Docusign Envelope ID: 5599FEBB-9436-4704-B196-10874DB93DBE

SAN FRANCISCO
HUMAN SERVICES AGENCY

Memorandum

To: Human Services Commission

Through: Trent Rhorer, Executive Director

From: Anna Pineda, Deputy Director
Esperanza Zapien, Director Of Contracts

DS

Date: April 17, 2026

Subject: Contract Modification: **WESTSIDE COMMUNITY SERVICES (NON-PROFIT)** TO PROVIDE COUNTY ADULT ASSISTANCE PROGRAM SUBSTANCE USE TREATMENT SUPPORT

	Current	Mod	Revised	Contingency	Total
Contract Term:	11/4/2024-6/30/2026	7/1/2026-6/30/2029-	11/4/2024-6/30/2029-		
Contract Amount:	$1,475,953	$2,722,164	$4,198,117	$419,812	$4,617,929

Modified Annual Amount:	FY 24-26	FY 26-27	FY 27-28	FY 28-29
	$1,475,304	$907,388	$907,388	$907,388

Funding Source:	County	State	Federal	Contingency	Total
	$2,099,059	$0	$2,099,058	$419,812	$4,617,929
Percentage:	50%	0%	50%		100%

The Department of Benefits and Family Support requests authorization to modify the existing contract with Westside Community Services for the period of July 1, 2026 to June 30, 2029, in the additional amount of $2,722,164 plus a 10% contingency for a revised total amount not to exceed $4,617,929. The purpose of this modification is to extend the contract to continue to provide substance use treatment support for CAAP clients.

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Background

State law allows counties to require CAAP recipients to participate in a substance use disorder treatment program when “there is reasonable suspicion to believe that an individual is dependent upon illegal drugs or alcohol." (California Code, Welfare and Institutions Code - WIC § 17001.51). San Francisco voters passed Proposition F on March 5, 2024, which exercises this State option. Proposition F requires CAAP recipients with a substance use disorder to participate in treatment services. As of January 1, 2025, CAAP may require recipients to be assessed for unhealthy substance use if the CAAP employability screening reveals a possible dependence on illegal substances. Those determined to be dependent on illegal substances will be required to participate in some form of recommended treatment services, if services are available at the time of referral and are at no charge to the individual.

Services to be Provided

The purpose of this contract is to ensure that clients who contend with unhealthy patterns of illegal substance use remain eligible for CAAP under the requirements of Proposition F by providing the following substance use treatment supports: assessing a referred client's need for substance use treatment, connecting them to appropriate treatment, providing ongoing treatment engagement support for clients, and facilitating monthly reporting of client engagement in required substance use treatment to maintain their CAAP benefits.

So far, in its first year, this contract has served more than 400 recipients, achieving a strong average monthly engagement rate of 72%. Without Proposition F and this contract, clients would have been required to meet CAAP work requirements, which historically show lower engagement. Among the more than 70 clients who have completed treatment, 66% remained in substance use treatment for six months or longer.

The purpose of the modification is to extend the contract to continue to provide substance use treatment support for CAAP clients.

Please see attached scope of services (Appendix A-1) for a full description.

Location

Assessment and treatment planning services will be provided in-person, at the Westside Community Services center at 245 11th Street. Services will be provided Monday through Friday, 8:30 am – 5:00 pm.

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Care coordination and reporting services will be provided in-person, by phone, or virtually from the Westside Community Services center at 245 11th Street or wherever appropriate to meet the needs of the client. Services will be provided Monday through Friday, 8:30 am – 5:00 pm. Services may be provided during alternative hours to ensure contact and necessary follow-up for inquiries, to reach clients who are not available during general office hours.

Selection

Contractor was selected through Request for Proposals 1140, which was competitively bid in July 2024.

Funding

Funding for this contract is provided entirely by Federal and City funds.

ATTACHMENTS

Appendix A-1, Scope of Services
Appendix B-1, Budget

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Appendix A-1 – Services to be Provided
Westside Community Services
County Adult Assistance Program Substance Use Treatment Support
November 4, 2024 – June 30, 2029

I. Purpose of Contract

The purpose of this contract is to ensure that clients who contend with unhealthy patterns of illegal substance use remain eligible for CAAP by providing the following substance use treatment supports: assessing the client's need for substance use treatment, connecting them to appropriate treatment, providing ongoing treatment engagement support for clients, and facilitating monthly reporting of client engagement in required substance use treatment to maintain their CAAP benefits.

