



# San Francisco Department of Public Health

Grant Colfax, MD  
Director of Health

City and County of San Francisco  
London N. Breed  
Mayor

## MEMORANDUM

TO: Commissioner \_\_\_\_ and Members of Health Commission Finance and Planning Committee

FROM: Michelle Ruggels, DPH Business Office Director *MR*

DATE: October 28, 2022

RE: Revisions to the “Summary of Contract Request to the Health Commission” Template

The purpose of this memo is to provide a breakdown of proposed updates and proposed revisions made to the “Summary of Contract Request to the Health Commission” Template. These changes are in direct response to the discussion at the October 4, 2022, Health Commission (HC) Finance and Planning Committee meeting where questions were raised pertaining to the template.

The first proposed change from the original template was to separate it into two distinct templates based on the type of service the Vendor provides to the Department due to the differences in (1) the Budget structure, (2) how the Units of Service are measured, and (3) how the Vendors are governed. This change simplifies and streamlines each template and provides relevant language specific to each type of service. The two template types are:

- Summary of **Community-Based Organization (CBO)** Agreement Request to HC: Used for new Agreements for the provision of direct treatment/services that serve as an extension of DPH’s service delivery system
- Summary of **Department Operational Support (DOS)** Contract Request to HC: Used for new Contracts for the provision of goods or services that directly support DPH’s operations

Second, each of the new forms underwent an update to ensure the concerns raised by the HC Finance and Planning Committee were adequately addressed. The table below provides a summary of the major proposed changes.

	Original Template	CBO Request Template	DOS Request Template
Contract Type	Options included New, Renewal, and Mod	<b>Removed this question</b> as the Health Commission will only receive this Memo for <u>New</u> Agreements	
Vendor Type	Options were Profit or Non-Profit	<b>Removed this question</b> as the use of one of the two new templates will automatically indicate this information	

	<b>Original Template</b>	<b>CBO Request Template</b>	<b>DOS Request Template</b>
<b>DPH-Vendor History</b>	Requested the Number of years DPH has been doing business with this organization	<b>Revised the question</b> as outlined below to provide current information re the subject vendor: Does DPH have other existing contracts with this vendor? Yes/No If yes, how many years has DPH been doing business with this vendor? Provide explanation, as needed.”	
<b>Contract Budget Information</b>	Requested Funding Sources, Contingency, Annual Amount, Prior Txn, Proposed Txn, Annualized Diff, Agency Funds, Contract FTE	<b>Removed Prior Transaction and Annualized Difference</b> as the template is for New Contracts and therefore there are no prior transactions resulting in a confusing annualized difference set of numbers <b>Removed Agency Funds and Contract FTE</b> as this information is typically not applicable for either type of contract	<b>Added One-Time Costs</b> (e.g., one-time implementation cost vs. ongoing software license cost) <b>Clarified Annual Amount</b> excludes the one-time costs <b>Added Program Administration<sup>1</sup></b> indirect percent, indirect expenses, and direct expenses [if applicable]
<b>Service Measurement</b>	Requested Mode of Service, Unit of Service, No. of Clients, No. of Units, and Unit Cost	<b>Added Number of Contacts (NOC)</b>	<b>Edited language to make applicable to DOS-type contracts:</b> Item/Service, Quantity, Unit Price, Amount
<b>Purpose of Contract</b>	Requested Explanation of Service Change and Variances and Other Significant Issues	<b>Changed to Purpose of Contract</b> and combined with Other Significant Issues to simplify, streamline, and ensure this section describes what the contract is for, information about the vendor, and the applicable contracting authority	
<b>Contract Monitoring</b>	Generic language stating the contract will be monitored with all applicable Departmental procedures	<b>Specified monitoring by the BOCC</b> (DPH Business Office of Contract Compliance) for CBO Agreements	<b>Changed to Key Performance Indicators</b> to Monitor the Contract as Meeting and/or Exceeding the Delivery of the Scope of Services <b>Requests specificity re the KPIs and the Venue/Committee/Forum</b> the KPI will be reported to

<sup>1</sup> Program Administration Contractors are vendors contracted to provide a service to administratively support a DPH initiative or program, typically involving subcontractors to fulfill DPH’s programmatic need, and sometimes includes employing staff

	<b>Original Template</b>	<b>CBO Request Template</b>	<b>DOS Request Template</b>
<b>Equity &amp; Inclusion</b>	Header stated: Nondiscrimination and Cultural Competency	New header: Health Equity and Inclusion Compliance <b>Revised the header and subsequent statement</b> with input from the Office of Health Equity to align with current efforts and terminology	
<b>Vendor Leadership</b>	Requested Listing of Board of Directors, Owners of 10% or More of the Firm, and Executive Director	Revised: Listing of Executive Director and Board of Directors <b>Removed Owners of 10% or More of the Firm</b> as CBOs are not structured in this way	Revised: Listing of CEO, Board of Directors, and Owners of 10% or More of the Firm <b>Revised to CEO from Executive Director</b> to align with language relevant to these types of vendors

#### Attachments

1. HC Memo Template - CBO - revised 10.20.22
2. HC Memo Template - DOS - revised 10.20.22

Please note: The Contracts Office has utilized the proposed CBO template for a new agreement with Special Services for Groups-OTTP subject to Health Commission approval on November 1, 2022.

