

*Challenging growth + --
What develops*

Applicant Organization

The National Task Force on AIDS Prevention is a National Minority Organization (NMO) dedicated to ending the AIDS epidemic by advocating for and providing assistance in the development of HIV education and prevention service programs by and for gay/bisexual men of color. The NTFAP is unique in that it provides services both nationwide and locally within San Francisco.

The organization came into being as a national project in 1988 when it was funded by the Centers for Disease Control as part of a grant program for National Minority Organizations. There was a recognized need for a national organization, staffed by and for gay men of color, to assist local groups in identifying the many gaps in HIV prevention and to act as a resource for collective action across racial and cultural lines toward s addressing these gaps. Over the next four years, the NTFAP's work on the national level expanded involving such programs as HIV prevention education and safe sex skills, facilitator and leadership trainings, research and evaluation, early intervention services, publication and media outreach, the creation of a Latino risk reduction model and the implementation of national AIDS institutes for gay men of color.

At the same time that the national program was expanding and developing, the NTFAP was gradually becoming more involved locally as a collaborative partner in the creation of HIV services for gay men of color in the city and county of San Francisco. In 1990, the NTFAP in collaboration with four local agencies based in communities of color received funding from the city and county of San Francisco to create the first local early intervention program. This early involvement in providing services at the local level led to an increasing involvement in providing technical assistance, curriculum development, and administrative and program management for other local programs for traditionally under-served populations. Due in part to the collapse of local HIV agencies in communities of color in San Francisco and a new emphasis on consolidation, the NTFAP has become the largest lead/fiscal agent for HIV services for communities of color in San Francisco.

Administrative Staff for the NTFAP includes: the Executive Director, Operations Manager, Director of Local Programs, one full-time accountant and an executive assistant handling administrative responsibilities. National program staff include: the Coordinator of Training and Education, the Coordinator of Research and Evaluation, the Coordinator of Publications, and the Coordinator of Latino Programs. Local program staff include: the Director of the Brothers Network, the Project Coordinator of Educational Models for Community Change (EMC²), the Director of the Early Advocacy and Care for HIV (EACH) Program, and the Director of Health Outreach Prevention and Educational Services (HOPES). Currently, the Board of Directors includes three Board Officers and six interim Board members.

Organizational Needs

A. Financial Development

1. Securing Line of Credit = \$40,000

Because 95% of the current NTFAP Budget is provided various governmental sources i.e. the General Fund of the City, funds from the Centers for Disease Control, etc., cashflow within the agency is closely connected to the timeliness of reimbursements from these sources. Delays in reimbursements are common.

The NTFAP is seeking assistance in securing a \$40,000 line of credit from Wells Fargo Bank. At this time none of the current Board members can be of assistance in this matter since it entails providing Wells Fargo with collateral of equal worth.

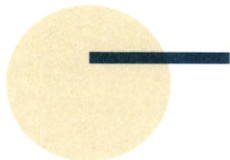
2. Diversification of funding sources/Support for Fund Development Consultant = \$20,000

The NTFAP seeks to diversify its funding by increasing the amount of funding received from private sources. In order to accomplish this, we anticipate hiring a development consultant to begin a national direct mail effort and to develop a major donor and corporate giving campaign. This contribution would underwrite approximately one-quarter of the initial expenses in this area.

3. Early Intervention/Treatment Information Track for National/Regional AIDS Institutes for Gay Men of Color = \$30,000

The NTFAP conducts two national and two regional AIDS Institutes for gay and bisexual men of color. These institutes provide vital information for hard to reach populations who are not served by other AIDS Service Organization. This year the NTFAP is seeking to add an early intervention and Treatment Track to the institutes. This contribution would underwrite the expenses of adding this track to all four institutes.

August 31, 1993

file

Michael Thompson

Program Design and
Fund Development

Randy Miller, Local Programs Director
The Brothers Network
625 O'Farrell
San Francisco, CA 94109

Dear Randy,

Since the Youth RFP for which I was contracted to write the narrative was not submitted on time, I feel compelled to write to you to clarify my role in the development of the proposal. I realize that there are a number of reasons why the proposal did not make it to the AIDS Office on time. My professional concern in this is that there may be some feelings or beliefs that the narrative — my portion — was insufficient or lacking at the time of submission and therefore, needed to be reworked for submission. I do not believe this to be the case as the work I completed went through all eyes and incorporated all changes requested. Obviously, my professional reputation depends on me submitting to clients work that is of high quality and that is responsive to the needs articulated by my clients. This done, I believe I meet my professional obligations.

I hope that by documenting for you the process from my perspective, that we will all be able to prevent late submission of any future proposals. Please understand, my intention with this letter is not to lay any blame on anyone's doorstep, rather, my intention is to document the timelines, as well as the process, by which I received information and feedback.

Obviously, the most relevant problem we were all confronting was the short time-frame from the time I was engaged to the due date of the proposal. This time-frame was made even shorter by the fact that I needed to finish my parts of the narrative by Wednesday night as I was scheduled to leave town the first thing, Thursday, 8/19. This short time-frame required that all parties submit to me necessary information by Monday, August 16 at the latest and that all parties return to me edited copies of draft work by Wednesday, August 18 at 2:00 PM at the latest, so I could generate a final draft. I received specific program information from the Brothers Network on August 16 at about 2:00 PM. I received specific program information from Proyecto on 8/17 at 8:00 PM and received it via Craig at GCHP.

In all instances — including GCHP/AAP, the information I received was in concept paper and program description form (see attached) with general objectives and target numbers for deliverables for the six month and 12 month periods of the project period. Hence, all of it needed significant re-working to fit into proposal criteria laid out by the AIDS Office as well as to standardize the presentation of the programs and information so that the proposal made sense as a unified whole. In this process, I was not able to use verbatim a great deal of the various descriptive paragraphs included. Nor was I able to use much of the descriptive information as I relied upon epidemiology

and published research to discuss issues such as need for services and barriers to risk reduction. I did use descriptive information provided me as it pertains to articulating psycho-social, cultural and oppression dynamics that impact risk reduction. While this style of writing proposals may seem dry, in my experience, proposals that use existing research — or highlighting the lack thereof — to underscore rhetorical descriptions make strong and persuasive arguments that sell to government funders.

If I am not mistaken, I delivered full drafts of the narrative to all parties on Wednesday morning with a request that I receive feedback by 2:00 PM. I received feedback from Brothers at 7:30 PM. This feedback included adding objectives as well as some text for the needs statement. I added this text verbatim, with only some minor grammatical changes. I also added the objectives and reworked a number of different sections to reflect their inclusion — as you know, adding objectives impacts three different sections of SFDPH proposals (methodology, activities, deliverables and objectives). As you know, I also worked with Jessie on Wednesday evening to flesh out the Latino piece since there were some significant gaps there.

By about 2:00 AM, I finished a final draft of the narrative as well as client flow charts, computer facsimiles of budget pages and a table of contents to be filled in with page numbers. I assembled a “dummy” proposal with “flag” pages everywhere some item needed to be included. I delivered all of this to Craig Yee who was responsible for completing the budgets and budget narratives. I made a very strong recommendation to Craig that he communicate to all parties that they should not tamper with the narrative at this point and focus on completing the budgets, budget narrative and supporting documents and finish proposal assembly by Thursday afternoon. My point was, any changes to the narrative at this point would not impact the proposal sufficiently to justify the expense of time and energy when budgets and proposal assembly are so time-consuming.

On Monday, August 16, I also delivered to Craig and Jesse, a copy of a checklist of all items that needed to be put together for the final package. I also made suggestions for delegation of these tasks. In this way, I made sure that someone was aware of what needed to be accomplished for the final proposal and could follow up on the items during the week.

I have one recommendation to make that I believe may help any similar collaborative projects go a little more smoothly. Have one individual from one of the collaborating agencies act as coordinator/liaison between the agencies and the grantwriter. This person should be empowered to feel confident in requiring that information, input, feedback and revisions be provided in a timely fashion as well as moving the assembly process along to submission.

I also have one concern that is more a comment on the process. This is: I have received criticism before that it is inappropriate for a white person, myself in particular, to be doing program development for gay men of color. I agree with this wholeheartedly. I believe that I work very hard to hear what is described to me and then translate this into a format that is grounded in solid research and described in sound methodology. But, when I do not get timely and thorough feedback on what I have written, I have to assume that what I have written has been successful in this translation process. The inevitable goal remains, completing the proposal in time for submission. I would really

appreciate the opportunity to discuss this with you more thoroughly as it is important to my integrity as a white gay man who writes some proposals for gay men of color.

I look forward to working with you again. I know this has been a disappointing experience for all involved — it has for me because I think we put together a good proposal and you know that I am in this for more than simply writing proposals.

All my best,

A handwritten signature in blue ink, appearing to read 'Michael', written in a cursive style.

Michael Thompson



NATIONAL TASK FORCE ON AIDS PREVENTION

631 O'Farrell Street • San Francisco • California • 94109
415/749-6700 • FAX 415/749-6706

INTERAGENCY MEMORANDUM

Private & Confidential & Private & Confidential & Private

From: Randy Miller, NTFAP

To: Gerald Lenoir, BCA
Reggie Williams, NTFAP
Tony Glover, Brothers Network
Ernest Andrews, HOPES
Allen Stinson, BCA

Date: August 25, 1993

re: Response to Prevention RFP

Things are happening fast and furiously regarding the Prevention RFP, so I wanted to take this opportunity to pull together the beginnings of a concept paper to inform our discussions regarding the African American components of the Prevention RFP.

I have tentatively contracted with a grants writer (Michael Thompson) to produce the proposal but we need to give him at least two weeks to do the writing. That means that all of the basic conceptualization of this proposal should be done by September 5. The proposal is due at noon on September 20.

As most of you know there are a number of political challenges that need to be addressed, but we can talk about that when we meet in person on Tuesday, August 31 at 10 AM.

Basic Assumptions:

(These are mainly from my head and from preliminary discussions with Gerald.)

1. We are developing a proposal that will assist in better coordinating prevention services for African Americans, but we are not trying to monopolize all of African American prevention monies.

2. We will be requesting *most if not all* of the media and advertising funds for African Americans so that we can pull together a coordinated advertising campaign that will specifically and consistently target various populations within the African American community. The advertising campaign at a minimum will consist of a general prevention brochure and bus stop poster campaigns.

To accomplish this we will utilize: (1) a paid consultant to coordinate the campaigns, (2) an advisory group comprised of representatives (paid consultants) from approximately five - six African American HIV agencies, and (3) focus groups reflecting the target populations to be reached.

The target populations to be reached need to be agreed on prior to putting the proposal together.

3. The prevention services in this proposal coordinated by the BCA will be citywide and will target the African American community at large. The prevention services coordinated by the Brothers Network will focus in the Tenderloin, the Western Addition and the Castro. The Brothers Network will continue to serve African American gay and bisexual men (including men who have sex with men) and transgenders.
4. The NTFAP will serve as the fiscal agent for this proposal.
5. This proposal needs to be linked with other proposals which serve African American women, injection drug users and their partners and offer targeted services in the Southeastern part of the city and other African American districts i.e. OMI, Park Merced, etc.

Given that this proposal will not address all of the needs of African Americans in the city, we need to take some responsibility for supporting and perhaps helping to identify how other specific target populations will be served.

Tentative services to covered by this proposal:

Prevention Services

BCA:

1. Supervision of paid media and advertising consultant.
2. Coordination of African American Conference regarding HIV prevention.
3. Quarterly educational seminars for the general community to learn about HIV?

Brothers Network:

1. Serial prevention workshops in the homes of community members.
2. Biannual special events.
3. Prevention Case Management.
4. Annual Brother-to-Brother Leadership Retreat.
5. Relapse workshops.
6. Risk reduction activities in local bars and sex clubs.
7. Incorporating youth program??????



August 25, 1993

TO: All Potential Bidders
RFP 021-93
HIV Prevention and Education in San Francisco

FROM: Judith L. Weld *Nancy Foote (for)*
RFP & Monitoring Coordinator

Attached please find the minutes from the Bidders Conference held on August 11, 1993, at the AIDS Office regarding this RFP. If you have questions about the services solicited in this RFP, please refer to the minutes for clarification, or attend the second Bidders Conference on August 25, 1993, at 9:00 a.m. Remember, we cannot answer questions about the services outside of the Bidders Conferences.

If you cannot attend the second Bidders Conference on August 25, 1993, at 9:00 a.m., you may submit your questions to me in advance in writing. I will present and answer your questions at the Bidders Conference and in the minutes.

Please call me if you have questions regarding technical aspects of this RFP. If you are unsure if your question is appropriate to ask, please call and I will let you know whether or not I can answer it. If you need assistance and I am not available, please call Pat Johnson at the Office of Contracts Management at (415) 554-2606.

cc: Mitch Katz, M.D.
James Loyce
Pat Johnson
Valerie Kegebein
Prevention Branch Program Managers
Galen Leung
Paul Moreno

1) Unit of service for street
outreach = hours & people
doing outreach

2) Unit of service must be
linked to an objective
UOS = process objective

o:\rfps\minutes\021-93.doc

Minutes
Bidders Conference
RFP 021-93
HIV Prevention and Education in San Francisco
August 11, 1993
AIDS Office

PRESENT:

Susan Burns	-----	Phil Clark	LYRIC
Stephen Manning	18th Street Services	Mike Brunetti	MB & Associates
Thomas Tymstone	18th Street Services	Leah Talley	MB & Associates
Thomas Benn	AIDS Indigent Direct Services	Steve Feedback	National Task Force on AIDS Prevention
Thomas Eades	American Indian AIDS Institute	Kerrington Osborne	National Task Force on AIDS Prevention
Antonio Pisig	Asian AIDS Project	George Clark	Prevention Point Research Group
Rafael Chang	Asian Pacific AIDS Coalition	Judith Cohen	Project AWARE
Juliana von Hacht	BAART	Rani Eversley	Project AWARE
Roslyn Allen	Bayview-Hunter's Point Foundation	Elliot Ramos	San Francisco AIDS Foundation
Michael Bala	CAL-PEP	Eileen Blumenthal	San Francisco AIDS Foundation
Kevin McGirr	CPMC/Operation Concern	Wayne Blankenship	San Francisco AIDS Foundation
Karen L. Norman	California AIDS Intervention Training	Ralph Jennings	San Francisco AIDS Foundation
Michael R. Aldrich	California AIDS Intervention Training	Bill Hayes	San Francisco AIDS Foundation
Joanna Davidson	Ethiopian Refugee Resettlement Center	Dan Wohlfeiler	Stop AIDS Project
Craig L. Yee	GAPA Community HIV Project	Kevin Walsh	Stop AIDS Project
Leon Bacchues	Glide AIDS Project	Eve Francisco	Tenderloin AIDS Resource Center
Sharyn R. Grayson	Grayson-Reece & Associates	Doug Jenny	Tenderloin AIDS Resource Center
Susan Lee Miller	HSSI Homecare	Nadine Greiner	The Health Continuum
John Newmeyer	Haight-Ashbury Free Clinics, Inc.	Ed Diaz	UCSF AIDS Health Project
Barry Lawlor	Haight-Ashbury Free Clinics, Inc.	<u>AIDS Office Staff Present:</u>	
Geoffrey Froner	Health Outreach Team	Judith Weld	RFP Coordinator
Gina Facen	Health Outreach Team	Valerie Kegebein	Prevention Branch Chief
Martha Ryan	Homeless Prenatal Program	Steve Mills	Prevention Branch
Tara Herlocher	Homeless Prenatal Program	Tim Offutt	Prevention Branch
Juanita Quintero	Instituto Familiar de la Raza LAS	Marshia Herring	Prevention Branch
Jim Naritomi	Japanese Community Youth Council	Delia Garcia	Prevention Branch
		Nancy Foote	RFP Assistant

Agenda:

- I. Introductions
- II. Purpose of the Bidders Conference
- III. How Did We Get Here?
- IV. Summary of Services Solicited
- V. Questions and Answers
- VI. Technical Issues and Forms

Note: Several questions were deferred to the minutes and are answered briefly on page 9 of this document.