II. Definitions

CAAP	County Adult Assistance Programs
CAAP Triage	The unit within CAAP that administers the employability assessment. The unit is composed of clinicians from an existing contracted community-based organization.
CARBON	Contracts Administration, Reporting, and Billing Online database
Care Coordination	Care coordination consists of activities to provide coordination of substance use disorder care, and to support the client with linkages to services and supports designed to restore the client to their best possible functional level. It includes coordinating with care providers; discharge planning including coordinating with SUD treatment providers to support transitions between levels of care; ancillary services including individual referrals to community-based services.
Contractor	Westside Community Services
Employability Assessment	An assessment conducted by clinicians in CAAP Triage to determine their ability to work. Almost all CAAP clients are required to participate as part of their application or recertification for CAAP benefits.
Illegal Substances	Refers to drugs prohibited by law and the misuse of prescription or over-the-counter drugs. Clients who report or exhibit unhealthy patterns of illegal substance use may have a substance use disorder.
Motivational Interviewing	An evidence-based technique for helping clients resolve ambivalence about behaviors that prevent change by expressing empathy and eliciting clients' reasoning and commitment to changing substance use behaviors.
SFHSA	San Francisco Human Services Agency of the City and County of San Francisco

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San Francisco Behavioral Health Access Center (BHAC)	Acts as an entry point into the substance use and mental health system of care in San Francisco. Services include screening and referral to residential, outpatient and medication-assisted treatment services for substance use disorders, and other prevention or early intervention services to assist in reducing barriers to care.
SOGI	Sexual Orientation and Gender Identity; a City ordinance requiring contractors to collect data concerning SOGI information on clients they serve
Substance Use Disorder (SUD)	A complex condition in which there is uncontrolled use of a substance despite harmful consequences. The effectiveness of treatment for substance use disorders varies for different people, and sometimes it takes many attempts to stop or reduce use of illegal substances.
Substance Use Assessment	A further investigation of individuals for whom there is a reasonable suspicion of substance use. Assessments examine problems related to substance use, establish the severity of an identified problem, guide treatment planning, and provide data for a formal diagnosis. Assessments will not include drug testing (testing a biological sample, such as urine or hair, for the presence of a legal or illegal drug).
Substance Use Treatment	Refers to a spectrum of evidence-based treatment service modalities and supports to reduce substance use. It includes but is not limited to withdrawal management; residential and outpatient treatment; medication treatment, especially medications for opioid use disorders; and behavioral health counseling and education.
Warm Referral	Warm referrals may differ based on treatment providers' processes, but should include: 1. Assessing the fit of the provider to meet client needs. 2. Discussing the services of the treatment provider with the client. 3. Contacting a provider for or with the client to facilitate client introductions to new providers. 4. Confirming availability and assist client with intake process or securing an intake appointment. 5. Working with client on a plan of how they will get to their intake/initial treatment appointment (transit needs, describe location or building, etc.) In some cases, it may be appropriate to accompany the client to the treatment provider.

III. Target Population

This program is intended to serve CAAP recipients of all ethnicities and populations who report or exhibit unhealthy patterns of illegal substance use referred by CAAP.

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IV. Description of Services

All CAAP clients are required to participate in an employability assessment to determine if they can work. This employability assessment is conducted as part of the CAAP application and recertification process by clinicians in CAAP Triage. If the employability assessment reveals that the client may be engaged in unhealthy patterns of illegal substance use, the CAAP Triage clinician will refer the client to the contractor for a substance use assessment and, if indicated by the substance use assessment, treatment planning, care coordination, and reporting on treatment participation. If the client is already engaged in SUD treatment, they will be referred to the contractor for care coordination and reporting support.

Contractor shall provide the following services during the term of this contract:

A. Substance Use Assessment and Treatment Planning

For clients who are not already participating or enrolled in substance use treatment, the contractor will: assess the client's substance use behavior, make a determination of their substance use risks, and work with the client to find an appropriate and agreeable treatment option if a substance use disorder (SUD) is present.

