Timeline	:	Person(s) R	esponsible	Р	rogress Measure(s)		
1 Data Team will collect and CAREWare/e2Fulton databases showing OAHS outcomes.		March 2025- May 2025		Data Manage Bales & Data S Data Quality S	Specialist &	subs cour prev PLW eith care or w	vide individual stance abuse reseling and relapse vention services to VH, 95% of whom will er be in HIV medical as they begin services vithin 30 days. AL: Clients: 2 Units: 7			

WORK PLAN – Positive Imp	act Health Centers							
Priority Category	EBI- Medication Adh	nerence	Total funding	g requested in this ca	tegory:	\$15,976		
Service Targets	Target number of unduplicated clients	20		rget number of units lude unit value, ie. 50 visits o		trips)	40	
Care Continuum Impact	Retention	Engagement	Pre	Choose an item.				
Does this goal focus on persons in care, but not virally suppressed?  Yes								
EHE Goal # and Goal  Goal 3. Reduce barriers to care by responding to outbreaks and addressing disparities in the jurisdiction.								
Objective # & Objective	Objective 3.1 Utilize evidence	e-based interventions	s for targeted subpo	opulations.				
Key Actio	n Steps	1	Timeline Person(s) Respons			P	rogress Measure(s)	
	m Medical Providers ar out the EBI Intervention		2025– May 202	Medication A Specialist	dherence		Number of referrals and contacts	
2) Deliver EBI interver	ntion	March 2	March 2025– May 2025		•		Number of patients participating in the EBI Intervention	
·	ect and input data in the system and produce a comes	e March 2	2025– May 202	Steven Bales, Manager, Dat & Data Qualit	a Specialis	ts	Patients will participate in the EBI Intervention	

WORK PLAN – Positive Imp	act Health Centers							
Priority Category	IPS- Retention in HI	V Care	Total funding red	uested in this category:	\$15,30	5		
Service Targets	Target number of unduplicated clients	12	_	number of units/visits unit value, ie. 50 visits or 50 one-way	trips)	25		
Care Continuum Impact	Linkage	Retention	tention Engagement Prescription of ART			Viral Suppression		
Does this goal focus on persons in care, but not virally suppressed?  Yes								
EHE Goal # and Goal  Goal 3. Reduce barriers to care by responding to outbreaks and addressing disparities in the jurisdiction.								
Objective # & Objective	Objective 3.1 Utilize evidence	e-based intervention	s for targeted subpopula	tions.				
Key Act	ion Steps		Timeline	Person(s) Responsible	е	Progress Measure(s)		
Implement the interpatients to services suppression and ox		2025– May 2025	Innovative Project Support staff	•	Completion of intervention strategies, enrollments, and linkages to services			
-	ect and input data in the system and produce a ccomes	e March	2025 – May 2025	Steven Bales, Data Manager, Data Specialis & Data Quality Specialis		Participation in the Innovative Project		

WORK PLAN – Positive Imp	pact Health Centers								
Priority Category	Housing RA EtHE- Ca Building	pacity	Total funding requested in this category:				\$28,699		
Service Targets	Target number of unduplicated clients	7	1	get number of unit ude unit value, ie. 50 visits	-	trips)	15		
Care Continuum Impact	Retention	Engagement	Cho	ose an item.	Choose a	n item.	Choose an item.		
Does this goal focus on per	sons in care, but not vira	ally suppressed	?		•		No		
EHE Goal # and Goal	Goal 3. Reduce barriers to care by responding to outbreaks and addressing disparities in the jurisdiction.								
Objective # & Objective	Objective 3.3 Increase the pro	ovision of core medic	cal and support servi	ces aimed at reducing ba	rriers to care.				
Key Actio	n Steps	Tim	neline	Person(s) Responsible		P	Progress Measure(s)		
1 Assess patients for Housi	ng services.	March 2025 -May 2025		Housing Services Program Manager, Housing Case Manager, MCMs, Linkage Coordinator		com	assessments opleted; EMR umentation		
2 Complete Individualized during enrollment in Housi	• • •	March 2025 -May 2025		Housing Services Program Manager, Housing Case Manager		# of EMI	IHP's completed in		
3. Provide Housing Assistance, which may include transitional, short-term, or emergency housing assistance, sober living lodging, temporary assistance, referral services, search, placement, and housing advocacy services		March 2025 -May 2025		Housing Services Manager, Housing Case Manager			npletion of Housing n goals by review of R		
3. Link patients to resource housing stability and self-su		March 2025	-May 2025	Housing Services Program Manager, Housing Case Manager		Completion of Housing Plan linkage goals by review of EMR			

5 Review and audit charts in EMR	March 2025 -May 2025	Karen Cross, Director of Client Services & Housing Services Program Manager	Completion of EMR documentation, completion of HSPs
6 Data Team will collect and input data in the e2Fulton database system and produce a report showing Housing Services outcomes.	March 2025 -May 2025	Data Manager, Steven Bales, Data Specialist & Data Quality Specialist	Develop and monitor Individualized Housing Plans (IHPs) for 7 PLWH in care and assist clients in accessing housing services. TOTAL: Clients:7 Units: 15
7 Data Team will collect and input data in the e2Fulton database system and produce a report showing Housing Services health outcomes.	March 2025 -May 2025	Data Manager, Steven Bales, Data Specialist & Data Quality Specialist	<ul> <li>7 clients served as shown in e2Fulton clinical encounter data</li> <li>84% of clients will have been retained in care (N=6)</li> <li>90% of clients will have been engaged in care (N=6)</li> </ul>

