

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

603



FORM APPROVED COUNTY COUNSEL
DATE 3/17/15
BY: GREGORY P. PRIAMOS

FROM: Department of Public Health

SUBMITTAL DATE:
March 16, 2015

SUBJECT: Ratify acceptance of the Base Award Augmentation for Fiscal Year 2014/2015 from the California Department of Public Health for Tuberculosis Local Assistance funding. All Districts. [\$20,394] 100% State funded.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and execute acceptance of the Base Award Augmentation Letter from the California Department of Public Health (CDPH) to support Tuberculosis (TB) control activities in the amount of \$20,394 for the performance period of July 1, 2014 through June 30, 2015; and
2. Authorize and direct the Auditor Controller to adjust the budget as detailed in schedule A.

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.

BC:ab

Susan D. Harrington

Susan D. Harrington, Director
Department of Public Health

FISCAL PROCEDURES APPROVED
PAUL ANGULO, CPA, AUDITOR-CONTROLLER
DATE 3/13/15
BY: Esteban Hernandez

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 20,394	\$ 0	\$ 20,394	\$	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$	\$	\$	\$	

SOURCE OF FUNDS: 100% State Funds **Budget Adjustment:** Yes
For Fiscal Year: 2014/2015

C.E.O. RECOMMENDATION:

APPROVE

County Executive Office Signature

Debra Cournoyer
BY: _____
Debra Cournoyer

MINUTES OF THE BOARD OF SUPERVISORS

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

Prev. Agn. Ref.: 9/8/14, item 3-74 | District: All | Agenda Number:

3-13

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Ratify acceptance of the Base Award Augmentation for Fiscal Year 2014/2015 from the California Department of Public Health for Tuberculosis Local Assistance funding. All Districts. [\$20,394] 100% State funded.

DATE: March 16, 2015

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BACKGROUND:

Summary (continued)

CDPH Tuberculosis Control Branch has identified additional funds in the amount of \$20,394 for Fiscal Year (FY) 2014/15 and is making these funds available to support TB prevention and control activities in local public health jurisdictions through an augmentation TB Base award.

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

Funds will be managed according to the California Department of Public Health Fiscal Year 14/15 Tuberculosis Control Assistance Funds, Standards and Procedures Manual.

Contract History and Price Reasonableness

On September 8, 2014, Item 3-74, the Board of Supervisors approved the Based Award Letter for FY 2014/2015 in the amount of \$341,008. 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:

Budget Adjustment

Schedule A.

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SCHEDULE A

**BUDGET ADJUSTMENT
DEPARTMENT OF PUBLIC HEALTH
FISCAL YEAR 2014/2015**

INCREASE IN APPROPRIATIONS

10000-4200100000-510320	Temporary Salaries	\$19,608
10000-4200100000-528920	Car Pool Expenses	\$690
10000-4200100000-523700	Office Supplies	<u>\$96</u>
TOTAL INCREASE IN APPROPRIATIONS		\$20,394

INCREASE IN ESTIMATED REVENUE

10000-4200100000-751680	CA State Grant Revenue	<u>\$20,394</u>
TOTAL INCREASE IN ESTIMATED REVENUE		\$20,394



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

January 13, 2015

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, 2014 through June 30, 2015

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) has identified additional federal funds for fiscal year (FY) 2014-2015 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 \$20,394 to support TB control activities in your jurisdiction for FY 2014-2015. 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 2014-2015 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, February 6, 2015 to TBAwards@cdph.ca.gov with "Base Augmentation" in the subject line

OR

- by mail for receipt by Friday, February 6, 2015 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 – Base Award Augmentation

Invoicing for your Base Award Augmentation Budget

- Please invoice separately for the Base Award Augmentation funds; do not include on your Base Award invoice
- A Base Award Augmentation electronic invoice (Excel workbook) will be emailed to your jurisdiction's fiscal contact. Please complete the invoice and return by clicking on the "Send to CDPH" button by the due date. Invoices should be submitted by a designee from your jurisdiction who is authorized to verify that the expenditures are correct and meet the terms of this award
- FY 2014-2015 Base Award Augmentation funds must be invoiced by August 15, 2015

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, 2nd 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. 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, 2014 through June 30, 2015

BASE AWARD AUGMENTATION – \$20,394

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2014-2015 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

Handwritten signature and date: Neal R. Kipnis 3/16/15