

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

536



**FROM:** Community Health Agency / Department of Public Health

**SUBMITTAL DATE:**  
December 17, 2009

**SUBJECT:** Ratify acceptance of the Base Award for fiscal year 2009/2010 from the California Department of Public Health for Tuberculosis Local Assistance funding, and Ratify acceptance of the Base Award Augmentation for fiscal year 2009/2010 from the California Department of Public Health for Tuberculosis prevention and control activities in local public health jurisdictions.

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Ratify acceptance of the Tuberculosis Local Assistance funding Base Award in the amount of \$323,764 and the Food, Shelter, Incentives and enablers (FSIE) Allotment of up to \$16,290 to support tuberculosis (TB) control activities in our jurisdiction for fiscal year (FY) 2009-2010;
- 2) Ratify acceptance of the Base Award Augmentation in the amount of \$26,125 to support TB control activities in our jurisdiction for FY 2009-2010;
- 3) Authorize the Chairman of the Board to Sign three (3) copies of the Acceptance of Award for the Base Award and three (3) copies of the Acceptance of Award for the Base Award Augmentation.
- 4) Authorize the Auditor-Controller to adjust the budget, as detailed in Schedule A.

(Continued next page)

**Attachments**

*Susan D. Harrington*

Susan D. Harrington, Director of Public Health

**FINANCIAL  
DATA**

Current F.Y. Total Cost: \$ 26,125  
Current F.Y. Net County Cost: \$ 0  
Annual Net County Cost: \$ 0

In Current Year Budget: No  
Budget Adjustment: Yes  
For Fiscal Year: 09/10

**SOURCE OF FUNDS:** 100% State and Federal funds

Positions To Be Deleted Per A-30  
Requires 4/5 Vote



**C.E.O. RECOMMENDATION:**

**APPROVE**

BY: *Debra Cournoyer*  
Debra Cournoyer

**County Executive Office Signature**

Dep't Recomm.: ☐ Consent ☒ Policy  
Per Exec. Ofc.: ☐ Consent ☒ Policy

Prev. Agn. Ref.: 12/18/08 item 3.17

District: ALL

Agenda Number:

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

3.11

FISCAL PROCEDURES APPROVED  
ROBERT E. BYRD, AUDITOR-CONTROLLER  
BY: *Susana Garcia-Bocanegra* 12/23/09  
SUSANA GARCIA-BOCANEGRA

Departmental Concurrence

FORM APPROVED BY COUNTY COUNCIL

BY: *NEAL R. KIPNIS* DATE: *12/23/09*

SUBJECT: Ratify acceptance of the Base Award for fiscal year 2009/2010 from the California Department of Public Health for Tuberculosis Local Assistance funding, and Ratify acceptance of the Base Award Augmentation for fiscal year 2009/2010 from the California Department of Public Health for Tuberculosis prevention and control activities in local public health jurisdictions.

(Continued)

**BACKGROUND:**

Tuberculosis (TB) continues to be a significant public health problem in California. The California Department of Health Services (CDHS) has awarded local assistance funds to health departments to support TB control activities, which include Public Health Nursing (PHN) case management, and treatment via directly observed therapy. In addition, funds are allocated for food, shelter, incentives, and enablers (FSIE). Enablers include items such as bus tickets and gas vouchers.

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) has identified additional federal funds for fiscal year (FY) 2009-2010 and is making these funds available to support TB prevention and control activities in local public health jurisdictions through an augmentation to Base Awards. Other local assistance funding [e.g., Food, Shelter, Incentives and Enablers (FSIE) allotments, civil detention reimbursement and Special Needs funds] remains unchanged.

An estimated budget amount of \$323,764 for the TB Local Assistance Base Award plus FSIE amount of up to \$16,290 was submitted for County Fiscal Year 2009/2010. A Base Award Augmentation amount of \$26,125 was awarded for FY 09/10, making the total grant award \$366,179.