To support connection to resources and minimize client drop-out, the contractor will provide the following services the same day as the referral:

1. Conduct a substance use assessment using an evidence-based tool to confirm the presence of unhealthy illegal substance use.
2. Determine if the client should be referred to substance use treatment or back to CAAP for a different activity based on the assessment results.
3. Collaboratively develop an individualized treatment plan with the client based on their assessed needs. It should be reflective of the situational and cultural needs of the client (e.g. location of treatment provider, gender-specific, non-English services, etc.).
4. When a client declines a treatment recommendation, conduct an evidence-based intervention, such as motivational interviewing or other approaches, to engage clients in the treatment planning process.
5. Track assessment appointment results in CAAP referral system as soon as possible after client assessment. This includes client-level reporting of assessment completion date and assessment outcome (SUD Activity Required/No SUD Activity Required/Refused SUD Activity).

B. Care Coordination and Reporting

The contractor will assign all clients determined to need substance use treatment, including those referred by CAAP who are already engaged in treatment and did not require a substance use assessment, to care coordination. The contractor will proactively support CAAP clients to maintain engagement in SUD treatment activities for the duration of the agreed-upon treatment plan, and to report on clients' engagement in treatment, ultimately supporting clients in maintaining benefits.

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The minimum level of care coordination that the contractor will provide all clients includes:

a. Complete warm referrals to community-based treatment services and providers and/or the San Francisco Department of Public Health Behavioral Health Access Center, as outlined in their treatment plan, to ensure capacity and assist client with treatment provider's intake process, as necessary (unless client is already connected with an approved treatment service).
b. Monitor client participation and progress in treatment, as outlined in their treatment plan, in close collaboration with the treatment providers.
c. Revise client's treatment plan and provide necessary referrals to support transition to higher or lower levels of treatment based on client need.
d. Submit monthly participation reports to CAAP documenting whether a client is satisfactorily engaging in required SUD treatment.
e. Engage in outreach to maintain contact with the client and support them in participating in required treatment. In the event a client does not participate in their designated treatment, this client outreach must include a weekly attempt (at a minimum) while an individual is still enrolled in CAAP.
f. Coordinate appointments with CAAP Triage once substance use treatment plan is completed.

The Contractor will develop a policy for tiered level of care coordination that will be shared with SFHSA for review and approval. The model may be updated with SFHSA approval depending on client needs and provider capacity.

C. <u>Program-Level Coordination</u>

1. Collaborate with CAAP on the development of program policies and procedures before the start of the program in January 2025 and engage in continuous improvement of service delivery.
    a. This will include a written policy to be approved by SFHSA that defines minimum treatment engagement to ensure equitable treatment plans and clear standards for negligent failure determinations. These definitions will also be included in the tiered level of care coordination policy mentioned above.
2. Develop and maintain collaborative relationships with treatment providers and the San Francisco Department of Public Health Behavioral Health Access Center. Maintain an understanding of provider capacities, areas of expertise, and participation requirements.
3. Participate in CAAP meetings as requested, at minimum monthly and more often in the ramp-up period.
4. Conduct activities that measure program impact and client experience regarding services provided.
5. Participate in program evaluation in partnership with HSA and any other HSA-affiliated evaluation partners.

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V. Location and Time of Services

Assessment and treatment planning services will be provided in-person, at the Westside Community Services center at 245 11th Street. Services will be provided Monday through Friday, 8:30 am – 5:00 pm.

Care coordination and reporting services will be provided in-person, by phone, or virtually from the Westside Community Services center at 245 11th Street or wherever appropriate to meet the needs of the client. Services will be provided Monday through Friday, 8:30 am – 5:00 pm. Services may be provided during alternative hours to ensure contact and necessary follow-up for inquiries, to reach clients who are not available during general office hours.

VI. Service Objectives

On an annual basis, Contractor will meet the following service objectives:

Objective 1: Contingent upon SFHSA referral, a minimum of 580 substance use assessments completed in each fiscal year.

Objective 2: Contingent upon SFHSA referral, a minimum of 510 Individualized treatment plans developed for clients assessed as in need of treatment in in each fiscal year.

Objective 3: 100% of clients who accept services will receive warm referrals within two business days of completing a treatment plan.

Objective 5: Contingent upon SFHSA referral, provide care coordination and reporting support to a minimum of 700 clients in each fiscal year.