			EHE							
WORK PLAN – Positive Imp	oact Health Centers									
Priority Category	LRS - Linkage/Retention	Specialists	Total fundin	3						
Service Targets	Target number of unduplicated clients	75		_	number of units oit value, ie. 50 visits	trips)	167			
Care Continuum Impact	Linkage	Retention	Er	ngager	ment	Prescript ART	ion of	Viral Suppression		
Does this goal focus on per	rsons in care, but not vir	ally suppresse	ed?			•		Yes		
EHE Goal # and Goal	Goal 2. Improve health outcor	nes to reach susta	s to reach sustained viral suppression.							
Objective # & Objective	Objective 2.1 Engage and ret	ain PLWH in medi	cal care.							
Key Acti	ion Steps		Timeline		Person(s) F	Responsible	e F	Progress Measure(s)		
1 Data Team will collect CAREWare/e2Fulton dat produce a report showin	abase system and	March	2025 - May 20	25	Data Manag Bales & Data & Data Qual Specialist	a Specialis	t and care and PLV will med sup ree with	ilitate engagement di reengagement into e & provide support di education to 75 MH, 95% of whom dieither be in HIV dical care requiring port/engagement or ngaged/linked hin 30 days.  TAL: Clients: 75 Units: 5167		

# EXHIBIT B-25 FY2025 APPROVED BUDGET AND BUDGET JUSTIFICATION TIED TO GOALS AND OBJECTIVES

Positive Impact Health Centers, Inc.

3 Month Negotiated Budget

CORE MEDICAL SERVICES: PRIORITY CATEGORY SUMMARY

EXTENDED HOURS

MCM EtHE - MNT EtHE - MH EtHE - OH EtHE - Extended Hours Extended Hours Extended Hours Hours

Hours Hours

End the HIV		l				E	XTENDED HOURS					
	demic	TOTAL	XTENDED HOURS UBTOTAL	MCM EtHE - Extended Hours	E	MNT EtHE - xtended Hours	MH EtHE - Extended Hours	ОН	EtHE - Extended Hours	AHS EtHE - Extended Hours	- E	OUT EtHE extended Hours
Personnel	Salary	\$ 17,443	\$ 15,080	\$ 2,595	\$	-	\$ 4,678	\$	-	\$ 5,490	\$	2,318
reisonnei	Fringe	\$ 3,038	\$ 2,802	\$ 675	\$	-	\$ 468	\$	-	\$ 1,427	\$	232
Materials & Supplies	Medications	\$ -	\$ -	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-
	Other	\$ -	\$ -	\$ -	\$		\$ -	\$		\$ -	\$	-
Printing		\$ -	\$ -	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-
Equipment		\$ -	\$ -	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-
Travel		\$ -	\$ -	\$	\$	-	\$ -	\$	-	\$ -	\$	-
Space		\$ 4,584	\$ 4,584	\$ 509	\$	-	\$ 2,037	\$	-	\$ 1,528	\$	509
Audit		\$ -	\$ -	\$	\$	-	\$ -	\$	-	\$ -	\$	-
Insurance		\$ -	\$ -	\$	\$	-	\$ -	\$	-	\$ -	\$	-
Other		\$ 401	\$ 221	\$ 14	\$	-	\$ 90	\$	-	\$ 27	\$	90
Total Direct Charges		\$ 25,466	\$ 22,687	\$ 3,793	\$	•	\$ 7,273	\$	-	\$ 8,472	\$	3,150
Indirect Charges		\$ -	\$ -	-	\$	-	\$ -	\$	-	\$ -	\$	-
ТОТ	AL	\$ ,	\$ 22,687	\$ 3,793	\$	-	\$ 7,273	\$	-	\$ 8,472	\$	3,150
		\$ 25,466	\$ 22,687									

		TH	

IERAL TOTAL	/I EtHE - ehealth		T EtHE - ehealth	H EtHE - elehealth	_	H EtHE - elehealth	-	IS EtHE - lehealth	_	OUT EtHE - elehealth
\$ 2,363	\$ -	\$	-	\$ 1,181	\$	-	\$	-	\$	1,181
\$ 236	\$ -	\$	-	\$ 118	\$	-	\$	-	\$	118
\$ -	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-
\$ -	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-
\$ -	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-
\$ -	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-
\$ -	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-
\$ -	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-
\$ -	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-
\$ -	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-
\$ 180	\$ -	\$	-	\$ 90	\$	-	\$	-	\$	90
\$ 2,779	\$	\$		\$ 1,389	\$	-	\$	-	\$	1,389
										_
\$ -	\$ •	\$	-	\$ •	\$	-	\$	-	\$	-
\$ 2,779	\$ -	\$		\$ 1,389	\$	-	\$	-	\$	1,389
\$ 2,779		·								

THT

THT SUBTOTA	\L	THT - EtHE	
		\$ -	
\$ -		\$ -	
\$ -		\$ - \$ - \$ -	
\$ -		\$ -	
\$ -		\$ -	
\$ -		\$ -	
\$ - \$ - \$ -		\$ -	
\$ -		\$ -	
\$ -		\$ -	
\$ -		\$ - \$ - \$ -	
\$ -		\$ -	
\$ -		\$ -	
		-	
\$ -		- \$	

