

Department of Benefits and Family Support

Department of Disability and Aging Services

# **MEMORANDUM**

| and Aging Services                               | Iging Services                                   |  |                                  |                                    |                          |                                       |  |  |  |  |
|--|--|--|----------------------------------|------------------------------------|--------------------------|---------------------------------------|--|--|--|--|
| Office of Early Care                             | TO:  | HUMAN S  | SERVICES CO                      | OMMISSION                          | 1                        |                                       |  |  |  |  |
| and Education                                    | THROUGH:   | TRENT R  | HORER, EXE                       | RECTOR                             |                          |                                       |  |  |  |  |
| P.O. Box 7988<br>San Francisco, CA<br>94120-7988 | FROM:  | DAN KAPLAN, DEPUTY DIRECTOR FOR<br>ADMINISTRATION & FINANCE<br>ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS           |                                  |                                    |                          |                                       |  |  |  |  |
| www.SFHSA.org                                    | DATE:  | JUNE 18,   | 2021                             |                                    |                          |                                       |  |  |  |  |
|  | SUBJECT:   | GRANT RENEWAL: <b>BAY AREA LEGAL AID</b> (NON-<br>PROFIT) TO PROVIDE VARIOUS SERVICES ( <i>see table below</i> ) |                                  |                                    |                          |                                       |  |  |  |  |
|  | TERM(S):   | JULY 1, 2  | 021 TO JUNE                      | 30, 2023                           |                          |                                       |  |  |  |  |
|  | AMOUNTS:   | See table o  | on page 2.                       |                                    |                          |                                       |  |  |  |  |
| London Breed<br>Mayor                            | <u>Funding Source</u><br>FUNDING:<br>PERCENTAGE: | <u>County</u><br>\$436,221<br>28%  | <u>State</u><br>\$788,764<br>49% | <u>Federal</u><br>\$368,775<br>23% | Contingency<br>\$159,376 | <u>y Total</u><br>\$1,753,136<br>100% |  |  |  |  |
| Trent Rhorer                                     |  |  |                                  |                                    |                          |                                       |  |  |  |  |

**Executive Director** 

The Department of Benefits and Family Support (BFS) requests authorization to renew the grant with Bay Area Legal Aid for the period of July 1, 2021 through June 30, 2023, in an amount of \$1,593,760, plus a 10% contingency for a total amount not to exceed \$1,753,136. The purpose of the grant is to provide Individualized Legal Support Services (ILSS) and SSI Advocacy.

| Program                 | Previous<br>Annual<br>Amount | 7/1/2021 -<br>6/30/2022 | 7/1/2022 -<br>6/30/2023 | Contract<br>Amount | Contingency | Total<br>Amount |
|-------------------------|------------------------------|-------------------------|-------------------------|--------------------|-------------|-----------------|
| ILSS                    | \$312,457                    | \$312,457               | \$312,457               | \$624,914          | \$62,491    | \$687,405       |
| HDAP<br>SSI<br>Advocacy | \$130,211                    | \$348,673               | \$348,673               | \$697,346          | \$69,735    | \$767,081       |
| SSI<br>Advocacy         |                              | \$271,500               | \$0                     | \$271,500          | \$27,150    | \$298,650       |
| Totals:                 | \$656,607                    | \$932,630               | \$661,130               | \$1,593,760        | \$159,376   | \$1,753,136     |

### Background

CalWORKs, CAAP, and CalFresh participants often need legal services to resolve issues that prevent them from entering an employment activity, being employed or retaining employment. Individualized Legal Support Services identifies and addresses these employment barriers.

Many clients who have a physical and/or mental health condition(s) that may qualify them for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) need help navigating the Social Security application process. SSI Advocacy assists clients through the process of applying for Social Security and/or the appeal process, with the ultimate goal of obtaining an SSI/SSDI approval.

#### Services to be Provided

The Individualized Legal Support Services will assist participants with identified legal barriers that may impede their successful transition from welfare to work. The project at large is staffed with multi and bilingual/bicultural advocates, attorneys, and interpreters who are experienced in providing legal services in English and other key languages, such as Spanish and Chinese. Grantee will provide either full service individualized legal support services or complete simple legal transactions for a total of 350 client matters.

Grantee will also provide SSI Advocacy including legal services and social worker services in order to help individuals participating in HDAP and in the SSI Advocacy Pilot apply for and qualify for Social Security Disability Insurance benefits, Supplemental Security Income, and/or the state's Cash Assistance Program for Immigrants (CAPI) benefits. Grantee will serve 60 HDAP participants and 70 Pilot participants.

### **Grantee Selection**

Grantee was selected through Request for Proposals #788, which was competitively bid in March 2018.

#### Funding

This grant will be funded entirely through County General Funds.

### ATTACHMENTS

Appendix A: ILSS Scope Appendix B: ILSS Budget

Appendix A-1: HDAP & SSI Advocacy Scope Appendix B-1: HDAP Budget Appendix B-2: SSI Advocacy Budget

# Appendix A Services to be Provided Bay Area Legal Aid Individualized Legal Support Services (ILSS) July 1, 2021 to June 30, 2023

# I. Purpose of Grant

This grant will provide direct legal services to participants of the CAAP, CalWORKs, CalFresh, and Medi-Cal programs. The Individualized Legal Support Services will assist participants with identified legal barriers that threaten the individual's path towards self-sufficiency, ability to secure or retain employment. Services funded through this grant will be made available in English, Spanish, Cantonese and Mandarin, and other languages as needed.

# **II. Definitions**

| ABAWD                   | Able-Bodied Adults Without Dependents, i.e., CalFresh recipients age 18 to 49 who are able to work and do not share a household with a minor child.                                  |
|-------------------------|--|
| CAAP                    | County Adult Assistance Programs   |
| CalWORKs                | California Work Opportunity and Responsibility to Kids welfare-to-<br>work program for families receiving Temporary Aid to Needy<br>Families (TANF) cash aid.                        |
| CalFresh                | Formerly known as Food Stamps. A federal public assistance program<br>that helps children and low-income households improve their diets by<br>providing access to a nutritious diet. |
| CARBON                  | Contract Administration, Reporting & Billing Online database   |
| Client Matter           | Legal issue requiring resolution, correction, mediation, advice & counsel, full service legal support, or legal transactions completed.  |
| Grantee                 | Bay Area Legal Aid (BayLegal)  |
| HSA, also<br>Department | San Francisco Human Services Agency  |
| ES                      | HSA Employment Specialist  |
| JobsNOW                 | A subsidized employment program operated by the SF Human<br>Services Agency Workforce Development Division   |
| Launchpad               | Client tracking system used by HSA   |
|                         |  |

| Medi-Cal      | Free or low-cost health insurance for eligible individuals that comes<br>with a range of health benefits and services |
|---------------|---|
| PAES          | Personal Assisted Employment Services   |
| RCA           | Refugee Cash Assistance Program   |
| Self-referral | Individuals who on their own initiative decides to seek legal services from Grantee                                   |
| TANF          | Temporary Assistance to Needy Families, the federal welfare to work program known as CalWORKs in California           |
| WPR           | Work Participation Rate   |
| ZixCorp       | An Email Encryption and Email Data Loss Prevention system   |

# **III.** Target Population

The target population for Individualized Legal Support Services is residents of San Francisco who

- Receive CalWORKs, CAAP, CalFresh, or Medi-Cal or
- have income at or below 300% of federal poverty level and are experiencing other legal problems related to income stability or employment barriers, and
- either are referred by HSA staff or self-refer

# **IV. Description of Services**

Grantee shall provide the following services during the term of this grant:

- A. Clients are referred to Grantee for services by:
  - 1. HSA staff
  - 2. Self referral must be routed through HSA staff.
  - 3. Exceptions may be made by HSA on a case by case basis.
- B. Individualized Legal Support Services

Assist HSA clients who self-refer or who are referred by HSA staff with identified legal barriers that threaten the individual's path towards self-sufficiency, ability to secure or retain employment.

By providing culturally competent, individualized legal support to address the barriers to self-sufficiency that may have a legal remedy, this program component provides participants with free legal services that will enhance the ability of these populations to secure and retain access to employment. Individualized Legal Support Services include but is not limited to:

- 1. Provide legal advice, support and representation or referrals on a range of topics including but not limited to:
  - a. Employment rights
  - b. Consumer credit and garnishment issues
  - c. Identification such as driver's licenses and birth certificates
  - d. Civil cases
  - e. Criminal case records
  - f. Family cases including domestic violence
  - g. Housing
  - h. Immigration issues, as permitted by regulations, and not limited to such as applications for U & T-Visas
  - i. Health access issues excluding Medi-Cal eligibility
- 2. Develop an individual plan and action steps to resolve participant's legal problems
- 3. Full service individualized legal support services--provision of a full scope of services from beginning to end resulting in resolution of barrier(s), which may include but is not limited to:
  - a. Technical support in Pro Per (self-representation) cases
  - b. Representation in legal actions to resolution
- 4. Simple legal transactions include but is not limited to:
  - a. Completion of forms, written letters and other documents on behalf of the client
  - b. Appropriate referral to other community legal services and non-legal agencies if necessary
- 5. Provide groups with informational workshops, in virtual format or at HSA or other physical sites, on relevant legal issues related to employment and self-sufficiency as requested by HSA. These workshops may lead to Individualized Legal Support Services.
- C. Health and Safety in COVID-19 Environment
  - 1. Grantee will follow relevant guidance and protocols from the San Francisco Department of Public Health. See <u>https://www.sfcdcp.org/infectious-diseases-a-to-</u> z/coronavirus-2019-novel-coronavirus/
  - 2. All Grantee staff and program participants taking part in in-person activities must observe social distancing protocols and must wear masks and/or other personal protective equipment appropriate to the activity.