I. Introductions

Judith Weld, RFP Coordinator, introduced herself and requested that those present introduce themselves by name and affiliation.

II. Purpose

Judith Weld stated that the purpose of the meeting was to discuss RFP 021-93, and reminded those present that this meeting and the meeting on August 27 were the only opportunity to ask questions about the services solicited. She advised that technical questions about the forms, the instructions, the RFP process or other technical issues could be answered after the meeting by calling herself or Pat Johnson of the Office of Contracts Management.

III. How Did We Get Here?:

Valerie Kegebein explained the process which was used to plan for this Request for Proposals (RFP). Over the last eight months we have held a series of community input meetings, some of them via the AIDS Prevention Advisory Council, to determine feasible approaches to consolidating and coordinating prevention services in the City. This RFP is the culmination of these meetings, and is driven by our current budget crisis, by the continuing need for HIV prevention and education services, and the need to reduce overlap and duplication of services. It has also been driven by the desire of the AIDS Office and the Department of Public Health's desire to reduce the number of contracts we manage, thereby increasing the level and depth of technical assistance we can provide to community based organizations.

During the course of these planning and community input meetings, we examined prevention approaches by type of service, by target population and by neighborhood. Initially we proposed organizing prevention services by neighborhood. Those present at the meetings rejected that idea for most prevention interventions, except for street outreach. We also looked at epidemiology of HIV in San Francisco, seeing who's at risk, who's getting infected, where are there gaps in services, who is not being served, what neighborhoods are not being served, where is there duplication of effort, and what is needed to improve on current services. Lastly, we looked at the need to coordinate, collaborate, and consolidate in order to provide consistent, comprehensive prevention services. This RFP is an opportunity to revitalize prevention services in San Francisco.

IV. Summary of Services Solicited:

Ms. Kegebein gave the following overview: The RFP solicits services in two sections. The first section is for street outreach, and we are seeking to fund one agency or a consortia of agencies with one designated as lead. The second section seeks other prevention interventions, i.e., prevention case management, health education and risk reduction (HERR) and community level interventions. On page 2C in the white pages, we have defined the target population for the RFP.

V. Questions and Answers:

Q: How will you compare units of service for various community level interventions? Are you looking for any particular definition of units of service? And can community level interventions also include health education and risk reduction (HERR)? What kinds of evaluation efforts are you looking for?

A: Community level interventions may take on numerous forms: bar outreach, media campaigns, anything that is not generally an individual level intervention. The unit of service definitions will vary within this category and depend on the type of intervention you propose. It is difficult to evaluate some community level interventions, such as mass media campaigns, therefore the evaluation may be more limited in scope than for other interventions. However, you can employ some evaluation strategy. *For example, you might propose a bus shelter campaign, and then conduct a survey of people who access that bus stop to gather their impressions of the campaign.* Also, yes, you can mix the three categories of interventions under Other Prevention Interventions. So you could propose a mix of community level and HERR efforts. We have asked that you divide and identify the units of service by the three categories as established in the RFP, so that we can compare them across proposals.

Q: Could you explain the sources of funding for this RFP? Are the General Fund dollars going to disappear?

A: We are considering funding all of the street outreach with only CDC funds, and supporting the other interventions with a mix of CDC and General Fund dollars. As of this date, the General Fund dollars have not been cut at all.

Q: The Prevention Case Management piece is aimed at seronegatives. Is the HERR piece also exclusive of seropositives?

A: No. However, the main and primary target population of any prevention RFP must be seronegative individuals. We recognize that there may be some rationale for providing services to some HIV positive individuals, therefore keeping them from infecting others.

Q: Are State of California funds involved in this RFP?

A: No.

Q: Under B. Other Prevention Interventions, would proposals be favored which covered all three categories of intervention? Or are you expecting that some proposals may offer only one or two?

A: Under B. we have tried to solicit consolidated coordinated approaches, without imposing a model on potential bidders. So, one proposal may offer all interventions to all target populations. Another may offer one intervention to all target populations. Another may propose two interventions to selected sub-populations. Obviously comprehensiveness is desirable, but it is also important that proposals are realistic and well thought out. Simply trying to do everything is not necessarily enough. Proposals have to demonstrate the proposed providers' capability to achieve what is proposed. Evidence from proposed providers past experience that shows success in the proposed approach is also important.

Q: Why did you arrive at this approach to street outreach - a single agency or consortia targeting vastly different neighborhoods?

A: Our analyses have shown that there is an incredible amount of saturation of outreach in some areas of the City and almost no outreach in other areas of the City. We are seeking a model that will provide outreach to all populations identified as at risk through a single coordinated effort. We have included some neighborhoods in the solicitation which are not, to our knowledge, currently targeted by street outreach workers. The neighborhoods listed do not include all areas of the City, only those in which the target populations live and hang out. STD data has also contributed to the neighborhoods selected.

Q: Street outreach for IDU's is very different than bar outreach for gay men and very different from holding safe sex parties for women or reaching partners of male IDU's. Do you think a single agency or consortia can really do this?

A: *Some of the strategies you named are not street outreach, but HERR.* Also, these dollars were arrived at by utilizing the current dollars in street outreach efforts under contract, plus an additional \$150,000. Additionally, other funds which do not pass through the AIDS Office are supporting various street outreach efforts in the City. These dollars are intended to not duplicate those efforts, but to complement and coordinate with them. Therefore, not all of these neighborhoods may require the same intensity of outreach efforts by the provider(s) selected through this RFP. Lastly, we have heard from numerous agencies that street outreach is not working in the City, because various providers are not coordinated and communicating sufficiently. Through this

type of system we hope to ensure more consistent communication and coordination not only within the consortia selected (if it is not a single agency), but also with other providers who will continue their street outreach work.

Q: Given the way the target population is described, are you eliminating the possibility of targeting "general community?" In the past some contracts have been "general community" contracts.

A: We are strongly urging a movement away from "general community" populations to high risk populations, simply because we are facing a limited amount of resources. In addition, we are not excluding any populations. We have identified the top priority, highest risk populations of whom we would like to assure service, and have said "other populations may be proposed."

Q: So are you encouraging targeted approaches?

A: Yes. That would not stop a provider from proposing to target a more general population as a route to reaching the highest risk sub-segment of that population. There has been some evidence that among certain ethnic groups that because, for example, the men who have sex with men are largely non-gay identified, that you may have to go to the more general population to reach them.

Q: How does the overall dollar amount in this RFP compare to current funding for prevention services?

A: The total amount in this RFP is current funding, not including State funds and several particular projects that are not included in this RFP, such as hotline services and counseling and testing.

Q: Is this a reduction?

A: No.

Q: Under HERR, could that include individual as well as group interventions? Is there some overlap between prevention case management (PCM) and HERR?

A: PCM is highly individualized and is generally not conducted in groups. There is some overlap between the two categories. If you propose a combination of the two, you need to be sure to break down the units of service. *You could propose individual interventions under HERR, but you should be sure to explain the distinction from PCM.*

Q: How will you be able to evaluate such divergent activities under Community Level Interventions, without conflicts of interest?

A: That's a very good question. Developing the review team for this RFP will be an extremely difficult process. You can help by suggesting reviewers who do not have conflicts of interest, especially if you know people who work in other counties, for example. The RFP process also includes a step called the Letter of Intent to Apply. We use the letters to anticipate who will submit proposals, so that we can start screening out conflicts of interest on our proposed review team. We will also have a longer review process for this RFP, which will help the reviewers conduct a thorough evaluation. If you would like to suggest any potential panelists, please call Judith Weld at 554-9044.

Q: Can you offer some models for consolidated Other Prevention Intervention models? The street outreach approach is clear, but for part B I am not clear to what degree or in what manner you are seeking coordinated, consolidated approaches.

A: Other than the things we have specified under the section on Coordination, we are doing our best not to impose a model on you. There are a variety of approaches you can take. Under Street Outreach we have said we will fund only one proposal, and it must be comprehensive. Due to the nature of the services, that may mean a single collaborative proposal, as opposed to a single provider proposal. However, under Other Prevention Interventions, we are requiring you to coordinate efforts, and strongly urging (but not requiring) you to collaborate (share funds among 2 or more providers in a single proposal). For coordination, we are looking for more than just a referral system, however, how much more is up to you. For collaboration, at a minimum, any one of the collaborative partners must be able to arrange for all services provided by the collaboration for any eligible client who walks in the door.

Q: You have stated on page 2C that a minimum of 10% of funds will be targeting high risk youth. How should we do that? Do we need to specifically break out a dollar amount or the units of service going to youth?

A: As much as possible, your target population should include some percentage of youth who will be served. Your units of services should be broken down to identify how much you anticipate going to youth. However, the 10% also allows for us to fund a proposal targeting only youth, although we do also have another RFP (019-93) currently available which is specifically targeting youth.

Q: If our proposal is for a single service provider, what does it mean to say units of service must be broken down into each delivery site?

A: Exactly that. If there are multiple sites for service delivery in your proposal, you must identify the number of units of service to be provided at each site. If there are not multiple sites, then you will not and can not break the units of service down in that manner. If you have multiple collaborative partners, we are still asking for the breakdown by site and by service category, not necessarily by collaborative partner. On DPH Budget Form #1A, the breakdown should be by service category and by site, at a minimum. You may also use multiple copies of DPH #1A to show the breakdown by partner, by target population, or by any other additional factor you choose. In your MOU's you should specify each collaborative partner's total unit of service commitment, and the breakdown by service site and service category.

Q: Is there latitude to fund mental health services, given the presumption that healthier people choose safer behavior?

A: Not under PCM. Conceivably yes, you could propose mental health services under the HERR option in Part B, Other Prevention Interventions.

Q: Given the vast diversity of services and the large sum of money available, will you provide the review team members with technical assistance in reading proposals and analyzing fiscal information?

A: Yes. We will have a full orientation and training session in addition to the review team meeting.

Q: Is it possible that you might return to applicants and request them to collaborate or coordinate with each other, especially if they do not submit a collaborative proposal?

A: I think it is possible that we may urge greater coordination during contract negotiations. However, it is very difficult to make awards conditional upon actual collaboration that is not a part of the original proposal. We cannot force agencies to share funds and contract together. *We expect all proposals to include specific plans for coordination of services given the array of current providers or known proposers. We also expect that all providers selected through this RFP will have to adapt their coordinating linkages to accommodate relationships with the other providers are selected to contract.*

Q: What do you mean "the neighborhood approach was shot down early on?"

A: In the initial planning meetings, we proposed the neighborhood approach and those present at the meetings expressed a lot of resistance. They seemed to feel it would be difficult to consider target population and service modality needs appropriately under the neighborhood approach.

Q: Could you further explain the PCM option?

A: The model of PCM is to do an assessment of barriers to behavior change, and then to develop a service plan to address those barriers. Under PCM the case manager is not necessarily providing the services in the plan but is assuring the client's access to those services and following through on coordinating and adjusting the plan.

Q: Is it possible to propose a combination of HERR and PCM activities?

A: Yes. However, you must break down the units of service at a minimum into those two categories.

Q: Under men who have sex with men, which ethnicities are you targeting specifically? How about an approach that treats all gay/bisexual men as one community? (Versus targeted approaches that deal with ethnic and socioeconomic diversity.)

A: In answer to your first question, all ethnicities, although we have prioritized African Americans first. In answer to your second question, there is nothing to stop you from proposing that model. We have seen evidence suggesting that targeting gay and bisexual men as a single community does not always work. If you have seen evidence to the contrary you may want to cite that evidence in your proposal. You may choose to serve all gay and bisexual men in the City, but your proposal may include various components with different methodologies and/or staffing tailored to more effectively deal with the culturally specific needs of sub-sets of that population.

Q: An on-going problem is evaluating behavior change. For short term interventions it becomes even more difficult. For example, do we have to prove in our 8 week prevention groups that participants are having 0.5 less relapses per month?

A: We want reality based evaluations. For example, if you have \$100,000, it should not take \$90,000 to conduct the evaluation. Suggest an evaluation methodology that will gather as much usable information as you can. Also, design your intervention methodology based on the outcome of evaluations already conducted showing the success of interventions. And, gear your outcome objectives to realistic possibilities given the nature of the intervention.

Q: Could we propose services organized by a neighborhood approach?

A: Yes. That may be appropriate for some proposals.

Q: In recent RFP's you have stated a maximum number of contracts you will award. Is there a maximum in this RFP?

A: For Part A, we will award maximum of 1 contract. For Part B we have not set a maximum. We can tell you that we would like to have fewer than we have now, but we have not set an official maximum.

Q: Does the target population description imply that men who have sex with men and men who have sex with men who also are injection drug users are one population? Do we have to propose them as one population?

A: No. We have described the highest priority populations and grouped them into three general categories. You can mix and categorize and partially target any combination of these or other target populations.

Q: Is there any dollar equivalent associated with any of the highest priority target populations? And are the three numbered highest priority target populations in a priority order?

A: No. No.

Q: What if someone submits a beautiful proposal but targets a population which is not supported by data as a priority risk population?

A: The most important thing is to respond to what we have solicited. Non-responsive proposals, beautiful or not, are less likely to be funded. Also, if the review team sees a lot of fundable proposals, but none for, for example, African American gay and bisexual men, they may choose to set funds aside, not award them to any applicant, and then issue a second RFP just for that target population. It is our commitment to try to assure service coverage for at least the highest priority target populations.

Q: Would you be willing to fund a production company to create a video?

A: Such a company might submit a proposal to do so under Community Level Interventions; however, the review team will also be evaluating the applicant's ability to use the video, experience in behavior change oriented services, and ability to evaluate the effectiveness of the video. And, your company must meet the minimum qualifications or we cannot fund you. Other providers may also be interested in subcontracting with a production company to create a video which they would use in an HERR program, for example.

Q: Under HERR, will you entertain proposals that would provide individual mental health interventions to address obstacles to behavior change?

A: Yes. Also, we believe it is important to look at where a person is in order to help them get to where they need to be. Analyzing their mental health status and designing a behavior change program which will be effective is important.

Q: Can we be part of more than one collaborative proposal?

A: Yes. If there is any duplication in your role between the proposals it would be a good idea to state your strategy and explain the overlap in the proposals.

Q: If a proposal for street outreach does not adequately address one population or neighborhood, how will you handle that?

A: If the proposal does not address all the required populations or neighborhoods, the proposal would not be funded. If it is merely a matter of shifting emphasis or beefing up a particular component of a proposal, that would be handled during contract negotiations. Proposals for street outreach should also consider those street outreach services funded by other sources than the AIDS Office which will be continuing. *Remember, not all neighborhoods may require the same level of intensity of street outreach due to current non-AIDS Office funded efforts in those same neighborhoods.*

Q: How many outreach workers do you think are out there right now?

A: That depends on whether you want bodies or FTE's. *We will provide this information at the next Bidders Conference, along with information about the current funding level for that number of outreach workers.*

Q: Did the money for the street outreach category include funds currently used in other contracts for recruitment outreach?

A: No. It is funding which is currently being used for street-based outreach interventions.

Q: Is the target population description, where it states "sexual partners (especially women) of these individuals" intended to refer back to all of populations numbered 1 and 2?

A: Yes.

Q: What is the rationale for allocating \$750,000 for street outreach?

A: The allocation is based on the current level of funding for AIDS Office street outreach contracts, plus an increase of approximately \$150,000.

Q: Out of over \$4 million dollars, that implies that street outreach isn't very important. Was that an intentional message?

A: No, and I don't think it is the message. We have actually singled out street outreach and allocated a large amount of money for that single type of intervention, whereas all the other services which we are soliciting have not been singled out or assigned any specific dollar amount. I think this allocation indicates that street outreach is very important.

Q: Would a proposal including all three types of interventions under Part B, for only one of the three highest priority target populations, be acceptable?

A: Yes.

Q: How do we define the boundaries of the neighborhoods for street outreach?