\$	\$	-
\$		

### SUPPORT SERVICES: PRIORITY CATEGORY SUMMARY

### EXTENDED HOURS

			TOTAL	н	TENDED OURS BTOTAL	-	od Vouchers IE - Extended Hours	LING EtHE - tended Hours	N-MCM EtHE - xtended Hours	S - Legal EtHE - tended Hours	Ex	EtHE - tended Hours	E	F EtHE - xtended Hours	NSP EtHE - nded Hours
Α	Personnel	Salary	\$ 60,252	\$	649	\$	-	\$ -	\$ 649	\$ -	\$	-	\$	-	\$ -
Α	reisoillei	Fringe	\$ 17,454	\$	169	\$	-	\$ -	\$ 169	\$ -	\$	-	\$	-	\$ -
В	Materials & Supplies		\$ -	\$	-	\$	-	\$ -	\$ -	\$ -	\$	_	\$	-	\$ -
С	Printing		\$ -	\$	-	\$	-	\$ -	\$ -	\$ -	\$	-	\$	-	\$ -
D	Equipment		\$ -	\$	-	\$	-	\$ -	\$ -	\$ -	\$	-	\$	-	\$ -
E	Travel		\$ -	\$	-	\$	-	\$ -	\$ -	\$ -	\$	-	\$	-	\$ -
F	Medical Transportation	1	\$ 2,775	\$	2,775	\$	-	\$ -	\$ -	\$ -	\$	-	\$	-	\$ 2,775
G	Space		\$ 2,525	\$	509	\$	-	\$ -	\$ 509	\$ -	\$	-	\$	-	\$ -
Н	Audit		\$ -	\$	-	\$	-	\$ -	\$ -	\$ -	\$	-	\$	-	\$ -
1	Insurance		\$ -	\$	-	\$	-	\$ -	\$ -	\$ -	\$	-	\$	-	\$ -
J	Other		\$ 28,703	\$	4	\$	-	\$ -	\$ 4	\$ -	\$	-	\$	-	\$ -
	Total Direct Charges		\$ 111,708	\$	4,105	\$	-	\$ -	\$ 1,330	\$ -	\$	-	\$	-	\$ 2,775
K	Indirect Charges		\$ -	\$	-	\$	-	\$ -	\$ -	\$ -	\$	-	\$	-	\$ -
	ı <del></del>									 	_				
	TOT	AL	\$ 111,708		4,105	\$	-	\$ -	\$ 1,330	\$ -	\$	-	\$	-	\$ 2,775
			\$ 111,708	\$	4,105										

TOTAL REQUEST	\$ 137,174
Admin Total \$	\$ 1,986
Admin Total %	1 45%

1.45% Administrative total cannot exceed 10%

Docusign Envelope ID: 57F461AE-997B-4006-A14E-98133CB43A32

	LEI			

HEALTH TOTAL	M EtHE	_	EtHE - ehealth		EtHE - ehealth
\$ -	\$ -	\$	-	\$	-
\$ -	\$ -	\$	-	\$	-
\$ _	\$ _	\$	_	\$	_
\$ _	\$ _	\$	_	\$	_
\$ _	\$ -	\$	-	\$	-
\$ -	\$ -	\$	-	\$	-
\$ -	\$ -	\$	-	\$	-
\$ -	\$ -	\$	-	\$	-
\$ -	\$ -	\$	-	\$	-
\$ -	\$ -	\$	-	\$	-
\$ -	\$ -	\$	-	\$	-
\$ -	\$ -	\$	-	\$	-
			, i		
\$ -	\$ -	\$	-	\$	-
•	 •		·		•
\$ -	\$ -	\$	-	I \$	-

### HOUSING

HOUSING SUBTOTAL	HOUSING EtHE
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ -	\$ -
\$ 28,699	\$ 28,699
\$ 28,699	\$ 28,699

_		
---	--	--

28,699

### SUPPORT SERVICES: PRIORITY CATEGORY SUMMARY

### OUTREACH

			TOTAL		LRS
Personnel	Salary	\$	35,355	\$	35,355
Personner	Fringe	\$	10,253	\$	10,253
Space		\$	2,015	\$	2,015
Other		\$	-	\$	-
Total Direct C	Charges	\$	47,623	\$	47,623
		-			
Indiract Char	ane	l ¢		¢	

mancot onarges	Ψ .	<b>Y</b>

### TOTAL \$ 47,623 \$ 47,623 \$ 47,623

### EHE INITIATIVES

### EFFECTIVE BEHAVIORAL

TOTAL	EBI TOTAL			EBI- edication dherence
\$ 24,249	\$	12,384	\$	12,384
\$ 7,032	\$	3,591	\$	3,591
\$ -	\$	-	\$	-
\$ 31,281	\$	15,976	\$	15,976

### INNOVATIVE PROJECT

			IPS-
IP	S TOTAL	Ret	ention in
		Н	IV Care
\$	11,865	\$	11,865
\$	3,441	\$	3,441
\$	-	\$	-
\$	15,305	\$	15,305