# V. Information and Referral

Through Grantee's connections to the community, Grantee will refer potential CalWORKs, CAAP, CalFresh and MediCal clients to HSA to be screened for eligibility.

# VI. Staffing Requirements

Grantee will provide a supervising legal attorney for supervision and oversight of all staff, including law clerks. Grantee will provide receptionist/translator and secretary/translator capabilities.

### VII. Location and Time of Services

Services are provided Monday-Friday, during regular business hours (9 a.m. to 5 p.m.) at BayLegal's San Francisco office (1800 Market Street, 3<sup>rd</sup> Floor). Grantee staff shall be available for appointments and client engagement interviews via telephone, email and inperson.

During the COVID-19 Shelter-in-Place order, Grantee will provide services remotely via phone, email, and video conferencing. As San Francisco COVID-19 restrictions ease, inperson services may be provided following safety guidelines.

### **VIII. Service Objectives**

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

- A. Provide either full service individualized legal support services or complete simple legal transactions for a total of 350 client matters.
- B. Provide full service individualized legal support services in at least 125 client matters for participants who are referred by HSA staff.
- C. Complete simple legal transactions to at least 225 client matters for participants who are referred by HSA staff.
- D. These numbers are contingent upon HSA referral and subject to adjustment based on client need, after BayLegal discussion with HSA.
- E. A minimum of 6 workshop(s) for HSA staff conducted annually on legal topics agreed upon by Grantee and HSA.
- F. A minimum of 30 in-person or virtual participant workshop(s) conducted annually in conjunction with in-person or virtual HSA workshops whenever possible, on Grantee's individualized legal support services and legal topics agreed upon by Grantee and HSA. In-person or virtual workshops conducted for staff of community partner organizations, who will disseminate information to clients enrolled in HSA-administered public benefits programs will also count towards this service objective.

# IX. Outcome Objectives

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

A. 50% of all client matters will address an identified legal barrier directly connected to employment.

- B. 70% of client matters for participants receiving full service individualized legal services will have all identified legal problems resolved within 90 days.
- C. 90% of client matters for participants having simple legal transactions completed will have all identified legal problems resolved or addressed through advice & counsel, brief services, or direct representation. A participant will be considered to have completed the service when an identified legal barrier has been resolved or addressed through advice & counsel, brief services, or direct representation within 30 days.
- D. In order to assess client satisfaction and to identify areas for project improvement, upon closure of a case, Grantee will send an evaluation form to all participants whose cases were accepted for Individualized Legal Support Services to solicit feedback on the services provided. Results from the returned evaluations will be compiled and reported to SF HSA at the end of the grant cycle, with a minimum of 90% of those responding will rate the accessibility, timeliness and effectiveness of services in resolving the concern/issue at least 3 or above on a five-point scale.

# X. Reporting Requirements

- A. Monthly Reports. HSA will generate monthly reports from Launchpad database by the 10th day following the reporting month. Grantee must review and make Launchpad data corrections in a timely manner. Grantee will submit monthly reports regarding grant performance. Grantee is responsible for presenting cases that are accurate in content. Reports will follow the format as follows: Provide detailed information for each individual client seen that month. The detailed information will include case number, client zip code, client ethnicity, gender, HSA worker name and unit number of worker referring client, description of client's legal problem(s), services provided, meeting date(s), and issue outcome or status as of 30 and 90 days and at final disposition as applicable.
- B. Reporting on services will be entered in Launchpad data system.
- C. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Section VIII & IX- Service and Outcome Objectives. This report will also include accomplishments and challenges encountered by the Grantee. Annual Reports summarizing the contract activities will be submitted directly to Contracts Monitor by the 15th of the month following the end of the program year.
- D. Grantee will enter the mid-year SOGI aggregate data by January 15<sup>th</sup>, and annual SOGI aggregate data in the CARBON database by the 15th of the month following the end of the program year.
- E. Grantee will provide an annual participant satisfaction survey report to HSA by March 15 each grant year which reports the total percentage of clients served who responded to the survey as well as survey outcomes.

- F. E-mail communication that contains client confidential information (as agreed upon in writing by the client) shall be transmitted via Grantee's e-mail program through a secured method approved by HSA or by using ZixCorp.
- G. Grantee will provide Ad Hoc reports as required by the Department.
- H. For assistance with reporting requirements or submission of reports, contact:

Elizabeth Leone@sfgov.org Senior Contract Manager, Office of Contract Management or Adriana.Duran@sfgov.org Program Monitor, Welfare to Work Division

# XI. Monitoring Activities

- A. Program Monitoring: Program monitoring will include review of client eligibility, and back-up documentation for reporting progress towards meeting service and outcome objectives.
- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee'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.

# Appendix A-1 Services to be Provided Bay Area Legal Aid SSI Advocacy Services July 1, 2021 to June 30, 2023

# I. Purpose of Grant

The SSI Advocacy Services will assist individuals experiencing homelessness or at serious risk of homelessness connect to SSI/SSDI benefits. The Grantee will provide legal services and social worker services in order to help individuals participating in the SSI Advocacy Pilot and the HDAP SSI Advocacy program apply for and qualify for Social Security Disability Insurance benefits, Supplemental Security Income, and / or the state's Cash Assistance Program for Immigrants (CAPI) benefits. Services funded through this grant will be made available in English, Spanish, Cantonese and Mandarin, and other languages as needed.

The SSI Advocacy Pilot services will be provided for one year, July 2021-June 2022, while the HDAP SSI Advocacy will be provided for the full 2 year term.

# **II. Definitions**

| CAAP     | County Adult Assistance Programs   |
|----------|--|
| CalWORKs | California Work Opportunity and Responsibility to Kids welfare-to-<br>work program for families receiving Temporary Aid to Needy<br>Families (TANF) cash aid.  |
| CalFresh | Formerly known as Food Stamps. A federal public assistance program<br>that helps children and low-income households improve their diets by<br>providing access to a nutritious diet.                                   |
| CAPI     | Cash Assistance Program for Immigrants. A state-funded program designed to provide monthly cash benefits to aged, blind, and disabled non-citizens who are ineligible for SSI/SSP solely due to their immigrant status |
| CARBON   | Contract Administration, Reporting & Billing Online database   |
| СВО      | Community Based Organization   |
| ES       | HSA Employment Specialist  |
| Grantee  | Bay Area Legal Aid (BayLegal)  |
| HDAP     | Housing Disability Advocacy Program  |

| HSA, also<br>Department | San Francisco Human Services Agency   |
|-------------------------|---|
| Launchpad               | Client tracking system used by HSA  |
| Medi-Cal                | Free or low-cost health insurance for eligible individuals that comes<br>with a range of health benefits and services |
| PAES                    | Personal Assisted Employment Services   |
| Self-referral           | Individuals who on their own initiative decides to seek legal services from Grantee                                   |
| TANF                    | Temporary Assistance to Needy Families, the federal welfare to work program known as CalWORKs in California           |
| ZixCorp                 | An Email Encryption and Email Data Loss Prevention system   |

### **III. Target Population**

The target population for SSI Advocacy Pilot is individuals experiencing homelessness or at serious risk of homelessness who continuing participation in the SSI Advocacy Pilot.

The target population for HDAP SSI Advocacy Program is residents of San Francisco who are in COVID-19 shelter, currently at Alternative Housing Site 10 and referred by HSA.

### **IV. Description of Services**

Grantee shall provide the following services during the term of this grant:

- A. Offer legal services and social worker services to help individuals apply for, appeal for, and qualify for Social Security Disability Insurance benefits, Supplemental Security Income, and/or the state's Cash Assistance Program for Immigrants (CAPI) benefits.
- B. Assist individuals in applying for federal or state disability benefits, as well as Social Security retirement benefits, if eligible.
- C. Provide legal assistance to advocate for submitted claims to be approved.
- D. Represent clients at all stages of the administrative and appeals process, from initial application, through reconsideration, administrative hearings, Appeals Council review, and federal district court.
- E. Provide case management services, assistance with applying for public benefits and securing federal economic impact payments, and referral for other civil legal services.
- F. Grantee will provide attorney supervision and oversight of all staff, including law clerks. Grantee will provide support staff/translator capabilities.
- G. Health and Safety in COVID-19 Environment

- a) Grantee will follow relevant guidance and protocols from the San Francisco Department of Public Health. See <u>https://www.sfcdcp.org/infectious-diseases-a-to-</u> z/coronavirus-2019-novel-coronavirus/
- b) All Grantee staff and program participants taking part in in-person activities must observe social distancing protocols and must wear masks and/or other personal protective equipment appropriate to the activity.

