

**AGREEMENT**  
between  
**NEVADA COUNTY PUBLIC HEALTH**  
and

**PFLAG GRASS VALLEY NEVADA COUNTY**

For the period of April 1, 2018 – March 31, 2019

**BACKGROUND:** PFLAG Grass Valley Nevada County, (hereinafter referred to as "PFLAG NEVADA COUNTY") shall enter into an agreement with Nevada County Public Health Department (hereinafter referred to as "CONTRACTOR") for a maximum reimbursement not to exceed \$17,400 to provide support in furtherance of meeting the unmet needs of people who are living with HIV/AIDS in Nevada County, California.

**TERM:** This Agreement shall become effective April 1, 2018 and shall expire on March 31, 2019 unless otherwise terminated as provided in this Agreement.

**SCOPE OF WORK:**

CONTRACTOR shall deliver:

1. The provision of critical support services to clients and families of clients of CONTRACTOR'S HIV/AIDS case management program by providing financial support in the amount not to exceed the maximum amount of reimbursement set forth in this Agreement. The support may include, but is not limited to, financial support for food and nutritional supplements, tires, car repairs, automobile insurance, bus passes, DMV registration fees, rent/mortgage/utility assistance, medical/dental/eye care, hearing aids, counseling/therapy/acupuncture, pharmaceutical supplies, psychosocial support, vouchers to purchase necessities for personal care, and any other relevant and necessary support, as deemed necessary and relevant by the Case Manager and approved by the Program Manager, to support the nutritional, physical, psychological, and social challenges of living with HIV/AIDS in Nevada County. CARES Foundation funds shall be spent within the restrictions of the Memorandum of Understanding between PFLAG NEVADA COUNTY and the CARES Foundation pertaining to the expenditure of grant funding under the "HIV/AIDS Local Outreach (HALO) Project," which is attached hereto and incorporated herein as Attachment 1.
2. All funds subject to this Agreement shall be used for direct support services for individuals who are HIV+ or are living with AIDS, and their families.
3. These funds shall not be used to supplant funds otherwise available to individuals who are HIV+ or are living with AIDS, and their families.

**SPECIFIC CONTRACT REQUIREMENTS:**

1. Funds provided through this contract shall not be budgeted, or spent for capital improvements, equipment over \$17,400, or entertainment.
2. Awards from this Agreement are valid and enforceable only if sufficient funds are made available to PFLAG NEVADA COUNTY from the CARES Foundation for the purposes of this program. It is mutually agreed that if the CARES Foundation does not make available sufficient funds for the program, this Agreement may be

amended to reflect any reduction in funds and the associated services delivered by Contractor.

**BUDGET: \$17,400**

For services provided under the term of this Agreement, CONTRACTOR may be reimbursed for services delivered pursuant to this Agreement up to \$17,400

**INVOICES AND SERVICE DELIVERY REPORTS:**

CONTRACTOR shall submit invoices and service delivery reports that include the documentation of activities that are outlined in the Scope of Work on page one of this Agreement on a quarterly basis. Invoices shall indicate reimbursement totals for both CARES Foundation funds and HALO funds. PFLAG NEVADA COUNTY shall remit payment to CONTRACTOR within thirty (30) days of receipt of invoices. CONTRACTOR shall email invoices and service delivery reports no more than 15 calendar days after the end of each quarter via encrypted email to:

PFLAG Nevada County  
Attn: Nancy Baker  
[pflag@pflagnevco.com](mailto:pflag@pflagnevco.com)

Quarters are as follows:

<i>Reporting Period 1:</i>	<i>April 1, 2018 – June 30, 2018</i> <i>Report and invoice due July 15, 2018</i>
<i>Reporting Period 2:</i>	<i>July 1, 2018 – September 30, 2018</i> <i>Report and invoice due October 15, 2018</i>
<i>Reporting Period 3:</i>	<i>October 1, 2018 – December 31, 2018</i> <i>Report and invoice due January 15, 2019</i>
<i>Reporting Period 4:</i>	<i>January 1, 2019 – March 31, 2019</i> <i>Final report and invoice due April 15, 2019</i>

**MODIFICATIONS:**

Necessary changes or modifications to this Agreement, including adjustment of deliverable activities, can be made to this agreement by mutual written consent of both parties.

