COUNSE () BY SAMUEL NOW HILLE

Departmental Concurrence

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



FROM: Community Health Agency / Department of Public Health

SUBMITTAL DATE:
April 4, 2012

SUBJECT: Ratify acceptance of the Tuberculosis Special Needs Funds Award for Fiscal Year 2011/2012 from the California Department of Public Health Tuberculosis Control Local Assistance funding to support extended contact investigation activities in a high school setting.

RECOMMENDED MOTION: That the Board of Supervisors:

BACKGROUND: (continued on page 2)

- 1) Ratify receipt of the Tuberculosis Special Needs Funds Award in the amount of \$36,255 for the period of performance of January 1, 2012 through June 30, 2012 to support the extended contact investigation activities in a high school setting; and
- 2) Authorize the Chairman of the Board to Sign four (4) copies of the Acceptance of Award; and
- 3) Approve and direct the Auditor Controller to adjust the budget as detailed in Schedule A attached.

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BC:rr	REQUIRES 4/5th's VOTE	Susan Harringt		r of ⊅ublic Healt	1
FINANCIAL DATA	Current F.Y. Total Cost:	\$ 36,255	In Current Year Budget:		No
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment: Y		Ye
	Annual Net County Cost:	\$ 0	For Fiscal Year: 11/		11/12
SOURCE OF FI	UNDS: 100% State Funds			Positions To Be Deleted Per A-30	
				Requires 4/5 Vote	
C.E.O. RECOM	MENDATION:	APPROVE		·	
County Executive Office Signature BY: 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
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X

Consent

Form 11 Community Health Agency / Department of Public Health Page 2 of 3

SUBJECT: Ratify acceptance of the Tuberculosis Special Needs Funds Award for Fiscal Year 2011/2012 from the California Department of Public Health Tuberculosis Control Local Assistance funding to support extended contact investigation activities in a high school setting.

BACKGROUND: (continued)

The California Department of Public Health has awarded Riverside County Department of Public Health Special Needs funds for a high school extended contact investigation due to a TB exposure at the school. This short term funding is for temporary staff to provide follow-up and Directly Observed Therapy for Latent TB Infection.

Form 11 Community Health Agency / Department of Public Health Page 3 of 3

SUBJECT: Ratify acceptance of the Tuberculosis Special Needs Funds Award for Fiscal Year 2011/2012 from the California Department of Public Health Tuberculosis Control Local Assistance funding to support the extended contact investigation activities in a high school setting.

SCHEDULE A

BUDGET ADJUSTMENT COMMUNITY HEALTH AGENCY DEPARTMENT OF PUBLIC HEALTH FISCAL YEAR 2011/2012

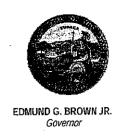
INCREASE IN APPROPRIATIONS

10000-4200100000-510320 10000-4200100000-528920 10000-4200100000-520230	Temporary Salaries Car Pool Expenses Cellular Phone	\$27,840 \$ 8,325 \$ 90			
TOTAL INCREASE IN APPROPR	\$36,255				
INCREASE IN ESTIMATED REVENUE					
10000-4200100000-751680 CA S	tate Grant Revenue	\$36,255			

TOTAL INCREASE IN ESTIMATED REVENUE \$36,255



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



March 14, 2012

Cameron Kaiser, M.D.
Health Officer
Riverside County Department of Public Health
4065 County Circle Drive, Ste. 412-K
Riverside, CA 92503

Dear Dr. Kaiser:

LETTER OF AWARD -

Tuberculosis Special Needs Funds Award – High School Extended Contact Investigation

FUNDING PERIOD -

January 1, 2012 through June 30, 2012

This letter of award is in response to the original request for additional funds to support tuberculosis (TB) control activities submitted on March 13, 2012 by Riverside County Department of Public Health. The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) has approved the line items for personnel, travel and equipment.

AWARD

Riverside County Department of Public Health, Tuberculosis Control will receive \$36,255 from the CDPH TBCB to support TB control activities associated with an extended contact investigation (CI) in a high school setting. This award must be used for expenditures listed in the attached approved budget.

This award is valid and enforceable only if the enacted 2011-2012 budget for the State of California and the 2012 Federal budget makes sufficient funds available for the purposes of this program.

MANAGING YOUR AWARD

The FY 2011-2012 Tuberculosis Control Local Assistance Funds, Policies and Procedures Manual, Part 1 includes all the requirements for these funds. Reimbursement is contingent upon compliance with these policies and procedures. This manual and forms are located on the CDPH TBCB internet site at: http://www.cdph.ca.gov/programs/tb/Pages/LocalAssistanceAward.aspx.

Cameron Kaiser, M.D. March 14, 2012 Page 2

Submitting an invoice

This award is separate from your Base Award. When invoicing for approved expenditures, please refer to the award as the "Tuberculosis Special Needs Funds Award – High School Extended CI – January 1, 2012 through June 30, 2012."

The invoice(s) submitted for this award shall include only actual expenditures for the approved line items. A final invoice is due by August 15, 2012. Please use the same format as for your local assistance Base Award.

ACCEPTANCE OF YOUR AWARD

To acknowledge your acceptance of this award and the conditions attached to it, please return a hard-copy of the enclosed "Acceptance of Award" form with an authorized signature to:

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

The CDPH TBCB cannot process your invoice until the signed "Acceptance of Award" is received.

Fiscal questions should be directed to David Beers, TBCB fiscal analyst, at (510) 620-3012 or by email to David.Beers@cdph.ca.gov. For programmatic questions, please contact Anne Cass, your program liaison, at (619) 688-0253 or by email to anne.cass@cdph.ca.gov.

Sincerely,

Sue Spieldenner, RN, M.P.H.

Sue Spiklenned

Chief, Resources Planning and Management Section

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 - January 1, 2012 through June 30, 2012

BASE AWARD \$36,255

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Policies and Procedures Manual for FY 2011-2012 and any other conditions stipulated by the California Department of Public Health Tuberculosis Control Branch.

Authorized Signature	Date
Print Name	Title

FORM APPROVED COUNTY COUNSELY (((Z

Local Assistance Base Award

Jurisdiction:

Riverside County

Submission Date:

March 14, 2012

Revised Summary Budget FY 2011 - 2012

LINE ITEM CATEGORY	AMOUNT	
Personnel (Benefit)	\$	
Benefits (@ %)	\$	
Personnel (Non-Benefit)	\$ 27,840	
Travel	\$ 8,325	
Equipment	\$ 90	
Supplies	\$	
Contractual	\$	
Other	\$	
TOTAL BUDGET	\$ 36,255	

Prepared by: Barbara Cole, Disease Control Director

Telephone: (951) 358 - 5107

E-mail:

BCole@rivcocha.org

Attachment 1a Page 1 of 1