A: That is difficult. We do not want to impose some standard boundaries. We can have a map at available at the next bidders conference, but you may choose to define the boundaries slightly differently.

Q: If we submit a proposal for Part B that does not include a collaborative effort, is that acceptable?

A: Yes. We are not requiring it. We are strongly urging you to check out collaborative possibilities. We are actually requiring you to plan for service coordination, without necessarily requiring you to share funds and co-apply.

Q: If there are two different proposals offering the same services to the same target population, would you weigh the collaborative one more favorably than one which does not have collaborative partners?

A: If you look at the evaluation criteria you will note that this issue is not weighted at all in the scoring. We are looking at the quality and effectiveness of any proposed collaborations, as well as the experience of the provider(s), the appropriateness of the methodology and the staffing. Those criteria may be influenced by the degree of collaboration in a proposal, but it depends on the quality of the collaboration.

VI. Technical Issues and Forms

Ms. Weld deferred discussion of forms, instructions and other technical issues to the second Bidders Conference. She did remind those still present that the due date of September 20 is firm. Proposals must be at the AIDS Office lobby on the 5th floor before 12 noon exactly or they will be turned away.

Questions Deferred to Minutes:

Q: A number of providers include small group activities off the street as a complementary part of their Street Outreach models. Would you consider such a model? Or would we have to propose the small group activities under HERR? Would we do this as two separate proposals or as two parts in the same proposal?

A: You can submit a single proposal proposing both comprehensive Street Outreach and off-the-street HERR group activities (or PCM or Community Level Interventions). However, that would require the following approach: Each section of your narrative must be distinctly divided into part A (street outreach) and part B (HERR). You must submit two complete budgets and justifications per the instructions, since the Street Outreach budget and the Other Prevention Interventions budget are on different time periods.

Q: Do you realize that only one or two agencies can handle being the fiscal agent for a \$750,000 contract? Smaller agencies, often ethnic specific agencies, may be dominated by those larger agencies that have the cash flow capacity to handle that size contract.

A: We understand the potential for these types of dynamics. However, we feel that many smaller agencies have a wealth of information, expertise, culturally appropriate staffing, and access to clients. We hope that those agencies will leverage those assets to avoid being dominated by larger agencies acting as fiscal agents. There also may be more than just a few agencies with the financial capacity to act as fiscal agent.

Q: How detailed do you want the budget forms? Do you want sets of forms for different cost centers, and forms for each collaborative partner?

A: For the purposes of the proposal only, we are not requiring separate sets of budget forms for (1) each cost center and (2) each collaborative partner. For (1), if you do wish to provide separate cost center budgets, please organize your cost centers in the three categories of service in Part B (PCM, HERR, Community). For (2) you can detail collaborative partner costs by breaking down each line item in the budget justification in an integrated fashion, or you can put the collaborative partners in line items under "consultants" and provide greater detail in the budget justification. Please do not submit separate budget forms for each collaborative partner for the proposal. You may be required to do so if you are selected to contract.

Q: Do you honestly think \$750,000 is enough to cover all the neighborhoods and target populations you have specified for street outreach?

A: Yes. Please see the specific information on current funding for street outreach which will be distributed at the 2nd Bidders Conference on August 27, 1993.

Management Consulting Team:

The management consulting team which we mentioned in the RFP will not be available to provide consulting services to potential applicants in response to this RFP. We regret that we are unable to offer this service.

As of August 24, 1993, RFP 021-93 had been distributed to the following individuals and organizations:

1.	Hunter Madsen	-----	50.	Clark Taylor	Institute for Advanced Study of Human Sexuality
2.	Susan Burns	-----	51.	Juanita Quintero	Instituto Familiar de la Raza LAS
3.	Stephen Manning	18th Street Services	52.	Diana Dexter	Iris Center
4.	Thomas Tymstone	18th Street Services	53.	Jim Naritomi	Japanese Community Youth Council
5.	Dan Cusick	Act-Up/Golden Gate	54.	Rita Shimmin	Lyon-Martin Women's Health Services
6.		Acupuncture & Recovery Treatment Svcs	55.	Phil Clark	LYRIC
7.	Jose Vergelin	Ad Infinitum Films	56.	Leah Talley	MB & Associates
8.	Audrey Doughty	AIDS Indigent Direct Services	57.	Mike Brunetti	MB & Associates
9.	Thomas Benn	AIDS Indigent Direct Services	58.	Patricia Caplan	Mission Neighborhood Health Center
10.	Les Hanson	American Indian AIDS Institute	59.	Kerrington Osborne	National Task Force on AIDS Prevention
11.	Thomas Eades	American Indian AIDS Institute	60.	Randy Miller	National Task Force on AIDS Prevention
12.	Antonio Pisig	Asian AIDS Project	61.	Steve Feedback	National Task Force on AIDS Prevention
13.	Peter Jamero	Asian American Recovery Services, Inc.	62.	Ed Decker	New Conservatory Theatre Center
14.	Rafael Chang	Asian Pacific AIDS Coalition	63.	Moher Downing	PHREDA - UCSF Box 0898
15.	Juliana von Hacht	BAART	64.	Ernie Fazio	Polaris Research and Development
16.	Julie Graham	Bay Area Young Positives	65.	George Clark	Prevention Point Research Group
17.	Scott Miller	Bay Area Young Positives	66.	Judith Cohen	Project AWARE
18.	Scott Walker	Bay Area Young Positives	67.	Lea Sanchez	Project AWARE
19.	Austin Thompson	Bayview-Hunter's Point Foundation	68.	Rani Eversley	Project AWARE
20.	Roslyn Allen	Bayview-Hunter's Point Foundation	69.	Charlie Wilson	Rafiki
21.	Renee Taylor	St. Paulus Women's Shelter	70.	Bill Hayes	San Francisco AIDS Foundation
22.	Frank Spinelli	C.A.T.S.	71.	Debra Christensen	San Francisco AIDS Foundation
23.	Gloria Lockett	CAL-PEP	72.	Eileen Blumenthal	San Francisco AIDS Foundation
24.	Michael Bala	CAL-PEP	73.	Elliot Ramos	San Francisco AIDS Foundation
25.	Karen L. Norman	California AIDS Intervention Training	74.	Ralph Jennings	San Francisco AIDS Foundation
26.	Michael R. Aldrich	California AIDS Intervention Training	75.	Ron Baker	San Francisco AIDS Foundation
27.	Pat Norman	California AIDS Intervention Training	76.	Wayne Blankenship	San Francisco AIDS Foundation
28.	Ellen Goldstein	Center for AIDS Prevention Studies	77.	Deborah Whittle	San Francisco Housing Authority
29.	Robin Roth	City College Health Sciences	78.	Cezar Ramiro	SFGH HIV Prevention Services
30.	Monica diFalco	Clinical Partners	79.	Hanna Amani	SFGH Substance Abuse Services
31.	Theresa Person	Community United Against Violence	80.	Dan Wohlfeiler	Stop AIDS Project
32.	Kevin McGirr	CPMC/Operation Concern	81.	Kevin Walsh	Stop AIDS Project
33.	Joanna Davidson	Ethiopian Refugee Resettlement Center	82.	Doug Jenny	Tenderloin AIDS Resource Center
34.	Rene Astudillo	Filipino Task Force on AIDS	83.	Eve Francisco	Tenderloin AIDS Resource Center
35.	Jim Musslewhite	Film and Video Service	84.	Len Chavez-Smith	Tenderloin AIDS Resource Center
36.	Craig L. Yee	GAPA Community HIV Project	85.	Rev. Yvette Flunder	The Ark of Refuge, Inc. HIV Program
37.	Miguel Aguilar-Zapata	Gelaam	86.	Lonny Lewis	The Health Continuum
38.	Leon Bacchues	Glide AIDS Project	87.	Nadine Greiner	The Health Continuum
39.	Sharyn R. Grayson	Grayson-Reece & Associates	88.	Carlos Balladares	TOPS Program
40.	Barry Lawlor	Haight-Ashbury Free Clinics, Inc.	89.	Steve Eyre	UCSF Adolescent Medicine, AC-01
41.	John Newmeyer	Haight-Ashbury Free Clinics, Inc.	90.	Ed Diaz	UCSF AIDS Health Project
42.	Geoffrey Froner	Health Outreach Team	91.	James Dilley	UCSF AIDS Health Project
43.	Gina Facen	Health Outreach Team	92.	Daniel Langholtz	UCSF Center on Deafness
44.	Alan Palmer	Hearing Society	93.	Julie Kavanagh	Visitation Valley Community Center
45.	Martha Ryan	Homeless Prenatal Program	94.	Jeremy Stodolsky	Westside Community Mental Health Ctr
46.	Tara Herlocher	Homeless Prenatal Program	95.	Cecilia Cruz	Women's Alcoholism Center
47.	Donna Saffioti	Horizons Unlimited	96.	Tim Broadbent	Youth Advocates
48.	Susan Lee Miller	HSSI Homecare	97.	Kris Milham	YWCA
49.	Tommy Phillips	Human Awareness Institute			

January 1994
The King in all of us
The entire 18-month protocol.

Equipment \$12,100
PCN
Video kiosk
\$5,000

The 12-week study. (repeated quarterly. Starts in ~~February~~ ^{March}. Cycle begins again in ~~May~~ ^{June/July}. Cycle begins again in ~~August~~ ^{February}. Final questionnaires completed February of following year. Report prepared by June of following year. ~~Minneapolis~~ ^{Brothers}

From this event 10 transgenders gay men or bisexual men will play *Brothers: An Interactive Video* and answer the enclosed questionnaire. Brothers will ask each to participate in a four week study. Participants will be paid \$100 at the end of the twelve week study for their participation. 5 people will be followed overtime. Each person will be asked to play the video one time a week and report the following week on whether it has helped them negotiate safer sex. During this time each person will have access to all services of the Brothers Network, in effect becoming clients of the Brothers Network and available to participate in all our prevention, treatment, workshop, training programs and support programs.

We will do follow up with each of these video players, but estimate that only five will last the entire length of this proposed eight-week intervention.

- First week: Intervention 1: play video at special event (week 1)
- Second week: Intervention 2: Client attends session with PCM at the Brothers Network. (week 2) (1/2 hour) 1 hour
PCM interviews client and completes the questionnaire.
Complete pre-program questionnaire
- Intervention 3: Client Plays video a second time at Office of TBN (week 2) (1/2 hour)
- Intervention 4-6: Client repeats 3 times Interventions 1 and 2 (weeks 3-6) (1 hour)
- Intervention 7: Interview client on what ~~are~~ their current safer sex practices are.
Ascertain did they change. Give client health prevetnion info. (week 6) (3/4 hour)
- Intervention 8: Refer client to one of the other service programs of TBN: His/her choice of Prevetnion Program, Treatment Program, Group Support Services, Group Writing Class, Group Creative Movement Class, Volunteering, Special Services Production. (week 6) 1/4 hour 1 hour
- Intervention 9: Interview client after 6 weeks expires or when s/he decides s/he does not want to participate in program. Ascertain if any other changes in safer sex ocured as a result of specific on-going program they agreed to participate in. (week 12) 2 hour
- Post program*
- 4 hours*

Units of service directly from portable video kiosk at Event

20 people x 1 play of video game x ~~January~~ ^{January} event = 20 units of service at January Special Event via the portable kiosk.

240

Units of service from prevention case manager in January ~~March~~ ^{3 cycle}

5 people x ~~4 sessions~~ ^{3 sessions} with prevention case manager = 60 units of one-on-one health prevention education

Units of service from stationary kiosk located in the Brothers Network office

5 people x 4 plays of video game = 20 units of video education on safer sex/negotiating safer sex negotiating with another person the risk reduction/safer sex terms for their possible physical encounter

After receiving four direct interventions with the PCM, ~~four~~ ^{five} interventions with the *Brothers* video, client will be invited bback on emonth later for a final interview. During this interview PCM will continue to provide prevention education as well as ascertain whether video has played a role in helping client negotiating safer sex with sexual partner(s). Units of service from this intervention.

20 video players who complete questionnaire

February - 1994
Black History/Herstory Month

January 1994
The King in All of Us

50

40 x 100 =

\$4000

to pay research participants

PCM salaries

WAP

\$7,500 + fringe

A Celebration of Black Gay, Bisexual and Transgender history featuring performance artists who are Black and Lesbian, gay, bisexual or transgender. Open to women and men. 20 transgender, gay men or bisexual men will play *Brothers: An Interactive Video* and answer the enclosed questionnaire.

March - 1994
Women's History/Herstory Month

April - 1994
Spring is Here Festival / Dance

May, 1994
The X Factor
Celebrating Afrocentrism/Nationalism

June, 1994
Connections to African Youth
Soweto Day -- South African
Remembering the Youth of Africa

July, 1994
Freeing ourselves from Dependence
Our New Independence Day

August, 1994
The Jock Hop

September, 1994

October, 1994
Second Annual Black Gay Retreat

November, 1994
Harvest Festival

December, 1994
Kwanzaa Festival

file

WHAT HAPPENED WHEN DOROTHY GOT HOME

Abstract:

Dorothy, previously a white, straight-identified woman from Kansas is transformed into an HIV antibody-positive Black transgendered woman. You see, instead of being sent home to Kansas City by that inept Wizard of Oz, she is sent to a homeless shelter in the Oakland/SF Bay Area. It seems the wizard told her to click her heels three times, instead of the real magic command that would have sent her home, the three snap-around the world diva snap.

Having clicked instead of snapped, Dorothy is transmogrified from a white straight woman to a black transgender woman with HIV amidst a place that is filled with other people looking for a home -- a homeless shelter. Her dog Toto is now a Teddy Bear. Dorothy/Madame X, at this point, does not know she is Black, transgender or HIV antibody-positive.

The Plot & Charcters

The story starts with the **Grand Damme**, The wizard (**Steve Johnson?**), giving **Dorothy/Madame X** the wrong commands -- telling her to click instead of snap. Realizing his error, he finds the **Imani, the Good Diva of the South (Kevin Doolan?)**, blessed with wisdom in pursuit. Imani means faith in Swahili. The **Controla, Bad Diva of the North (Ernest Andrews?)** is pissed off that Dorothy/Madame X has killed her other two sisters, and pursues both Dorothy/Madame X and her friends in San Francisco. **Leatherette (Jelousy)** is Controla's evil assistant. Together Controla and Leatherette make up an S/M duo. **Toto** is there with Dorothy/Madame X when she is in Oz. However, during her time passage to Oakland in 1993, Toto is changed into **Teddy Bear (Nathan)**. Though Dorothy/Madame X sees this as a stuffed toy, to the audience, teddy bear appears as a fierce looking, well-stacked hunk of a man. Dorothy/Madame X takes Teddy wherever she goes and also uses him for comfort, talks to him about sexuality. Remember, Dorothy/Madame X is seeing a stuffed animal, the audience is seeing a real man. This relationship will provide the opportunity for frank discussion regarding HIV, sex and other issues since Dorothy/Madame X often confides in Teddy and tells him her deepest secrets.

Dorothy/Madame X (played by Madame X) sees that her privileges as a white woman are gone. She is confused because now her sexual feelings about other men, though they haven't changed (after all she was before a woman), is seen differently by other. Dorothy must learn what it is like to be transgender.

Dorothy/Madame X is looking...yet again...to go home... and girlfriend is pissed. She is pissed that she has to do find her way home again. She constantly curses the **Grande Damme Wizard** for fucking up her life again.

Why Dorothy/Madame X is pissed. First, she had to make it to Oz. Her heels are killing her. After all, before she landed in Oakland, she had to dance her way all the way down that hard yellow brick road. By the way, in We learn that she was nice to the tin man, scare crow and lion only because this is how Auntie Em told her she should be.

Dorothy/Madame X also did not like Oz too much. At on point, she lets us in on why the witch melted with the water. With great environmentalist attitude she states, "anyone could melt with that toxic water they had in Oz. Notice how I never drank any water in Oz. You think I would have been thirsty, especially after runnin' through those damn poppy fields. Shit, I was thirsty. I just knew not drink that damned water. Stuff would kill a woman. And so it did," she cackles.