Objective 5: Complete a minimum of 2 client outreach attempts per month for each unengaged client for up to two months or participant will be referred back to CAAP.

VII. Outcome Objectives

On an annual basis, Contractor will meet the following outcome objectives:

Objective 1: 100% of clients complete all treatment intake processes within 30 days of the referral date from Contractor.

Objective 2: 75% of clients remain engaged in treatment for 30 days; 50% of clients remain engaged for 90 days (where applicable); 30% of clients remain engaged for 180 days or more (where applicable).

Objective 3: 20% of non-compliant clients re-engage in treatment before discontinuance by a care coordinator.

Objective 4: A minimum of 75% of clients surveyed will agree or strongly agree with each of the following:

- Feel respected by program staff
- Feel that their choices and preferences were understood and reflected in their individualized treatment plan
- Feel program staff assisted in connecting them to treatment

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The scope and administration of the client experience survey in Objective 4 will be determined in consultation with CAAP to decrease administrative burden while maximizing meaningful survey results.

VIII. Reporting Requirements

The contractor shall submit the following reports and related documentation to CAAP:

A. **Reporting of Substance Use Assessment Appointment Results:** Due within 1 business day in CAAP referral system.
   a. By client: Assessment Completion Date
   b. For clients that showed: SUD Activity Required/ No SUD Activity Required/Refused SUD Activity

B. **Monthly Treatment Participation Report:** Due on the 10th business day of each month in CAAP referral system.
   a. By client: Participated/Did not Participate

C. **Quarterly Report of Activities:** Contractor will provide a quarterly report of activities, referencing the tasks as described in Section VI – Service Objectives and Section VII – Outcome Objectives. Contractor will enter the quarterly metrics in the CARBON database by the 15th of the month following the close of the quarter. Quarterly reports shall also include the following aggregate data by month:
   a. Substance Use Assessments
      i. Referrals
         1. Number of referrals for assessments received from CAAP
         2. Number of no-shows for assessments
      ii. Initial Assessments Completed
         1. Number of assessments completed
         2. Number of clients determined to need treatment
   b. Referred to Treatment
      i. Total number of clients referred to treatment
      ii. Total number of clients referred to outpatient treatment
         1. Number of clients referred by outpatient treatment modality (i.e. 12-Step or Self-Help; outpatient withdrawal management; outpatient; intensive outpatient)
      iii. Total number clients referred to MAT treatment
      iv. Total number of clients referred to residential treatment
         1. Number of clients referred by residential treatment modality (i.e. residential withdrawal management, residential step-down)
   c. Treatment Participation
      i. Care Coordination
         1. Number of clients by assigned care coordination level
      ii. Unengaged In Treatment
         1. Total number of unengaged clients
         2. Number of clients unengaged by treatment modality
      iii. Enrolled in Treatment
         1. Total number of clients enrolled in treatment
         2. Number of clients enrolled by treatment modality
      iv. Treatment Retention
         1. Number of clients at 30-day, 90-day and 180-day retention mark by treatment modality and service provider

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v. Completion of SUD Activity
1. Number of active CAAP clients who exit the SUD track and are referred back to CAAP for another CAAP activity. (This does not include those who are unengaged and are discontinued from CAAP.)

vi. Aggregate demographic information on clients served

d. Narrative description of opportunities and challenges clients are experiencing in engaging in treatment. This is meant to provide context to the participation data the contractor is providing within this report and help us improve services.

D. **Annual Client Experience Report:** Contractor will enter the client experience report in CARBON by the 15th of the month following the close of the program year. This report shall include:
   a. Data from client experience survey
   b. A minimum of two client success story vignettes

E. **Ad Hoc Reports:** Contractor will develop and deliver ad hoc reports to SFHSA as requested.
   a. The contractor will provide the "Report of Activities" data monthly to inform implementation and continuous quality improvement approaches.

F. To support reporting and evaluation, information to be tracked on an individual basis also includes:
   a. Race/Ethnicity
   b. Sexual Orientation
   c. Gender Identity
   d. Age
   e. Primary language
   f. Residential zip code

G. Contractor shall respond timely, within 48 hours, to SFHSA correspondence and inquiries.

H. For assistance with reporting requirements or submission of reports, contact:

leslie.lau1@sfgov.org
Contract Manager, Office of Contract Management

or

jason.adamek@sfgov.org
Director, County Adult Assistance Programs (CAAP)

IX. Monitoring Activities

a. Program Monitoring: Program monitoring will include regular meetings with Contractor to discuss progress towards meeting service and outcome objectives. Program monitoring will also include a review of back-up documentation, such as case reviews, for reporting progress towards meeting service and outcome objectives.

