

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



101

FROM: Department of Public Health

SUBMITTAL DATE:
July 25, 2012

SUBJECT: Tuberculosis Special Needs Funds Award for Fiscal Year 2012-2013 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:

- 1) Ratify receipt of the Tuberculosis Special Needs Funds in the amount of \$23,755 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) Authorize and direct the Auditor Controller to adjust the budget as detailed in Schedule A attached.

BACKGROUND (cont. on page 2)

Susan D. Harrington

BC:rr

Susan Harrington, Director of Public Health

| | | | | |
|-----------------------|-------------------------------|-----------|-------------------------|-------|
| FINANCIAL DATA | Current F.Y. Total Cost: | \$ 23,755 | In Current Year Budget: | No |
| | Current F.Y. Net County Cost: | \$ 0 | Budget Adjustment: | Yes |
| | Annual Net County Cost: | \$ 0 | For Fiscal Year: | 12/13 |

| | | |
|--|----------------------------------|-------------------------------------|
| SOURCE OF FUNDS: 100% State funds | Positions To Be Deleted Per A-30 | <input checked="" type="checkbox"/> |
| | Requires 4/5 Vote | <input checked="" type="checkbox"/> |

C.E.O. RECOMMENDATION:

APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

- Consent
- Policy

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Tavaglione, seconded by Supervisor Buster and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Benoit and Ashley
 Nays: None
 Absent: Stone
 Date: August 28, 2012
 xc: Public Health, Auditor

Kecia Harper-Ihem
 Clerk of the Board
 By: *Kecia Harper-Ihem*
 Deputy

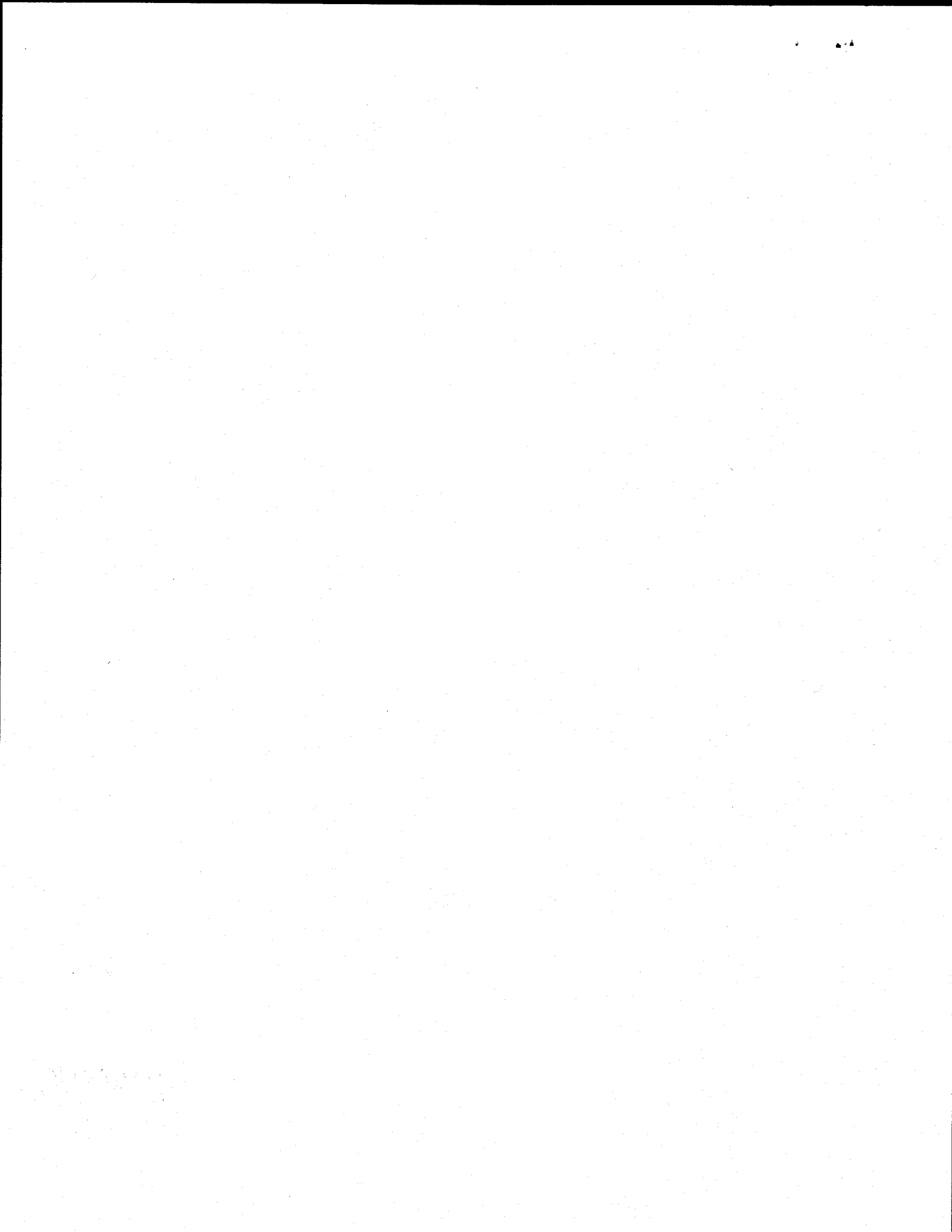
Prev. Agn. Ref.: 04/24/12 Item 3.10 | District: 5/5 | Agenda Number:

