

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA** 113



**SUBMITTAL DATE:**  
July 25, 2012

**FROM:** Department of Public Health

**SUBJECT:** Ratify acceptance of the Award for Fiscal Year 2012/2013 from the California Department of Public Health (CDPH) for Tuberculosis Local Assistance funding.

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

- 1) Ratify acceptance of the Tuberculosis Local Assistance funding base award in the amount of \$324,868 and the Food, Shelter, Incentives and Enablers (FSIE) Allotment of up to \$21,210 to support tuberculosis (TB) control activities in Riverside County for fiscal year (FY) 2012-2013; and

**RECOMMENDED MOTION:** (continued on page 2)

**Attachments**

*Susan D. Harrington*

Susan D. Harrington, Director of Public Health

**FINANCIAL DATA**

Current F.Y. Total Cost:	\$ 346,078	In Current Year Budget:	Yes
Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
Annual Net County Cost:	\$ 0	For Fiscal Year:	12/13

<b>SOURCE OF FUNDS:</b> 100% State and Federal funds (Base \$324,868 and FSIE of up to \$21,210).	<b>Positions To Be Deleted Per A-30</b>	<input checked="" type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

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

APPROVE

BY: *Debra Cournoyer*  
Debra Cournoyer

**County Executive Office Signature**

- Consent
- Policy
- Consent
- Policy

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

Prev. Agn. Ref.: 10/18/11 Item 3.9 District: All Agenda Number:

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD

3.77

PURCHASING & FLEET SERVICES  
 FORM APPROVED COUNTY COUNSEL  
 BY: NEAL R. KIPNIS  
 DATE: 7/25/12  
 Robert Howayswell, Director  
 FISCAL PROCEDURES APPROVED  
 PAUL ANGULO, CPA, AUDITOR-CONTROLLER  
 BY: Samuel Wong  
 Digital Concurrence

**SUBJECT:** Ratify acceptance of the Award for Fiscal Year 2012/2013 from the California Department of Public Health (CDPH) for Tuberculosis Local Assistance funding.

**RECOMMENDED MOTION:** (continued)

- 2) Authorize the Purchasing Agent to sign future contract amendments limited to the shifting of funds between budgetary line items as needed to facilitate the delivery of program services. Any amendments which would alter the original approved total grant award or change any given fiscal years revenues or modify the lifetime of the grant will be brought to the Board of Supervisors for approval; and
  
- 3) Authorize the Chairman of the Board to sign four (4) copies of the Acceptance of Award.

**BACKGROUND:**

Tuberculosis (TB) continues to be a significant public health problem in California. The CDPH 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.

Pursuant to Board Policy A-30, the positions funded by this grant will be eliminated should the funding be discontinued.



Ron Chapman, MD, MPH  
Director

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



EDMUND G. BROWN JR.  
Governor

June 29, 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: Base Award  
Food, Shelter, Incentives and Enablers Allotment  
FUNDING PERIOD: July 1, 2012 through June 30, 2013**

This letter is confirmation of your local assistance award to support tuberculosis (TB) prevention and control activities in fiscal year (FY) 2012-2013.

#### **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 \$324,868 and an Allotment of up to \$21,210 for food, shelter, incentives and enablers (FSIE) expenditures. These funds are being awarded with the understanding that your staff will work with CDPH TBCB staff in carrying out your program's TB control efforts. The FSIE Allotment should be used to enhance treatment adherence, prevent homelessness, and/or promote least restrictive alternatives that decrease or obviate the need for detention.

This award is valid and enforceable only if the enacted State of California FY 2012-2013 budget and the 2012 and 2013 Federal budgets make 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 2012-2013 Standards and Procedures Manual. This manual and forms (in Word fillable format) can be found on the CDPH TBCB internet site at:

<http://www.cdph.ca.gov/programs/tb/Pages/LocalAssistanceAward.aspx>.

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:

<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 15
Fourth	April 1 through June 30	August 15

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 2012-2013 will not be processed until:
  - All outstanding invoices from the previous year have been submitted
  - Any stipulations included in the Letter of Award have been resolved, and
  - The CDPH TBCB has received a signed "Acceptance of Award."

**ACCEPTANCE OF YOUR AWARD**

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

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

Cameron Kaiser, M.D.

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June 29, 2012

The following hard-copy forms require an original signature and should be submitted by mail with the signed Acceptance of Award:

- Darfur Contracting Act
- Special Terms and Conditions
- Drug-Free Workplace Certification

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

Should you exceed your FSIE Allotment, additional funds may be requested. Written requests (hard copy or via e-mail) can be made at any time. Requests will be approved if unexpended funds are available. For complete information regarding requests for additional funds, please refer to Part 2, Section 3, of the FY 2012-2013 Standards 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, MPH, Chief  
Resources Planning & 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:** July 1, 2012 through June 30, 2013

**Base Award:** \$324,868

**Food, Shelter, Incentives and Enablers Allotment:** \$21,210

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2012-2013 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

*Neal R. Kipnis* 1/5/12