	1	2	3	4	5	6	7	8	9	10	11
	Position Number	Priority Category (SELECT FROM LIST)	Position Title	Employee Name	TOTAL Annual Salary from ALL Sources	% of Time on EtHE Project in THIS Priority Category	EtHE Salary Total	Fringe Rate	EtHE Fringe Total	EtHE Personnel Total	% Admin
		OAHS EtHE – Extended	I								
	1	Hours	Nurse Practitioner	P Davis	\$ 37,128.75	8.50%	\$ 3,156	26.00%	\$ 821	\$ 3,976	0.00%
		OAHS EtHE – Extended									
	2	Hours	Certified Medical Assistant	T. Davis/T. Minne	\$ 14,777.75	8.50%	\$ 1,256	26.00%	\$ 327	\$ 1,583	0.00%
		OAHS EtHE – Extended									
	3	Hours	Clinic Office Associate	D. Bowen	\$ 12,677.50	8.50%	\$ 1,078	26.00%	\$ 280	\$ 1,358	15.00%
	35	MCM EtHE – Extended Hours	Medical Case Manager	L. Burr	\$ 16,216.25	16.00%	\$ 2,595	26.00%	\$ 675	\$ 3,269	0.00%
A. Salary	5	MH EtHE – Extended Hours		E. Wolf	\$ 15,750.00	29.70%	7	10.00%			0.00%
& Fringe	5	MH EtHE – Telehealth	Mental Health Clinician	E. Wolf	\$ 15,750.00	7.50%	\$ 1,181	10.00%	\$ 118	\$ 1,299	0.00%
	6	SA-O EtHE – Extended Hours	Substance Abuse Counselor	E. Wolf	\$ 15,750.00	14.72%	\$ 2,318	10.00%	\$ 232	\$ 2,550	0.00%
	6	SA-O EtHE – Telehealth	Substance Abuse Counselor	E. Wolf	\$ 15,750.00	7.50%	\$ 1,181	10.00%	\$ 118	\$ 1,299	0.00%
	35		Non- Medical Case Manager	L. Burr	\$ 16,216.25	4.00%	\$ 649	26.00%	\$ 169	\$ 817	0.00%
	43	LRS - Linkage/Retention Specialists	Community Health Worker (Gwinnett)	A. Garcia	\$ 11,575.25	100.00%	\$ 11,575	29.00%	\$ 3,357	\$ 14,932	0.00%
	44	LRS - Linkage/Retention Specialists	Community Health Worker (Dekalb)	B. Devynne	\$ 12,204.50	100.00%	\$ 12,205	29.00%	\$ 3,539	\$ 15,744	0.00%
	45	LRS - Linkage/Retention Specialists	Community Health Worker (Cobb)	I. Logan	\$ 11,575.25	100.00%	\$ 11,575	29.00%	\$ 3,357	\$ 14,932	0.00%
	54	EBI - Medication Adherence	Medication Adherence Specialist (MAS)	J. Erwin	\$ 19,052.50	65.00%	\$ 12,384	29.00%	\$ 3,591	\$ 15,976	0.00%
	55	IPS - Retention in HIV Care	Innovative Project Support	T. Sampson	\$ 11,864.50	100.00%	\$ 11,865	29.00%	\$ 3,441	\$ 15,305	0.00%
		NONE			\$ -	0.00%	\$ 77,695	0.00%	\$ 20,491	\$ 98,187	0.00%

### Overtime

1	2	3	4	5	6	7	8	9	10	11	12
Position Number	Priority Category (SELECT FROM LIST)	Position Title	Employee Name	Overtime Rate per Hour	# of Hours Overtime/Month	# Months Overtime/ Month	Overtime Total	Fringe Rate	EtHE Fringe Total	TOTAL	% Admin
	-					-	-	-			
	NONE			\$ -	0.00	0.00	\$ -	0.00%	\$ -	\$ -	0.00%
	NONE			\$ -	0.00	0.00		0.00%	\$ -	\$ -	0.00%
	NONE			\$ -	0.00	0.00	\$ -	0.00%	\$ -	\$ -	0.00%
	NONE			\$ -	0.00	0.00	\$ -	0.00%	\$ -	\$ -	0.00%
	NONE			\$ -	0.00	0.00	\$ -	0.00%	\$ -	\$ -	0.00%

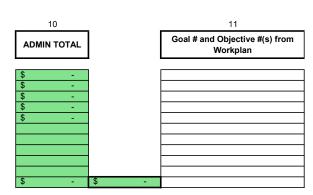
Docusign Envelope ID: 57F461AE-997B-4006-A14E-98133CB43A32

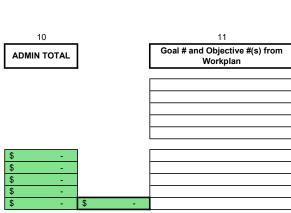
12		13	14					
ADMIN TOTAL		Goal # and Objective #(s) from Workplan	DETAILED JOB DESCRIPTION SPECIFIC TO PRIORITY CATEGORY					
			I					
\$ -		Goal 1	Provide primary care and specialty care to PLWH throughout the spectrum of disease					
\$ -		Goal 1	Provide support to nurse practitioner and direct patient care to PLWH					
\$ 204		Goal 1	Provide direct patient services including scheduling appointments and intake act.					
\$ -		Goal 2	Provide coordination of services, assessments and service planning					
\$ -		Goal 2	Provide mental health services					
\$ -		Goal 2	Provide mental health services via telehealth					
\$ -		Goal 2	Provide substance abuse treatment services					
\$ -		Goal 2	Provide substance abuse treatment services via telehealth					
\$ -		Goal 2	Provide direct assistance and support to improve access to care					
\$ -	\$ 204							

13	_	14	15
ADMIN TOTAL		Goal # and Objective #(s) from Workplan	DETAILED JOB DESCRIPTION SPECIFIC TO PRIORITY CATEGORY
	_		
\$ -			
\$ -			
\$ -			
\$ -			
\$ -	\$ -		

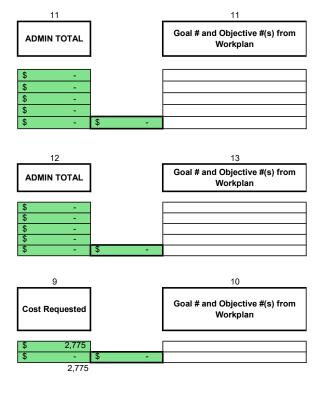
Fringe Category	Fringe % (Full- Time Employees)	Fringe % (Part-Time Employees)
FICA	7.65%	7.65%
Health Insurance	12.00%	0.00%
Dental Insurance	1.50%	0.00%
Vision Insurance	0.00%	0.00%
Life Insurance	0.50%	0.00%
Unemployment Insurance	1.92%	1.92%
Workers' Compensation	0.43%	0.43%
Disability Insurance	0.00%	0.00%
Other: (Specify)	5.00%	0.00%
Other: (Specify)		
Total:	29.00%	10.00%