Why Dorothy/Madame X is pissed, continued: Dorothy/Madame X 's thoughts on the ruby slippers: Then she had to wear those damn tight red ruby slippers. "You ever try putting on shoes, half your size that don't breathe. Who in the hell heard or ruby slippers anyway. A girl needs a material that allows her feet to breathe."

Why Dorothy/Madame X is pissed, continued: Dorothy /MADAME X's thoughts on clicking her heels: "Who in the hell ever heard of clicking your heels three time as a way to time travel. Grande Damme must have been high on somethin," laments Dorothy/Madame X.

Why Dorothy/Madame X is pissed, continued: She doesn't like Black people: "I grew up in Kansas in 1930. There were no colored people. Who are these people anyway. Where is Oakland? Why are there so many of them...people....you know, niggers. (she shudders, still seeing herself as a white girl)."

After all her ranting and ravings, Dorothy/Madame X realizes she has to go to the bath room. There she looks in the mirror and discovers she is Black, a foot taller than she remembers. And...after pulling down her pants in the stall, she discovers she has a dick. She faints. She awakens to find herself the Homeless shelter sleeping with other men. It seems that once they found out that girlfriend had a dick, they put her in with the other boys. Scared and frightened, Dorothy/Madame X, once again runs away, this time on the streets of Oakland. .

Girlfriend is too through and has an attitude that Medusa could not handle. For her, home used to mean a big old farm house in Kansas with cats dogs and cute little piglets, a cozy bed and a warm meal and her favorite Auntie Em. Instead, girlfriend gets no home, no bed, no food and instead of Toto, has rats and roaches. Dorothy/Madame X wants to get home. She hates being Black; she hates being transgender; she hates being a boy; she hates being homeless, and she certainly hates the fags in San Francisco and the niggers in Oakland. This is Dorothy/Madame X's worst nightmare.

Dorothy/Madame X's perspective about those "stupid ass folk" she met in Oz.

Dorothy /Madame X on the Tin man/KUUMBA

In Oz, the Tin Man didn't have a heart because he was co-dependent and gave his heart away to everyone else but didn't give enough love to himself. Dorothy/Madame X's theory is that you have only so much love to give. And as far as she was concerned, Tin Man was stupid to waste his love on other people, without saving some for himself. Of course, the message is a good one. But Dorothy/Madame X delivers it with such hatred and condescension, the audience should be seeing Dorothy/Madame X as one Grand Witch herself.

Dorothy/Madame X on the Scarecrow/NIA:

She is too through with this bag of straw. "In Oz, Strawhead," she calls him, was so low in self-esteem that he felt that he had to be stupid. "Strawhead" hated himself so much that he did not want others to see his intelligence. He played dumb so as to not allow his true intelligence to show through because if he was seen as intelligent, he must be a good person. And Strawhead did not believe he was a good person.

Dorothy/Madame X on the Lion/UMOJA.

"In Oz, the lion "really worked my nerves," Dorothy/Madame X says at one point. The Lion was a beefcake, she explains. So sexy, so beautiful, that long kinky mane of his really turned her on. But he was built like a beefcake to hide the fact that he really didn't like himself either. Since he had no real courage, he had to look threatening. He traveled all the time in gangs or packs with other lions. Too afraid to be alone, he was scared because he lost his way from the other in the pack and suddenly found himself alone. Dorothy/Madame X has no patience for folk who can't do things on their own. She has no patience for the lion.

The Transformation

Dorothy/Madame X is a metaphor for various oppressions. Once she lived the privilege life of a white straight person. In one swoop she is forced to feel the oppressions of being Black, gender different, gay-identified, and HIV-positive. Talk about internalizing oppression.

Her system of white privilege is assaulted, broken down. She hates being Black, she hates all of it. She is, literally and figuratively an internally oppressed person. She has to be taken through a process of learning about who she is. Learning the positive things about being Black, transgender, gay-identified, and HIV compromised. The play is about her journey to self-acceptance. Her journey to accept her identity.

Dorothy/Madame X **lives the life as a homeless HIV antibody-positive person in San Francisco.** On her journey back to Kansas, Dorothy/Madame X hears about HIV and decides to get tested. She discovers that not only is she transgender, but she is HIV antibody-positive.

Dorothy/Madame X **finds that her best support comes from those who identify with her.** She meets three such people in her quest for home

UMOJA/The Lion: The first person Dorothy/Madame X happens upon is a homeless person, a black gay man with a history of drug use, who has a heart as big as gold and a mind as sharp as nails, but needs the courage to admit to his drug use.. Umoja means unity in Swahili

KUUMBA/The Tin Man: The second person she runs into is a courageous and out bisexual man, proud to be in touch with both the woman and man in him, but not having much of a heart for other people with HIV. He too discovers later that he is HIV antibody positive. Kuumba means creativity in Swahili

NIA/The Scarecrow: Lastly, Dorothy/Madame X runs into a youth sex worker, very low in self-esteem, does not believe he has any intelligence at all, and always plays the role of the clown, the dumb person, if you will, when really he is the smartest among them. He is not sure of his sexual orientation but sleeps with other men in order to survive. He, too, is HIV antibody positive. Nia means purpose in Swahili.

The Narrators

The story is told from the viewpoint of two sage people, a man and a woman (Shurland and Ama). Both are elders who live in a time where HIV and AIDS is a thing of the past. Where peoples' self-determination combined with the mutual cultural respect embodied by multiculturalism is the order of the day. All slavery and oppression has ended, and people live peacefully and in harmony with the earth.

From this point of view, this sage narrates the story, providing insight and humor, but also a serious message. This is about Dorothy/Madame X finding her home in the love of people who struggle through a disease that no one cares for. Amongst themselves they realize that "Home is a place you all have to find child, but it's not just a place where you eat or sleep. Home is knowin'. Knowin' your mind. Knowin' your heart. Knowin' your courage. If we know ourselves, we're always home. Anywhere.

At the end of the story, we learn that the two sage people are Dorothy/Madame X and the The Scarecrow/NIA, the young man whose sexual identity we did not know. Guess what? He turns out to be one of the children. A positive, out gay man, now an elder in the African American community.

Dorothy/Madame X's FINAL CHOICE: TO STAY IN OAKLAND OR GO BACK TO KANSAS

At the end of the play we find that this acceptance is full and complete.

Dorothy/Madame X is offered the chance to go home to Kansas and change back to being white, straight and HIV-free. She is forced to choose between two lives that both served her well. What will be her choice?

She also still loves her family in Kansas. The play closes with this question for the audience to ponder. Dorothy/Madame X is told by the Grande Damme wizard that she is to tell no one of her choice. She chooses and just thinks of the place she wants to be. If she chooses Kansas she is to click her heels three times. If she chooses to stay in Oakland. She is to do the three snaps up and around the world diva snap.

Breaking that invisible plane between the fictitious character and the story. Dorothy/Madame X steps out of her world and into ours. She Explains her dilemma. She explains, lovingly why Kansas was important to her. She explains about the love she has found with her new family in Oakland. In her monologue though it is essential that the audience becomes empathetic to her dilemma. The point is that there are clear loving advantages to both.

After speaking to the audience, she goes back onto stage where all the characters, frozen in space and time, come back to life. They nervously await her decision.

Dorothy/Madame X begins.

She clicks once. Pause. Silence.

She clicks Twice. Pause. Silence.

She starts to click a third time, but then...

She spins. Does the three snaps up around the world diva snap and her journey to self-acceptance is complete. .

Celebration! Applause! Finale!

POSSIBLE SONGS TO PERFORM:

She's Homeless

(Popularized by Crystal Waters)

(To be sung offstage by whoever or we can play the Crystal Waters version)

The song talks about the need to see homeless people as every day people,
who are not that much different from you and I.

*She gets up early every mornin
just to do her hair now
'cause she cares y'all*

*She wouldn't be rightt
without her make up
gotta have her make up*

*She's just like you and me,
but she's homeless
she's homeless*

*singin' for money
la da di la di da
la da di la di da*

Love's In Need of Love Today

(Written/Popularized by Stevie Wonder)

(To be Sung by The four Main Characters -- Dino, Madame, Tony, Jonathan)

Talks about how things have become so bad between and among us, that
the concept/word "LOVE", itself is in need of love.

*Good morn or evening friends
Here's your friendly announcer
I have serious news to pass onl to everyybody*

*What I'm about to say
could mean the world's disaster.
Could change your joy and laughter
to tears and pain*

*It's that love's
In need of love today
Don't delay
Send yours in right away*

*Hate's goin' round
Breakin' many hearts*

Draft --When Dorothy Got Home

by Tony Glover

October 7, 1993

Page 6

*Stop it please
Before it's gone too far.*

*The force of evil plans
to make you its possession
and it will if we let it
destroy everybody*

*We must all take
precautionary measures
itf love and peace you treasure
then you'll here me when I say*

*Love's
In need of love today
Don't delay
Send yours in right away*

*Hate's goin' round
Breakin' many hearts
Stop it please
Before it's gone too far.*

Will you be there
(Written/Popularized by Michael Jackson)
(To be sung by Imani - Dino')

*In our darkest hour
In my deepest despair
Will you still care?
Will you still be there?*

*In my trials
and my tribulations
Through our doubts
and frustrations*

*In my violence
In my turbulence
Through my fear
And my convictions*

*In my anguish
and my pain
Through my joy
and my sorrow*

Draft --When Dorothy Got Home

by Tony Glover

October 7, 1993

Page 7

*In my hopes for
a better tomorrow
I'll never let you part
for you're always in my heart*

Home

(Written by Charlie Smalls /Populzarized by Diana Ross &Stephanie Mills)

(To Be Sung by Everyone)

*When I think of home
I think of a place
Where there's love
overflowing*

*I wish I was home
I wish I were back there
With the things
I've been knowin'*

*Wind that makes the tall grass
bend into leaning
Suddently, the snow flakes that fall
have a meaning*

*Sprinkling the scene
makes it all clean*

Maybe there's a chance

*Suddenly my world's
gone and changed its pace
but I still know where
I'm goin'*

*I have had my mind
spun aroundin space
and yet I've watched it
growin'*

*Oh, If you're listenin' God
Please don't make it hard
to know if we
should believe the things that we see
Tell us,
should we run away,
should we try and stay,
or would it be,*

better just to let things be

*Living here
in this brand new world
might be a fantasy
but it taught me to love
so it's real
real to me*

*And I've learned
that we must look inside ourselves
to find
a world full of love
like yours
like mine
like home.*

If You Believe

(Written by Charlie Smalls)

(to Be Sung by Imani - The Good Diva -- Kevin Doolan

*If you believe
within your heart you'll know*

*that no one can change
the path that you must go*

*Believe what you feel
and know you're right because
the time will come around
when you'll say it's yours*

*Believe there's a reason to be
Believe you can make time stand still
You'll know from the moment you try
if you believe*

*I know you will
Believe in yourself
right from the start
you'll have brains
you'll have a heart
you'll have courage
to last your whole life through*

*If you believe
in yourself
If you believe*

Draft --When Dorothy Got Home

by Tony Glover

October 7, 1993

Page 9

*in your self
If you believe in yourself as I believe in you.*

I want to be Evil
(Popularized by Eartha Kitt)

(To be sung by Controla, the Bad Diva & Leatherette -- Earnest Andrews & Jelousy)

Your Children
(Popularized/Written by Sweet Honey in the Rock)

(To be sung by The Young Person -- Jonathan)

*Your children
are not your children
they are the songs and the daughters of life*

*Longing for itself
they come through you
but they are not from you
And though they are with you
they belong not to you*

*You can give them your love
but not your thoughts
they have their own thoughts*

*Yes, you can house their bodies
but not their sould
for their souls dwell in a place
of tomorrow
that you cannot visit,
not even in your dreams*

*You can strive to be like them
but you cannot make them just like you*

*Strive to be like them
but you cannot make them
just like you*

Young Gifted & Black
(Written by Aretha Franklin)
(To be sung by The Grand Damme - Steve Johnson?)

Sweet Bitter Love
(Popularized by Roberta Flack)
(To be sung by The bisexual character -- Tony))

Freedom
(Popularized by the Pointer sisters)
(Everybody)

ELLA'S SONG (WE WHO BELIEVE IN FREEDOM)
(Written and Popularized by Sweet Honey In the Rock)
(Everybody)

We who believe in freedom cannot rest
We who believe in freedom cannot rest until it comes

Until the killing of a black man
Black mother's son
Is as important as the killing of a white man
White mother's son

That which touches me most
is that I had a chance to work with people
passing on to others
that which was passed on to me

To me young people come first (they come first)
they have the courage where we fail
and if I could but shed some light
as they carry us through the gale

Struggling myself don't mean a whole lot
I've come to realize
That teaching others to stand up and fight
is the only way our struggle survives

The older I get, the better I know
that the secret of my goin' on
is when the reins are in the hand of the young
who dare to run against the storm

Not needing to clutch for power
not needing the light just to shine on me
I need to be one in the number
as we stand against tyranny

That which touches me most
is that I had a chance to work with people
Passing on to others
that which was passed on to me

Draft --When Dorothy Got Home

by Tony Glover

October 7, 1993

Page 11

*I'm a woman who speaks in a voice
and I must be heard
At times I can be quite difficult
I'll bow to no man's word*

*We who beleive in freedom cannot rest
We who believe in freedom cannot rest
until it comes
(Everybody)*



NATIONAL TASK FORCE ON AIDS PREVENTION

631 O'Farrell Street • San Francisco • California • 94109
415/749-6700 • FAX 415/749-6706

From: Randy Miller, Director of Local Programs, NTFAP

file

To: Mark Morewitz
AIDS Office

CARE Monitoring Review Team

Date: 10-7-93

re: Additional Info. Care Monitoring Report

Please find attached a copy of the UOS/UDC Audit Form. Unfortunately after extensive review of the files of the Brothers Network and its predecessor agency on this contract, BAHSES, it appears that demographics for the project have only been documented and reported on a quarterly basis. Thus it is not possible to fill out the UOS/UDC form as instructed.

I have requested that the Project Coordinator supply the quarterly information to give the review team the information that was collected. Please advise us if we need to start keeping track of demographics by month in the future. Thank you.

UOS/UDC Audit Form

Please record your monthly UOS/UDC beginning in May or July of 1992 in the format below, depending on whether your program is on a CARE Formula or CARE Supplemental contract cycle. Only Formula contracts need to report for May and June of 1992.

"Demographical Information For This Agency was compiled quarterly, NOT monthly."

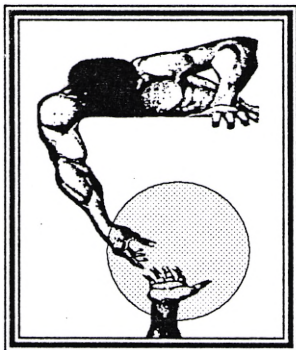
UOS

	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
Total			60			129			162			182		

UDC

	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
Am. Indian														
Asian/PI			1									1		
Black			10			3			12			10		
Filipino														
Latino/a			6			1			3					
Other						16			3			1		
White			3			4			6			9		
Women									1					
Men			20			9			23			21		
Transgender						*** (15)			19					
Gay			20			7						20		
Lesbian Other						(1) ** (1) ...			(3) **			(1) *		
Bisexual									2					
Total			20			24			24			21		

**** originally reported AS "unknown" For ~~gender~~ ^{gender}
 ** originally reported AS "HETRO sexual" For sexual Orientation
 *** originally reported AS "Decline To State" For sexual Orientation
 * originally reported AS "unknown" For sexual Orientation



The Brothers Network

625 O'Farrell Street • San Francisco • CA • 94109

Phone: 415-749-6714 • Fax: 415-749-6706

M•E•M•O•R•A•N•D•U•M

TO: Tony Glover
FR: Jonathan William Brown
RE: **Intake Schedule**
CC: Randy Miller, Ernest Andrews

The Brothers Network

Tony Glover
Program Director

Shurland H. Aird
Workshop Coordinator

John Brisbane
Treatment Advocate

Jonathan William Brown
Prevention Case Manager

Albert Cromedy
Office Manager

Jelousy Jiggets
Special Programs Assistant
& Volunteer Coordinator

Demetres Munford
Risk Reduction Coordinator

Reggie Pulliam
Administrative Assistant

J.D. Scott-Hoffman
Program Coordinator
Support Services

Rica Madame Turner
Transgender Services
Coordinator

As per our conversation, here is a written confirmation of my schedule as intake worker for the Brothers Network. These are hours that are reserved for doing intakes for new Brothers Network clients and my time will be specifically devoted to that. The intakes will be held in the newly established intake room across from the security desk in the lobby at 631 O'Farrell Street.