**ATTACHMENTS:**

1. Grant Acceptance Award Letter for Base Award
2. Grant Acceptance Award Letter for Base Award Augmentation
3. Schedule A

Form 11  
Community Health Agency  
CHA – New Award for fiscal year 2009-2010 from the California Department Public Health for  
Tuberculosis Local Assistance Funding

**Schedule A  
BUDGET ADJUSTMENTS  
COMMUNITY HEALTH AGENCY  
DEPARTMENT OF PUBLIC HEALTH  
FISCAL YEAR 2009/2010**

**INCREASE IN APPROPRIATIONS:**

10000-4200100000-525340-Temporary Help Services	\$25,125
10000-4200100000-529040-Private Mileage Reimbursement	\$ 400
10000-4200100000-528920-Car Pool Expense	\$ 400
10000-4200100000-523700-Office Supplies	\$ 200

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<b>TOTAL INCREASE IN APPROPRIATIONS</b>	<b>\$26,125</b>
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**INCREASE IN ESTIMATED REVENUE**

10000-4200100000-751680-CA-State Grant Revenue	<u>\$26,125</u>
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<b>TOTAL INCREASE IN ESTIMATED REVENUE</b>	<b>\$26,125</b>
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MARK B HORTON, MD, MSPH  
Director

State of California—Health and Human Services Agency  
California Department of Public Health



ARNOLD SCHWARZENEGGER  
Governor

August 20, 2009

Eric Frykman, M.D., M.P.H., M.B.A.  
Health Officer  
Riverside County Department of Public Health  
4065 County Circle Dr. #412  
Riverside, CA 92503

200008  
200009

Dear Dr. Frykman:

**LETTER OF AWARD - Base Award  
Food, Shelter, Incentives and Enablers Allotment**

**FUNDING PERIOD - July 1, 2009 through June 30, 2010**

This letter is confirmation of your award of local assistance funding to support tuberculosis (TB) prevention and control activities in fiscal year (FY) 2009-2010.

**AWARD**

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) is awarding to the Riverside County Department of Public Health a Base Award of up to \$323,764 and an allotment of up to \$16,290 for food, shelter, incentives and enablers (FSIE) expenditures. These funds are being awarded with the understanding that your program staff will work with the staff of the TBCB in carrying out your CDPH-funded TB control program efforts. Expenditures for the FSIE allotment should enhance adherence, prevent homelessness, and allow the use of less restrictive alternatives that decrease or obviate the need for detention.

This award is valid and enforceable only if the enacted 2009-2010 budget for the State of California makes sufficient funds available for the purposes of this program.

**MANAGING YOUR AWARD**

Requirements for the use of these funds are listed in Part 1 of the FY 2009-2010 Policies and Procedures Manual. This manual and forms contained in the appendices (in Word fillable format) can be found on the CDPH TBCB internet site at:  
<http://ww2.cdph.ca.gov/programs/tb/Pages/LocalAssistanceAward.aspx>.

Eric Frykman, M.D., M.P.H., M.B.A.

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August 20, 2009

Reimbursement of your expenditures is contingent upon compliance with these standards and procedures.

**Invoicing for your Base Award and FSIE Allotment**

- A signed original invoice (in blue ink) must be submitted on your organization's letterhead.

- Bill to: California Department of Public Health, Tuberculosis Control Branch

Mail invoices to:

California Department of Public Health

Tuberculosis Control Branch

850 Marina Bay Parkway, Building P, 2<sup>nd</sup> Floor

Richmond, CA 94804-6403

Attn: Mr. David Beers, Fiscal Analyst

- Invoices for the Base Award and the FSIE allotment are due on the same schedule.

**Invoice Submission Schedule**

<b><u>Quarter</u></b>	<b><u>Period Covered</u></b>	<b><u>Due Date</u></b>
First	July 1 through September 30	November 16
Second	October 1 through December 31	February 15
Third	January 1 through March 31	May 14
Fourth	April 1 through June 30	August 16

If an invoice will not postmarked and sent by the quarterly due date, please contact the CDPH TBCB fiscal analyst to request an extension.