					Cor	nplete either column	ns 4&5 or columns 6&7		7	
		1	2	3	4	5	6	7	8	9
		Priority Category (SELECT FROM LIST)	Line Item	What Supply? (SELECT FROM LIST)	Cost/Month	# of Months	Cost/Unit	# of Units	Cost Requested	% Admin
			-							
									\$ -	
									\$ -	
B. Cumulia	_								\$ -	
B. Supplie	S								\$ -	0.00%
									\$ -	0.00%
									\$ -	0.00%
									\$ -	0.00%
									\$ -	0.00%
		NONE	Supplies	NONE	\$ -	0	\$ -	,	\$ -	0.00% 0.00%
		INONE	Supplies	INONE	φ -	U	-		) \$ -	0.0076
	_				Cor	mplete <u>either</u> columr	ns 4&5 or columns 6&7		7	
		1	2	3	4	5	6	7	8	9
		Priority Category (SELECT FROM LIST)	2 Line Item	What is being printed?	4 Cost/Month	5 # of Months	6 Cost/Unit		8 Cost Requested	9 <b>% Admin</b>
		Priority Category (SELECT FROM LIST)	Line Item	1	Cost/Month	# of Months	Cost/Unit	7 # of Units	Cost Requested	
		Priority Category (SELECT FROM LIST)	Line Item	1	Cost/Month	# of Months	Cost/Unit	7 # of Units	Cost Requested	
	Client related	Priority Category (SELECT FROM LIST)  NONE NONE	Line Item  Printing  Printing	1	Cost/Month	# of Months  0 0	Cost/Unit	7 # of Units	Cost Requested    \$ -     \$ -	
C. Printing	Client-related	Priority Category (SELECT FROM LIST)  NONE NONE NONE	Printing Printing Printing Printing	1	Cost/Month	# of Months  0 0 0	Cost/Unit	7 # of Units	Cost Requested    Cost Requested   Cost	
C. Printing	Client-related	Priority Category (SELECT FROM LIST)  NONE NONE NONE NONE	Printing Printing Printing Printing Printing Printing	1	Cost/Month	# of Months  0 0 0 0 0	Cost/Unit	7 # of Units	Cost Requested	
C. Printing	Client-related	Priority Category (SELECT FROM LIST)  NONE NONE NONE	Printing Printing Printing Printing	1	Cost/Month	# of Months  0 0 0 0 0	Cost/Unit	7 # of Units	Cost Requested    Cost Requested   Cost	
C. Printing	Client-related	Priority Category (SELECT FROM LIST)  NONE NONE NONE NONE NONE NONE	Printing Printing Printing Printing Printing Printing	1	\$ - \$ - \$ - \$ - \$	# of Months  0 0 0 0 0 0	Cost/Unit	7 # of Units	Cost Requested    S	% Admin
C. Printing	Client-related	Priority Category (SELECT FROM LIST)  NONE NONE NONE NONE NONE NONE	Printing Printing Printing Printing Printing Printing Printing	1	\$ - \$ - \$ - \$ - \$ \$ \$ - \$ \$ \$ - \$ \$	# of Months  0 0 0 0 0 0 0 0	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	7 # of Units	Cost Requested	% Admin
C. Printing		Priority Category (SELECT FROM LIST)  NONE NONE NONE NONE NONE NONE NONE	Printing Printing Printing Printing Printing Printing Printing Printing Printing	1	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	# of Months  0 0 0 0 0 0 0 0 0 0 0 0	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	7 # of Units	Cost Requested	% Admin  100.00% 100.00%
C. Printing	Client-related  Administrative	Priority Category (SELECT FROM LIST)  NONE NONE NONE NONE NONE NONE	Printing Printing Printing Printing Printing Printing Printing	1	\$ - \$ - \$ - \$ - \$ - \$ - \$ -	# of Months  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Cost/Unit	7 # of Units	Cost Requested    S	% Admin





						Cor	mplete <u>either</u> columr	ns 4&5 or columns 6&7			
		1	2	3	4	5	6	7	8	9	10
		Priority Category (SELECT FROM LIST)	Line Item	What is being purchased for >\$5,000??	Indicate the EtHE percentage	EtHE Cost/Month	# of Months	EtHE Cost/Unit	# of Units	EtHE Cost Requested	% Admin
	D. Equipment		•	•							
	D. Equipment	NONE	Equipment			\$ -	0	\$ -	0	\$ -	0.00%
		NONE	Equipment			\$ -	0	\$ -	0	\$ -	0.00%
		NONE	Equipment			\$ -	0	\$ -	0	\$ -	0.00%
		NONE	Equipment			\$ -	0	\$ -	0	\$ -	0.00%
		NONE	Equipment			\$ -	0	\$ -	0	\$ -	0.00%
	] 1	2	3	4	5	6	7	8	9	10	11
E.	Priority Category (SELECT FROM LIST)	Line Item	What is the purpose of the trip?	Miles/Month	# of Months	Cost/Mile	Mileage Subtotal	Parking/Month	Parking Subtotal	Cost Requested	% Admin
Employ											
ee	NONE	Employee Travel Employee Travel		0		\$ -			IS -	I \$ -	0.00%
Travel	NONE					•	Φ.	•		0	0.000/
	110115	<u> </u>		0		\$ -	-	\$ -	\$ -	\$ -	
	NONE	Employee Travel		0	0	\$ -	\$ - \$ -	\$ -	\$ - \$ -	\$ -	0.00%
	NONE	Employee Travel Employee Travel		0 0	0	\$ - \$ -	\$ - \$ - \$ -	т.	\$ - \$ - \$ -	\$ - \$ - \$ -	0.00% 0.00%
		Employee Travel		0 0 0	0	\$ -	\$ - \$ - \$ -	\$ -	\$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ -	0.00% 0.00% 0.00%
	NONE	Employee Travel Employee Travel	2	0 0 0	0	\$ - \$ -	\$ - \$ - \$ -	\$ -	\$ - \$ - \$ -	\$ - \$ - \$ - \$ -	0.00% 0.00%
	NONE	Employee Travel Employee Travel	2 Method of Travel		0 0 0 3	\$ - \$ - \$ -		\$ - \$ - \$ - Describe how cost/t	rip and # of	7	0.00% 0.00% 0.00%
	NONE	Employee Travel Employee Travel Employee Travel			0 0 0	\$ - \$ - \$	\$ - \$ - \$ - \$ - Trips/Month/Client	\$ - \$ - \$ -	rip and # of	\$ - \$ - \$ - \$ - \$ - \$ - \$ -	0.00% 0.00% 0.00%
	NONE NONE	Employee Travel Employee Travel Employee Travel Employee Travel	Method of Travel (SELECT FROM LIST)		0 0 0 3	\$ - \$ - \$ - 4 Cost Per One-Way Trip		\$ - \$ - \$ - Describe how cost/t	rip and # of	7	0.00% 0.00% 0.00%