**INDEPENDENT CONTRACTOR STATUS:**

This Agreement is entered into by both parties with the express understanding that CONTRACTOR shall perform all services required under this Agreement as an independent contractor. Nothing in this Agreement shall be construed to constitute CONTRACTOR or any of its agents, employees or officers as an agent, employee or officer of PFLAG NEVADA COUNTY. Subject to any performance criteria contained in this Agreement, CONTRACTOR shall be solely responsible for determining the means and methods of performing the specified services and PFLAG NEVADA COUNTY shall have no right to control or exercise any supervision over CONTRACTOR as to how the services will be performed.

**INDEMNIFICATION:**

PFLAG NEVADA COUNTY shall hold harmless, defend, and indemnify CONTRACTOR and its officers, officials, employees, and volunteers from and against all claims, damages, losses and expenses, including attorney fees and costs, arising out of performance of the Agreement described herein, caused in whole or in part of any negligent, omission, or willful misconduct of PFLAG NEVADA COUNTY, its officers, officials, employees, and volunteers, except where caused by the active negligence, sole negligence, or willful misconduct of CONTRACTOR, its officers, officials, employees, and volunteers.

CONTRACTOR shall hold harmless, defend, and indemnify PFLAG NEVADA COUNTY and its officers, officials, employees, and volunteers from and against all claims, damages, losses and expenses, including attorney fees and costs, arising out of the performance of the Agreement described herein, caused in whole or in part of any negligent, omission, or willful misconduct of CONTRACTOR, its officers, officials, employees, and volunteers, except where caused by the active negligence, sole negligence, or willful misconduct of PFLAG NEVADA COUNTY, its officers, officials, employees, and volunteers.

**NOTICES:**

Except as may be otherwise required by law, any notice to be given shall be written and shall be either personally delivered or sent by first class mail, postage prepaid and addressed as follows:

*PFLAG Nevada County  
Attn: Nancy Baker  
PO Box 3236  
Grass Valley, CA 95945*

*Nevada County Public Health  
Jill Blake, Director  
500 Crown Point Circle Ste 110 Grass Valley, CA 95945  
Phone: (530) 265-7018*

Notice delivered personally is deemed to be received upon receipt. Notice sent by first class mail shall be deemed received on the fourth day after the date of mailing. Either party may change the above address by giving written notice pursuant to this paragraph.

**TERMINATION:**

This Agreement may be terminated by either party with or without cause at any time by providing thirty (30) days advance written notice to the other party.

**RECORDS AND AUDIT:** CONTRACTOR shall maintain complete and accurate records with respect to the services rendered and the costs incurred under this Agreement. All such records shall be prepared in accordance with generally accepted accounting procedures, shall be clearly identified, and shall be kept readily accessible. Upon request, CONTRACTOR shall make such records available, in a format that ensures the confidentiality of the

individuals served under this Agreement consistent with applicable federal and State confidentiality and privacy laws, to the designated public and private auditors of PFLAG NEVADA COUNTY and to their agents and representatives, for the purpose of auditing and copying such records for a period of five years from the date of final payment under this Agreement.

**INSURANCE:** CONTRACTOR shall secure and maintain in full force and effect during the full term of this Agreement, including any renewals thereto, commercial general liability insurance or participation in a self-insurance program, including coverage for owned and non-owned automobiles and other insurance necessary to protect the public, with limits of liability of not less than \$1 million combined single limit bodily injury and property damage. CONTRACTOR shall obtain and maintain continuously Workers' Compensation insurance to cover them and their employees and volunteers, as required by the State of California. CONTRACTOR shall provide proof of required insurance to PFLAG NEVADA COUNTY prior to execution of this Agreement.

**CONSTRUCTION:** This Agreement reflects the contributions of both parties and accordingly the provisions of Civil Code section 1654 will not apply to address and interpret any uncertainty.

**NO THIRD PARTY BENEFICIARIES INTENDED:** Unless specifically set forth, the parties to this Agreement do not intend to provide any other party with any benefit or enforceable legal or equitable right or remedy.

**GOVERNING LAW:** This Agreement is to be interpreted and governed under the laws of the State of California without reference to California conflicts of law principles.