# In addition to the above, for HDAP SSI Advocacy Program only:

- A. Coordinate services through SF City/County and CBO staff at Alternative Housing Site 10, the Civic Center Navigation Center, and other potential sites to be mutually agreed upon.
- B. Represent clients at all stages of the administrative and appeals process, from initial application, through reconsideration, administrative hearings, Appeals Council review, and federal district court, as well as reinstatements, recertifications, and advocating with SSA on behalf of clients.
- C. Outreach to clients and coordinate services with case management, housing, and healthcare providers.

# V. Information and Referral

Through Grantee's connections to the community, Grantee will refer potential CalWORKs, CAAP, CalFresh, CAPI and MediCal or other HSA administered benefits clients to HSA to be screened for eligibility.

# VI. Location and Time of Services

Services are provided Monday-Friday, during regular business hours (9 a.m. to 5 p.m.) at BayLegal's San Francisco office (1800 Market Street, 3<sup>rd</sup> Floor). Grantee staff shall be available for appointments and client engagement interviews.

During the COVID-19 Shelter-in-Place order, Grantee will provide services remotely via phone, email, and video conferencing. As San Francisco COVID-19 restrictions ease, in-person services may be provided following safety guidelines.

# VII. Service Objectives

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

- A. For FY21/22 only, provide SSI Advocacy Pilot services to up to 70 individuals
- B. Provide HDAP SSI Advocacy to up to 60 individuals

# VIII. Outcome Objectives

Given that the Social Security Administration is experiencing a significant backlog in the processing of claims, based on current SSA pace and capacity, Grantee will meet the following annual outcome objectives:

- A. For FY21/22 only, 30% of SSI Advocacy Pilot cases are projected to resolve and close , 85% of which will have a favorable outcome (approval of SSI application)
- B. 20% of HDAP cases are projected to resolve and close over the next year, 85% of which will have a favorable outcome (approval of SSI application, increase in benefits, etc.)
- C. In order to assess client satisfaction and to identify areas for project improvement, Grantee will send an evaluation form to all participants to solicit feedback on the services provided. Results from the returned evaluations will be compiled and reported to SF HSA at the end of the grant cycle, with a minimum of 90% of those responding will rate the accessibility, timeliness and effectiveness of services at least 3 or above on a five-point scale.

# **IX. Reporting Requirements**

- A. Monthly Reports HDAP. Grantee will provide data to SFHSA each month for HDAP clients that include the following information: intake date, client name, SSN, date application was submitted, application level, date of approval or final denial, date closed, closed reason, housing status at closure. Grantee is responsible for presenting cases that are accurate in content.
- B. Quarterly Reports **SSI Pilot**. Grantee will copy SFHSA on quarterly data and narrative reports submitted to Tipping Point Community, providing updates on cases completed, benefits to clients, challenges encountered, and status of ongoing cases.
- C. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Section VIII & IX- Service and Outcome Objectives. This report will also include accomplishments and challenges encountered by the Grantee. Annual Reports summarizing the contract activities will be submitted directly to Contracts Monitor by the 15th of the month following the end of the program year.
- D. Grantee will enter the mid-year SOGI aggregate data by January 15<sup>th</sup>, and annual SOGI aggregate data in the CARBON database by the 15th of the month following the end of the program year.
- E. E-mail communication that contains client confidential information (as agreed upon in writing by the client) shall be transmitted via Grantee's e-mail program through a secured method approved by HSA or by using ZixCorp.
- F. Grantee will provide Ad Hoc reports as required by the Department.
- G. For assistance with reporting requirements or submission of reports, contact:

Elizabeth Leone@sfgov.org Senior Contract Manager, Office of Contract Management or Adriana.Duran@sfgov.org Program Monitor, Welfare to Work Division

# X. Monitoring Activities

- A. Program Monitoring: Program monitoring will include review of client eligibility, and back-up documentation for reporting progress towards meeting service and outcome objectives.
- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee'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.

|          | А   | В   | С                    | D                             | E | F | G |
|----------|---|---|----------------------|-------------------------------|---|---|---|
| 1        |   | Appendix B, Page 1<br>Document Date: 6/9/21 |                      |                               |   |   |   |
| 2        |   |   |                      |                               |   |   |   |
| 3        | HUMAN SERVICES AGEN                                     |   | ET SUMMARY           |                               |   |   |   |
| 4        |   | BY PROGRAM                                  |                      |                               |   |   |   |
| 5        | Contractor's Name                                       |   | Те                   | rm                            |   |   |   |
| 6        | BAY AREA LEGAL AID                                      |   | 7/1/2021 -           | 6/30/2023                     |   |   |   |
| 7        | (Check One) New X Renewal                               | Modification                                |                      |                               |   |   |   |
| 8        | If modification, Effective Date of Mod.                 | No. of Mod.                                 |                      |                               |   |   |   |
| 9        | Program: Individualized Legal Support Servic            | es  |                      |                               |   |   |   |
|          |   |   |                      |                               |   |   |   |
|          | Budget Reference Page No.(s) Program Term               | 7/1/2021 - 6/30/2022                        | 7/1/2022 - 6/30/2023 | Total                         |   |   |   |
|          |   | 1/1/2021 - 0/30/2022                        | 11112022 - 013012023 | IUIAI                         |   |   |   |
| 12       | Expenditures  |   |                      |                               |   |   |   |
|          | Salaries & Benefits                                     | \$233,369                                   | \$232,908            | \$466,276                     |   |   |   |
|          | Operating Expense                                       | \$36,208                                    | \$36,753             | \$72,961                      |   |   |   |
|          | Subtotal  | \$269,577                                   | \$269,661            | \$539,237                     |   |   |   |
| 10       | Indirect Percentage                                     | 14%   | 14%                  | <b>\$</b> 05.070              |   |   |   |
|          | Indirect Cost   | \$42,880                                    | \$42,796             | \$85,676                      |   |   |   |
|          | Capital Expenditure                                     | ¢242.457                                    | ¢040.457             | ¢604.044                      |   |   |   |
| 19       | Total Expenditures                                      | \$312,457                                   | \$312,457            | \$624,914                     |   |   |   |
| 20       | HSA Revenues  |   |                      |                               |   |   |   |
|          | General Fund  | \$153,104                                   | \$153,104            | \$306,208                     |   |   |   |
|          | State   | \$31,246                                    | \$31,246             | \$62,491                      |   |   |   |
|          | Federal   | \$128,107                                   | \$128,107            | \$256,215                     |   |   |   |
| 24<br>25 |   |   |                      |                               |   |   |   |
| 26       |   |   |                      |                               |   |   |   |
| 27       |   |   |                      |                               |   |   |   |
| 28       |   |   |                      |                               |   |   |   |
| 29       | TOTAL HSA REVENUES                                      | \$312,457                                   | \$312,457            | \$624,914                     |   |   |   |
| 30       | Other Revenues  |   |                      |                               |   |   |   |
| 31       |   |   |                      |                               |   |   |   |
| 32       |   |   |                      |                               |   |   |   |
| 33       |   |   |                      |                               |   |   |   |
| 34<br>35 |   |   |                      |                               |   |   |   |
|          | Tatal Davanuaa  | <b>#040.457</b>                             | ¢040.457             | <u> </u>                      |   |   |   |
|          | Total Revenues  | \$312,457                                   | \$312,457            | \$624,914                     |   |   |   |
| 37       | Drepored by Michelle Micros                             |   |                      |                               |   |   |   |
|          | Prepared by: Michelle Weger<br>HSA-CO Review Signature: |   | Telephone No.:       | 510-250-5243<br>Date 6/9/2021 |   |   |   |
|          | -   |   |                      |                               |   |   |   |
| 41       | HSA #1  |   |                      | 11/15/2007                    |   |   |   |