1	2	3	4		5	6	7		8	9
Priority Category (SELECT FROM LIST)	Line Item	What type? (SELECT FROM LIST)	Type of Space	(R	al Cost/Month egardless of nding Source)	# of Months	% Requested of EtHE	d of Cost Requested		% Admin
							1			
NONE								\$	-	0.00%
NONE								\$	-	0.00%
NONE	Space	Rent	Duluth	\$	21,709.70	3	1.00%	\$	651	0.00%
NONE	Space	Rent	Decatur	\$	34,977.00	3	1.30%	\$	1,364	0.00%
CAUCEUE E LANGE								\$	-	0.00%
OAHS EtHE – Extended Hours	Space	Rent	Office Space Direct Client Meeting Space		33,958.00	3	0.25%	\$	255	0.00%
OAHS EtHE – Extended	Space	Rent	Office Space Direct Client Meeting Space	\$	33,936.00	3	0.25%	Þ	255	0.00%
Hours	Space	Rent	Office Space Direct Client Meeting Space	\$	33.958.00	3	0.25%	\$	255	0.00%
OAHS EtHE – Extended	Орасе	IVent	Office Space Direct Client Meeting Space	Ψ	33,930.00	<u>J</u>	0.2570	Ψ	255	0.0070
Hours	Space	Rent	Office Space Direct Client Meeting Space	\$	33,958.00	3	0.25%	\$	255	0.00%
MCM EtHE – Extended	Ориос	rtont	Chief Opace Birest Gilent Meeting Opace	+*-	00,000.00		0.2070	Ψ	200	0.0070
Hours	Space	Rent	Office Space Direct Client Meeting Space	\$	33,958.00	3	0.25%	\$	255	0.00%
MH EtHE – Extended Hours	Space	Rent	Office Space Direct Client Meeting Space	\$	33,958.00	3	0.25%	e	255	0.00%
WITTELLE Extended flours	Opace	Nem	Office Space Direct Client Weeting Space	Ψ	33,930.00	<u> </u>	0.2370	Ψ	200	0.0070
SA-O EtHE – Extended Hours	Space	Rent	Office Space Direct Client Meeting Space	\$	33,958.00	3	0.25%	\$	255	0.00%
Non-MCM EtHE – Extended										
Hours	Space	Rent	Office Space Direct Client Meeting Space	\$	33,958.00	3	0.25%	\$	255	0.00%
OAHS EtHE – Extended										
Hours	Space	Rent	Office Space Administrative	\$	33,958.00	3	0.25%	\$	255	100.00%
OAHS EtHE – Extended Hours	Space	Rent	Office Space Administrative	\$	33,958.00	3	0.25%	\$	255	100.00%
OAHS EtHE – Extended	Орасс	rtont	Office opace Authinistrative	+*-	00,000.00		0.2070	Ψ	200	100.0070
Hours	Space	Rent	Office Space Administrative	\$	33,958.00	3	0.25%	\$	255	100.00%
MCM EtHE – Extended	· ·		•		,					
Hours	Space	Rent	Office Space Administrative	\$	33,958.00	3	0.25%	\$	255	100.00%
MH EtHE – Extended Hours	Space	Rent	Office Space Administrative	\$	33,958.00	3	0.25%	\$	255	100.00%
	-,5400			+*	22,000.00		0.2070		200	100.0070
SA-O EtHE – Extended Hours	Space	Rent	Office Space Administrative	\$	33,958.00	3	0.25%	\$	255	100.00%
			3	+*-	55,555.00		5.2070			.00.0070
Hours	Space	Rent	Office Space Administrative	\$	33,958.00	3	0.25%	\$	255	100.00%
NONE	Space	NONE		\$	-	0	0.00%		5,581	0.00%

H. Audit/Financial Statement

G. Space

Is Agency's Federal
Spending > \$750,000

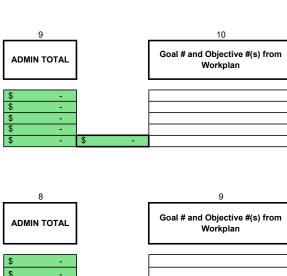
Check If YES

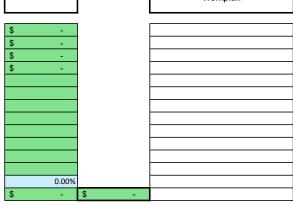
1	2	3	4	5	6	7	
Priority Category				% Requested of			
(SELECT FROM LIST)	Line Item	Name of Firm	Total Audit Cost	EtHE	Cost Requested	% Admin	
	•			•			
NONE	Audit/Financial Statem	ent		0.00%	\$ -	0.00%	
NONE	Audit/Financial Statem	ent	\$ -	0.00%	\$ -	0.00%	
NONE	ONE Audit/Financial Statement			0.00%	\$ -	0.00%	
NONE	Audit/Financial Statem	ent	\$ -	0.00%	\$ -	0.00%	
NONE	Audit/Financial Statem	ent	- 1	0.00%	\$ -	0.00%	