**WAIVERS:** The failure of either party to insist on strict compliance with any provision of this Agreement shall not be considered a waiver of any right to do so, whether for that breach or any subsequent breach. The acceptance by either party of either performance or payment shall not be considered to be a waiver of any preceding breach of the Agreement by the other party.

**EXHIBITS AND RECITALS:** The Recitals and the Exhibits to this Agreement are fully incorporated into and are integral parts of this Agreement.

**CONFLICT WITH LAWS OR REGULATIONS/SEVERABILITY:** This Agreement is subject to all applicable laws and regulations. If any provision of this Agreement is found by any court or other legal authority, or is agreed by the parties, to be in conflict with any code or regulation governing its subject, the conflicting provision will be considered null and void. If the effect of nullifying any conflicting provision is such that a material benefit of the Agreement to either party is lost, the Agreement may be terminated at the option of the affected party. In all other cases the remainder of the Agreement will continue in full force and effect.

**FURTHER ASSURANCES:** Each party agrees to execute any additional documents and to perform any further acts as may be reasonably required to affect the purposes of this Agreement.

**ASSURANCES OF NON-DISCRIMINATION:** CONTRACTOR shall not discriminate in employment or in the provision of services on the basis of any characteristic or condition upon which discrimination is prohibited by

state or federal law or regulation.

**CONFIDENTIALITY AND HIPAA/HITECH:** Both parties shall comply with all State and Federal laws and regulations concerning safeguarding confidentiality and/or confidential information. As applicable, both parties agree to comply with the requirement of 42 U.S.C. §§ 1171, et seq., Health Insurance Portability and Accountability Act of 1996 (HIPAA), and its subsequent amendments, and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) related to Protected Health Information, in performing any task or activity related to this Agreement. The Schedule of HIPAA provisions is detailed in Exhibit "A" attached hereto and incorporated herein.

**ASSIGNMENT/SUBCONTRACTING:** Unless otherwise provided in this Agreement, PFLAG NEVADA COUNTY is relying on the personal skill, expertise, training and experience of CONTRACTOR and CONTRACTOR's employees and no part of this Agreement may be assigned or subcontracted by CONTRACTOR without prior written consent of PFLAG NEVADA COUNTY.

**DISPUTE RESOLUTION:** If a dispute arises out of or relating to this Agreement, or the breach of this Agreement, and if the dispute cannot be settled through negotiation, the parties agree first to try in good faith to settle the dispute by non-binding mediation before resorting to litigation or some other dispute resolution procedure, unless the parties mutually agree otherwise. The mediator shall be mutually selected by the parties, but in case of disagreement, the mediator shall be selected by lot from among two nominations provided by each party. All costs and fees required by the mediator shall be split equally by the parties, otherwise each party shall bear its own costs of mediation. If mediation fails to resolve the dispute within 30 days, either party may pursue litigation to resolve the dispute.

(Signatures on following page)

**IN WITNESS HEREOF**, the parties hereto have caused their duly authorized representatives to execute this Agreement as of the day first above stated:

**County of Nevada:**

**PFLAG Nevada County:**

\_\_\_\_\_  
Jill Blake  
Public Health Director

\_\_\_\_\_  
Patricia Rose  
Vice-President

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Honorable Edward Scofield  
Chair, Board of Supervisors

Date: \_\_\_\_\_

**ATTEST:**

By: \_\_\_\_\_  
Julie Patterson Hunter  
Clerk of the Board of Supervisors

Approved as to form:

\_\_\_\_\_  
County Counsel

**EXHIBIT "A"****SCHEDULE OF HIPAA PROVISIONS  
FOR BUSINESS ASSOCIATES****HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) BUSINESS  
ASSOCIATE AGREEMENT**

PFLAG Nevada County acknowledges that it is a "Business Associate" for purposes of this contract and of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and The Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) per 45 CFR §160.103 and therefore is directly subject to the HIPAA Security Rule, Privacy Rule and Enforcement Rule, including its civil and criminal penalties and shall implement its standards.

