



Notification to Department of Public Health
Continuity of Payment- Emergency Disruptions (COVID-19)
(Complete one form per impacted facility address)

Nonprofit contractors deliver essential services to San Francisco residents on behalf of and funded by the City and County of San Francisco. Due to the public health emergency related to COVID-19, certain programs may be required to close or suffer other disruptions, which could have implications for cash flow, as the City typically only pays for actual services rendered. It is the City's intent to support the sustainability of nonprofit contractors by continuing to provide full or partial payment in the event of programmatic closures that are in accordance with official public health recommendations. The Controller's Office issued policy guidance to City departments and nonprofit service providers to help ensure continuity of payment in the event of disruptions related to COVID-19. The subject form is in coordination with this policy to provide the Department with essential information. View the policy at: http://openbook.sfgov.org/webreports/details3.aspx?id=2806. The policy may be updated periodically.

Please note that per Article 12 of your contract, a contractor's employees shall become emergency workers and participate in the emergency response of the Department of Public Health during a declared emergency. We are reliant upon your staff to continue to provide essential services, and to assist the Department in the City's disaster response.

Instructions: Please (a) complete the following information and (b) submit the form as indicated below. Submission of this form will serve as notification to the Department that your future cost reimbursement invoices may report reduced deliverables, or Fee-for-service invoices may not be based on actual units of service delivered, but a calculation to ensure stable monthly payments, e.g. 1/12th. Please do continue to enter all units of service into Avatar, or other billing systems following normal procedures. Consider this request approved and submit invoice templates accordingly, unless you are instructed otherwise.

1. Please Select Applicable DPH Section(s) (funding the applicable contract/programs)

Form with two columns of checkboxes for selecting applicable DPH sections. Left column: SF Health Network-Behavioral Health Services (Adult and Older Adult (AOA), Children, Youth & Families (CYF), Mental Health Services Act (MHSA), Substance Use Disorder (SUD), Transitional Aged Youth (TAY)). Right column: Population Health (Community Health Equity & Promotion (CHE&P), HIV Prevention Services (HPS)), SF Health Network-Other (Community-Based Primary Care (CBPC), HIV Health Services (HHS), Maternal, Child & Adolescent Health (MCAH)).

2. Initiator of this Form

Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Today's Date: Click or tap here to enter text.

Email: Click or tap here to enter text.

3. Purpose of this Request (Check all that apply):

- Notification of Facility Closure (and corresponding impacted programs)
Notification of Service Level Reductions/Impacted Programs
Other

4. Agency Information:

Contractor/Agency Name: Click or tap here to enter text.

Contract ID # (Identified in Contract or Funding Notification letter): Click or tap here to enter text.

Contract Fiscal Year: Click or tap here to enter text.

Facility Address of Impacted Program(s) (one form per address): [Click or tap here to enter text.](#)

**5. List all Programs located at single Facility Address (even if no impact). One form per address.**

<b>Program Name:</b> Appendix # Check Box for: <input type="checkbox"/> Reduced Services <input type="checkbox"/> Closure <input type="checkbox"/> No Impact Month of First Invoice Reflecting Change in Service Delivery (from December 2021): <a href="#">Click or tap here to enter text.</a>
<b>Program Name:</b> Appendix # Check Box for: <input type="checkbox"/> Reduced Services <input type="checkbox"/> Closure <input type="checkbox"/> No Impact Month of First Invoice Reflecting Change in Service Delivery (from December 2021): <a href="#">Click or tap here to enter text.</a>
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For each impacted program, include (1) a brief one to two sentence description of the service, and (2) a brief description of how COVID-19 caused impact, e.g. SFUSD closed, so eliminated referral source. If this was a temporary closure, and your site reopened, please include dates of closure period.

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**6. Submission and Next Steps**

**1) Contractor submit this form to [cdtaunit@sfdph.org](mailto:cdtaunit@sfdph.org)**

- Submit invoices accordingly, beginning no sooner than for the month of December 2021.
- You will be contacted only if the notification is NOT approved.

**2) CDTA Program Manager will provide copies to each of the following individuals -**

- Cc: SOC Director, BOCC Director, and Budget Unit Director

**Note** - For Budget Changes, Revisions, etc., please use the Contract Change Request Form (CCR) following normal procedures.

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Signature of Contract Representative

Date

- Received by CDTA Program Manager
- Distributed by CDTA Program Manager