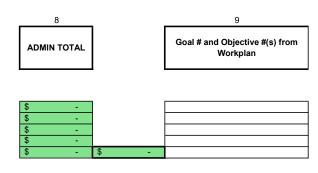
ADMIN TOTAL		Goal # and Objective #(s) from Workplan
	1	
\$ - \$ -		
\$ - \$ -		
\$ -		
\$ -		
\$ -		
\$ -		
\$ -		
\$ -		
<u> </u>		
\$ -		
\$ -		
\$ -		
\$ -		
\$ -		
\$ 255		
\$ 255		
\$ 255		
\$ 255		
\$ 255		
255		
\$ 255		
\$ 255		
\$ -	\$ 1,783	
	, ,	
0		0
8	<b>i</b> 1	9
ADMIN TOTAL		Goal # and Objective #(s) from Workplan
		WOI KPIAII

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

	1	2	3	4	5	6	7	8
	Priority					% Requested of		
	(SELECT	Line Item	Name of Firm	Type of Insurance	Total Annual Cost	EtHE	Cost Requested	ADMIN TOTAL
	FROM LIST)							
I. Insurance								
	NONE	Insurance			\$ -	0.00%		0.00
	NONE	Insurance			\$ -	0.00%		0.00
	NONE	Insurance			\$ -	0.00%		0.00
	NONE	Insurance			-	0.00%		0.00
	NONE	Insurance			-	0.00%	-	0.00
	1 Priority	2	ı	3	4	5	6	7
	Category						LINE ITEM	
	(SELECT	Line Item	What is Bei	ng Requested?	Total EtHE Cost/Month	# of Months	TOTAL	ADMIN TOTAL
	FROM LIST)							
	OAHS EtHE – Exte	Other	EMR	License	\$ 3.00	3	\$ 9	0.00
	OAHS EtHE – Exte	Other	EMR	License	\$ 3.00	3	\$ 9	0.00
	OAHS EtHE – Exte	Other	EMR	License	\$ 3.00	3	\$ 9	0.00
J. Other	MCM EtHE – Exter	Other	EMR	License	\$ 4.80	3	\$ 14	0.00
	MH EtHE – Extend	Other	EMR	License	\$ 30.00	3	\$ 90	0.00
	MH EtHE – Telehe	Other	EMR	License	\$ 30.00	3	\$ 90	0.00
	SA-O EtHE – Exten		EMR	License	\$ 30.00	3	\$ 90	0.00
	SA-O EtHE – Teleh			License	\$ 30.00		\$ 90	0.00
	Non-MCM EtHE –		_	License	\$ 1.20		\$ 4	0.00
	Housing EtHE – Ra	pid Rehousing	Ho	ousing	\$ 9,566.33	3	\$ 28,699	0.00
				<u> </u>	, ,,,,,,,,,		, ,,,,,,	0.00
								0.00
	NONE	Other			\$ -	0	\$ 29,104	0.00
	1 2	1-				-		
	H	Indirect Cost Rate is rec	quested, you must incl	ude the supporting doc	umentation as detailed in t	the budget directi	ons	
	1	2		3	4	5	6	7
	Priority							
	(SELECT	Line Item	Item Do	escription	Total Cost/Month	# of Months	LINE ITEM	% Admin
	FROM LIST)						TOTAL	,
K. Indirect			•					
	NONE	Other		Cost Rate	-		\$ -	0.0
	NONE	Other		Cost Rate	\$ -		\$ -	0.0
	NONE	Other		Cost Rate	\$ -		\$ -	0.00
	NONE	Other		Cost Rate	-		\$ -	0.00
	NONE	Other	Indirect	Cost Rate	\$ -	0	\$ -	0.00









**Certificate Of Completion** 

Envelope Id: 57F461AE-997B-4006-A14E-98133CB43A32

Subject: Complete with Docusign: Three-Month Extension Amendment\_ - PIHC.pdf

Parcel ID:

Employee Name: Source Envelope:

Document Pages: 33 Certificate Pages: 6

AutoNav: Enabled
Envelopeld Stamping: Enabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator:

Andrea Davis 141 Pryor Street

Purchasing & Contract Compliance, Suite 1168

Atlana, GA 30303

Andrea.Davis@fultoncountyga.gov

IP Address: 97.80.173.128

**Record Tracking** 

Status: Original

3/3/2025 5:21:15 PM

Security Appliance Status: Connected

Storage Appliance Status: Connected

Holder: Andrea Davis

Andrea.Davis@fultoncountyga.gov

Pool: StateLocal

Signatures: 5

Initials: 0

Pool: Fulton County Government

Location: DocuSign

Location: Docusign

**Signer Events** 

Larry M. Lehman

Larry.Lehman@PIHCGA.Org

President & CEO

Positive Impact Health Centers, Inc.

Security Level: Email, Account Authentication

(None)

Signature

Larry M. Leliman

Signature Adoption: Pre-selected Style Using IP Address: 50.168.240.18

**Timestamp** 

Sent: 3/3/2025 5:38:37 PM Viewed: 3/5/2025 2:43:59 PM Signed: 3/5/2025 2:44:13 PM

**Electronic Record and Signature Disclosure:** 

Accepted: 3/5/2025 2:43:59 PM

ID: 9f9d4124-445d-4d68-887a-2810fdc5d4a1

Jeff Cheek

jeff.cheek@fultoncountyga.gov

Director, Department for HIV Elimination
Fulton County, Department for HIV Elimination

Security Level: Email, Account Authentication (None)

340753F150D0432.