3.74

ATTACHMENTS FILED

FISCAL PROCEDURES APPROVED
 PAUL ANGULO, CPA, AUDITOR-CONTROLLER
 BY: *Samuel Wong* 7/31/12
 SAMUEL WONG
 DATE: 7/31/12
 NEAL R. KIPNIS
 Departmental Concurrence

Dep't Recomm.:
Per Exec. Ofc.:



Subject: Tuberculosis Special Needs Funds Award for Fiscal Year 2012-2013 from the California Department of Public Health Tuberculosis Control Local Assistance funding to support extended contact investigation activities in a high school setting.

Page 2

BACKGROUND:

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.



Subject: Ratify acceptance of the Tuberculosis Special Needs Funds Award for Fiscal Year 2012-2013 from the California Department of Public Health Tuberculosis Control Local Assistance funding to support extended contact investigation activities in a high school setting.

Page 3

SCHEDULE A

**BUDGET ADJUSTMENT
COMMUNITY HEALTH AGENCY
DEPARTMENT OF PUBLIC HEALTH
FISCAL YEAR 2012/2013**

INCREASE IN APPROPRIATIONS

| | | |
|-------------------------|--------------------|-----------|
| 10000-4200100000-510320 | Temporary Salaries | \$13,500 |
| 10000-4200100000-528920 | Car Pool Expenses | \$ 10,155 |
| 10000-4200100000-520230 | Cellular Phone | \$ 100 |

TOTAL INCREASE IN APPROPRIATIONS \$23,755

INCREASE IN ESTIMATED REVENUE

| | | |
|-------------------------|------------------------|----------|
| 10000-4200100000-751680 | CA State Grant Revenue | \$23,755 |
|-------------------------|------------------------|----------|