- Invoices for FY 2009-2010 will not be processed until:
  - All outstanding invoices from the previous year have been submitted
  - Any stipulations from the Letter of Award have been resolved, and
  - A signed "Acceptance of Award" has been received by the CDPH TBCB.

**ACCEPTANCE OF YOUR AWARD**

To acknowledge your acceptance of this award and the conditions attached to it, please return an original of the attached "Acceptance of Award" with an authorized signature to the CDPH TBCB. No further documentation of this contract is necessary.

Eric Frykman, M.D., M.P.H., M.B.A.  
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August 20, 2009

Mail your signed acceptance to:

California Department of Public Health  
Tuberculosis Control Branch  
850 Marina Bay Parkway, Building P, 2<sup>nd</sup> Floor  
Richmond, CA 94804-6403  
Attn: Mr. David Beers, Fiscal Analyst

If you have not done so already, the following hard-copy forms which require an original signature should be submitted by mail with the signed Acceptance of Award:

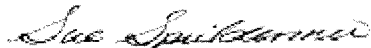
- Darfur Contracting Act
- Certification of Lobbying
- Disclosure of Lobbying Activities (if applicable)
- Drug-Free Workplace Certification

#### **REQUESTING ADDITIONAL FUNDS FOR FSIE EXPENDITURES**

Should you exceed your FSIE allotment, additional funds may be requested. Requests must be made in writing (hard copy or e-mail) at any time. Payment of requests is made from available unexpended funds. For complete information regarding requests for additional funds please refer to Part 2, Section 3.3, of the FY 2009-2010 Policies and Procedures Manual.

Fiscal questions should be directed to the TBCB fiscal analyst, Mr. David Beers, (510) 620-3012 or by e-mail at [david.beers@cdph.ca.gov](mailto:david.beers@cdph.ca.gov). Programmatic questions should be directed to your CDPH TBCB Program Liaison.

Sincerely,



Sue Spieldenner, RN  
Chief, Resources Planning and Management Section  
Tuberculosis Control Branch  
California Department of Public Health

[sue.spieldenner@cdph.ca.gov](mailto:sue.spieldenner@cdph.ca.gov)  
Tel: (510) 620-3037  
Fax: (510) 620-3034

# ACCEPTANCE OF AWARD

## Riverside County Department of Public Health

**FUNDING PERIOD - July 1, 2009 through June 30, 2010**

**BASE AWARD \$323,764**

**FOOD, SHELTER, INCENTIVES AND ENABLERS ALLOTMENT \$16,290**

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Policies and Procedures Manual for FY 2009-2010 and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

FORM APPROVED COUNTY COUNSEL

BY: NEAL R. KIPNIS DATE



MARK B HORTON, MD, MSPH  
*Director*

State of California—Health and Human Services Agency  
California Department of Public Health



ARNOLD SCHWARZENEGGER  
*Governor*

October 22, 2009

Eric Frykman, M.D., M.P.H., M.B.A.  
Health Officer  
Riverside County Department of Public Health  
4065 County Circle Dr. #412  
Riverside, CA 92503

Dear Dr. Frykman:

**REVISED LETTER OF AWARD – Base Award Augmentation**

**FUNDING PERIOD – July 1, 2009 through June 30, 2010**

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) has identified additional federal funds for fiscal year (FY) 2009-2010 and is making these funds available to support tuberculosis (TB) prevention and control activities in local public health jurisdictions through an augmentation to Base Awards. The purpose of this letter is to provide information on the acceptance and use of these funds. Other local assistance funding [e.g., Food, Shelter, Incentives and Enablers (FSIE) allotments, civil detention reimbursement and Special Needs funds] remains unchanged.

