

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

813



**FROM:** County of Riverside Department of Public Health

**SUBMITTAL DATE:**

June 4, 2014

**SUBJECT:** Ratify acceptance of the Base Award Augmentation for Fiscal Year 2013/2014 from the California Department of Public Health for Tuberculosis Local Assistance funding. Districts All/All [\$20,349] 100% funded by the State of California.

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

1. Ratify acceptance of the Base Award Augmentation in the amount of \$20,349 to support Tuberculosis (TB) control activities in our jurisdiction for the performance period of July 1, 2013 through June 30, 2014;
2. Authorize the Chairperson of the Board to sign four (4) copies of the Acceptance of the Award; and
3. Approve and direct the Auditor Controller to adjust the budget as detailed in Schedule A attached.

**BACKGROUND:** (see page 2)

BC:ab

*Susan D. Harrington*

Susan D. Harrington, Director  
Department of Public Health

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 20,349	\$	\$ 383,463	\$	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$	\$	\$	\$	

**SOURCE OF FUNDS:** 100% State Funds

**Budget Adjustment:** Yes

**For Fiscal Year:** 2013/2014

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

APPROVE

County Executive Office Signature

BY:

*Jennifer L. Sargent*  
Jennifer L. Sargent

**MINUTES OF THE BOARD OF SUPERVISORS**

FISCAL PROCEDURES APPROVED  
PAUL LANGULO, CPA, AUDITOR-CONTROLLER  
BY: *Esteban Hernandez*  
DATE: 6/11/14  
Departmental Concurrence

FORM APPROVED BY COUNTY COUNSEL  
BY: *NEAL R. KIPNIS*  
DATE: 6/11/14

☐ Positions Added  
☐ Change Order

☐ A-30  
☒ 4/5 Vote

Prev. Agn. Ref.: 9/10/2013, item 3-65 | District: All/All | Agenda Number:

3-33

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**  
**FORM 11:** Ratify acceptance of the Base Award Augmentation for Fiscal Year 2013/2014 from the California Department of Public Health for Tuberculosis Local Assistance funding. Districts All/All [\$20,349] 100% funded by the State of California

**DATE:** June 4, 2014

**PAGE:** Page 2 of 3

**BACKGROUND:**

**Summary**

TB continues to be a significant public health problem in California. The CDPH has awarded local assistance funding to health departments to support TB control activities, which include Public Health Nursing (PHN) case management, and treatment via directly observed therapy. CDPH identified additional funds for Fiscal Year 2013/2014 and is making this funds available to support TB prevention and control activities in local public health jurisdiction through an augmentation Base Awards.

This Award Base Augmentation Letter was received by the County of Riverside Department of Public Health (DOPH) from CDPH on April 22, 2014. This Form 11 and attachments were subsequently submitted through the County's approval process.

**Impact on Citizens and Businesses**

Education and treatment of individuals with tuberculosis is essential to prevent progression of the person's disease. Treatment of communicable diseases helps the individual as well as protecting the community. Individuals who are contagious are excluded from work and/or school to protect other people. Once they are no longer infectious, they are allowed to return to work and/or school.

**SUPPLEMENTAL:**

**Additional Fiscal Information**

This Based Award augmentation of \$20,349 is awarded for FY13/14, making the total FY 13/14 grant award of \$383,463. Funds will be managed according to the California Department of Public Health Fiscal Year 13/14 Tuberculosis Control Assistance Funds, Standards and Procedures Manual.

**Contract History and Price Reasonableness**

On September 10, 2013, Item 3-65, the Board of Supervisors approved the Based Award Letter for FY 2013/2014 in the amount of \$363,114. Local Health departments are mandated by the California Health & Safety Code to maintain programs to control tuberculosis. Contingent on the availability of funds, the award is issued on an annual basis.

**ATTACHMENTS:**

**A. BUDGET ADJUSTMENT**

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**  
**FORM 11:** Ratify acceptance of the Base Award Augmentation for Fiscal Year 2013/2014 from the California Department of Public Health for Tuberculosis Local Assistance funding. Districts All/All [\$20,349] 100% funded by the State of California

**DATE:** June 4, 2014

**PAGE:** Page 3 of 3

**SCHEDULE A**

**BUDGET ADJUSTMENT  
DEPARTMENT OF PUBLIC HEALTH  
FISCAL YEAR 2013/2014**

**INCREASE IN APPROPRIATIONS**

10000-4200100000-510320 Temporary Salaries	\$17,860
10000-4200100000-528920 Car Pool Expenses	\$2,400
10000-4200100000-523700 Office Supplies	<u>\$89</u>