An appointment calendar will be located on Albert's desk for pre-arranged intakes. If you know you have clients that you would like to refer, please contact Albert or myself for scheduling.

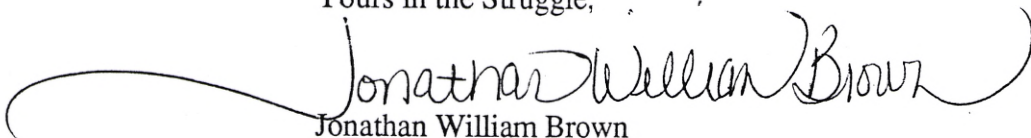
Of course, staff is also available at all hours of the working day for non-scheduled/walk-in clients. If I am unavailable, Dakota Scott-Hoffman and Jelousy Jiggets are trained to handle walk-in clients (Tony Glover is also prepared to take over if necessary).

My hours for intake will be as follows:

MONDAY	TUESDAY	THURSDAY	FRIDAY
10 A.M.- 12 Noon	10 A.M.- 12 Noon	10 A.M.- 12 Noon	10 A.M.- 12 Noon
3 P.M.- 4:30 P.M.	3 P.M.- 4:30 P.M.	3 P.M.- 4:30 P.M.	3 P.M.- 4:30 P.M.

Intake times will vary depending upon the client and the client's needs. But, as a general rule most intakes will be thirty to forty-five minutes. Thank you in advance for your cooperation.

Yours in the Struggle,


Jonathan William Brown
Prevention Case Manager



Michael Thompson

Program Design and
Fund Development

September 23, 1993

Randy Miller, Local Programs Director
The Brothers Network
625 O'Farrell
San Francisco, CA 94109

Dear Randy,

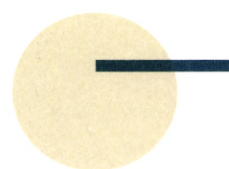
Enclosed with this letter is a copy of an invoice for consulting services for development of the proposal narrative for the Brothers Network and their collaborative partners in response to the RFP 021-93, "HIV Prevention & Education in San Francisco," released by the AIDS Office. I have sent an original invoice on to Allen Piniol.

I hope that you found our work together to be good and effective and that you were satisfied with the proposal narrative that I put together for you and your collaborators. More importantly, I hope that it results in full or near full funding for you and your collaborators agencies. It was a pleasure working so closely with you on this project — I don't think I have had this opportunity before. Again, I apologize for being so cranky on Saturday night — even under pressure, I am usually much more "friendly."

Thank you again for this opportunity to work with you and for the Brothers Network and Proyecto. The work of your agencies is so important and I am always happy to lend my energy to compete for additional funding for your work..

Peace,

Michael Thompson



MICHAEL E. THOMPSON

Michael Thompson

Contract for Professional Services

Program Design and
Fund Development

Contract Number: 0993-5-1

This contract is entered into as of September 6, 1993, by and between Michael E. Thompson, with the principal office located at 84 Longview Court, San Francisco, California 94131 (hereinafter referred to as CONSULTANT) and the Brothers Network, a project of the National Task Force on AIDS Prevention, with its principal office located at 625 O'Farrell Street, San Francisco, California 94109.

THE PARTIES HERETO AGREE AS FOLLOWS:

I. CONTRACT:

This contract constitutes the entire agreement between the Consultant and the Brothers Network. No alteration or variation of the terms of this contract shall be valid unless made in writing and signed by the parties hereto. No oral understanding or agreement not incorporated herein shall be in force or effect or binding on the parties hereto.

II. STATEMENT OF WORK:

The Consultant shall perform the functions and services described in Exhibit "A," Scope of Work for Services, which is attached hereto and incorporated herein by reference, as if set forth in its entirety, in a satisfactory and proper manner as determined by mutual agreement.

III. PERIOD:

The Consultant shall commence performance of services of this contract on **September 6, 1993**, and shall complete performance/services on or before 12 noon of **September 20, 1993**.

IV. BUDGET AND PAYMENTS:

The Consultant shall be compensated for services performed under this contract at a rate of **\$50 per hour** for an estimated **50 hours** of work. The total payments under this contract should not exceed the amount of **\$2,500**.

City and County of San Francisco

Department of Public Health



AIDS OFFICE

FAX TRANSMITTAL COVER SHEET

FAX NUMBER: (415) 431-7547

DATE: 9-28-93 NUMBER OF PAGES TO FOLLOW: 4TO: MEMBERS OF THE ADAP-ADVISORY COMMITTEE

FAX NUMBER: _____

FROM: MICHELLE LONG DIXONPHONE NUMBER: 554-9143
Call if any problems occur
with this transmittalCOMMENTS: _____

Created: Sept 10, 1993									
Revised: Sept 27, 1993									
PHARMACEUTICAL ADVERTISING CAMPAIGN									
Hispanic Headquarters Cost Estimates									
Scenario #B									
	#1 logo	#2 sign	#3 broch.	#4 poster	#5 bus	#6 door	#7 billbd		TOTAL
Copy, Design & Mech		\$3,500	\$1,200	\$1,475		\$350			\$6,525
Color Separations		\$2,800	\$1,580	\$1,660		\$200			\$6,240
Printing Quantities									\$0
	50								\$0
	75								\$0
	100								\$0
	500			\$1,620					\$1,620
	750	\$5,480							\$5,480
	1000					\$316			\$316
	2000								\$0
	75000		\$5,125						\$5,125
	100000								\$0
Posting									\$0
Acct Mgmt							\$1,575		\$1,575
Other									\$0
									\$0
TOTAL	\$6,000	\$11,780	\$7,905	\$4,755	\$0	\$866	\$0	\$1,575	\$32,881
	\$8,000	\$11,780	\$7,905	\$4,755	\$0	\$866	\$0	\$1,575	\$34,881
NOTES:									
#1 Presentation of 4-5 concepts - we pick one or a variation of several; can save \$ by presentation of roughs (B&W) instead of comps (color)									
#2 Suggestion: need fewer (150), less colorful, smaller, plastic pocket									
#5 Suggestion: this kind of adv inappropriate for this pgm									
#6 Suggestion: pharmacies don't want another sticker; hlth ctrs & CBOs may use them; need smaller qty (200?)									
#7 Suggestion: this kind of adv inappropriate for this pgm									
Question: Can we use the same design for posters & counter sign?									
Question: What about advertising within the buses with the poster?									

Created: Sept 10, 1993									
Revised: Sept 27, 1993									
PHARMACEUTICAL ADVERTISING CAMPAIGN									
Hispanic Headquarters Cost Estimates									
Scenario #A									
		#1 logo	#2 sign	#3 broch.	#4 poster	#5 bus	#6 door	#7 billbd	TOTAL
Copy, Design & Mech			\$3,500	\$1,200	\$1,475	\$1,850	\$350	\$1,800	\$10,175
Color Separations			\$2,800	\$1,580	\$1,660	\$2,200	\$200	\$1,980	\$10,420
Printing Quantities									\$0
	50							\$2,972	\$2,972
	75					\$6,722			\$6,722
	100								\$0
	500				\$1,620				\$1,620
	750		\$5,480						\$5,480
	1000						\$316		\$316
	2000								\$0
	75000			\$5,125					\$5,125
	100000								\$0
Posting						\$3,000		\$5,000	\$8,000
Acct Mgmt								\$1,575	\$1,575
Other									\$0
									\$0
TOTAL		\$6,000	\$11,780	\$7,905	\$4,755	\$13,772	\$866	\$11,752	\$58,405
		\$8,000	\$11,780	\$7,905	\$4,755	\$13,772	\$866	\$11,752	\$60,405
NOTES:									
#1 Presentation of 4-5 concepts - we pick one or a variation of several; can save \$ by presentation of roughs (B&W) instead of comps (color)									
#2 Suggestion: need fewer (150), less colorful, smaller, plastic pocket									
#5 Suggestion: this kind of adv inappropriate for this pgm									
#6 Suggestion: pharmacies don't want another sticker; hlth ctrs & CBOs may use them; need smaller qty (200?)									
#7 Suggestion: this kind of adv inappropriate for this pgm									
Question: Can we use the same design for posters & counter sign?									
Question: What about advertising within the buses with the poster?									

City and County of San Francisco

Department of Public Health



September 27, 1993

TO: Members of the AIDS Drug Assistance Program (ADAP) Advisory Committee

FROM: Michelle Long Dixon *MLD*

RE: Advertising Campaign for the ADAP

Based on cost estimates submitted by Hispanic Headquarters, the attached spreadsheets list options for the following modes of advertisement:

- #1. Overall campaign illustration and "symbol" design to be used on all the media vehicles proposed and/or approved;
- #2. "Point of purchase" counter top sign with a brochure holder: designed to be placed on the counter top of the pharmacies, holding approximately 100 brochures; approximately 12" x 17" in size, in 4-colors (Recommendation: reduce the size and the number of colors);
- #3. Pharmaceutical Pop brochure: designed for insertion into the brochure holder (see #2) and for general distribution; 2 panels, 4 pages, 3 1/2 " x 8 1/2" in size, folded, in 4-colors;
- #4. Pharmaceutical Posters: a 18" x 24" poster, 4-colors;
- #5. Pharmaceutical bus shelter posters (outdoor campaign): a 47 1/2" x 68" poster, 4-color; lithography (a higher quality type of printing) is available as well as silkscreen; no more than 25 posters can be placed in S.F. in a single month;
- #6. Pharmaceutical door stickers: a clear, glossy white 5"x5" square sticker to be placed on the door of each pharmacy/hospital/clinic/doctor's office participating in the ADAP program (voluntary);
- #7. Pharmaceutical billboard campaign: a 64"x139" screen printed, 4-color billboard;

"Scenario #A" on the attached spreadsheet lists all the modes and the costs associated with each at various quantities. "Scenario #B" recommends modes #1-4 and #6 and lists the costs associated with each at various quantities. Please note the qualifiers listed at the bottom of each worksheet.

I would like to have your assistance in selecting the most effective vehicle(s) for marketing this important service, to reach a broad range of populations. Please call me at 554-9043 and tell me if you agree with "Scenario B" or would like to see some adjustments to it, or have a different concept of the advertising campaign and would like to see alternative modes selected. I would also be happy to further clarify the descriptions of the modes of advertisement. Receiving your feedback by October 1, 1993 would allow me to proceed with the representative from Hispanic Headquarters in a timely manner.

Thank you for your participation in this process. A full meeting of the committee will be convened once preliminary designs and samples have been developed.

cc: ADAP Advisory Committee
J. Rafael Benito
Thomas Eades
Sylester Flowers
Herman Levias
Randy Miller
Paul Shimazaki
Michael Shriver
Ron Thomas
Virginia White
Susan Williams

City and County of San Francisco

Human Rights Commission

Office of Minority/Women Business Enterprise
Office of Contract Compliance
Office of Dispute Resolution



Edwin M. Lee
Director

September 10, 1993

Ray Chalker
Publisher
San Francisco Sentinel
285 Shipley Street
San Francisco, California 94107

Dear Mr. Chalker:

The City and County of San Francisco's Human Rights Commission recently voted to accept a report from our Lesbian/Gay/Bisexual Advisory Committee entitled "Racial Depictions in the Lesbian/Gay/Bisexual Media." The report is enclosed for your reference.

The Human Rights Commission was established in 1964 to assist the various communities that make up San Francisco in resolving intergroup tensions. Through the mandate of various City ordinances, the Commission mediates disputes, investigates complaints, and implements programs relative to the achievement of civil rights for all San Franciscans.

The Commission held hearings in 1983 on the question of racism within the lesbian/gay/bisexual communities, paying particular attention to employment, business practices, and community institutions. A copy of the report of those hearings is also enclosed for your reference.

The Lesbian/Gay/Bisexual Advisory Committee (LGBAC) is taking a look at the lesbian/gay/bisexual community now that ten years have passed since the hearings, to determine what progress has been made, and what still needs to be done, to rid the community of racism. As a first effort, last year the Committee reviewed several months' worth of issues of the Bay Area Reporter and the San Francisco Sentinel to ascertain the level of pictorial representations of people of color. The review excluded advertisements. A similar review was undertaken in August of this, year, to assess whether any significant changes had taken place since the original study.

The findings from both studies revealed some excellent examples of diversity in pictorial representations, but also revealed that there is still serious underrepresentation of images of people of color in the two newspapers, particularly in the news sections.



Mr. Ray Chalker
September 10, 1993
Page 2

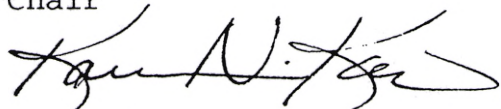
The Commission requests that you review the enclosed report with your news and entertainment editors. We would like to meet with you and the two editors to discuss the report, particularly the recommendations on pages 7-8. Attending from the Commission will be Commissioner Lawrence Wong (Vice Chair of LGBAC), a member of the Committee, an HRC staff member, and myself. Our purpose in meeting with you is to discuss with you the process of producing the Sentinel and how we can be supportive in expanding your coverage of the diverse communities of San Francisco.

The San Francisco Sentinel is one of the most important institutions in the lesbian/gay/bisexual community, and we are looking forward to meeting with you to share our views on how the Sentinel can continue to play a vital role in expanding civil rights for all San Franciscans.

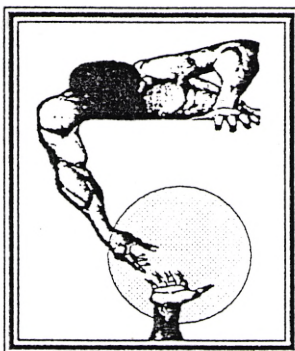
We would appreciate your calling the Committee's staff person, Cynthia Goldstein, at 252-2515 to arrange a Sentinel/Commission meeting. I am looking forward to meeting you.

Sincerely,

Karen N. Kai
Chair

A handwritten signature in dark ink, appearing to read 'Karen N. Kai', written in a cursive style.

Enclosures



The Brothers Network

625 O'Farrell Street • San Francisco • CA • 94109

Phone: 415-749-6714 • Fax: 415-749-6706

MEMORANDUM

PERSONAL AND CONFIDENTIAL

(to be shared only with those persons listed below)

The Brothers Network

Tony Glover
Program Director

Shurland H. Aird
Workshop Coordinator

John Brisbane
Treatment Advocate

Jonathan William Brown
Prevention Case Manager

Albert Cromedy
Office Manager

Jelousy Jiggets
Special Programs Assistant
& Volunteer Coordinator

Demetres Munford
Risk Reduction Coordinator

Reggie Pulliam
Administrative Assistant

J.D. Scott-Hoffman
Program Coordinator
Support Services

Rica Madame Turner
Transgender Services
Coordinator

TO: Reggie Williams
Executive Director, National Task Force on AIDS Prevention

cc: Allen Piniol, Operations Manager
✓ Randy Miller, Director, Local Programs
Staff of the Brothers Network (I have sent a copy of this to the staff because, as a principle, I believe it is important to share with them my decisions which directly impacts them and so that everyone has the same information which minimizes gossip and innuendo)

FROM: Tony Glover
Director, The Brothers Network

RE: My future and the future of The National Task Force on AIDS Prevention

DATE: September 27, 1993

Dear Reggie:

I have only been here for six weeks and I must be honest with you as I have tried to be since I have known you. I will not be here January 1, 1994 if some changes are not made. Dictated by frustrations both spoken and unspoken to you, I want to do the right thing that takes into consideration: 1) my responsibilities to the Brothers Network as program director; 2) the friendships and professional relationships I have developed with my staff and your staff at the Task Force; and 3) my commitment to not become entwined in office situations to the extent that I compromise principles. These principles, applied to various areas of my life, can be largely summed up in one category: challenging oppression in all its forms.