**SUMMARY OF COMMUNITY-BASED ORGANIZATION AGREEMENT REQUEST TO THE HEALTH COMMISSION**

*A CBO Contract is an Agreement for the provision of direct treatment/services that serves as an extension of DPH's service delivery system.*

<b>Vendor:</b>	_____	<b>Division/Section:</b>	_____ < Example: PHD/CHEP HPS, BHS/TAY >	
	_____	<b>Deputy Director:</b>	_____	
<b>Address:</b>	_____	<b>DPH Administrator:</b>	_____	
	_____	<b>Program Administrator:</b>	_____	<b>Phone:</b> _____
<b>Contact:</b>	<b>Phone:</b> _____	<b>Contract Analyst:</b>	_____	<b>Phone:</b> _____

Request for approval of a <New Grant Agreement, New Professional Services Agreement, or other contract type> with <insert Vendor Name> to perform <insert description>. The total proposed agreement amount is <Insert Amount> which includes a 12% contingency for the term of <Start Date> through <End Date> (xx years and xx months).

Mark only one for each question below:

- LBE:**  Yes  No
- Purchasing Authority:**  RFP  Sole Source  
    <RFP Number>                      <Sole Source Number>  
    <RFP Effective Date>              <Approval Date>
- Does DPH have other existing agreements with this Vendor?**  Yes  No  
    If yes, how many years has DPH been doing business with this vendor?  
    Provide explanation, as needed. \_\_\_\_\_

**AGREEMENT INFORMATION**

**Proposed Transaction**

<Agreement Start Date> to <Agreement End Date>

**FUNDING SOURCES:**

General Fund

<Funding Source> \_\_\_\_\_

<Funding Source> \_\_\_\_\_

**TOTAL DPH REVENUES:** \_\_\_\_\_

12% Contingency Amount \_\_\_\_\_

**TOTAL AGREEMENT AMOUNT WITH CONTINGENCY:** \_\_\_\_\_

**ANNUAL AMOUNT OF AGREEMENT \*:** \_\_\_\_\_

*\*This is an estimate including one-time implementation costs smoothed over Agreement term.*

**SUMMARY OF COMMUNITY-BASED ORGANIZATION AGREEMENT REQUEST TO THE HEALTH COMMISSION**

*A CBO Contract is an Agreement for the provision of direct treatment/services that serves as an extension of DPH's service delivery system.*

**PROPOSED UNITS OF SERVICES**

Mode(s) of Service & Unit of Service (UOS)/ Number of Contacts (NOC) Definition	Number of Clients		Number of Units/ NOC	Unit Cost
	<input type="checkbox"/> Duplicated	<input type="checkbox"/> Unduplicated		
<One completed diagnostic test or Case Management, Hour>				

**PRIMARY TARGET POPULATIONS**

<b>Agreement's Primary Target Groups</b>	<insert the Agreement's primary target race(s) (e.g., Black, Latinx, etc.), SOGI group(s) (Sexual Orientation and Gender Identity; e.g., Transgender, Gender Non-binary, Gay, Lesbian, Bisexual, etc.) or "N/A">
<b>Agreement's Primary Target Neighborhood or Area</b>	<insert the Agreement's primary target neighborhood or area (e.g., Bayview Hunters Point, Tenderloin, SOMA, etc.)>

**Purpose of Agreement:**

Talk about the Contractual services. If this is part of an initiative, cite the initiative and how this Agreement contributes to that effort. What are the services, who will be served, etc. If this is described in the Office of Health Equity paperwork, please note that here.

Talk about the organization, their history/mission/values, their location(s), what services they provide, etc. 2-3 sentences

**If RFP Use:**

<insert Vendor Name> was selected under RFP xxx. <insert Vendor Name> was the highest ranked proposer. The RFP allows for an Agreement of up to xx years which includes contract options which may or may not be exercised.

**Monitoring Report/Program Review & Follow-up:**

This Agreement will receive annual monitoring through the DPH Business Office of Contract Compliance (BOCC), including for performance and fiscal stability.

**SUMMARY OF COMMUNITY-BASED ORGANIZATION AGREEMENT REQUEST TO THE HEALTH COMMISSION**

*A CBO Contract is an Agreement for the provision of direct treatment/services that serves as an extension of DPH's service delivery system.*

**Health Equity and Inclusion Compliance:**

The Vendor will provide the necessary information to comply with the Department's Office of Health Equity (OHE) requirements and will work collaboratively to remove systemic and operational barriers that impede providing appropriate levels of services to meet the needs of disadvantaged BIPOC stakeholders and communities.

**Sole Source:**

<complete if a sole source if not delete> The Agreement is authorized under the San Francisco Administrative Code Section <21.42 or 21G.8 for Grant Agreements>. Talk about how this Agreement qualifies as a sole source.