**BASE AWARD AUGMENTATION**

Riverside County Department of Public Health is allocated a Base Award Augmentation of up to \$26,125 to support TB control activities in your jurisdiction for FY 2009-2010. Submission of an approved budget and the receipt of "Acceptance of Award" with an authorized signature are **required** to implement this award.

**MANAGING YOUR BASE AWARD AUGMENTATION**

Requirements for the use of these funds are the same as for your Base Award and can be found in Part 1 of the FY 2009-2010 Policies and Procedures Manual. This manual and forms contained in the appendices (in Microsoft Word fill-able format) can be found on the CDPH TBCB internet site at:  
<http://ww2.cdph.ca.gov/programs/tb/Pages/LocalAssistanceAward.aspx>.



October 22, 2009

Submitting Your Base Award Augmentation Budget

CDPH TBCB requires that you submit a Summary Budget, a Detail Budget and a Line Item Justification for the Base Award Augmentation amount **only**.

These forms may be submitted either:

- electronically by Monday, November 23, 2009 to [TBAwards@cdph.ca.gov](mailto:TBAwards@cdph.ca.gov) with "Revised Budget For Additional Dollars" in the subject line

OR

- by mail for receipt by Monday, November 23, 2009 to:

California Department of Public Health  
Tuberculosis Control Branch  
850 Marina Bay Parkway, Building P, 2<sup>nd</sup> Floor  
Richmond, CA 94804-6403  
Attention: Mr. David Beers – Revised Budget for Additional Dollars

Invoicing for your Base Award Augmentation Budget

- A signed original invoice (in blue ink) must be submitted on your organization's letterhead.

- Bill to: California Department of Public Health, Tuberculosis Control Branch

Mail invoices to:  
California Department of Public Health  
Tuberculosis Control Branch  
850 Marina Bay Parkway, Bldg. P, 2<sup>nd</sup> Floor  
Richmond, CA 94804-6403  
Attention: Mr. David Beers, Fiscal Analyst

- Base Award Augmentation funds should be invoiced using the schedule below:

**Invoice Submission Schedule**

<u>Quarter</u>	<u>Period Covered</u>	<u>Due Date</u>
First	July 1 through September 30	November 16
Second	October 1 through December 31	February 15
Third	January 1 through March 31	May 14
Fourth	April 1 through June 30	August 16

October 22, 2009

- Invoicing for Base Award Augmentation Funds can be included in the invoice for your Base Award; however, please note the total amount of the Base Award Augmentation if included.

## **BUDGET REVIEW**

CDPH TBCB staff will review and approve your revised budget based on the criteria described in the Policies and Procedures Manual.

## **ACCEPTANCE OF YOUR AWARD**

To acknowledge your acceptance of this award and the conditions attached to it, please return an original of the attached "Acceptance of Award" with an authorized signature to the CDPH TBCB. Please note that invoices for augmentation funds cannot be paid until the Acceptance of Award has been received by the TBCB.

Mail your signed acceptance of award to:

California Department of Public Health  
Tuberculosis Control Branch  
850 Marina Bay Parkway, Building P, 2<sup>nd</sup> Floor  
Richmond, CA 94804-6403  
Attention: Mr. David Beers

Fiscal questions should be directed to the TBCB fiscal analyst, Mr. David Beers, (510) 620-3012 or by email at [david.beers@cdph.ca.gov](mailto:david.beers@cdph.ca.gov). Programmatic questions should be directed to your CDPH TBCB Program Liaison.

Sincerely,



Sue Spieldenner, RN  
Chief, Resources Planning and Management Section  
Tuberculosis Control Branch  
California Department of Public Health

# ACCEPTANCE OF AWARD

## Riverside County Department of Public Health

**FUNDING PERIOD – July 1, 2009 through June 30, 2010**

**BASE AWARD AUGMENTATION \$26,125**

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Policies and Procedures Manual for FY 2009-2010 and any other conditions stipulated by the California Department of Public Health Tuberculosis Control Branch.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

FORM APPROVED COUNTY COUNSEL

BY: NEAL R. KIPNIS

DATE