Reggie, it is sometimes oppressive, the work we all do. Most of us are so committed to servicing gay men of color within communities, that we sacrifice taking care of who should be the most important gay man of color in each of our lives: ourselves. It's about self-love (not a selfish love), it's about taking care of my own as well as our own; it's about taking care of myself so I can better take care of my community.

I have done serious anti-oppression work and organizing involving groups of 100 or more since 1982. Back then I was but 18 years old and had much to learn. In 11 years I have learned much. At 21 years old, I became co-chair of the largest campus organization in the country addressing apartheid. This led to my leadership as part of a

The Brothers Network is a program of The National Task Force on AIDS Prevention: Advocates for Gay Men of Color
We are Black/African American and Caribbean gay men, bisexual men and transgender persons providing comprehensive HIV/AIDS prevention and support services to gay men, bisexual men and transgender persons of African Descent

steering committee at Columbia University of the largest continuous, contiguous anti-apartheid demonstration in the history of the United States. At 21 I also was intimately involved in the New York Black community's anti-racist work surrounding the racist police murders of Eleanor Bumpurs and Michael Stewart. Later, I helped organize young Black people in New York City to respond to the mob violence and murders represented by the killing of Michael Griffith in Howard Beach and the violence directed to Yusuf Hawkins (also in New York City). I moved on, as you know, to become closely involved in the growth and success of Men of All Colors Together/New York, Inc. There I nurtured an appreciation of the need for multiculturalism and its underlying principles of: 1) respect for where people are "coming from"; 2) a respect for from whence cultures have developed and where they are going, 3) a respect for a principled and dedicated revolutionary struggle against racism, sexism, homophobia, ableism and bigotry in all its forms.

I am committed to this work, not by a matter of choice, but because I truly believe that if I do not engage in such work, I will not survive. I cannot live healthfully knowing, as I do now, that my survival as an individual is so closely dependent upon my feeling an integral part of a larger community of people that I love and respect and who give me the same love and respect in return. I have developed my sense of community to be as inclusive as I can whenever I can. Sometimes, I need to be alone in an individual sense and in a black nationalist sense. Sometimes, I am in a space where community, outreach and the need to be challenged by other cultures and people who are different from me gives me a sustenance that is about embracing multiculturalism and challenging whatever misconceptions and notions that I have.

I believe that these two perspectives -- nationalism and multiculturalism -- are not mutually exclusive but can exist in a mutually beneficial synergy. A commitment to multiculturalism means a commitment to allow self-determination within cultures. It also means not only respecting your right to self-determination but another person's or another culture's right to self determination. With this multicultural foundation, a nationalism that nurtures one's own culture with the principle of self-love (not with a principle of "other-culture hate") becomes a tool for self-esteem. Moreover, it becomes that which allows us to approach other cultures with first a respect for ourselves. With this self respect and self-love, we can truly respect not only another person's culture, but we come to the joyous place of accepting them fully as human beings. When we all get to this place our work will be done and we will be part of a sane multicultural world.

I explain all of the above to let you know that I write this letter from a place of love, from a place of wanting to make the Brothers Network and the Task Force my home. To accomplish this, I need to be honest and up front about the difficulties which today, make me believe that, when you leave early next year, it will be very difficult for me to continue my work here unless some headway is made on bringing together a National Task Force Staff that needs your leadership now more than ever.

In less than six months, I have observed incredible personal commitment by the Task Force Staff in the work they do. Each person seems so dedicated to you as an individual. That is a testimony to your leadership in developing an *organization* which has its etymological roots in the word "*organic*." There is much good that can come from

people "organically" realizing the importance of the work they do. Also, there is an organic trust, that each person in the Task Force has to you as an individual. My concern is that the level of trust does not exist between and among the staff itself and that without it, when you have gone, the years-long work you have put in the Task Force will be threatened by the void you leave.

What can replace this void, is an open and honest discussion amongst the staff and a commitment to developing an institutional structure that replaces you (**you have been the institution, the glue, if you will, that has held the Task Force together**). Already, in the political circles of San Francisco, people wonder aloud "what will happen to the NTFAP when Reggie leaves the Task Force." I must ask: if people wonder this aloud, what must they be saying in private? We cannot control what people wonder about, we can worry about what are the consequences of your leaving.

I will give you an example of how people wonder aloud about your departure. As you know, Steve Feeback and I are attending a program evaluation training at the Center for AIDS Prevention Studies. On Friday, we had a very good and open discussion with one of the lead researchers there who will be reviewing the grant that we submit for developing a program evaluation around the Brothers interactive video kiosk. She mentioned, out of concern, that part of the uncertainty surrounding our proposal was what would happen with the Task Force when Reggie is gone. That is, would a new executive director be willing to support the video kiosk as a project.

I thought a lot about this when I went home. I know that the history of the video kiosk is that it has not always been valued as a tool for intervention by every member of the Task Force. And, of course, this is fine. Every person has their own opinion. What has mattered is that you have supported the kiosk as a viable intervention. Still, I wondered to myself: were there people within or without of the Task Force who would like to become its executive director who have spoken to this researcher and told them that they did not like the video kiosk as a tool for intervention? Of course this is conjecture and only a hypothetical wonderment. Still, since it is not such a far-fetched wonderment, it reinforced that the Task Force, in many people's mind, is Reggie's Task Force. Let's get too real: The NTFAP is a politically powerful organization in San Francisco partly (largely, I dare say) do to your political clout. I bring up this point to reinforce that on a very real level your leaving the Task Force does himpact on me, the staff of the Brothers Network, the staff of the NTFAP and the larger political struggles in San Francisco. These larger political struggles -- which include people's perceptions, both negative and positive, of the Task Force -- in turn affect, both positively and negatively, the work in which all of the Task Force is engaged. F example, your departure is a very real consideration that all grantors make when deciding future monies for the Task Force. On some level, whether or not we are awarded future grants, I believe, will be a referendum of sorts on whether the larger grant-giving communities have faith that the Task Force will survive with out you. I repeat that in a very real way, it is part of the equation at CAPS.

Back to the researcher at CAPS: on some level it was good that she felt comfortable mentioning your departure. Still, it also instructed me that many in San Francisco see the Task Force as your baby, that though it might survive your departure,

might not be as "good" when you leave. "Good" is a sufficiently non-threatening word that I employ intentionally in the previous sentence. Some people wonder aloud and privately worse things about the Task Force. One of the people who do such wondering privately is me.

As you know, I have worked very hard in establishing the Brothers Network program. The staff is much more focused and directed since I have been here. Time and time again they have let me know my value to the success of the program. I have worked to develop honest relationships with the various components and staff that comprise the Task Force as well as the Brothers Network. On some level, this has been my toughest struggle to date -- multicultural work and an appreciation for each individual sometimes comes hard when some of what you see in an individual grates against your personal principles. Still, ideally, each person must be valued for who they are and where they are. Your commitment to multiculturalism is to be commended and replicated even. Not only do you value each person for who s/he is, but you often give us permission to accomplish tasks in ways which are most comfortable to each of us. The problem arises when one person's way of doing things really upsets or goes against another person's way. As I see the Task Force many conflict resolutions successfully occur with you as mediator. Again, this is laudable and even necessary in a multicultural world. One of the tenets of multiculturalism is an appreciation of the fact that we each have different ways of accomplishing the same goal(s). When I join an organization I try to give myself permission to let others know what are the more successful ways I have found works for me in accomplishing my goals. There is a constant re-evaluation that I must do that allows me to try to appreciate the diversity and sheer numbers of ways and approaches there can be to solving common problems.

Enough of explanation, I need to cut to the chase. As I see it, the structure of the Task Force is one in which it is heavily dependent upon your leadership as Executive Director. When you are not around, things don't work as effectively because suddenly a staff which has not necessarily developed a cohesive level of trust amongst each other must suddenly rely upon talking and communicating to each other. Often has been the time that instead of talking to each other to get a problem solved, the staff opts to talk to you. You then become the middle person in a three-point system of communication. If staff member A has a problem with staff member B. Staff member A goes to Reggie and Reggie goes to staff member B. While this can work in numerous circumstances, it should not be the only consistent and comfortable way of communicating.

Here's a scenario to illustrate what I am talking about. Staff member A needs to talk to staff member B. However, because of personal distrust, hate, a lack of respect for people's positions and job titles and responsibilities (or any combination of the aforementioned), direct communication becomes difficult, unwanted, uncomfortable, undesired, etc. Reggie, before you leave, you need to help structure the Task Force so that it survives your departure. If you cannot do this, you should hire a consultant that engages the entire staff in this process. If it does not happen, who knows what will happen when you are gone.

A recent event directly affecting the work of the Brothers Network signifies to me that I may not be here come January 1, 1994 or whenever your scheduled departure is. *(If*

I am not, I will work diligently to help you replace me with someone who will continue the foundation of trust that I hope I have laid among the staff of the Brothers Network.)

The event that I need to mention is this: Without justification (from my perspective), Allen Piniol sent me a memo (dated September 24, 1993) that effectively cut off all funds to the Brothers Network until we meet the reporting deliverables for one of our contracts -- the M&M contract. On September 15, 1993, responding to an earlier request by Allen to give him the numbers for these deliverables, Shurland Aird, at my request, gathered the numbers that Allen needed. The numbers Allen requested dated back to reports for the months of April, May, June, July, and August. As you know, I started work on August 9, 1993. Therefore, the numbers Allen requested that I deliver were mainly the responsibility of my predecessors in this position who neglected to provide Allen with contract deliverable information. On some empathetic level, I can understand Allen's frustration. Why should he have to wait nearly half a year to get numbers for April that should have been made available in May. I also understand the position of The Brothers Network and the difficulties of the transition from BAHSES that complicated the direction and the development of a program risen, like the Phoenix, from the ashes of a program that many believed were not properly servicing the needs of Black and Latino men in San Francisco.

Somewhere in the void of consistent, directed leadership at the Brothers Network before I arrived, reporting of deliverables took a back seat to the more important need of developing a mission statement, defining goals and structuring an organization that would meet the needs of the Black gay, bisexual and transgender community. Also, somewhere along the way the Brothers Network found its stride and the response we are getting from the Black gay, bisexual and transgender community has really been great, phenomenal even. Some of this, I can claim as my own. But I also acknowledge the efforts of those who played roles in interim direction of the Brothers Network from February until I arrived in August. If you will, here's an analogy: the interim directors of the Brothers Network were the emergency room doctors who administered mouth-to-mouth, provided oxygen, provided that which sustained its life when few others would want to save it. On some level they are not appreciated for their band-aid solution, but the fact remains that without the band-aid, the patient would not have survived. But the Brothers Network has survived. It has a life. With life, it became my task to nurture the Network back into the world of AIDS service delivery. In my hospital emergency room analogy, I became the out-patient nurse -- he who directed the Brothers Network so it was successfully integrated into the community of which, it sought to be a part -- Black gays, bisexuals and transgenders.

The above is a long-way of saying that while I appreciate the work of those who have gone before me, I take no ownership for the mistakes they made regarding not delivering contract deliverables. Nor do I appreciate that Allen Piniol, in efforts to deal with the current cash flow problems at the Task Force has taken the **extreme** and **unnecessary** measure of not releasing any monies to the Brothers Network in the midst of our most active period ever. As you know, we have a major event coming up -- the Northern California Black Gay Male, Bisexual Male and Transgender Retreat. Clearly, there are other ways of solving the cash flow problems at the Task Force without

threatening the very survival of the Brothers Network program. Without funds, we cannot do the work we need to do.

I realize that in writing to you, I become part of the same dynamic I criticize, that is, having to go through you to get something the Brothers Network needs. I try to challenge this dynamic, but I must not be so selfish in establishing principle, that a program like the Retreat is sacrificed. I have spoken to you and Randy about the need for change. I have tried (with some resentment but mostly from the point of view of trying to fit in somehow) to accommodate the sometimes schizophrenic demands of the Task Force. I am tired of figuring out who I need to go to, what procedures need to be followed. I have had no training regarding what is the chain of command (please excuse the military reference). I have had no training on the operations and financial procedures at the Task Force. I have only been handed a booklet of the policies and procedures, procedures which though are great, need to be followed to work. Sometimes they are not followed accurately because they seem to be being rewritten by staff who will do whatever they want to get what they need.

Here's another scenario: 1) NTFAP Person A asks for one thing regarding the Brothers Network; 2) the Brothers Network arranges for this to happen at the direction of NTFAP Person B; 3) the Brothers Network provides all information to NTFAP Person B; 4) NTFAP Person B does not follow through because he is out sick; 5) Person A makes a decision based on the fact that Person B has not delivered information; the decision impacts directly and negatively upon the Brothers Network. Result: The Brothers Network suffers. In the above instance, substitute Allen Piniol for Person A and Randy Miller for Person B. Each had very reasonable demands from their own perspective, but because they did not communicate with each other, between point 4 and point 5 mentioned above, the Brothers Network as of today has absolutely no funds, besides those we raise ourselves, to do the work.

THIS IS UNACCEPTABLE!

Allen and Randy need to communicate better. You are this missing link in this dialogue. Each has developed a commendable personal trust with you. If you do not give them clear directions for communication and respect for each other's job, an unhealthy dynamic will continue. There are other such instances that I have observed instances where an NTFAP person, trying to do their job, is frustrated. They are frustrated because without you as intermediary attempts at communication with another staff person leads to anger, frustration and other negatively impacting emotions. It has to stop, Reggie. You are the one who can do it. You need to do this before you leave. If not, a very real consequence maybe that I will not be here when you leave. This is not a threat. It is my reality. It is a self-loving, not selfish, reality.

That I am giving you sufficient notice, I hope is not perceived as a threat. It is a statement of what I am feeling right now. Feelings change. If I do leave, one of the things that will be most difficult is leaving a staff at the Brothers Network whose dedication and commitment to Black peoples, in my opinion, is above reproach. All they needed for the past six months was some direction and to know every day that someone cared. In the past they maybe heard, every other day or every other week that someone

cared. Too, they on some level, let the turmoil surrounding the Brothers Network affect their job performance. This is understandable. Also, at the Brothers Network there have been people who were not able to complete work because of their own personal "demons" or incapacibilities or for whatever reason. On some level I am tired of figuring out what is the truth. Subjectivity becomes a force which confounds the truth because it is driven exponentially by the number of differing opinions. In other words, each person will have their own version of the truth. As I have said to you directly and to various members of your staff, there was much that I heard from others at the NTFAP about the level of job performance at the Brothers Network. Today, people are performing and performing well. Many Brothers Network staff have admitted to me personally what they could have done better regarding their own job performance and what the performance of past Brothers Network management could have or should have been. This admittance only can be seen as healthy and is a direct result of my striving to make openness, honesty and trust a principle to which each staff member of The Brothers Network is committed. I am clear that this honesty, openness and trust must not only be directed to me but if they respect each other, it also must exist among and between each of them.

In closing, I would like to say that to admit to our mistakes, to acknowledge our strengths and to move on is the best way for a Phoenix, to arise from the ashes. With you leaving, there must be a plan to prevent the Task Force from being destroyed by the weight of its own inertia regarding levels of mistrust, personal dislike, and allowing personal dislike to interfere with job professionalism. Hopefully, you or a consultant can work on improving direct communication and providing a viable structure that will survive your departure. Guided by Frederick Douglass, may we commit to learn about our past, so we do not repeat destructive actions in our present and so we may move into our future with greater purpose. Before you leave, this process must happen at the Task Force. It is one that needs your presence to be successful. It is one that you cannot forsake before you leave.