|          | A   | В                         | С       | D         | E           | F                    | G                    | Н                  |  |  |  |  |  |  |  |
|----------|---|---------------------------|---------|-----------|-------------|----------------------|----------------------|--------------------|--|--|--|--|--|--|--|
| 1        |   |                           |         |           |             |                      |                      | Appendix B, Page 2 |  |  |  |  |  |  |  |
| 2        | Document Date: 6/9/21                               |                           |         |           |             |                      |                      |                    |  |  |  |  |  |  |  |
| 4        | Program Name: Individualized Legal Support Services |                           |         |           |             |                      |                      |                    |  |  |  |  |  |  |  |
| 5        | (Same as Line 9 on HSA #1)                          |                           |         |           |             |                      |                      |                    |  |  |  |  |  |  |  |
| 6        | Salaries & Benefits Detail                          |                           |         |           |             |                      |                      |                    |  |  |  |  |  |  |  |
| 7        |   |                           | Salarie | es & Bene | ents Detail |                      |                      |                    |  |  |  |  |  |  |  |
| 9        |   |                           |         |           |             |                      |                      |                    |  |  |  |  |  |  |  |
| 10       |   |                           |         |           |             | 7/1/2021 - 6/30/2022 | 7/1/2022 - 6/30/2023 | 7/1/2021-6/30/2023 |  |  |  |  |  |  |  |
| 11       |   | Agency T                  | otals   | For HSA   | Program     | For ILSS             | For ILSS             | TOTAL              |  |  |  |  |  |  |  |
|          |   | Annual Full<br>TimeSalary | Total % |           | Adjusted    |                      |                      |                    |  |  |  |  |  |  |  |
| 12       | POSITION TITLE                                      | for FTE                   | FTE     | % FTE     | ,<br>FTE    | Budgeted Salary      | Budgeted Salary      | Budgeted Salary    |  |  |  |  |  |  |  |
| 13       | Managing Attorney - SF Office                       | \$156,605                 | 100%    | 5.0%      | 5.0%        | \$7,830              | \$8,065              | \$15,895           |  |  |  |  |  |  |  |
| 14       | Supervising Attorney - ILSS                         | \$110,234                 | 100%    | 27.0%     | 27.0%       | \$29,763             | \$31,251             | \$61,014           |  |  |  |  |  |  |  |
| 15       | Staff Attorney (Sanderson-Cimino)                   | \$80,340                  | 100%    | 60.0%     | 60.0%       | \$48,204             | \$50,614             | \$98,818           |  |  |  |  |  |  |  |
| 16       | Staff Attorney (Pappas)                             | \$77,220                  | 100%    | 40.0%     | 40.0%       | \$30,888             | \$31,815             | \$62,703           |  |  |  |  |  |  |  |
| 17       | Staff Attorney to be hired                          | \$69,925                  | 100%    | 80.0%     | 80.0%       | \$55,940             | \$57,618             | \$113,558          |  |  |  |  |  |  |  |
| 18       | Advocate (Theisen)                                  | \$85,722                  | 100%    | 8.5%      | 8.5%        | \$7,286              | \$0                  | \$7,286            |  |  |  |  |  |  |  |
| 19       | Support Staff (Li)                                  | \$80,535                  | 100%    | 7.5%      | 7.5%        | \$6,040              | \$6,221              | \$12,261           |  |  |  |  |  |  |  |
| 20       |   |                           |         |           |             |                      |                      |                    |  |  |  |  |  |  |  |
| 21       |   |                           |         |           |             |                      |                      |                    |  |  |  |  |  |  |  |
| 22       |   |                           |         |           |             |                      |                      |                    |  |  |  |  |  |  |  |
| 23       |   |                           |         |           |             |                      |                      |                    |  |  |  |  |  |  |  |
| 24       |   |                           |         |           |             |                      |                      |                    |  |  |  |  |  |  |  |
| 25       |   |                           |         |           |             |                      |                      |                    |  |  |  |  |  |  |  |
| 26       |   |                           |         |           |             |                      |                      |                    |  |  |  |  |  |  |  |
| 27       |   |                           |         |           |             |                      |                      |                    |  |  |  |  |  |  |  |
| 28       |   |                           |         |           |             |                      |                      |                    |  |  |  |  |  |  |  |
| 29<br>30 | TOTALS  |                           | 7.00    | 2.28      | 2.28        | \$185,951            | \$185,584            | \$371,535          |  |  |  |  |  |  |  |
|          | FRINGE BENEFIT RATE                                 |                           |         |           |             |                      | T                    |                    |  |  |  |  |  |  |  |
| 32       | EMPLOYEE FRINGE BENEFITS                            | 25.5%                     |         |           |             | \$47,418             | \$47,324             | \$94,741           |  |  |  |  |  |  |  |
| 33<br>34 |   |                           |         |           |             |                      |                      |                    |  |  |  |  |  |  |  |
|          | TOTAL SALARIES & BENEFITS                           |                           |         |           |             | \$233,369            | \$232,908            | \$466,276          |  |  |  |  |  |  |  |
| 36       | HSA #2  |                           |         |           |             |                      |                      | 11/15/2007         |  |  |  |  |  |  |  |

|                    | A               | В                                     | С | DE    | F                  | G       | H I         | J   | K | L | М | N | 0 |
|--------------------|-----------------|---------------------------------------|---|-------|--------------------|---------|-------------|---|---|---|---|---|---|
| 1                  |                 |                                       |   |       |                    |         |             | Appendix B, Page 3<br>Document Date: 6/9/21 |   |   |   |   |   |
| 1<br>2<br>3        |                 |                                       |   |       |                    |         |             | Document Date. 0/9/21                       |   |   |   |   |   |
|                    | Program Name:   | Individualized Legal Support Services |   |       |                    |         |             |   |   |   |   |   |   |
| 5                  | (Same as Line   |                                       |   |       |                    |         |             |   |   |   |   |   |   |
| 6<br>7             |                 |                                       |   | 0     |                    |         |             |   |   |   |   |   |   |
| /                  |                 |                                       |   | Opera | ting Expense Deta  | 11      |             |   |   |   |   |   |   |
| 8<br>9<br>10<br>11 |                 |                                       |   |       |                    |         |             |   |   |   |   |   |   |
| 10                 |                 |                                       |   |       |                    |         |             |   |   |   |   |   |   |
| 11<br>12           | Expenditure Ca  | ategory                               |   | TERM  | 7/1/2021-6/30/2022 | 7/1/202 | 2-6/30/2023 | 7/1/2021-6/30/2023                          |   |   |   |   |   |
|                    | Rental of Prop  |                                       |   | -     | \$28,243           |         | \$28,668    | \$56,911                                    |   |   |   |   |   |
|                    |                 | Vater, Gas, Phone, Scavenger)         |   | -     | \$3,714            |         | \$3,770     | \$7,484                                     |   |   |   |   |   |
|                    | Office Supplies |                                       |   | -     | \$1,352            |         | \$1,369     | \$2,721                                     |   |   |   |   |   |
|                    |                 | enance Supplies and Repair            |   | -     | ÷ ,                |         | ¥ )         |   |   |   |   |   |   |
|                    | Printing and R  |                                       |   | -     | \$373              | 3       | \$379       | \$752                                       |   |   |   |   |   |
| 18                 | Insurance       |                                       |   |       | \$1,122            | 2       | \$1,139     | \$2,261                                     |   |   |   |   |   |
| 19                 | Staff Training  |                                       |   | -     |                    |         |             |   |   |   |   |   |   |
| 20                 | Staff Travel-(L | ocal & Out of Town)                   |   | -     |                    |         |             |   |   |   |   |   |   |
| 21                 | Rental of Equi  | oment                                 |   | -     | \$1,404            | 1       | \$1,428     | \$2,832                                     |   |   |   |   |   |
| 22                 | CONSULTANT/SI   | JBCONTRACTOR DESCRIPTIVE TITLE        |   |       |                    |         |             |   |   |   |   |   |   |
| 23<br>24           |                 |                                       |   |       |                    |         |             |   |   |   |   |   |   |
| 24                 |                 |                                       |   |       |                    |         |             |   |   |   |   |   |   |
| 25<br>26           |                 |                                       |   |       |                    |         |             |   |   |   |   |   |   |
| 27                 |                 |                                       |   |       |                    |         |             |   |   |   |   |   |   |
| 28                 | OTHER           |                                       |   |       |                    |         |             |   |   |   |   |   |   |
| 29                 |                 |                                       |   |       |                    |         |             |   |   |   |   |   |   |
| 30                 |                 |                                       |   |       |                    |         |             |   |   |   |   |   |   |
| 31<br>32           |                 |                                       |   |       |                    |         |             |   |   |   |   |   |   |
| 33                 |                 |                                       |   |       |                    |         |             |   |   |   |   |   |   |
| 34                 |                 |                                       |   |       |                    |         |             |   |   |   |   |   |   |
| 35                 | TOTAL OPER      | ATING EXPENSE                         |   | -     | \$36,208           | 3       | \$36,753    | \$72,961                                    |   |   |   |   |   |
| 36                 |                 |                                       |   |       |                    |         |             |   |   |   |   |   |   |
| 37                 | HSA #3          |                                       |   |       |                    |         |             | 11/15/2007                                  |   |   |   |   |   |