DocuSigned by:

Signature Adoption: Uploaded Signature Image

Using IP Address: 23.118.91.75

Signed using mobile

Sent: 3/5/2025 2:44:15 PM Viewed: 3/5/2025 2:45:15 PM Signed: 3/5/2025 2:45:24 PM

**Electronic Record and Signature Disclosure:** 

Not Offered via Docusign

David Lowman

david.low man @fulton county ga.gov

Security Level: Email, Account Authentication

(None)

— Signed by:

David Lowman

OEC92EDADEFB4B8...

Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.4

Sent: 3/5/2025 2:45:27 PM Viewed: 3/5/2025 2:46:14 PM Signed: 3/5/2025 2:49:23 PM

**Electronic Record and Signature Disclosure:** 

Accepted: 3/5/2025 2:46:14 PM

ID: 37ed0250-dbf1-4305-9541-29c4e72909bf

Nikki Peterson

nikki.peterson@fultoncountyga.gov

Chief Deputy Clerk to the Board of Commissioners

Fulton County Government

Security Level: Email, Account Authentication

(None)

Completed

Using IP Address: 73.82.17.227

Sent: 3/5/2025 2:49:25 PM Resent: 3/6/2025 8:43:17 AM

Viewed: 3/6/2025 7:57:36 PM Signed: 3/6/2025 7:58:08 PM

Signer Events	Signature	Timestamp
Electronic Record and Signature Disclosure: Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts	DocuSigned by:	Sent: 3/6/2025 7:58:09 PM
Michael.OConnor@fultoncountyga.gov	Robert L. Pitts BA715B1A26544E7	Viewed: 3/6/2025 7:59:20 PM
Fulton County	BA/13B1A20044E/	Signed: 3/6/2025 7:59:29 PM
Security Level: Email, Account Authentication (None)	Signature Adoption: Pre-selected Style	
()	Using IP Address: 166.137.19.36	
	Signed using mobile	
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Tonya Grier	Signed by:	Sent: 3/6/2025 7:59:32 PM
tonya.grier@fultoncountyga.gov	Dorgal Shuu EEC476C4837648D	Viewed: 3/7/2025 9:16:19 AM
Clerk to the Commission		Signed: 3/7/2025 9:16:28 AM
Fulton County Security Level: Email, Account Authentication	Signature Adoption: Uploaded Signature Image	
(None)	Using IP Address: 68.208.197.4	
Electronic Record and Signature Disclosure: Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Tiffany Lawrence	CODIED	Sent: 3/7/2025 9:16:29 AM
Tiffany.Lawrence@fultoncountyga.gov	COPIED	Viewed: 3/7/2025 10:21:16 PM
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via Docusign		
Avery Wyatt	CODIED	Sent: 3/7/2025 9:16:31 AM
avery.wyatt@fultoncountyga.gov	COPIED	Viewed: 3/7/2025 10:33:23 PM
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Accepted: 3/11/2023 12:52:32 PM ID: 19ab3fb3-8e05-40b3-932e-f43164b0ec17		
Frederick Carter	CODIED	Sent: 3/7/2025 9:16:32 AM
frederick.carter@fultoncountyga.gov	COPIED	Viewed: 3/7/2025 10:27:55 PM
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via Docusign		

**Carbon Copy Events Status Timestamp** Hollisia Jiggetts Sent: 3/7/2025 9:16:33 AM **COPIED** hollisia.jiggetts@fultoncountyga.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign Zackery Robinson Sent: 3/7/2025 9:16:34 AM **COPIED** zackery.robinson@fultoncountyga.gov Viewed: 3/7/2025 10:43:22 PM Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 12/6/2024 4:33:32 PM ID: 260e1f3d-0a86-4b33-bc2d-7a01abf6a2c7 Porter Draughon Sent: 3/7/2025 9:16:35 AM COPIED porter.draughon@PIHCGA.org Security Level: Email, Account Authentication **Electronic Record and Signature Disclosure:** Not Offered via Docusign Sheila Trapp Sent: 3/7/2025 9:16:36 AM **COPIED** sheila.trapp@PIHCGA.org Viewed: 3/7/2025 9:22:52 AM

Witness Events	Signature	Timestamp			
Notary Events	Signature	Timestamp			
Envelope Summary Events	Status	Timestamps			
Envelope Sent	Hashed/Encrypted	3/3/2025 5:38:37 PM			
Certified Delivered	Security Checked	3/7/2025 9:16:19 AM			
Signing Complete	Security Checked	3/7/2025 9:16:28 AM			
Completed	Security Checked	3/7/2025 9:16:36 AM			
Payment Events	Status	Timestamps			
Electronic Record and Signature Disclosure					

Security Level: Email, Account Authentication

Not Offered via Docusign

**Electronic Record and Signature Disclosure:** 

#### CONSUMER DISCLOSURE

From time to time, Carahsoft OBO Fulton County, Georgia (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

### Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. You may request delivery of such paper copies from us by following the procedure described below.

### Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### How to contact Carahsoft OBO Fulton County, Georgia:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: glenn.king@fultoncountyga.gov

### To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at glenn.king@fultoncountyga.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address.. In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

### To request paper copies from Carahsoft OBO Fulton County, Georgia

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

### To withdraw your consent with Carahsoft OBO Fulton County, Georgia

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may; ii. send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

### Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows
	Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0
	or above (Windows only); Mozilla Firefox 2.0
	or above (Windows and Mac); Safari <sup>™</sup> 3.0 or
	above (Mac only)
PDF Reader:	Acrobat® or similar software may be required
	to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

<sup>\*\*</sup> These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

### Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I
  consent to receive from exclusively through electronic means all notices, disclosures,
  authorizations, acknowledgements, and other documents that are required to be provided
  or made available to me by Carahsoft OBO Fulton County, Georgia during the course of
  my relationship with you.