Regarding the Use and Disclosure of Protected Health Information:

1. Except as otherwise limited in this Agreement, PFLAG Nevada County may use or disclose Protected Health Information (PHI) to perform functions, activities, or services for, or on behalf of, Contractor as specified in this contract, provided that such use or disclosure would not violate the Privacy Rule if done by Contractor and is in accordance with the "minimum necessary" policies and procedures of the Contractor (see NCPP 200 – Use and Disclosure Policy).
2. Except as otherwise limited in this Agreement, PFLAG Nevada County may use Protected Health Information (PHI) for the proper management and administration of the PFLAG Nevada County or to carry out the legal responsibilities of the PFLAG Nevada County provided that the disclosure is required by law or PFLAG Nevada County obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which PFLAG Nevada County disclosed it to the person. And, PFLAG Nevada County shall also ensure that the person notifies PFLAG Nevada County of any instances of which it is aware in which the confidentiality of the information has been breached.
3. PFLAG Nevada County shall not use or further disclose the PHI it creates, receives, maintains or transmits on behalf of the Contractor for any purpose other than as permitted or required by this agreement or as required by law.
4. PFLAG Nevada County shall make available PHI to the individual for which it pertains in accordance to applicable law including 45 CFR §164.524
5. PFLAG Nevada County shall make available PHI for amendment and incorporate any amendments to PHI records in accordance with 45 CFR §164.526.
6. PFLAG Nevada County shall track disclosures and make available the information required to provide an accounting of disclosures if requested by the individual or Contractor in accordance with 45 CFR §164.528.
7. To the extent the PFLAG Nevada County is to carry out Contractor's obligations under the Privacy Rule, PFLAG Nevada County agrees to comply with the requirements of the Privacy Rule that apply to County in the performance of such obligations.

PFLAG Nevada County agrees to:

8. Protect the privacy and provide for the security of Protected Health Information (PHI) and electronic Protected Health Information (ePHI) created, received, maintained or transmitted by PFLAG Nevada County pursuant to this agreement in accordance with HIPAA, HITECH and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the HIPAA Regulations) and other applicable laws.

9. Develop and maintain a written information privacy and security program that includes administrative, physical and technical safeguards appropriate to the size and complexity of the PFLAG Nevada County's operations and the nature and scope of its activities. PFLAG Nevada County will provide County with information concerning such safeguards as County may reasonably request from time to time.
10. Comply with County policies and procedures related to obtaining, using, disclosing, creating, maintaining and transmitting PHI and ePHI as it relates to this agreement.
11. Ensure sufficient training and utilize reasonable measures to ensure compliance with requirements of this agreement by PFLAG Nevada County's workforce members who use or disclose PHI (in any form) to assist in the performance of functions or activities under this agreement; and discipline such employees who intentionally violate any provisions of this agreement, including termination of employment. Workforce member training shall be documented and such documents retained for the period of this contract and made available to County for inspection if requested.
12. Ensure that any subcontractors or agents agree to comply with the same restrictions, conditions and terms that apply to PFLAG Nevada County with respect to this agreement and with applicable requirements of HIPAA and HITECH by entering into a written contract including permissible uses and disclosures and provisions where the subcontractors or agent agrees to implement reasonable and appropriate security measures to protect the information (PHI or ePHI) it creates, receives, maintains or transmits on behalf of PFLAG Nevada County or County with respect to this agreement.
13. Report to County any security incident or any unauthorized use or disclosure of PHI (in any form). Security incidents include attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system and includes breaches of unsecured protected health information as required by 45 CFR §164.410. PFLAG Nevada County shall make this report by the next business day following discovery of the use, disclosure, or security incident. Any unauthorized use or disclosure or security incident shall be treated as discovered by PFLAG Nevada County on the first day on which such use or disclosure or security incident is known to the PFLAG Nevada County, including any person, other than the individual committing the unauthorized use or disclosure or security incident, that is an employee, officer or other agent of the PFLAG Nevada County, or who should reasonably have known such unauthorized activities occurred.
14. PFLAG Nevada County will comply with all applicable breach notification requirements including notifications to the individual/s whose PHI is the subject of a breach, as provided under the HIPAA and HITECH Acts. PFLAG Nevada County shall take prompt corrective action to cure any breach or action pertaining to the unauthorized disclosure of PHI or ePHI.
15. Make PFLAG Nevada County's internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the PFLAG Nevada County on behalf of County available to the County upon request. In addition, PFLAG Nevada County will make these items available to the Secretary of the United States Health and Human Services for purposes of determining County's or PFLAG Nevada County's compliance with HIPAA and its implementing regulations (in all events PFLAG Nevada County shall immediately notify County of any such request, and shall provide County with copies of any such materials).
16. PFLAG Nevada County agrees that this agreement may be amended from time to time by County if and to the extent required by the provision of 42 U.S.C. § 1171, et seq., enacted by HIPAA and regulations promulgated thereunder, in order to assure that this agreement is consistent therewith.
17. PFLAG Nevada County acknowledges that a violation of the terms of this exhibit would constitute a material breach of this agreement.
18. At termination of this contract, if feasible, PFLAG Nevada County agrees to return or destroy all protected health information received from, or created or received by the PFLAG Nevada County on behalf of County that the PFLAG Nevada County still maintains in any form and retain no