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b. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Contractor's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

X. SFHSA Accessibility Requirements for Public-Facing Websites, Online Applications, and Digital Content

1.1 Compliance with Americans with Disabilities Act. Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against disabled persons in the provision of services, benefits or activities provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement. Contractor shall adhere to the requirements of the Americans with Disabilities Act of 1990 (ADA), as amended (42 U.S.C. Sec. 1201 et seq.) and Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Sec. 794d), Web Content Accessibility Guidelines (WCAG) 2.0 Levels A and AA; and WCAG 1.0 Level AA, to the extent these guidelines include additional requirements that are not included in and are not inconsistent with WCAG 2.0 Levels A and AA and WCAG 2.1, as updated from time to time.

1.2 Contractor shall ensure that its products containing vital information for the public meet the requirement for content written at or below a 5th grade reading level. Vital information, as defined in city code (the City's Language Access Ordinance), is information about Department's services or programs that includes: applications or forms to participate in a Department's program or activity or to receive its benefits or services; written notices of rights to, determination of eligibility for, award of, denial of, loss of, or decreases in benefits or services, including the right to appeal any Department's decision; written tests that do not assess English language competency, but test competency for a particular license or skill for which knowledge of written English is not required; notices advertising Limited English Speaking Persons of free language assistance; materials, including publicly-posted documents, explaining a Department’s services or programs; complaint forms; any other written documents related to direct services to the public that could impact the community or an individual seeking services from or participating in a program of a City Department.

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1.2.1 A failure to meet any of the requirements may result in rejection of the product or services by the City, withholding of payment, a complaint filed with California Department of Fair Employment and Housing (DFEH), a civil action, or other remedies, including, but not limited to, those provided in Cal. Gov. Code sections 11136 – 11139 and 12930, and this Agreement.

1.2.2 In the event of a conflict between accessibility standards, the highest standard will apply.

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HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM

Westside Community Services						Term 11/4/24 - 6/30/29
(Check One) New ____ Renewal ____ Modification _X___						
If modification, Effective Date of Mod. 7/1/2026 No. of Mod. 1						
Program: County Adult Assistance Program **Substance Use Treatment Support**						
Budget Reference Page No.(s)						(Total)
Program Term	11/4/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 6/30/29	11/4/24 - 6/30/29
HSA Expenditures						
Salaries & Benefits	$ 401,397	$ 620,163	$ 619,577	$ 619,577	$ 619,577	$ 2,880,291
Operating Expenses	$ 105,302	$ 150,836	$ 164,660	$ 169,456	$ 169,456	$ 759,710
Subtotal	$ 506,699	$ 770,999	$ 784,237	$ 789,033	$ 789,033	$ 3,640,001
Indirect Percentage (%)	15%	15%	15%	15%	15%	15%
Indirect Cost	$ 76,005	$ 115,650	$ 117,636	$ 118,355	$ 118,355	$ 546,001
Capital/Subcontractor Expenditures	$ 6,600	$ -	$ 5,515	$ -	$ -	$ 12,115
Total HSA Expenditures	**$ 589,304**	**$ 886,649**	**$ 907,388**	**$ 907,388**	**$ 907,388**	**$ 4,198,117**
HSA Revenues						
General	$294,652	$443,325	$453,694	$453,694	$453,694	$2,099,059
State						
Federal 93.778	$294,652	$443,325	$453,694	$453,694	$453,694	$2,099,059
Total HSA Revenue	**$589,304**	**$886,649**	**$907,388**	**$907,388**	**$907,388**	$4,198,117
Non HSA Revenues						
Total Non HSA Revenue						
TOTAL HSA AND NON HSA REVENUE	**$589,304**	**$886,649**	**$907,388**	**$907,388**	**$907,388**	**$4,198,117**
Full Time Equivalent (FTE)	7.20	7.20	7.10	7.10	7.10	
Prepared by: Khalil Zaid Habeeb, CPA						Date: 2/23/26
HSA-CO Review Signature:						
HSA #1						