|             | Α                 | В  | C                    | D                    | E  | F | G | Н |
|-------------|-------------------|--|----------------------|----------------------|--|---|---|---|
| 1<br>2<br>3 |                   |  |                      | <i>۲</i><br>م        | Appendix B-1, Page 4<br>ocument Date: 6/9/21 |   |   |   |
| 3           |                   |  |                      | D                    |  |   |   |   |
| 4           | Program           | Name: Individualized Legal Support Services        |                      |                      |  |   |   |   |
|             | (Same a           | as Line 9 on HSA #1)                               |                      |                      |  |   |   |   |
| 6           | 0                 | I Free an difference Danta il                      |                      |                      |  |   |   |   |
| /           | Capita<br>(Equips | al Expenditure Detail<br>nent and Remodeling Cost) |                      |                      |  |   |   |   |
| 9           | (Equipi           |  |                      |                      | TOTAL  |   |   |   |
|             | FQUI              | P M E N T TERM                                     | 7/1/2021 - 6/30/2022 | 7/1/2022 - 6/30/2023 |  |   |   |   |
|             |                   |  |                      | .,                   |  |   |   |   |
| 11          | No.               | ITEM/DESCRIPTION                                   |                      |                      |  |   |   |   |
| 12          |                   |  |                      |                      |  |   |   |   |
| 13          |                   |  |                      |                      |  |   |   |   |
| 14          |                   |  |                      |                      |  |   |   |   |
| 15          |                   |  |                      |                      |  |   |   |   |
| 16          |                   |  |                      |                      |  |   |   |   |
| 17          |                   |  |                      |                      |  |   |   |   |
| 18          |                   |  |                      |                      |  |   |   |   |
| 19          | TOTAL             | EQUIPMENT COST                                     |                      |                      | 0  |   |   |   |
| 20          |                   |  |                      |                      |  |   |   |   |
| 21          | REM               | ODELING  |                      |                      |  |   |   |   |
|             | Descript          |  |                      |                      |  |   |   |   |
| 23          |                   |  |                      |                      |  |   |   |   |
| 24          |                   |  |                      |                      |  |   |   |   |
| 25          |                   |  |                      |                      |  |   |   |   |
| 26          |                   |  |                      |                      |  |   |   |   |
| 27          |                   |  |                      |                      |  |   |   |   |
|             | TOTAL             | REMODELING COST                                    |                      |                      |  |   |   |   |
| 29          |                   |  |                      |                      |  |   |   |   |
|             | τοται (           | CAPITAL EXPENDITURE                                |                      |                      | 0  |   |   |   |
|             |                   | nent and Remodeling Cost)                          |                      |                      |  |   |   |   |
|             | HSA #4            |  |                      |                      | 11/15/2007                                   |   |   |   |

|          | А                            | В                    | С                    | D                   |
|----------|------------------------------|----------------------|----------------------|---------------------|
| 1        |                              |                      | Ar                   | ppendix B-1, Page   |
| 2        |                              |                      |                      | ument Date: 6/9/202 |
| З        | HUMAN SERVICES AGENCY        | CONTRACT BUDGE       | TSUMMARY             |                     |
| 4        |                              |                      |                      |                     |
| 5        | Contractor's Name            |                      | Ter                  | m                   |
| 6        | BAY AREA LEGAL AID           |                      | 7/1/2021-6           | /30/2023            |
| 7        |                              | Modification         |                      |                     |
|          |                              | No. of Mod.          |                      |                     |
| 0        |                              |                      |                      |                     |
| 9        | Program: HDAP SSI Advocacy   |                      |                      |                     |
| 10       | Budget Reference Page No.(s) |                      |                      |                     |
|          | Program Term                 | 7/1/2021 - 6/30/2022 | 7/1/2022 - 6/30/2023 | Total               |
| 12       | Expenditures                 |                      |                      |                     |
| 13       | Salaries & Benefits          | \$260,779            | \$260,779            | \$521,558           |
|          | Operating Expense            | \$39,977             | \$39,977             | \$79,954            |
|          | Subtotal                     | \$300,756            | \$300,756            | \$601,512           |
|          | Indirect Percentage          | 14%                  | 14%                  |                     |
|          | Indirect Cost                | \$47,917             | \$47,917             | \$95,834            |
| 18       | Capital Expenditure          |                      |                      | . ,                 |
|          | Total Expenditures           | \$348,673            | \$348,673            | \$697,346           |
| 20       | HSA Revenues                 |                      |                      |                     |
| 21       | General Fund                 | \$170,850            | \$170,850            | \$341,700           |
|          | State                        | \$34,867             | \$34,867             | \$69,735            |
|          | Federal                      | \$142,956            | \$142,956            | \$285,912           |
| 24       |                              | . ,                  | . ,                  |                     |
| 25       |                              |                      |                      |                     |
| 26       |                              |                      |                      |                     |
| 27       |                              |                      |                      |                     |
| 28       |                              |                      |                      |                     |
| 29       | TOTAL HSA REVENUES           | \$348,673            | \$348,673            | \$697,346           |
| 30       | Other Revenues               |                      |                      |                     |
| 31       |                              |                      |                      |                     |
| 32       |                              |                      |                      |                     |
| 33       |                              |                      |                      |                     |
| 34<br>35 |                              |                      |                      |                     |
|          | Total Devenues               | ¢0.40.070            | <u>фо 40, 070</u>    | фоот о 40           |
| 36<br>37 | Total Revenues               | \$348,673            | \$348,673            | \$697,346           |
|          | Prepared by: Michelle Weger  | I<br>Telephone No.:  | 510-250-5243         | Date 6/9/2021       |
|          | HSA-CO Review Signature:     |                      | 010 200 0240         |                     |
|          |                              |                      |                      |                     |
| 41       | HSA #1                       |                      |                      | 11/15/200           |

|          | A   | В                                    | С              | D       | E               | F                    | G                    | Н                    |  |  |  |  |  |  |
|----------|---|--------------------------------------|----------------|---------|-----------------|----------------------|----------------------|----------------------|--|--|--|--|--|--|
| 1        |   |                                      |                |         |                 |                      |                      | Appendix B-1, Page 2 |  |  |  |  |  |  |
| 2        | Document Date: 6/9/2021                             |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
| 4        | Program Name: Individualized Legal Support Services |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
| 5        | (Same as Line 9 on HSA #1)                          |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
| 6        |   |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
| 7        | Salaries & Benefits Detail                          |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
| 8        |   |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
| 9<br>10  |   |                                      |                |         |                 | 7/1/2021-6/30/2022   | 7/1/2022-6/30/2023   |                      |  |  |  |  |  |  |
| 11       |   | Agency 1                             | Totals         | For HSA | Program         | For HDAP SSI Program | For HDAP SSI Program | TOTAL                |  |  |  |  |  |  |
| 12       | POSITION TITLE                                      | Annual Full<br>TimeSalary<br>for FTE | Total %<br>FTE | % FTE   | Adjusted<br>FTE | Budgeted Salary      | Budgeted Salary      | Budgeted Salary      |  |  |  |  |  |  |
|          |   |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
|          | Managing Attorney - SSI                             | \$121,953                            |                | 5.077%  | 5.077%          |                      | \$6,192              | \$12,384             |  |  |  |  |  |  |
|          | Supervising Attorney - SSI                          | \$99,216                             |                | 20.208% | 20.208%         |                      | \$20,050             | \$40,100             |  |  |  |  |  |  |
| 15       | Staff Attorney (Pappas)                             | \$77,220                             | 100%           | 50.117% | 50.117%         | \$38,700             | \$38,700             | \$77,400             |  |  |  |  |  |  |
| 16       | Staff Attorney (Wolchansky)                         | \$94,731                             | 100%           | 37.580% | 37.580%         | \$35,600             | \$35,600             | \$71,200             |  |  |  |  |  |  |
| 17       | Staff Attorney (Castro)                             | \$78,663                             | 100%           | 62.609% | 62.609%         | \$49,250             | \$49,250             | \$98,500             |  |  |  |  |  |  |
| 18       | Advocate (Tien)                                     | \$85,430                             | 100%           | 20.016% | 20.016%         | \$17,100             | \$17,100             | \$34,200             |  |  |  |  |  |  |
| 19       | Social Worker                                       | \$94,419                             | 100%           | 30.079% | 30.079%         | \$28,400             | \$28,400             | \$56,800             |  |  |  |  |  |  |
| 20       | Support Staff (Li)                                  | \$80,535                             | 100%           | 15.521% | 15.521%         | \$12,500             | \$12,500             | \$25,000             |  |  |  |  |  |  |
| 21       |   |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
| 22       |   |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
| 23       |   |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
| 24       |   |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
| 25       |   |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
|          |   |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
| 26       |   |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
| 27       |   |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
| 28       |   |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
| 29       |   |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
| 30       | TOTALS  |                                      | 8.00           | 2.41    | 2.41            | \$207,792            | \$207,792            | \$415,584            |  |  |  |  |  |  |
| 31<br>32 | FRINGE BENEFIT RATE                                 |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
|          | EMPLOYEE FRINGE BENEFITS                            | 25.5%                                |                |         |                 | \$52,987             | \$52,987             | \$105,974            |  |  |  |  |  |  |
| 34<br>35 |   |                                      |                |         |                 |                      |                      |                      |  |  |  |  |  |  |
|          | TOTAL SALARIES & BENEFITS                           |                                      |                |         |                 | ¢260.770             | ¢360 770             | ¢604 660             |  |  |  |  |  |  |
|          |   |                                      |                |         |                 | \$260,779            | \$260,779            | \$521,558            |  |  |  |  |  |  |
| 37       | HSA #2  |                                      |                |         |                 |                      |                      | 11/15/2007           |  |  |  |  |  |  |

