

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

123



FROM: Department of Public Health

SUBMITTAL DATE:

February 10, 2014

SUBJECT: Ratify receipt of funding from Award Letter #FEDS1314ISIT from the California Department of Public Health Tuberculosis Control Branch and ratify the First Amendment to the Agreement # 13-047 with American Lung Association of California. Districts – All. [\$277,473 funded by California Department of Public Health]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify receipt of Award #FEDS1314ISIT from the California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) in the amount of \$277,473 (\$253,408 for American Lung Association of California (ALAC) and \$24,065 for Riverside County Department of Public Health Administrative Costs) for the performance period of December 1, 2013 through November 30, 2014;
2. Ratify the First Amendment to the Agreement with ALAC in the amount of \$253,408 for the performance period of December 1, 2013 through November 30, 2014;
3. Approve and direct the Auditor Controller to adjust the budget as detailed in Schedule A, attached; and
4. Direct the Chairman of the Board to sign four (4) original copies of the Acceptance of Award and four (4) original copies of the First Amendment.

Susan D. Harrington

Susan D. Harrington, Director
Department of Public Health

BC:abr:td

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 161,859	\$ 115,614	\$ 277,473	\$	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$	

SOURCE OF FUNDS: 100% Federal funds from CDPH
 Budget Adjustment: Yes
 For Fiscal Year: 13/14

C.E.O. RECOMMENDATION:

APPROVE

BY:

Jennifer L. Sargent
Jennifer L. Sargent

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

FISCAL PROCEDURES APPROVED
 PAUL ANGULO, CPA, AUDITOR-CONTROLLER
 BY: *Esteban Hernandez*
 DATE: 3/17/14
 Departmental Concurrence

FORM APPROVED COUNTY COUNSEL
 BY: *Neal R. Kipnis*
 DATE: 3/11/14
 NEAL R. KIPNIS

- A-30
- 4/5 Vote
- Positions Added
- Change Order

Prev. Agn. Ref.: 3/19/2013 Item 3.24 | District: All | Agenda Number:

3-8

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Ratify receipt of funding from Award Letter #FEDS1314ISIT from the California Department of Public Health Tuberculosis Control Branch and ratify the First Amendment to the Agreement # 13-047 with American Lung Association of California. Districts – All. [\$277,473 funded by California Department of Public Health]

DATE: February 10, 2014

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BACKGROUND:

Summary

Tuberculosis (TB) continues to be a public health concern. Education and other prevention activities are essential for the control of TB. The California Department of Public Health (CDPH) has awarded funding to Riverside County Department of Public Health (DOPH) to support these activities locally and for the State. DOPH in turn established an agreement with the American Lung Association of California, a statewide organization whose mission includes combating tuberculosis.

Impact on Citizens and Businesses

These funds benefit communities at the local and State level by facilitating TB education and prevention activities. Identification and treatment of individuals with active tuberculosis, improves the health of the patient and their families and reduces the risk of TB exposure in a business environment.

SUPPLEMENTAL:

Additional Fiscal Information

This budget overlaps County Fiscal Years (FY) 13/14 – 14/15. The DOPH will use \$161,859 for FY 13/14 and the remaining funding of \$115,614 will be included in the FY 14/15 budget. Funds will be managed according to the CDPH TB Control 2013/2014 Standards and Procedure Manual.

Contract History and Price Reasonableness

On November 2, 1999, Item 3.22, the Board authorized the DOPH to accept the first year of subvention funding from the CDPH Tuberculosis Control Branch to be issued to ALAC in a single source subcontract. Subsequently, new awards and agreements were approved by the Board on March 29, 2012, Item 3.10 and again on March 19, 2013, Item 3.24.

ATTACHMENTS:

Budget Adjustment

Budget Adjustment is needed as detailed in Schedule A attached.

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DATE:

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**SCHEDULE A
BUDGET ADJUSTMENTS
DEPARTMENT OF PUBLIC HEALTH
FISCAL YEAR 2013/2014**

INCREASE IN APPROPRIATIONS

10000-4200100000-525440 Professional Services	\$ 147,821
10000-4200100000-510240 Per Diem Salaries	\$ 12,038
10000-4200100000-529040 Private Mileage Reimbursement	<u>\$ 2,000</u>

TOTAL INCREASE IN APPROPRIATIONS **\$ 161,859**

INCREASE IN ESTIMATED REVENUE

10000-4200100000-762040 Fed-Health Grant	<u>\$ 161,859</u>
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TOTAL INCREASE IN ESTIMATED REVENUE **\$ 161,859**

**FIRST AMENDMENT TO THE AGREEMENT
WITH
AMERICAN LUNG ASSOCIATION OF CALIFORNIA**

(TB control and prevention FEDS)

That certain Agreement between the COUNTY OF RIVERSIDE, through its Department of Public Health (COUNTY) and American Lung Association of California (CONTRACTOR), approved on March 19, 2013 Item 3.24, is hereby amended for the first time as follows, effective December 1, 2013.