copies of such information or, if such return or destruction is not feasible, extend the protections of this agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

March 2, 2018

Nancy Baker, President  
Parents, Families and Friends of Lesbians and Gays (PFLAG)  
P.O. Box 3236  
Grass Valley, CA 95945

Dear Ms. Baker:

On behalf of the CARES Foundation, I'm pleased to inform you that PFLAG's grant application for the HIV/AIDS Local Outreach (HALO) Project has been approved in the amount of \$15,000, effective April 1, 2018. We truly value the live saving assistance HALO volunteers are providing in a hard to reach rural community to individuals living with HIV/AIDS. These objectives are aligned with the Foundation's priorities.

Attached is a Memorandum of Understanding (MOU) between the CARES Foundation and PFLAG that will need to be executed as part of the grant award. It outlines specific requirements for expenditure of funds and reporting of project goals, activities and outcomes for the HALO Project. Additionally, we have attached a Grant Status Report Form and Expenditure Report Template which are to be used for quarterly reporting purposes.

*We would like to invite you to our upcoming CARES Foundation Board meeting on March 23, 2018, at 7:30 a.m. for a grant award presentation. Please bring the signed MOU to this meeting, which will be held in the One Community Health Administrative Offices Board Room, 1400 X Street, Sacramento. Please let me know if you are able to attend by contacting Debbie Bouzard at [dbouzard@onecommunityhealth.com](mailto:dbouzard@onecommunityhealth.com) or at 916-914-6277.*

We value the unique services PFLAG and its HALO Project is providing to a population that faces significant challenges. Again, congratulations. We look forward to our continued work with you. If you have questions, please feel free to contact Lili Carbone Joy, CARES Foundation Consultant, at [ljcs@sbcglobal.net](mailto:ljcs@sbcglobal.net); 530-306-9861.

Sincerely,



Luann LaMay

Co-Chair, Grant Review & Fund Development Committee

Memorandum of Understanding

This MEMORANDUM OF UNDERSTANDING (hereinafter referred to as "MOU") is made as of the 1 day of April, 2018, between the CARES Foundation, a not-for-profit corporation, incorporated pursuant to the laws of the State of California (herein after referred to as the "Foundation"), and Parents, Families and Friends of Lesbians and Gays, (hereinafter referred to as "PFLAG").

The Foundation has approved a \$15,000 grant to PFLAG for a project titled "HIV/AIDS Local Outreach (HALO) Project" for the project period dates of 4/1/18 through 3/31/19.

Expenditure of Funds

PFLAG may not use the funds in any way other than in support of the approved grant application. The budget approved by the Foundation in the grant application is subject to material modification only with the Foundation's prior written approval.

PFLAG is responsible for the proper expenditure of funds provided by the Foundation and must keep adequate records to enable periodic review of the use of grant funds if requested by the Foundation.

PFLAG must promptly return to the Foundation any unexpended funds granted by the Foundation:

- 1. At the end of the grant, and
2. If the Foundation determines that PFLAG has not performed in accordance with the approved grant application for the "HIV/AIDS Local Outreach (HALO) project."