| A            | В  | С  | D    | E                    | F          | G                    | Н          |                     |
|--------------|--|----|------|----------------------|------------|----------------------|------------|---------------------|
| 1            |  | •  |      |                      |            |                      |            | ppendix B, Page 3   |
| 2            |  |    |      |                      |            |                      | Docu       | ment Date: 6/9/2021 |
| 3            |  |    |      |                      |            |                      |            |                     |
| _            | Name: Individualized Legal Support Service | S  |      |                      |            |                      |            |                     |
|              | as Line 9 on HSA #1)                       |    |      |                      |            |                      |            |                     |
| 6            |  |    | Onor | ating Expense Detai  |            |                      |            |                     |
| 8            |  |    | Oper | ating Expense Detai  |            |                      |            |                     |
| 9            |  |    |      |                      |            |                      |            |                     |
| 10           |  |    |      |                      |            |                      |            |                     |
| 11           |  |    |      |                      |            |                      |            | TOTAL               |
| 12 Expend    | iture Category                             |    | TERM | 7/1/2021 - 6/30/2022 |            | 7/1/2022 - 6/30/2023 | 7/1        | /2021 - 6/30/2023   |
| 13 Rental    | of Property                                |    | -    | \$24,034             | - •        | \$24,034             | ·          | \$48,068            |
| 14 Utilities | (Elec, Water, Gas, Phone, Scavenger)       |    | -    | \$4,355              |            | \$4,355              | \$         | 8,710               |
| 15 Office S  | Supplies, Postage                          |    | -    | \$1,791              |            | \$1,791              | \$         | 3,582               |
| 16 Building  | Maintenance Supplies and Repair            |    | -    |                      | <b>.</b> . |                      |            |                     |
| 17 Printing  | and Reproduction                           |    | -    |                      |            |                      | \$         | -                   |
| 18 Insuran   | се   |    | -    | \$1,315              |            | \$1,315              | \$         | 2,630               |
| 19 Staff Tr  | aining                                     |    | -    |                      |            |                      |            |                     |
| 20 Staff Tr  | avel-(Local & Out of Town)                 |    | _    |                      |            |                      |            |                     |
| 21 Rental    | of Equipment                               |    | -    | \$1,882              |            | \$1,882              | \$         | 3,764               |
|              | TANT/SUBCONTRACTOR DESCRIPTIVE TITLE       |    |      |                      |            |                      |            |                     |
| 23           |  |    |      |                      |            |                      | ·          |                     |
| 24<br>25     |  |    |      |                      |            |                      |            |                     |
| 26           |  |    |      |                      |            |                      | ·          |                     |
| 27           |  |    |      |                      | -          |                      |            |                     |
|              |  |    |      |                      |            |                      |            |                     |
| 29 Litigatio | n costs (client psychological evaluations  | s) |      | \$6,000              |            | \$6,000              | \$         | 12,000              |
| 30 Local tr  | avel - staff/clients                       |    |      | \$600                |            | \$600                | \$         | 1,200               |
| 31           |  |    |      |                      |            |                      |            |                     |
| 32           |  |    |      |                      |            |                      | . <u>.</u> |                     |
| 33           |  |    |      |                      | <b>-</b> . |                      |            |                     |
| 34           |  |    |      |                      |            |                      |            |                     |
| 35 TOTAL     | OPERATING EXPENSE                          |    | _    | \$39,977             |            | \$39,977             |            | \$79,954            |
| 36           |  |    |      |                      |            |                      |            |                     |
| 37 HSA #3    |  |    |      |                      |            |                      |            | 11/15/2007          |

|        | Α   | В                         | С                                     | D                      | E                   | F          |  |  |  |  |
|--------|---|---------------------------|---------------------------------------|------------------------|---------------------|------------|--|--|--|--|
| 1<br>2 | 1 Appendix B-1, Page 4<br>2 Document Date: 6/9/2021   |                           |                                       |                        |                     |            |  |  |  |  |
| 2      | 2 Document Date: 6/9/2021                             |                           |                                       |                        |                     |            |  |  |  |  |
|        | 4 Program Name: Individualized Legal Support Services |                           |                                       |                        |                     |            |  |  |  |  |
| 5      | 5 (Same as Line 9 on HSA #1)                          |                           |                                       |                        |                     |            |  |  |  |  |
| 6      | -   | 0.5                       | ital Europatituma D                   | a ( a !)               |                     |            |  |  |  |  |
| 7<br>8 |   |                           |                                       |                        |                     |            |  |  |  |  |
| 9      |   | (-44)                     |                                       | <i>j</i> 000 <i>tj</i> |                     | TOTAL      |  |  |  |  |
|        | FQUI  | P M E N T TERM            | 10/1/2020-6/30/2021                   | 7/1/2021-6/30/2022     | 7/1/2022-6/30/2023  | TOTAL      |  |  |  |  |
|        |   |                           |                                       |                        | 1, 1,2022 0,00,2020 |            |  |  |  |  |
| 11     | No.   | ITEM/DESCRIPTION          |                                       |                        |                     |            |  |  |  |  |
| 12     |   |                           |                                       |                        |                     | 0          |  |  |  |  |
| 13     |   |                           |                                       |                        |                     |            |  |  |  |  |
| 14     |   |                           |                                       |                        |                     |            |  |  |  |  |
| 15     |   |                           |                                       |                        |                     |            |  |  |  |  |
| 16     |   |                           |                                       |                        |                     |            |  |  |  |  |
| 17     |   |                           |                                       |                        |                     |            |  |  |  |  |
| 18     |   |                           |                                       |                        |                     |            |  |  |  |  |
| 19     |   |                           |                                       |                        |                     |            |  |  |  |  |
|        | TOTAL   | EQUIPMENT COST            | 0                                     | 0                      | 0                   | 0          |  |  |  |  |
| 21     | 21  |                           |                                       |                        |                     |            |  |  |  |  |
| 22     | REM   | ODELING                   |                                       |                        |                     |            |  |  |  |  |
| 23     | Descript  | tion:                     |                                       |                        |                     |            |  |  |  |  |
| 24     |   |                           |                                       |                        |                     |            |  |  |  |  |
| 25     |   |                           |                                       |                        |                     |            |  |  |  |  |
| 26     |   |                           |                                       |                        |                     |            |  |  |  |  |
| 27     |   |                           |                                       |                        |                     |            |  |  |  |  |
| 28     |   |                           |                                       |                        |                     |            |  |  |  |  |
| 29     | TOTAL   | REMODELING COST           |                                       |                        |                     |            |  |  |  |  |
| 30     | 1   |                           |                                       |                        |                     |            |  |  |  |  |
|        | TOTAL   | CAPITAL EXPENDITURE       | 0                                     | 0                      | 0                   | 0          |  |  |  |  |
|        |   | nent and Remodeling Cost) | · · · · · · · · · · · · · · · · · · · |                        |                     |            |  |  |  |  |
| 33     | HSA #4  |                           |                                       |                        |                     | 11/15/2007 |  |  |  |  |
|        |   |                           |                                       |                        |                     |            |  |  |  |  |