TOTAL INCREASE IN ESTIMATED REVENUE \$23,755





Ron Chapman, MD, MPH
Director

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



EDMUND G. BROWN JR.
Governor

July 6, 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 September 30, 2012

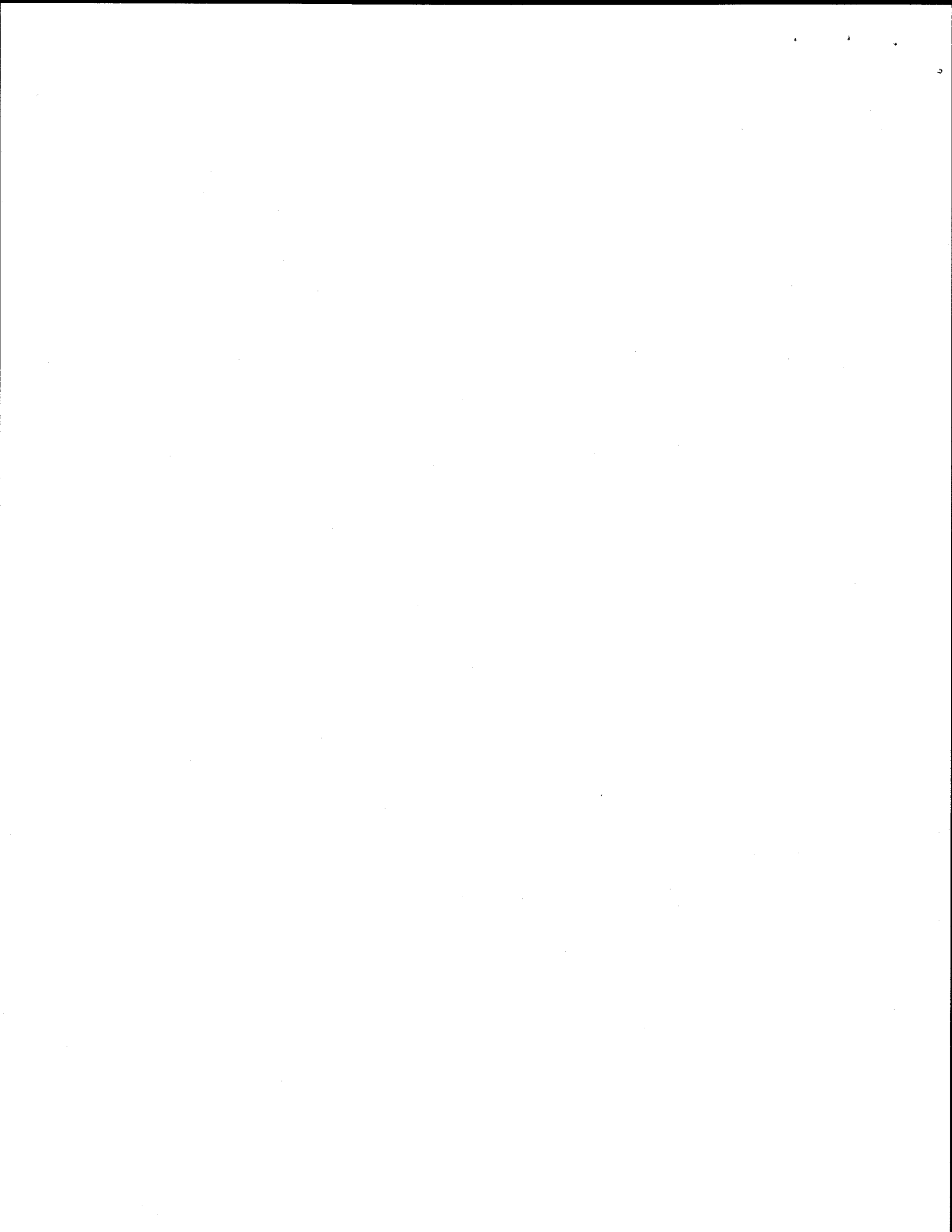
This letter amends the Letter of Award dated March 14, 2012. The purpose of re-issuing this letter is to split the funding between two fiscal years and extend the funding period.

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. The \$36,255 will be split between two fiscal years. In FY 2011-2012 Riverside County Department of Public Health will receive \$12,500 and in FY 2012-2013 \$23,755. This award must be used for expenditures listed in the attached approved budget.

This award is valid and enforceable only if the enacted 2012-2013 budget for the State of California and the 2012 Federal budget makes sufficient funds available for the purposes of this program.



Cameron Kaiser, M.D.

July 6, 2012

Page 2

MANAGING YOUR AWARD

The FY 2012-2013 Tuberculosis Control Local Assistance Funds, Standards 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>.

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 September 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 November 15, 2012. Please use the same format as for your local assistance Base Award.

ACCEPTANCE OF YOUR AWARD

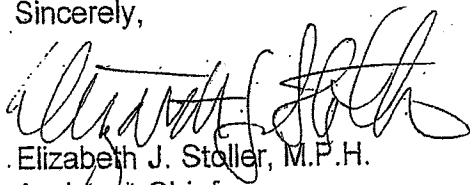
To acknowledge your acceptance of this award and the conditions attached to it, please return a hard-copy of the enclosed "Acceptance of Award" form with an authorized signature to:

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,



Elizabeth J. Stoller, M.P.H.
Assistant Chief
Tuberculosis Control Branch
Division of Communicable Disease Control
Center for Infectious Diseases
California Department of Public Health

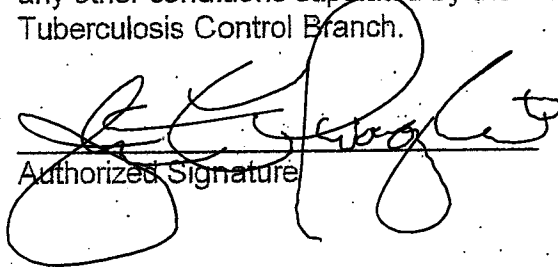


ACCEPTANCE OF AWARD

Riverside County Department of Public Health

Funding Period – January 1, 2012 through September 30, 2012
Letter of Award – Tuberculosis Special Needs Funds Award –
High School Extended Contact Investigation
Funding: \$36,255


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

AUG 28 2012
Date

JOHN TAVAGLIONE
Print Name

Chairman
Title

ATTEST:
KECIA HARPER-IHEM, Clerk
By 
DEPUTY

FORM APPROVED COUNTY COUNSEL
BY: 
NEAL R. KIPNIS DATE 8/28/12