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Salaries & Benefits Detail

HSA Salaries & Benefits	Agency Totals		HSA Program		11/4/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 6/30/29	(Total) 11/4/24 - 6/30/29
Position Title	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary
Director of Forensic Services	$130,000	100%	20%	0.20	$17,333	$26,780	$15,529	$15,529	$15,529	$90,700
Supervisor	$75,000	100%	100%	1.00	$50,000	$77,250	$79,181	$79,181	$79,181	$364,793
Case Manager	$65,000	100%	100%	1.00	$43,333	$66,950	$68,624	$68,624	$68,624	$316,155
Case Manager	$65,000	100%	100%	1.00	$43,333	$66,950	$68,624	$68,624	$68,624	$316,155
Case Manager	$65,000	100%	100%	1.00	$43,333	$66,950	$68,624	$68,624	$68,624	$316,155
Peer Specialist	$50,000	100%	100%	1.00	$33,333	$51,500	$52,788	$52,788	$52,788	$243,197
Peer Specialist	$50,000	100%	100%	1.00	$33,333	$51,500	$52,788	$52,788	$52,788	$243,197
Peer Specialist	$50,000	100%	100%	1.00	$33,333	$51,500	$52,788	$52,788	$52,788	$243,197
Totals	$550,000	8.00	7.20	7.20	$297,331	$459,380	$458,946	$458,946	$458,946	$2,133,549
Fringe Benefits Rate	35.00%									
Employee Fringe Benefits	$192,500				$104,066	$160,783	$160,631	$160,631	$160,631	$746,742
Total HSA Salaries and Benefits	$742,500				**$401,397**	**$620,163**	**$619,577**	**$619,577**	**$619,577**	$2,880,291

HSA #2

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Operating Expense Detail

	11/4/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 6/30/29	(Total) 11/4/24 - 6/30/29
HSA Operating Expenses						
Expenditure Category						
Rental of Property	$45,781	$70,730	$73,559	$73,559	$73,559	$337,188
Utilities(Elec, Water, Gas, Phone, Scavenger)	$9,322	$14,401	$14,977	$14,977	$14,977	$68,654
Office Supplies, Postage	$1,846	$2,800	$2,012	$2,022	$2,022	$10,702
Building Maintenance Supplies and Repair	$16,079	$24,841	$25,835	$25,835	$25,835	$118,425
Computer Hardware/Software			$5,650	$5,650	$5,650	$16,950
Insurance	$7,297	$11,838	$12,312	$12,312	$12,312	$56,071
Mobile Phone Service	$2,800	$2,800	$2,800	$2,800	$2,800	$14,000
Staff Training	$3,225		$4,000	$4,000	$4,000	$15,225
Staff Travel	$804	$1,206	$1,206	$1,206	$1,206	$5,628
Rental of Equipment	$1,480	$2,220	$2,309	$2,309	$2,309	$10,627
Consultants/Subcontractors						
Consultant A						
Consultant B						
Consultant C						
Other						
Client Ancillary Expense: Barrier Removal	$8,334	$10,000	$10,000	$12,393	$12,393	$53,120
Client Ancillary Expense: Food	$8,334	$10,000	$10,000	$12,393	$12,393	$53,120
Total HSA Operating Expenses	**$105,302**	**$150,836**	**$164,660**	**$169,456**	**$169,456**	$759,710
HSA #3						

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Capital & Subcontractor Expenditure Detail

HSA Capital Expenditure						(Total)
Equipment (Qty)	11/4/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 6/30/29	11/4/24 - 6/30/29
Computers and Equipment	$3,000		$1,000			$4,000
Printer	$1,000		$1,000			$2,000
Software & Support	$500					$500
Total Equipment Cost	**$4,500**		**$2,000**			$6,500
Remodeling	11/4/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 6/30/29	11/4/24 - 6/30/29
Total Remodeling Cost						
Subcontractor	11/4/24 - 6/30/25	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 6/30/29	11/4/24 - 6/30/29
Shelley Core - Database design	$2,100		$3,515			$5,615
Total Subcontractor Cost	**$2,100**		**$3,515**			$5,615
Total HSA Capital & Subcontractor Expenditure	**$6,600**		**$5,515**			$12,115

HSA #4