|          | <u>^</u>                                      | D                    | 0                       |  |  |  |  |  |  |
|----------|---|----------------------|-------------------------|--|--|--|--|--|--|
| 1        | Α   | B                    | C<br>pendix B-2, Page 1 |  |  |  |  |  |  |
| 2        |   | -                    | ument Date: 6/9/2021    |  |  |  |  |  |  |
| 3        |   |                      |                         |  |  |  |  |  |  |
| 3<br>4   | HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY |                      |                         |  |  |  |  |  |  |
| 5        | Contractor's Name Term                        |                      |                         |  |  |  |  |  |  |
| 6        | BAY AREA LEGAL AID 7/1/2021 - 6/30/2022       |                      |                         |  |  |  |  |  |  |
| 7        | (Check One) New X Renewal Modification        |                      |                         |  |  |  |  |  |  |
| 8        | If modification, Effective Date of Mod.       | No. of Mod.          |                         |  |  |  |  |  |  |
| 9        | Program: SSI Advocacy                         |                      |                         |  |  |  |  |  |  |
| 10       | Budget Reference Page No.(s)                  |                      |                         |  |  |  |  |  |  |
|          | Program Term                                  | 7/1/2021 - 6/30/2022 | Total                   |  |  |  |  |  |  |
| 12       | Expenditures                                  |                      |                         |  |  |  |  |  |  |
| 13       | Salaries & Benefits                           | \$206,261            | \$206,261               |  |  |  |  |  |  |
|          | Operating Expense                             | \$27,340             | \$27,340                |  |  |  |  |  |  |
| 15       | Subtotal                                      | \$233,601            | \$233,601               |  |  |  |  |  |  |
| 16       | Indirect Percentage 14%                       |                      |                         |  |  |  |  |  |  |
|          | Indirect Cost                                 | \$37,899             | \$37,899                |  |  |  |  |  |  |
| 18       | Capital Expenditure                           |                      |                         |  |  |  |  |  |  |
| 19       | Total Expenditures                            | \$271,500            | \$271,500               |  |  |  |  |  |  |
| 20       | HSA Revenues                                  |                      |                         |  |  |  |  |  |  |
| 21       | General Fund                                  | \$133,035            | \$133,035               |  |  |  |  |  |  |
| 22       | State   | \$27,150             | \$27,150                |  |  |  |  |  |  |
| 23       | Federal                                       | \$111,315            | \$111,315               |  |  |  |  |  |  |
| 24       |   |                      |                         |  |  |  |  |  |  |
| 25       |   |                      |                         |  |  |  |  |  |  |
| 26       |   |                      |                         |  |  |  |  |  |  |
| 27       |   |                      |                         |  |  |  |  |  |  |
| 28       |   |                      |                         |  |  |  |  |  |  |
| -        | TOTAL HSA REVENUES                            | \$271,500            | \$271,500               |  |  |  |  |  |  |
| 30       | Other Revenues                                |                      |                         |  |  |  |  |  |  |
| 31       |   |                      |                         |  |  |  |  |  |  |
| 32       |   |                      |                         |  |  |  |  |  |  |
| 33<br>34 |   |                      |                         |  |  |  |  |  |  |
| 34<br>35 |   |                      |                         |  |  |  |  |  |  |
| 36       | Total Revenues                                | \$271,500            | \$271,500               |  |  |  |  |  |  |
| 37       |   |                      |                         |  |  |  |  |  |  |
| 39       | Prepared by: Michelle Weger                   | 510-250-5243         | Date 6/9/2021           |  |  |  |  |  |  |
| 40       | HSA-CO Review Signature:                      |                      |                         |  |  |  |  |  |  |
| 41       | HSA #1  |                      | 11/15/2007              |  |  |  |  |  |  |

| 1         2         3         4         Program Name: Individualized Legal Support Services         5         (Same as Line 9 on HSA #1)         6         7         Salaries & Benefits Detail | Appendix B-2, Page 2<br>Document Date: 6/9/2021 |
|---|---|
| 3         4         9         5         (Same as Line 9 on HSA #1)         6         7         Salaries & Benefits Detail   | Document Date: 6/9/2021                         |
| <ul> <li>4 Program Name: Individualized Legal Support Services</li> <li>5 (Same as Line 9 on HSA #1)</li> <li>6</li> <li>7 Salaries &amp; Benefits Detail</li> </ul>                            |   |
| 5   (Same as Line 9 on HSA #1)     6   7     7   Salaries & Benefits Detail   |   |
| 6<br>7 Salaries & Benefits Detail   |   |
| 7 Salaries & Benefits Detail  |   |
|   |   |
|   |   |
| 8   |   |
| <u>9</u><br>10<br>7/1/2021 - 6/30/  | 022   |
| 11 Agency Totals For HSA Program For DHS Progr  |   |
| Annual Full   |   |
| TimeSalary Total % Adjusted   |   |
| 12 POSITION TITLE for FTE FTE % FTE FTE Budgeted Sala   | ry 7/1/18 - 6/30/21                             |
| 13         Managing Attorney - SSI         \$121,953         100%         3.268%         3.268%         \$  | 3,986 \$3,986                                   |
| 14         Supervising Attorney - SSI         \$99,216         100%         51.343%         51.343%         \$5   | ),940 \$50,940                                  |
| 15         Staff Attorney (Wolchansky)         \$94,731         100%         39.877%         39.877%         \$39.877%  | 7,776 \$37,776                                  |
| 16         Staff Attorney (Castro)         \$78,663         100%         23.358%         23.358%         \$1  | 3,374 \$18,374                                  |
| 17 Social Worker \$94,419 100% 44.828% 44.828% \$4  | 2,326 \$42,326                                  |
| 18 Support Staff (Li) \$80,535 100% 13.595% 13.595% \$1   | ),949 \$10,949                                  |
| 19  |   |
| 20  |   |
| 21  |   |
| 22  |   |
| 23  |   |
| 24  |   |
| 25  |   |
| 26  |   |
|   | 4,351 \$164,351                                 |
| 28     29 FRINGE BENEFIT RATE   |   |
| 30 EMPLOYEE FRINGE BENEFITS 25.5% \$4   | ,910 \$41,910                                   |
| 31<br>32  |   |
|   | 5,261 \$206,261                                 |
| 34 HSA #2   | 11/15/2007                                      |