Documentation and Reporting of Project Goals and Objectives

PFLAG agrees to establish and maintain records that document projects goals and objectives and provide quarterly reports to the Foundation, due 8/1/18, 11/1/18, 2/1/19, and a year-end report due 5/1/19, on the project's progress, using the Foundation's Expenditure Report Template and Grantee Status Report Form as tailored for PFLAG (see attached). Project goals and objectives to be reported on are detailed on the attached Grantee Status Report Form, which also includes agreed upon quantifiable expected outcomes as summarized below:

- 1. Goal 1: Enable 78 individuals and families affected by HIV/AIDS to have healthy and fulfilling lives as possible by working to help meet their transportation, psychological, medical, personal, psycho-social, and housing needs.
2. Goal 2: Continue to provide financial assistance to meet the critical needs of those affected by HIV/AIDS
Objective 1: Secure sustainable funding sources
Outcome 1: Raise an additional \$1,000 and have enough funding to purchase critical items and services needed by those affected by HIV/AIDS; and
Outcome 2: 100% of County's state grant funds allocated for HIV client needs/case management will be spent and if less than 100% is spent, at least all funds allocated for client needs will be spent.

For CARES Foundation:

By: \_\_\_\_\_

Name: Michael Evans
Title: Board President

Date: \_\_\_\_\_

For PFLAG:

By: \_\_\_\_\_

Name: Nancy Baker
Title: President

Date: \_\_\_\_\_



# The CARES Foundation Grantee Status Report Form

To assist in monitoring the impact of the CARES Foundation Grants Program, and to ensure that grant expectations are met, grantees are required to submit written status reports at six months and at year end, and will use this form to meet this requirement.

Organization Name: Parents, Families and Friends of Lesbians and Gays (PFLAG)  
Quarter for this report: \_\_\_\_\_ 1<sup>st</sup> Quarter \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ 3<sup>rd</sup> Quarter \_\_\_\_\_ Year End Report

Project Name: HIV/AIDS Local Outreach (HALO) Project

Project Start and End Dates: April 1, 2018 to March 30, 2019 Date of Report: \_\_\_\_\_

Contact Name: Debbie Daniel E-mail and phone: debbiedaniel@gmail.com 805/698-1202

**Brief Project Description:** Provides critical support services to individuals and families who are faced with the nutritional, physical, psychological, social, and spiritual challenges of living with HIV/AIDS.

**Narrative Summary:** Please succinctly respond to the following questions.

1. What was the overall impact of the project to date?
2. What challenges have been encountered? Were the challenges overcome, and if so how? If not, were objectives and activities modified as a result?
3. Is there a compelling anecdote that captures the impact of this project? If so, please provide a summary.
4. What, if any, aspects of this project will be sustained beyond this grant funding period? Specify mechanisms in place to continue the work supported by this grant (i.e., tracking documents, outreach materials, collaborations with other agencies, etc.). (Answer this question for Year End Report only).

**Work Plan Status Report:**

Using Work Plan Goals and Objectives as finalized in your organization's Grantee Contract with the CARES Foundation, complete the following table (expand or contract chart as necessary):

Objectives	Activities Indicate status of each activity, completed or planned, as of report date	Expected Outcomes List as stated in Grantee Contract (i.e., # of people served, # items distributed, # items procured, etc.)	Outcomes to Date Quantify progress to date for each outcome in Grantee Contract
<b>Goal 1 Enable 78 individuals and families affected by HIV/AIDS to have as healthy and fulfilling lives as possible</b>			
Help individuals affected by HIV/AIDS to overcome transportation barriers.	<ol style="list-style-type: none"> <li>Individuals meet with HALO funds coordinator to determine needs.</li> <li>Assist with coordinating transportation, such as van rides to medical appointments, when this option is available.</li> <li>Pay for transportation to medical appointments, care repairs, insurance and registration.</li> </ol>	# of individuals who receive transportation to medical appointments, car repairs, insurance and registration with HALO funds.	
Help individuals and families affected by HIV/AIDS to meet their psychological needs.	<ol style="list-style-type: none"> <li>Individuals and families meet with HALO funds coordinator to determine needs.</li> <li>Assist with enrollment in Medi-Cal and provide referral to community resources such as Federally Qualified Health Centers.</li> <li>Pay for counseling, massage therapy, and acupuncture when needs cannot be met by other community resources.</li> </ol>	# of individuals who receive counseling, massage therapy and acupuncture sessions with HALO funds.	
Help individuals affected by HIV/AIDS to meet their medical needs.	<ol style="list-style-type: none"> <li>Individuals meet with HALO Funds coordinator to determine needs.</li> <li>Assist with enrollment in Medi-Cal and ADAP and provide referrals to medical providers who specialize in care for PLWH.</li> <li>Pay for dental or medical care, prescription copayments, hearing aids, eyeglasses, alternative therapies and insurance premiums, when needs cannot be met by Medi-Cal.</li> </ol>	# of individuals who receive dental or medical care, prescription copayments, hearing aids, eyeglasses, alternative medical therapies, and insurance premiums with HALO funds.	