Once again, in the instant task of seeing that the Task Force survives your departure, the Task Force and Reggie Williams must be seen as one as the same. I am sure that the oneness people feel with the Task Force is a direct result of the oneness they feel with you. However, may people's connection to you no longer be a part of a severe problem that has been dictated by their inability to effectively communicate with each other. Indeed, this dynamic of only trusting you, but not each other, must be relegated, at some point, to the NTFAP's past. Once in the past everyone can learn from, but not repeat it. Though trust in Reggie Williams, The Man, clearly is needed to bring the Task Force from its present situation, may Reggie Williams, The Trusting Spirit, be transferred to each of your staff when you leave. Why? Because it should be obvious to everyone, that at some point you will not be here, and that relying on you, The Man, to solve their problems cannot be part of the Task Force's future. However, your spirit, your soul, your love, your leadership will always be a part of the soul force of The National Task Force on AIDS Prevention and The Brothers Network.

Memo to Reggie Williams
September 27, 1993
Page 8

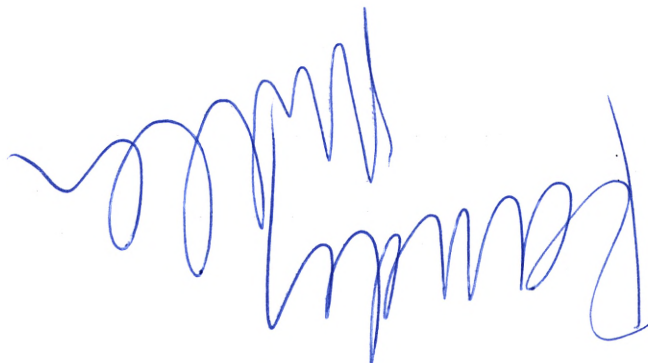
When you are healthy and back in the office, please make addressing some of the above issues one of your priorities. Now more than ever, we need your leadership.

In community, peace, principled struggle, brotherhood, and mourning your departure, I am, as always,

Sincerely yours,

Tony Glover
Program Director, The Brothers Network

P.S.: I am currently looking for part-time work to supplement my income due to the fact that it is consistently uncertain when the staff of the national and local programs will be paid. This might mean a change of schedule for me. Though I will work a 35-hour work week. Some days, I may need to not be here. I will give Randy Miller advance notice of those days. What may need to happen is that two days of the week I need to have my schedule clear so I can do consultant word-processing. I will make up this time in the evening on the other three days or on the weekend. Due the extra-ordinary cash flows problems of the task force, I must make this change in schedule so I can pay outstanding bills numbering in the thousands do to my move and recent exploratory medical procedures regarding an active ulcer. I do not envision this change of schedule affecting my work at the Brothers Network. If it does, I am open to alternative solutions.

A handwritten signature in blue ink, appearing to read "Randy Miller", written in a cursive style.



NATIONAL TASK FORCE ON AIDS PREVENTION

631 O'Farrell Street • San Francisco • California • 94109
415/749-6700 • FAX 415/749-6706

From: Randy Miller, Director of Local Programs

To: Tony Glover, Program Director, Brothers Network

Date: September 29, 1993

re: Response to Memo dated 9-27-93

Thank you for the copy of your recent memo to Reggie Williams et al regarding the future of the NTFAP and your position with the Brothers Network. I share some of your concerns about the future of the NTFAP. The NTFAP is going through a rough transition phase and this will be made more difficult by Reggie's departure, but I firmly believe that the NTFAP will go on to do the work it needs to do and that the organization will survive the transitioning of its founder. This will not happen without some soul-searching by all concerned but the NTFAP will go on.

You have now spoken on a number of occasions regarding your uncertainty about your continued tenure at the Brothers Network due to frustrations with internal management structures, your perceptions of inter-staff tensions, and the continued fiscal uncertainties at the NTFAP. At this point, I need to communicate my concerns regarding your strong sense of ambivalence about being here. Let me say first that I do appreciate your leadership and presence with the Brothers Network Staff. There has been a real and substantial change in morale, productivity, and direction. But I am deeply concerned that after only six weeks of being on the job you have alerted us several times that your departure from the Brothers Network may be imminent.

I know you have stated that your ambivalence is caused in part by not being fully informed about the state of affairs at the NTFAP. I want to acknowledge again that it is a difficult time to come on board, but now that you are here and have had the opportunity to see what you are becoming involved in, I think it is critical that you make a decision one way or the other in regards to your continued tenure at the Brothers Network. I appreciate your policy of total open communication with the staff in regard to your ambivalence about staying on, but in this case I can imagine that it also creates an atmosphere in which other staff at the NTFAP and the Brothers Network are unsure whether to invest time and energy into creating relationships with you.

Also, to be very candid with you, Tony, I do not believe that during the interview process you were as clear about the state of your emotional health as you could have been. Dealing with grief, burn-out, depression and other emotional issues are all a part of this work. I deal with some of these issues on an on-going basis myself. But there are times in our lives when we are able to handle a high stress job with many demands and times when we are not. If I had gotten a clearer picture from you of your sense of emotional well-being I would have certainly posed more questions about whether this was the right job for you. I often get a sense of "emotional rawness" from

you that can not help but be exacerbated by the stresses of doing HIV/AIDS work, doing non-profit management, and the other specific stresses related to being at the NTFAP at this time.

One of the benefits of going through a 90-day probationary or trial period, as specified by the NTFAP Personnel Policies and Procedures Manual, is that the probationary employee does have an opportunity to familiarize himself with the organization and make a decision about staying on. The probationary period also allows the NTFAP to make a decision about the employee.

I would like to request that you give the matter of your staying on at the Brothers Network and the NTFAP some careful thought between now and the end of your probationary period. If at that time you feel the same level of stress and ambivalence about being here, I would suggest that it would be appropriate for this relationship not to continue further. You need a place that meets your emotional and professional needs and we need a stronger sense that the Brothers Network and the NTFAP is a place where you want to continue working. I know that this will entail some further conversations and I am willing to spend that time clarifying our mutual needs.

On another matter, I do take very seriously your concerns about communication and the "end-runs" that occur when people go directly to Reggie. I am very clear that I provide supervision for all of the local Program Directors and expect that each of the local Program Directors will operate under that structure. I appreciate your telling Reggie your desires regarding getting part-time work, but please do not mistake that for the proper means of communication regarding a change in your job structure. Given the turbulent history of supervision with the Brothers Network staff, I have some significant concerns about your suggesting a 35 hour work week with some of time spent in the evenings. My expectation is that you will be working a 40 hour work week in the Brothers Network Office until you and I have discussed and agreed upon the changes. With all due respect your p.s. to Reggie is precisely the kind of "end-run" and round about communication that you so clearly describe in your memo. The established structure is that changes in your job structure need to be approved by me and I do hold you accountable to that process. So that's another thing we need to talk about.

I hope this memo is a helpful response. In general I find that memos are good for expressing a point of view or clarifying facts and issues, but they are no substitute for good conversation and dialogue even if that involves confrontation. I look forward to a continued dialogue with you.

cc: Reggie Williams



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

SEP 15 1993

Reggie Williams, Executive Director
National Task Force on AIDS Prevention
631 O'Farrell Street
San Francisco, CA 94109

Reference: Cooperative Agreement Number U65/CCU907744-01

Dear Mr. Williams:

This correspondence replies to your requests of May 26 and June 8, 1993, and information received subsequently to redirect restricted and additional funds in the above award as shown on the Notice of Cooperative Agreement (NCA), Page 2, Note 3, dated September 30, 1992.

The information you have furnished is adequate. Therefore, the redirection of funds is approved in the following categories and amounts.

	<u>Awarded Amount</u>	<u>Revised Amount</u>
Personnel:		
Health Educator-Latino	\$ 0	\$ 13,000
Prevention Case Worker	0	12,431
Bookkeeper	3,456	3,441
Prog. Activities Coord.	0	15,000
Fringe	17,902	27,216
Consultant: Trainer/Latino	0	2,000
Travel	2,405	5,396
Supplies	0	5,873
Contractual:		
CURAS	95,034	0
GCHP	54,023	57,661
AIAI	32,743	27,776
Other	<u>0</u>	<u>35,769</u>
TOTAL	\$205,563	\$205,563

If you have any questions about this award, you may contact Ron Van Dyne, Senior Grants Management Specialist, at (404) 842-6517.

Sincerely,

Clara M. Jenkins

Clara M. Jenkins
Grants Management Officer
Grants Management Branch

joe

To: Tony Glover
From: Allen Piniol AP
Date: September 24, 1993
Re: Contract deliverables

I received the deliverables for the Relapse contract from Shurland last week, but I'm still waiting for the deliverables for the M & M Contract. I have not received M & M deliverables since April and that is unacceptable. Without this information I cannot invoice the funder, payments are delayed and we cannot pay our own bills or meet payroll on time.

The M & M contract is the largest contract the Brothers Network has and covers many of the administrative costs of your program. Because we are on a reimbursement basis with the City, we must first pay the bills and then request reimbursement at the end of each month. The invoices go to the San Francisco AIDS Foundation (the fiscal agent for this contract) and then to the City for payment. It usually takes the City (with prodding) between 4 and 8 weeks to turn around a check to the Foundation and another 1 or 2 weeks for them to turn around the check to us. It can take up to 3 months, from the time we originally incurred the expense, to get reimbursed. I currently have July and August invoices on my desk totalling more than \$15,000, waiting for deliverables.

Considering our current cash flow problems, please make this task a priority and get the information to me as soon as possible. I will not issue any more checks for your program until I receive this information.

The City contracts request monthly invoices in their office by the 7th of each month for the prior month. Please forward to me that information for all contracts by the 5th of each month, so I can get invoices to the City by the 7th.

Thank you.



NATIONAL TASK FORCE ON AIDS PREVENTION

631 O'Farrell Street • San Francisco • California • 94109
415/749-6700 • FAX 415/749-6706

Private and Confidential

September 29, 1993

Rosalynn Allen
Director of AIDS Services
Bayview-Hunters Point Foundation
5815 Third Street
San Francisco, CA 94124

Dear Rosalynn:

This letter is just to follow-up on the discussions that took place at your office regarding the prevention RFP and the African American community's responses to this. I was genuinely perplexed when I learned recently that the Bayview-Hunters Point Foundation had decided to collaborate with the San Francisco AIDS Foundation in their proposal.

Please don't misunderstand me, the National Task Force on AIDS Prevention has collaborated on several contracts with the San Francisco AIDS Foundation. But given much of the rhetoric at the meeting about African Americans "doing for themselves," I do find your decision perplexing. It is especially perplexing since I offered several times to talk with you about what a collaboration with Bayview might look like and how we might help each other. As far as I know, you simply did not make the necessary follow-up calls.

Again, I do not question your decision about collaborating with the AIDS Foundation, but the next time you call a meeting to discuss African American unity and coming together around a common agenda, it will be met with some skepticism in the community. I know the whole incident has left me with a sense of unease.

Yours in Struggle,

A handwritten signature in black ink that reads "Randy Miller". The signature is written in a cursive, flowing style.

Randy Miller
Director of Local Programs

cc: Larry Saxxon, Marin Foundation
Marcia Herron, AIDS Office



NATIONAL TASK FORCE ON AIDS PREVENTION

631 O'Farrell Street • San Francisco • California • 94109
415/749-6700 • FAX 415/749-6706

INTEROFFICE MEMORANDUM

TO: NTFAP Staff
FR: Reggie Williams *Randy*
RE: Paychecks *RW*

September 29, 1993

The next payroll—scheduled for September 30—will unfortunately be delayed until Monday, October 4 this pay period because of cash flow problems. We are working diligently to meet this date.

If you have any concerns about this, please see me.

RW/ajm



NATIONAL TASK FORCE ON AIDS PREVENTION

631 O'Farrell Street • San Francisco • California • 94109
415/749-6700 • FAX 415/749-6706

September 30, 1993

Ms. Rinna Flohr
Director
Center for Special Problems
1700 Jackson Street
San Francisco, CA 94109

Dear Rinna:

I hope this finds you well. It is my understanding that there are on-going discussions happening regarding the placement of Linda White in order to better utilize her services as a clinical consultant. The services that Linda has provided through EACH have greatly helped to improve the program and support the staff. I am very interested in maintaining Linda's services and expanding her hours of service if this is an option. At the same time I would like to keep you abreast of the changes that are occurring with the local programs of the National Task Force on AIDS Prevention.

As a part of the consolidation of HIV psycho-social services in the city and county of San Francisco, the National Task Force on AIDS Prevention and the Gay Men of Color Consortium have proposed to decentralize the EACH Program. The central office will be closed and all staff will be sited at their "home" agencies -- programs providing HIV/AIDS services to specific target populations in communities of color.

The African American Treatment Advocate from EACH will be sited at the Brothers Network, a newly created local program of the NTFAP which serves African American gay and bisexual men and transgenders. The Brothers Network is located at present at 625 O'Farrell Street and provides a variety of services to clients including prevention and relapse workshops, emotional support groups, and early intervention services.

When the EACH Program is decentralized after December 31, 1993, our plan is to site Linda White at the Brothers Network Office. Linda would provide the same services she provided through the EACH Office and would be accessible to a higher volume of African American clients. This would open up the possibility of expanding her hours if possible to accommodate more clients.

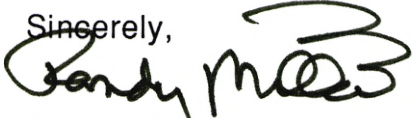
Again, Linda White's service at the EACH Program has been very helpful to the ongoing work of the organization and as the program is decentralized we would very much like to continue Linda's clinical services through the Brothers Network. If you

NTFAP Letter
Page 2

have any questions regarding the changes that are taking place or the utilization of Linda White's services please do not hesitate to call me at 749-6724.

Thank you for your time and your attention to this matter.

Sincerely,



Randy Miller
Director of Local Programs

cc: Reggie Williams, NTFAP
Tony Glover, Brothers Network
Joe Gonzales, CSP

file

To: NTFAP National Program Staff
From: Allen Pinloin
Date: September 24, 1993
Re: REALITY

As you all know, NTFAP is experiencing a severe cash flow problem that isn't going away any time soon. At the end of August, the National Program had a deficit over \$80,000. This is due to many reasons; mainly, spending more than we have budgeted, unexpected expenses and losses on fundraisers. Because most of our funding is restricted to specific programs and line items, we cannot afford to go over budget, have unexpected expenses or lose money on fundraisers. We need to raise \$80,000 to offset prior expenditures, in addition to money we spend between now and the end of the year. In other words, we need to raise money for every letter you mail, every photocopy you make, every phone call you make, every dollar you spend on travel and every office supply you use. We need to raise that money now and it must be unrestricted for the National Program.

You need to own responsibility for these expenses. Many of the line items currently over budget can be controlled, such as postage, printing and copying, telephone, travel and office supplies. Please keep this in mind, as you plan mailing, send something outside to be copied, make long distance phone calls, order supplies and plan trips. Unless you plan on raising money to offset these costs, make alternative plans that require no money.

Currently, Michael has more than \$60,000 in unpaid invoices sitting on his desk. Many of these bills are over 2 months old. Our priority has been to make payroll first, and pay all other bills with whatever is left over. Lately, there has been nothing left over. For the last two months I've had to start putting aside money for the next payroll the day after payday. I've done this knowing we would need to face irate vendors and try to postpone paying them without damaging our credit or losing credit privileges.

Most of you received your last paycheck a week late. At this time, I'm certain the next paycheck will also be late. Since last payday, we have not received any checks and have paid very few bills.

In the long term, we can probably reverse this situation. In order to do that, we must cut spending and increase our fundraising efforts.