<b>TOTAL INCREASE IN APPROPRIATIONS</b>	<b>\$20,349</b>
---	-----------------

**INCREASE IN ESTIMATED REVENUE**

10000-4200100000-751680 CA State Grant Revenue	<u>\$20,349</u>
--	-----------------

<b>TOTAL INCREASE IN REVENUE</b>	<b>\$20,349</b>
----------------------------------	-----------------



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

April 2, 2014

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:

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

**FUNDING PERIOD – July 1, 2013 through June 30, 2014**

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) has identified additional federal funds for fiscal year (FY) 2013-2014 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 \$20,349 to support TB control activities in your jurisdiction for FY 2013-2014. 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 the FY 2013-2014 Standards and Procedures Manual. This manual is available 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 Friday, April 25, 2014 to [TBAwards@cdph.ca.gov](mailto:TBAwards@cdph.ca.gov) with "Base Augmentation" in the subject line

OR

- by mail for receipt by Friday, April 25, 2014 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 – Base Award Augmentation

### 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
- FY 2013-2014 Base Award Augmentation funds must be invoiced by August 15, 2014
  - Please submit a separately for the Base Award Augmentation Funds; do not include on your original Base Award invoice

### **BUDGET REVIEW**

CDPH TBCB staff will review and approve your revised budget based on the criteria described in the Standards 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 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, 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, 2013 through June 30, 2014**

**Base Award Augmentation: \$20,349**

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 any other condition 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

6/11/14

## Local Assistance Base Award

Jurisdiction: Riverside County

Submission Date: April 22, 2014

### Detail Budget FY 2013 - 2014

LINE ITEM CATEGORY	AMOUNT
<b>Personnel (Benefit)</b> <i>(Title, %FTE, duration, i.e., number of weeks or months)</i>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
<b>Total Personnel (Benefit)</b>	<b>\$ 0</b>
<b>Benefits (@ %)</b>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
<b>Total Benefits</b>	<b>\$ 0</b>
<b>Personnel (Non Benefit)</b> <i>(Title, %FTE, duration, i.e., number of weeks or months)</i>	
1. H.S.A. (100 HOURS)	\$ 1,900
2. PHN (420 HOURS)	\$ 15,960
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
<b>Total Personnel (Non Benefit)</b>	<b>\$ 17,860</b>
<b>GRAND TOTAL – PERSONNEL SERVICES</b>	<b>\$ 17,860</b>



## Local Assistance Base Award

Jurisdiction: Riverside CountySubmission Date: April 22, 2014

LINE ITEM CATEGORY	AMOUNT
<b>Travel</b>	
<u>Within Jurisdiction</u> (Provide miles x county mileage rate, not to exceed \$0.56/mile)	
4286 miles x .56	\$2,400
<u>Outside of Jurisdiction</u>	\$0
<b>Total Travel</b>	<b>\$2,400</b>
<b>Equipment</b> (Itemize)	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
<b>Total Equipment</b> (Equipment purchase exceeding \$50,000 is restricted)	<b>\$00.00</b>
<b>Supplies</b> (Itemize general supplies vs. medical supplies)	
1. Office Supplies	\$ 89.00
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
<b>Total Supplies</b>	<b>\$ 89.00</b>
<b>GRAND TOTAL</b>	<b>\$20,349</b>

## Local Assistance Base Award

Jurisdiction: Riverside CountySubmission Date: April 22, 2014

LINE ITEM CATEGORY	AMOUNT
<b>Contractual</b> <i>(Identify type of contractor, e.g. CBO) Submit copy of contract</i>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
<b>Total Contractual Services</b>	\$ 0
<b>Other</b> <i>(Itemize)</i>	
1.	\$0
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
<b>TOTAL OTHER</b>	\$ 0

## Local Assistance Base Award Summary Budget FY 2013 - 2014

Jurisdiction: Riverside  
Submission Date: 4/22/2014

LINE ITEM CATEGORY	AMOUNT
Personnel (eligible for benefits)	\$0.00
Benefits (for salaried personnel)	\$0.00
Personnel (not eligible for benefits)	\$17,860.00
Travel	\$2,400.00
Equipment	\$0.00
Supplies	\$89.00
Anti-TB Medications	\$0.00
Contractual Services	\$0.00
Other	\$0.00
Indirect Costs	\$0.00
<b>TOTAL BUDGET</b>	<b>\$20,349.00</b>

Prepared by:  Barbara Cole, Director for Disease Control  
Telephone: (951) 358-5107  
E-mail: bcole@rivcocha.org