1. To amend the period of performance from December 1, 2012 through November 30, 2013 to December 1, 2013 through November 30, 2014.
2. To establish the amount of compensation from California Department of Public Health Letter of Award # FEDS1314ISIT of two hundred fifty-three thousand, four hundred eight dollars (\$253,408).
3. To attach Attachment A, AWARD FUNDING TRACKING TABLE, consisting of one (1) page, to be made part of this agreement by this reference. Any references to Attachment A shall hereinafter refer to Attachment A attached.
4. All other terms and conditions of this Agreement are to remain unchanged.

IN WITNESS WHEREOF, the Parties hereto have caused their duly authorized representatives to execute this Amendment.

CONTRACTOR

COUNTY

By *Anita Lee*

By _____
Chairman, Board of Supervisors

ANITA LEE
Type or Print Name
INTERIM CEO

Type or Print Name

Date *2/18/14*

Date _____

ATTEST: Kecia Harper-Ihem, Clerk

By _____

FORM APPROVED COUNTY COUNSEL
BY: *Neal R. Kipnis* *3/11/14*
NEAL R. KIPNIS DATE

ATTACHMENT A**AMERICAN LUNG ASSOCIATION OF CALIFORNIA**
(TB control and prevention FEDS)**AWARD FUNDING TRACKING TABLE:**

Letter of Award #	Award Amount	Riverside Admin. Cost	Amount to ALAC
FEDS1213ISIT	\$1,007,862	\$82,509	\$925,353 (agreement)
FEDS1314ISIT	\$277,473	\$24,065	\$253,408 (amendment 1)
TOTAL FUNDING TO ALAC			\$1,178,761



RON CHAPMAN, MD, MPH
Director & State Health Officer

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



EDMUND G. BROWN JR.
Governor

November 25, 2013

Barbara Cole, R.N., P.H.N., M.S.N.
TB Controller
Riverside County Department of Public Health
P.O. Box 7600
Riverside, CA 92513 -7600

Dear Ms. Cole:

LETTER OF AWARD – FEDS1314ISIT, \$277,473
FUNDING PERIOD – December 1, 2013 through November 30, 2014

This letter is confirmation of local assistance funding to support the federally funded activities as described in the Centers for Disease Control and Prevention's (CDC) Cooperative Agreement with the California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB).

AWARD

Riverside County Department of Public Health will receive up to \$277,473 from the CDPH TBCB to support the federally funded activities as described in the CDC Cooperative Agreement. The duration of these funds will be for a 12-month period, December 1, 2013 through November 30, 2014.

Allocation of these funds is contingent upon receipt of the funds from the CDC. These funds are being awarded with the understanding that your program staff will work with CDPH TBCB staff in carrying out your CDPH TBCB-funded TB control efforts.

The amount of this award includes a 10% Riverside County administration charge.

MANAGING YOUR AWARD

Reimbursement of expenditures is contingent upon compliance with the requirements and procedures governing local assistance awards described in the 2013-2014 Standards and Procedures Manual (SPM), located at

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

You will receive a new manual for July 1, 2014 – June 30, 2015 with the announcement of your local assistance Base Award in February. The manual for FY 2013-2014 should be used through June 30, 2014.

Barbara Cole, R.N., P.H.N., M.S.N.

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November 25, 2013

Exceptions to SPM requirements for this award are as follows:

- Invoices may be submitted monthly for this project, rather than quarterly as stated in the SPM.
- When invoicing, administrative costs should be shown in the "Other" line item.

ACCEPTANCE OF YOUR AWARD

To acknowledge your acceptance of this award and the conditions attached to it, please return an original of the enclosed "Acceptance of Award" with an authorized signature to the CDPH TBCB. No further documentation of this contract is necessary. The CDPH TBCB cannot process your invoices until we have received this document.

Should you have any questions about this award, please contact me by telephone at (510) 620-3037 or by email at sue.spieldenner@cdph.ca.gov.

Sincerely,



Sue Spieldenner, RN, MPH, Chief
Resources Planning and Management Section
Tuberculosis Control Branch
Division of Communicable Disease Control
Center for Infectious Diseases
California Department of Public Health

Attachments: Approved Budget
Award Acceptance

APPROVED BUDGET

ALAC Dept 2207 Budget
Award Number: FEDS1314ISIT
Federal Funds
December 1, 2013 - November 30, 2014

Summary Budget

Category	Amount
Salaries & Wages	\$49,086
Benefits	\$14,726
Total Personnel Cost	\$63,812
Office Supplies	\$50,000
Temporary Services	\$16,834
Equipment	\$20,000
Strategic Planning	\$20,000
Travel	\$60,000
Training	\$10,000
Total Operating Costs	\$176,834
Riverside Admin - 10%	\$24,065
Admin Services - 20%	\$12,762
Grand Total	\$277,473

ACCEPTANCE OF AWARD

Riverside County Department of Public Health

FUNDING PERIOD - December 1, 2013 through November 30, 2014

Award Number: FEDS1314ISIT

Amount: \$277,473

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2013-2014 and FY 2014-2015, and any other conditions stipulated by the California Department of Public Health Tuberculosis Control Branch.

Authorized Signature

Date

Print Name

Title

Attest: Kecia Harper-Ihem, Clerk

By _____

FORM APPROVED COUNTY COUNSEL
BY: Neal R. Kipnis 3/16/14
NEAL R. KIPNIS DATE