The next payday is less than one week away. I have only one solution in mind that will ensure you receive a paycheck next Thursday. As you know, Macy's "Passport AIDS Shopping Day" is October 2nd and 3rd, which means we have only one more week to sell "Shopping Passports." I will guarantee that any cash or checks you turn in to me by next Wednesday from selling these Passports will be used to write your paycheck. Other than that, I cannot guarantee you will receive your paycheck on time. If you are up to this challenge, see Alan McCord for "Shopping Passports."



NATIONAL TASK FORCE ON AIDS PREVENTION

631 O'Farrell Street • San Francisco • California • 94109
415/749-6700 • FAX 415/749-6706

INTEROFFICE MEMORANDUM

From: Randy Miller, NTFAP

A handwritten signature in black ink, appearing to read "Randy Miller", with a large, stylized flourish extending upwards and to the right.

To: Russell Brent, EACH

Date: September 30, 1993

Effective immediately please send Alan McCord the signed and completed copies of the timesheets for the EACH Program Director and the HOPES Program Director. Copies of these timesheets should be submitted to Alan McCord every month from now on. Thanks for your cooperation.



NATIONAL TASK FORCE ON AIDS PREVENTION

631 O'Farrell Street • San Francisco • California • 94109
415/749-6700 • FAX 415/749-6706

INTEROFFICE MEMORANDUM

From: Randy Miller

To: Allen Piniol
Michael Foo

Date: 10-4-93

re: Salary information for Director of Local Programs

For the month of September, the salary should be broken down as follows:

Brothers CARE Contract = 13%
EACH CARE Contract = 12%
AIDSWALK = 11%
DIFFA = 7%
M&M Contract = 57%

The breakdown from October thru December 31 will be as follows:

Brothers CARE Contract = 13%
EACH CARE Contract = 12%
AIDSWALK = 11%
DIFFA = 7%
M&M Contract = 40%
OMH = 17%

Please note that this will change significantly when the new contracts begin on January 1, 1993.



NATIONAL TASK FORCE ON AIDS PREVENTION

631 O'Farrell Street • San Francisco • California • 94109
415/749-6700 • FAX 415/749-6706

INTEROFFICE MEMORANDUM

From: Randy Miller, Director of Local Programs *RM*

To: Local Program Directors

Date: September 30, 1993

re: Important -- Regular Meeting Schedule

We have needed to cancel the meeting of the Local Program Directors on three consecutive occasions due to the inability of various people to attend -- usually at the last minute. I want to make it clear that all local program directors meetings and meetings of the GMOCC Management Team are mandatory. They are an important part of your structured supervision and accountability to the NTFAP and vice-versa.

When Albert calls to schedule the meeting time and date with you, please check your calendars for conflicts and make the appropriate notations that will get you to the meeting on time. I realize that your schedules are busy but it is mandatory that you be at this and that you get to it on time. I will be getting a tentative agenda to you the day before we meet.

On another issue, please be aware that I am requesting that all local program directors timesheets be sent in to Alan McCord so that I can sign off on them. We need to continue to structure mechanisms of accountability at the NTFAP to better coordinate our efforts. I will be requesting the completed timesheets from the appropriate administrative assistants effective immediately.

Thanks for your attention to these matters.

file

To: Carl Yoshimoto
Randy Miller
From: Allen Piniol
Date: September 30, 1993
Re: Monitoring report for local programs

2. Please submit a written update regarding your progress in addressing each administrative and fiscal recommendation made in your last AIDS Office monitoring report.

Administration

Governing Body

1. The AIDS Office requests an update on the recruitment and appointment of additional Board members by July 1, 1992. The AIDS Office recommends that the Board reach its capacity target by August 15, 1992.

UPDATE 9/30/93: The National Task Force on AIDS Prevention will utilize a task-oriented Board of Directors to develop a board structure, capacity and processes. The task oriented board will be designated as an Interim Board of Directors beginning with a two-day board retreat, October 9-10, 1993, in San Francisco. This Interim Board will achieve the following tasks over the following six months:

- 1) Identify and approve the roles and responsibilities of the board based upon recommendations from the Executive Director, staff and constituents of the NTFAP, establishing operating procedures and structure of the Board.
- 2) Develop and implement a process (three month duration) for recruiting, selecting and approving new Board members which would result in a permanent Board of Directors.
- 3) Review and adopt a program plan and fundraising plan submitted by staff which define the agency's priorities for the next year, and define the relationship between national and local programs.

Personnel

2. The AIDS Office recommends that the Personnel Policy Manual be revised to reflect the new organizational structure and responsibilities by October 1, 1992.

UPDATE 9/20/93: NTFAP submitted a copy of the revised manual on 8/27/92.

Fiscal Management and Accounting

3. The AIDS Office recommends that the Fiscal Management Policy be simplified and revised to reflect the new organizational structure, responsibilities, and the in-house accounting system by October 1, 1992.

UPDATE 9/30/93: NTFAP submitted a revised Fiscal Management Policy Manual to the AIDS Office on June 10, 1993. It was agreed that this document still requires revisions and that NTFAP would review it with their C.P.A. firm once the annual audit for the year ending 1/31/93 was completed. (The final draft of the financial statements will be completed by October 15, 1993).

4. The AIDS Office requests an update on the implementation of the new in-house accounting system by October 1, 1992.

UPDATE 9/30/93: NTFAP met with Judith Weld and Russ Zellers on June 10, 1993 and further discussed the AIDS Office's concerns regarding the accounting systems. During that meeting the AIDS Office staff reviewed accounting procedures and made few recommendations regarding the accounts payable system. Those recommendations are now in place. NTFAP has requested our C.P.A. firm review our current and future needs regarding accounting software and have made preliminary suggestions. Once the audit is completed, NTFAP will focus on finalizing the Fiscal Management Policy Manual. Additionally, NTFAP intends to update accounting software at the beginning of the new fiscal year, 2/1/94.

5. The AIDS Office requests that NTFAP identify its new audit firm by October 1, 1992.

UPDATE 9/30/93: NTFAP has retained the services of Patel & Cruz, C.P. A., a minority owned firm in Oakland, to audit our records for the year ending January 31, 1993. They will also audit our records for the year ending January 31, 1994.

3. Please submit a copy of your agency's most recently completed independent audit report. If you have already submitted this document, please state the date on which it was submitted. If your audit is currently in progress, please state when you expect to submit it to the AIDS Office.

The audited financial statements for the National Association of Black and White Men Together (NABWMT) for the year ending September 30, 1992 should be completed by the end of next week. Between October 1, 1992 and January 31, 1993 the National Task Force on AIDS Prevention (NTFAP) was a project of the NABWMT. The audited financial statements for the National Task Force on AIDS Prevention for the year ending January 31, 1993 should also be completed by the end of next week. The auditors for NABWMT and NTFAP are working closely together to ensure statements for both organizations are accurate and consistent.

Both audit firms have assured us that final drafts will be completed at the latest by October 15, 1993. We will submit a copy for each organization at that time.

4. In order to check your progress to compliance with the CARE 70% rule, please submit a budget report indicating actual revenue and expenses by funding source, as compared to budgeted revenue and expenses for your agency's fiscal year-to-date (through the most recently completed quarter or month). Expenses may be aggregated by type, but funding sources must at a minimum be broken into individual CARE contracts, other restricted revenue, and unrestricted revenue. This information should be provided for the service providing agency, not the fiscal agent. Please include a letter from your Board Chair or President indicating that the Board has reviewed and approved this information. Please submit this report (Original and 3 copies) along with your program responses.

See attached.



NATIONAL TASK FORCE ON AIDS PREVENTION

631 O'Farrell Street • San Francisco • California • 94109
415/749-6700 • FAX 415/749-6706

INTEROFFICE MEMORANDUM

From: Randy Miller, Director of Local Programs 

To: All National and Local Program Directors/Coordinators

Date: September 29, 1993

re: Meeting regarding Budget Realities

In an effort to improve communication regarding the budget realities we are facing, I have asked Allen Piniol and Michael Foo to meet with us to answer questions people might have about the current financial situation of the NTFAP. This will not be a time for assigning blame but for getting a better understanding of our financial picture and perhaps strategizing on how to improve our situation.

This meeting is not mandatory - it is simply an opportunity to get a better understanding of where we are and what we can do about it. **The meeting will be at the NTFAP Office from 12 Noon to 1:30 PM on Friday, October 1, 1993. Please feel free to bring your lunch.**



file

NATIONAL TASK FORCE ON AIDS PREVENTION

631 O'Farrell Street • San Francisco • California • 94109
415/749-6700 • FAX 415/749-6706

INTEROFFICE MEMORANDUM

TO: Program Directors

**Carl Yoshimoto
Ernest Andrews
Jesse Johnson
Tony Glover**

NTFAP Staff Members

**Alan McCord
Allen Piniol
Gavin Morrow-Hall
Juan Rodríguez
Kerrington Osborne
Martín Ornelas
Michael Foo
Randy Miller ✓
Steve Feedback**

FR: Reggie Williams

RE: Staff Meeting

October 6, 1993

I would like to schedule a staff meeting on Thursday, October 14 from 1:00 – 3:30 pm. It will take place in the second floor conference room.

It is extremely important that you attend this meeting.



file

NATIONAL TASK FORCE ON AIDS PREVENTION

631 O'Farrell Street • San Francisco • California • 94109
415/749-6700 • FAX 415/749-6706

INTEROFFICE MEMORANDUM

TO: Program Directors
Carl Yoshimoto
Ernest Andrews
Jesse Johnson
Tony Glover

NTFAP Staff Members

Alan McCord
Allen Piniol
Gavin Morrow-Hall
Juan Rodríguez
Kerrington Osborne
Martín Ornelas
Michael Foo
✓ Randy Miller
Steve Feedback

FR: Reggie Williams
RE: Staff Meeting

October 7, 1993

I would like to re-schedule the staff meeting I set yesterday. Sorry about the confusion.

The meeting will be held on Wednesday, October 13, from 2:00 – 4:00 pm. Again, it will take place in the second floor conference room.

RW/ajm

SAN FRANCISCO HIV CONTRACTORS ASSOCIATION

1010 Gough Street, San Francisco, California 94109
(415) 474-7310 ext. 437

Member
Organizations
(as of 9/1/93)

October 4, 1993

American
Indian AIDS
Institute

Baker Places

Dear SFHCA Members and Interested Others:

At last Friday's meeting, it was determined that one At-Large member on the Coordinating Committee seemed insufficient. So this notice is to inform you, 30 days in advance, that at the November 5th meeting, a change in the By-Laws will be considered.

The change being considered is to increase the number of At-Large members from one (1) to three (3).

Next meeting is on Friday November 5th, 9-10:30 am at Family Services Agency, 1010 Gough Street, 3rd Floor Conference Room.

Minutes from September & October's meetings may reach you prior to the Nov. 5th meeting. Those of you who would like to become members (who did not so inform me last Friday) please leave me a message at 252-7291. We will then update our letterhead to include you. Thanks for your interest.

Sincerely,



Ted Knapp-Duncan
SFHCA Sect'y

Family
Services
Agency
San Francisco

Operation
Concern

Project Open
Hand

Rose Resnick
Center for the
Deaf

San Francisco
Community
Clinic
Consortium

San Francisco
AIDS
Foundation

San Francisco
Food Bank

San Francisco
Suicide
Prevention
AIDS/HIV
Nightline

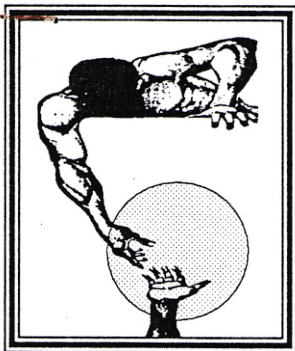
Tenderloin
AIDS Resource
Center

The Bridge for
Kids/Un
Puente Para
Niños

UCSF
AIDS Health
Project

Walden House

Westside
Community
Mental Health
Clinic



The Brothers Network

625 O'Farrell Street • San Francisco • CA • 94109

Phone: 415-749-6714 • Fax: 415-749-6706

The Brothers Network

Tony Glover
Program Director

Shurland H. Aird
Workshop Coordinator

John Brisbane
Treatment Advocate

Jonathan William Brown
Prevention Case Manager

Albert Cromedy
Office Manager

Jelousy Jiggets
Special Programs Assistant
& Volunteer Coordinator

Demetres Munford
Risk Reduction Coordinator

Reggie Pulliam
Administrative Assistant

J.D. Scott-Hoffman
Program Coordinator
Support Services

Rica Madame Turner
Transgender Services
Coordinator

To: Tony Glover
From: Jonathan William Brown
Re: Action Plan
C.C. : Randy Miller

PREVENTION CASE MANAGEMENT ACTION PLAN

BACKGROUND:

I had a discussion with Randy Miller, last Friday, October 1st. about strategies for Prevention Case Management at the Brothers Network. In an effort to provide a specific service it was suggested that a tie-in with substance abuse would help to bring clients in the door of the office. So, I am pursuing skills in substance abuse training with different agencies. The goal is to be as proficient as possible in substance abuse issues for the African American gay, bisexual men and transgender persons By establishing myself in this way I can identify clients for Prevention Case Management and provide HIV counseling and Pre and Post counseling awareness.

Pending your approval, I would like to pursue this action plan.

OBJECTIVE:

To become a specialist in substance abuse referrals for men and transgender persons of African decent. thereby establishing a rapport for Prevention Case Management

Network:

Make contacts with specific HIV substance abuse agencies such as 18th Street Services, Baker New Place. and Rafiki.; Seek training around issues for people with substance abuse issues; create materials around HIV prevention including a flow chart with treatment options and a outreach brochure specific to Prevention Case Management.

TRAINING:

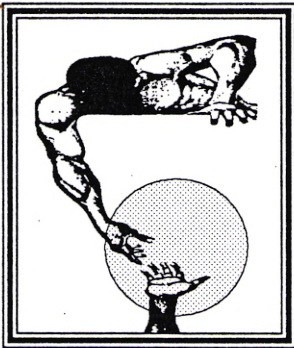
Rafiki Services is sponsoring a Chemical Dependency and HIV Support Training on the weekend of October 24th. The AIDS Substance Abuse Program (ASAP) is sponsoring a symposium on substance abuse issues on October 28th. I reserved space for myself at both of these events.

If you have any other suggestions, please feel free to contact me at
ext. 711. Thank you for your time and attention.
Thank you for your time and attention

Yours in the Struggle,

A handwritten signature in cursive script that reads "Jonathan William Brown". The signature is fluid and elegant, with a long horizontal flourish extending to the left and a large loop at the end of the name.

Jonathan William Brown
Prevention Case Management



fle

The Brothers Network

625 O'Farrell Street • San Francisco • CA • 94109
Phone: 415-749-6714 • Fax: 415-749-6706

M.E.M.O.R.A.N.D.U.M

The Brothers Network

Tony Glover
Program Director

Shurland H. Aird
Workshop Coordinator

John Brisbane
Treatment Advocate

Jonathan William Brown
Prevention Case Manager

Albert Cromedy
Office Manager

Jelousy Jiggets
Special Programs Assistant
& Volunteer Coordinator

Demetres Munford
Risk Reduction Coordinator

Reggie Pulliam
Administrative Assistant

J.D. Scott-Hoffman
Program Coordinator
Support Services

Rica Madame Turner
Transgender Services
Coordinator

October 11, 1993

TO: Randy Miller

FR: *[Signature]* Dakota Scott-Hoffman

RE: UOS/UDC AUDIT FORM

Here is (the first I am only too sure) of the required UOS/UDC Form by our current grant review process. Please contact me at your convenience if you have questions, comments, or criticisms.

Thanking you in advance for your support.

CC:

Regular Monthly Report & reporting agents
Tony Glover
Alan Piniol

UOS/UDC Audit Form

Please record your monthly UOS/UDC beginning in May or July of 1992 in the format below, depending on whether your program is on a CARE Formula or CARE Supplemental contract cycle. Only Formula contracts need to report for May and June of 1992.

UOS

	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
Total					10									

UDC

[illegible]