

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

173



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

**SUBMITTAL DATE:**  
December 28, 2010

**SUBJECT:** Ratify acceptance of the Base Award Augmentation for Fiscal Year 2010/2011 from the California Department of Public Health (CDPH) for Tuberculosis Local Assistance funding to support tuberculosis (TB) control activities in local Public Health jurisdictions.

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

- 1) Ratify acceptance of the Base Award Augmentation in the amount of \$26,270 to support TB control activities in our jurisdiction for FY 2010/2011, for a new total of \$361,896; and
- 2) Authorize the Chairman of the Board to sign three (3) copies of the Acceptance of Award for the Base Award Augmentation.

**BACKGROUND:** Tuberculosis (TB) continues to be a significant public health problem in California. On November 30, 2010, the Board approved the award from the California Department of Public Health (CDPH) for local assistance funds to health departments to support TB control activities in the amount of \$335,626.

(continued on page 2)

BC:rr

Michael Osur for  
Susan D. Harrington, Director of Public Health

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 26,270	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$	Budget Adjustment:	No
	Annual Net County Cost:	\$	For Fiscal Year:	10/11

<b>SOURCE OF FUNDS:</b> 100% State funds.	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

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

**APPROVE**

BY:   
Stephanie Persi

**County Executive Office Signature**

- Consent
- Policy
- Consent
- Policy

Dept's Recomm.:  
Per Exec. Ofc.:

**Prev. Agn. Ref.:** 11/30/10 Item 3.19 | **District:** ALL | **Agenda Number:**

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

**3.24**

FORM APPROVED COUNTY COUNSEL  
BY: NEAL R. KIPNIS  
DATE: 12/28/10  
Departmental Concurrence

Form 11

Community Health Agency / Department of Public Health

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**SUBJECT:** Ratify acceptance of the Base Award Augmentation for Fiscal Year 2010/2011 from the California Department of Public Health (CDPH) for Tuberculosis Local Assistance funding to support tuberculosis (TB) control activities in local Public Health jurisdictions.

**BACKGROUND:** (continued)

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) has identified additional federal funds for fiscal year (FY) 2010/2011 and is making these funds available to support TB prevention and control activities in local public health jurisdictions through an augmentation to Base Awards.



MARK B HORTON, MD, MSPH  
Director

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



ARNOLD SCHWARZENEGGER  
Governor

November 22, 2010

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, 2010 through June 30, 2011**

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) has identified additional federal funds for fiscal year (FY) 2010-2011 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 \$26,270 to support TB control activities in your jurisdiction for FY 2010-2011. 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 2010-2011 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://www.cdph.ca.gov/programs/tb/Pages/LocalAssistanceAward.aspx>.

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, December 27, 2010 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, December 27, 2010 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 15
Second	October 1 through December 31	February 15
Third	January 1 through March 31	May 16
Fourth	April 1 through June 30	August 15

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

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November 22, 2010

- 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, Anne Cass, (619) 688-0253, [anne.cass@cdph.ca.gov](mailto:anne.cass@cdph.ca.gov).

Sincerely,



Elizabeth J. Stoller, M.P.H.  
Assistant Chief  
Tuberculosis Control Branch  
Division of Communicable Disease Control  
Center for Infectious Diseases  
California Department of Public Health

# ACCEPTANCE OF AWARD

## Riverside County Department of Public Health

**FUNDING PERIOD – July 1, 2010 through June 30, 2011**

**BASE AWARD AUGMENTATION \$26,270**

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Policies and Procedures Manual for FY 2010-2011 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  
NEAL R. KIPNIS

12/26/10  
DATE