Objectives	Activities Indicate status of each activity, completed or planned, as of report date	Expected Outcomes List as stated in Grantee Contract (i.e., # of people served, # items distributed, # items procured, etc.)	Outcomes to Date Quantify progress to date for each outcome in Grantee Contract
Help individuals and families affected by HIV/AIDS to meet their personal and home needs.	<ol style="list-style-type: none"> <li>Individuals and families meet with HALO Funds coordinator to determine needs.</li> <li>Provide vouchers for the purchase of shoes, clothes, school and cleaning supplies, over-the-counter medications, and miscellaneous basic needs items.</li> </ol>	# of individuals who receive vouchers for personal and home needs with HALO funds.	
Help individuals and families affected by HIV/AIDS to meet their psycho-social needs.	<ol style="list-style-type: none"> <li>Organize social events for individuals and families affected by HIV/AIDS.</li> </ol>	# of individuals and families that attend HALO sponsored social events.	
Help individuals and families affected by HIV/AIDS to obtain affordable housing and stay in their homes.	<ol style="list-style-type: none"> <li>Individuals and families meet with HALO Funds Coordinator to determine needs.</li> <li>Assist with enrollment in HOPWA and provide referrals to affordable housing resources.</li> <li>Pay for utility, mortgage, security deposit, emergency housing, and rental assistance when HOPWA funds are exhausted.</li> </ol>	<ol style="list-style-type: none"> <li># of individuals and families who receive utility, mortgage, security deposit, emergency housing, and rental assistance with HALO funds.</li> </ol>	
<b>Goal 2 Continue to provide financial assistance to meet the critical needs of those affected by HIV/AIDS</b>			
Secure sustainable funding sources	<ol style="list-style-type: none"> <li>Utilize grassroots fundraising strategies (i.e., local grocery stores and restaurants, church collection plate).</li> <li>Collaborate with County of Nevada HIV Case Management Program to ensure that all state grant (HIV Care, HOPWA and ADAP) funds are used first when allowable to purchase an item or service and are fully utilized.</li> </ol>	<ol style="list-style-type: none"> <li>The HALO Project will raise an additional \$1,000 and have enough funding available to purchase critical items and services needed by those affected by HIV/AIDS.</li> <li>100% of County's state grant funds for HIV client needs/case management will be spent and if less than 100% is spent, at least all funds allocated for client needs will be spent.</li> </ol>	

**Expenditure Report:** Using the Expenditure Report Template, please enter approved budget and complete the following for each line item.

- Expenses for this reporting period
- Unspent balance (if unspent balance at year end, please explain)



# CARES Foundation

## Expenditure Report Template

*(This is provided as a guide only. Use project budget items as included in Grantee Contract)*

Organization Name:

Project Title:

Budget Contact Name & Phone:

Reporting Period:

PROJECT BUDGET	Approved BUDGET	Expenditures this Reporting Period	Expenditures to Date	Unspent Funds
<b>PERSONNEL/STAFFING EXPENSES</b> (list title and % FTE on project)				
1				
2				
3				
4				
<b>Subtotal, Personnel/Staffing Expenses</b>				
<b>Benefits</b> (____ % of Personnel)				
<b>NON-PERSONNEL EXPENSES</b>				
Rent				
Office Supplies				
Communications (Telephone, Internet, etc.)				
Travel				
Other:				
1				
2				
3				
<b>INDIRECT/OVERHEAD EXPENSE</b> (____% of Expenses)*				
<b>OTHER COSTS</b>				
Subcontracts/Consultants				
<b>TOTAL EXPENSES</b> (Personnel + Non-Personnel + Other Costs)				