**Listing of Executive Director and Board of Directors:**

**Executive Director:**

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**Board of Directors:**

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**SUMMARY OF DEPARTMENT OPERATIONAL SUPPORT CONTRACT REQUEST TO THE HEALTH COMMISSION**

*A DOS Contract is a Contract for the provision of goods or services that directly supports DPH's operations.*

<b>Contractor:</b>	_____	<b>Division/Section:</b>	< Example: DPH/Dept Wide >
	_____	<b>Deputy Director:</b>	_____
<b>Address:</b>	_____	<b>DPH Administrator:</b>	_____
	_____	<b>Program Administrator:</b>	<b>Phone:</b> _____
<b>Contact:</b>	<b>Phone:</b> _____	<b>Contract Analyst:</b>	<b>Phone:</b> _____

Request for approval of a <New Professional Services Agreement, or other contract type> with <insert Vendor Name> to perform <insert description>. The total proposed contract amount is <Insert Amount> which includes a 12% contingency for the term of <Start Date> through <End Date> (xx years and xx months).

**Mark only one for each question below:**

- LBE:**  Yes  No
- Purchasing Authority:**  RFP  Sole Source  GPO  
 <RFP Number> <Sole Source Number>  
 <RFP Effective Date> <Approval Date>
- Does DPH have other existing contracts with this vendor?**  Yes  No

If yes, how many years has DPH been doing business with this vendor? Provide explanation, as needed.

\_\_\_\_\_

**CONTRACT INFORMATION**

**Proposed Transaction**

<Contract Start Date> to <Contract End Date>

**FUNDING SOURCES:**

General Fund

<Funding Source>

<Funding Source>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL DPH REVENUES:**

\_\_\_\_\_

12% Contingency Amount

\_\_\_\_\_

**TOTAL CONTRACT AMOUNT WITH CONTINGENCY:**

\_\_\_\_\_

**ONE-TIME UPFRONT COSTS:**

\_\_\_\_\_

**ANNUAL AMOUNT OF CONTRACT\*:**

\_\_\_\_\_

*\*Exclude one-time upfront/implementation costs.*

**[FOR PROGRAM ADMINISTRATION CONTRACTS ONLY]**

Program Administrator Indirect Percent

\_\_\_\_\_

**TOTAL INDIRECT EXPENSES:**

\_\_\_\_\_

**TOTAL DIRECT EXPENSES:**

\_\_\_\_\_

# SUMMARY OF DEPARTMENT OPERATIONAL SUPPORT CONTRACT REQUEST TO THE HEALTH COMMISSION

*A DOS Contract is a Contract for the provision of goods or services that directly supports DPH's operations.*

## PROPOSED BREAKDOWN OF ITEMS/SERVICES

Item or Service	Quantity	Unit Price	Amount
<One-Time Purchase Amount or Annual Support Fee>			

### Purpose of Contract:

Talk about the Contract what is it for, which unit will use it, clients, etc. Since this is a new contract, provide sufficient detail for the Health Commission to understand the requested new service.

Talk about the company "about us" where are they located, how they are structured, etc. 2-3 sentences

### If Vizient Use:

<insert Vendor Name> was selected under the authority of Section 21A.2 of the Administrative Code through the Department's membership in the Group Purchasing Organization (GPO), Vizient, which was formerly known as University HealthSystems Consortium and the University Health Systems Consortium Services Corporation Purchasing Program (Novation).

### If RFP Use:

<insert Vendor Name> was selected under RFP xxx. <insert Vendor Name> was the highest ranked proposer. The RFP allows for a contract of up to xx years which includes contract options which may or may not be exercised.

### Key Performance Indicators to Monitor the Contract as Meeting and/or Exceeding the Delivery of the Scope of Services:

The contract will be monitored by <insert the Venue/Committee/Forum the KPI will be reported to, e.g., the Performance Improvement and Patient Safety (PIPS) Committee at ZSFG or Quality Assurance and Performance Improvement (QAPI) Committee at LHH>.

The Key Performance Indicators are <insert the Key Performance Indicators to monitor the contract as meeting and/or exceeding delivery of the scope of services>.

### Health Equity and Inclusion Compliance:

The Contractor will provide necessary information to comply with the Department's Office of Health Equity (OHE) requirements and will align with the citywide efforts on contract equity as overseen by the Office of Racial Equity (ORE) in the Human Rights Commission.

### Sole Source:

<complete if a sole source if not delete> The contract is authorized under the San Francisco Administrative Code Section <21.42>. Talk about how this contract qualifies as a sole source.



**SUMMARY OF DEPARTMENT OPERATIONAL SUPPORT CONTRACT REQUEST TO THE HEALTH COMMISSION**

*A DOS Contract is a Contract for the provision of goods or services  
that directly supports DPH's operations.*

**Listing of CEO, Board of Directors, and Owners of 10% or More of the Firm:**

**CEO:**

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**Board of Directors:**

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**Owners of 10% or  
more of the Firm:**

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