| 1       Appendix B-2, Page Document Date: 6/9/2         2       Document Date: 6/9/2         4       Program Name: Individualized Legal Support Services         5       (Same as Line 9 on HSA #1)         7       Operating Expense Detail         9       10         11       11         12       Expenditure Category       TERM         7/1/2021 - 6/30/2022       TOTAL         13       Rental of Property       \$20,677         14       Utilities(Elec, Water, Gas, Phone, Scavenger)       \$31,166         5       Gffice Supplies, Postage       \$11,272         16       Building Maintenance Supplies and Repair  |    | A                 | В                                    | С | D    | E                                     | F        | G            |
|---|----|-------------------|--------------------------------------|---|------|---------------------------------------|----------|--------------|
| 3       4       Program Name: Individualized Legal Support Services         5       (Same as Line 9 on HSA #1)       Operating Expense Detail         8       9       10         10       TERM       7/1/2021 - 6/30/2022       TOTAL         11       12       Expenditure Category       TERM       7/1/2021 - 6/30/2022       TOTAL         11       12       Expenditure Category       TERM       7/1/2021 - 6/30/2022       TOTAL         13       Rental of Property       \$20,677       \$20,077       \$20,077         14       Utilities(Elec, Water, Gas, Phone, Scavenger)       \$3,196       \$3,3       \$3,196       \$3,3         15       Office Supplies, Postage       \$1,272       \$1,172       \$1,172       \$1,172       \$1,172         16       Building Maintenance       \$1,023       \$1,172   |    |                   |                                      |   |      |                                       | endix B· |              |
| 4         Program Name:         Individualized Legal Support Services           5         (Same as Line 9 on HSA #1)         Operating Expense Detail           7         Operating Expense Detail           8         9         1           11         Expenditure Category         TERM         7/1/2021 - 6/30/2022         TOTAL           12         Expenditure Category         TERM         7/1/2021 - 6/30/2022         TOTAL           13         Rental of Property         \$20,677         \$20,           14         Utilities(Elec, Water, Gas, Phone, Scavenger)         \$3,196         \$3,           15         Office Supplies, Postage         \$1,272         \$1,           16         Building Maintenance Supplies and Repair  |    |                   |                                      |   |      | Docur                                 | nent Da  | te: 6/9/2021 |
| 6       Operating Expense Detail         6       Operating Expense Detail         7       7         8       9         10       11         12       Expenditure Category       TERM         13       Rental of Property       \$20,677       \$20,077         14       Utilities(Elec, Water, Gas, Phone, Scavenger)       \$3,196       \$3,196         15       Office Supplies, Postage       \$1,272       \$1,         16       Building Maintenance Supplies and Repair  |    |                   |                                      |   |      |                                       |          |              |
| 6         Operating Expense Detail           8         9           10         11           12         Expenditure Category         TERM           13         Rental of Property         \$20,677         \$20,           14         Utilities(Elec, Water, Gas, Phone, Scavenger)         \$3,196         \$3,           15         Office Supplies, Postage         \$1,272         \$1,           16         Building Maintenance Supplies and Repair   |    |                   |                                      |   |      |                                       |          |              |
| 7         Operating Expense Detail           8         9           10         11           12         Expenditure Category         TERM         7/1/2021 - 6/30/2022         TOTAL           13         Rental of Property         \$20,677         \$20,           14         Utilities(Elec, Water, Gas, Phone, Scavenger)         \$3,196         \$3,           15         Office Supplies, Postage         \$1,272         \$1,           16         Building Maintenance Supplies and Repair  |    | (Same as Line     | 9 on HSA #1)                         |   |      |                                       |          |              |
| 8       9         10       11         12       Expenditure Category       TERM       7/1/2021 - 6/30/2022       TOTAL         13       Rental of Property       \$20,677       \$20,114         14       Utilities(Elec, Water, Gas, Phone, Scavenger)       \$3,196       \$3,         15       Office Supplies, Postage       \$1,272       \$1,         16       Building Maintenance Supplies and Repair  |    |                   |                                      |   | Oper | ating Expense Det                     | ail      |              |
| 9         10           11         12         Expenditure Category         TERM         7/1/2021 - 6/30/2022         TOTAL           13         Rental of Property         \$20,677         \$20,077         \$20,077           14         Utilities(Elec, Water, Gas, Phone, Scavenger)         \$3,196         \$3,         15           15         Office Supplies, Postage         \$1,272         \$1,         16           Building Maintenance Supplies and Repair  |    |                   |                                      |   |      |                                       |          |              |
| 11         TERM         7/1/2021 - 6/30/2022         TOTAL           13         Rental of Property         \$20,677         \$20,177           14         Utilities(Elec, Water, Gas, Phone, Scavenger)         \$3,196         \$3,1           15         Office Supplies, Postage         \$1,272         \$1,           16         Building Maintenance Supplies and Repair  |    |                   |                                      |   |      |                                       |          |              |
| 12       Expenditure Category       TTERM       7/1/2021 - 6/30/2022       TOTAL         13       Rental of Property       \$20,677       \$20,177         14       Utilities(Elec, Water, Gas, Phone, Scavenger)       \$3,196 |    |                   |                                      |   |      |                                       |          |              |
| 14       Utilities(Elec, Water, Gas, Phone, Scavenger)       \$3,196       \$3,         15       Office Supplies, Postage       \$1,272       \$1,         16       Building Maintenance Supplies and Repair       \$1,272       \$1,         17       Printing and Reproduction       \$1,023       \$1,         18       Insurance       \$1,023       \$1,         19       Staff Training       \$20       \$1,172       \$1,         20       Staff Travel-(Local & Out of Town)       \$1,172       \$1,         21       Rental of Equipment       \$1,172       \$1,         22       CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE       \$23       \$24         23       \$24       \$25       \$26       \$27         28       OTHER       \$29       \$1100000000000000000000000000000000000   |    | Expenditure C     | ategory                              |   | TERM | 7/1/2021 - 6/30/2022                  |          | TOTAL        |
| 15       Office Supplies, Postage       \$1,272       \$1,         16       Building Maintenance Supplies and Repair  | 13 | Rental of Prop    | perty                                |   |      | \$20,677                              | _        | \$20,677     |
| 16       Building Maintenance Supplies and Repair         17       Printing and Reproduction         18       Insurance         18       Insurance         19       Staff Training         20       Staff Travel-(Local & Out of Town)         21       Rental of Equipment         22       CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE         23  | 14 | Utilities(Elec, \ | Nater, Gas, Phone, Scavenger)        |   | _    | \$3,196                               | \$       | 3,196        |
| 17       Printing and Reproduction         18       Insurance         19       Staff Training         20       Staff Travel-(Local & Out of Town)         21       Rental of Equipment         22       CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE         23   | 15 | Office Supplie    | s, Postage                           |   | -    | \$1,272                               | \$       | 1,272        |
| 18       Insurance       \$1,023       \$1,1         19       Staff Training  | 16 | Building Maint    | enance Supplies and Repair           |   | -    |                                       |          |              |
| 19       Staff Training   | 17 | Printing and R    | eproduction                          |   | -    |                                       |          |              |
| 20       Staff Travel-(Local & Out of Town)         21       Rental of Equipment         22       CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE         23   | 18 | Insurance         |                                      |   | -    | \$1,023                               | \$       | 1,023        |
| 21       Rental of Equipment       \$1,172       \$ 1,         22       consultant/subcontractor descriptive title       23       24         23       24       25       26         26       27       28       OTHER         29       Litigation costs (client psychological evaluations)       30       Local travel - staff/clients         31       32       33       34       35         35       TOTAL OPERATING EXPENSE       \$27,340       \$27,   | 19 | Staff Training    |                                      |   | -    |                                       |          |              |
| 22       CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE         23  | 20 | Staff Travel-(L   | ocal & Out of Town)                  |   | -    |                                       |          |              |
| 23  | 21 | Rental of Equi    | pment                                |   | -    | \$1,172                               | \$       | 1,172        |
| 24  |    | CONSULTANT/SU     | JBCONTRACTOR DESCRIPTIVE TITLE       |   |      |                                       |          |              |
| 25  |    |                   |                                      |   |      |                                       |          |              |
| 26  |    |                   |                                      |   |      |                                       |          |              |
| 27  |    |                   |                                      |   |      |                                       |          |              |
| 29       Litigation costs (client psychological evaluations)         30       Local travel - staff/clients         31   |    |                   |                                      |   |      |                                       |          |              |
| 30       Local travel - staff/clients         31  | 28 | OTHER             |                                      |   |      |                                       |          |              |
| 31  | 29 | Litigation costs  | s (client psychological evaluations) |   | _    |                                       |          |              |
| 32  | 30 | Local travel - s  | staff/clients                        |   |      |                                       |          |              |
| 33         33           34         35           35         TOTAL OPERATING EXPENSE           \$27,340         \$27,340  |    |                   |                                      |   |      |                                       |          |              |
| 34           35         TOTAL OPERATING EXPENSE           \$27,340         \$27,  |    |                   |                                      |   |      |                                       |          |              |
| 35 TOTAL OPERATING EXPENSE \$27,340 \$27,   |    |                   |                                      |   |      |                                       |          |              |
|   |    | TOTAL OPER        | ATING EXPENSE                        |   |      | \$27.340                              |          | \$27,340     |
|   |    |                   |                                      |   | -    | , , , , , , , , , , , , , , , , , , , | _        | . ,          |
| 37 HSA #3 11/15/  |    | HSA #3            |                                      |   |      |                                       |          | 11/15/2007   |

|        | А                                  | В   | С     | D     | E                    | F     |  |  |  |  |
|--------|------------------------------------|---|-------|-------|----------------------|-------|--|--|--|--|
| 1      | Appendix B-1, Page 1               |   |       |       |                      |       |  |  |  |  |
| 2<br>3 | 2 Document Date: 6/9/2021          |   |       |       |                      |       |  |  |  |  |
|        | Program                            | Name: Individualized Legal Support Services |       |       |                      |       |  |  |  |  |
| 5      |                                    | s Line 9 on HSA #1)                         |       |       |                      |       |  |  |  |  |
| 6      |                                    |   |       |       |                      |       |  |  |  |  |
| 7      |                                    |   |       |       |                      |       |  |  |  |  |
| 8      |                                    |   |       |       |                      |       |  |  |  |  |
| 9      |                                    |   |       |       |                      | TOTAL |  |  |  |  |
| 10     | EQUI                               | P M E N T TERM                              | #REF! | #REF! | 7/1/2021 - 6/30/2022 |       |  |  |  |  |
| 11     | No.                                | ITEM/DESCRIPTION                            |       |       |                      |       |  |  |  |  |
| 12     |                                    |   |       |       |                      |       |  |  |  |  |
| 13     |                                    |   |       |       |                      |       |  |  |  |  |
| 14     |                                    |   |       |       |                      |       |  |  |  |  |
| 15     |                                    |   |       |       |                      |       |  |  |  |  |
| 16     |                                    |   |       |       |                      |       |  |  |  |  |
| 17     |                                    |   |       |       |                      |       |  |  |  |  |
| 18     |                                    |   |       |       |                      |       |  |  |  |  |
| 19     |                                    |   |       |       |                      |       |  |  |  |  |
| 20     | TOTAL                              | EQUIPMENT COST                              |       |       |                      |       |  |  |  |  |
| 21     | 21                                 |   |       |       |                      |       |  |  |  |  |
| 22     | REM                                | ODELING                                     |       |       | -                    |       |  |  |  |  |
| 23     | Descript                           | ion:  |       |       |                      |       |  |  |  |  |
| 24     |                                    |   |       |       |                      |       |  |  |  |  |
| 25     |                                    |   |       |       |                      |       |  |  |  |  |
| 26     |                                    |   |       |       |                      |       |  |  |  |  |
| 27     |                                    |   |       |       |                      |       |  |  |  |  |
| 28     |                                    |   |       |       |                      |       |  |  |  |  |
| 29     | TOTAL                              | REMODELING COST                             |       |       |                      |       |  |  |  |  |
| 30     |                                    |   |       |       |                      |       |  |  |  |  |
| 31     | 31 TOTAL CAPITAL EXPENDITURE 0     |   |       |       |                      |       |  |  |  |  |
|        | 32 (Equipment and Remodeling Cost) |   |       |       |                      |       |  |  |  |  |
| 33     | 33 HSA #4                          |   |       |       |                      |       |  |  |  |  |