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



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, Director Department of Public Health

SOURCE OF FUN	DC- 4000/ 01-1-	r		Dudwet Adinete	
NET COUNTY COST	\$	\$	\$	\$	Consent L 1 oncy L
COST	\$ 20,349	\$	\$ 383,463	\$	Consent □ Policy 1
FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)

SOURCE OF FUNDS: 100% State Funds

Budget Adjustment: Yes
For Fiscal Year: 2013/2014

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

APPROVE

**County Executive Office Signature** 

Jennifer L. Sargen

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Jeffries, seconded by Supervisor Benoit and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes:

Jeffries, Tavaglione, Stone, Benoit and Ashley

Nays:

None

Absent: Date:

None

Date

July 1, 2014

XC:

Public Health, Auditor

Kecia Harper-Ihem

By: All Mark

Deputy

#### 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. <u>BUDGET ADJUSTMENT</u>

## 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	\$89
TOTAL INCREASE IN APPROPRIATIONS	\$20,349
INCREASE IN ESTIMATED REVENUE	
10000-4200100000-751680 CA State Grant Revenue	\$20,349
TOTAL INCREASE IN REVENUE	\$20,349



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



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.

Cameron Kaiser, M.D. Page 2 April 2, 2014

#### 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 <u>TBAwards@cdph.ca.gov</u> 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.

Cameron Kaiser, M.D. Page 3 April 2, 2014

#### **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 <a href="mailto:david.beers@cdph.ca.gov">david.beers@cdph.ca.gov</a>. Programmatic questions should be directed to your CDPH TBCB Program Liaison.

Sincerely,

Sue Spieldenner, RN, MPH, Chief

Sue Spiklenne

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

JUL 012014

Date

JEFF STONE

**Print Name** 

CHAIRMAN, BOARD OF SUPERVISORS

ATTEST:

KEQIA HARPER-IHEM, Clerk

)EDI

# **Local Assistance Base Award**

Jurisdiction:

**Riverside County** 

Submission Date:

April 22, 2014

# Detail Budget FY 2013 - 2014

LINE ITEM CATEGORY	AMOUNT
Personnel (Benefit) (Title, %FTE, duration, i.e., number of weeks or months)	
	\$
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
6. De la serie de la	r de la companya de
7. 근 사람이 많이 마음을 하지만 하지만 하는 하는데 없었다.	Š
8. 이 중 사용하는 그리는 사람들은 하는 사람들은 사람들이 다른다.	Š
· 이 마음을 하는 것 같아요. 그렇게 얼마 그를 다 하는 것 같아. 다른 사람이 없는 다른 사람이 되었다.	\$
Total Personnel (Benefit)	\$0
Benefits (@ %)	
#100 - 이 경기를 하면도 하면 그런 나는 그런 나는 그는 그는 것이다.	\$
2. : 그는 한국에 대리와 그릇한테, 네스의 휴가, 네트리트	<b>1</b>
<b>3.</b> 이 말을 하는 말로 된다. 그 사람들은 하는 사람들은 다른 사람들이 다른	\$
😩 : 없이 > 트리스를 보지는 5층이 끝이 만으니 흐름 보다면서	
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선물을 잘 됐다. 하는 하는데 그 그리고 있었는데 그는 사람들이 다니다.	an in San San San San San San San San San Sa
(8. 이동 그래) : 보고 있는 글로인 이번 그 그 가는 말라면 되다.	Š
	\$
Total Benefits	\$0
Personnel (Non Benefit) (Title, %FTE, duration, i.e., number of weeks or months)	
1. H.S.A. (100 HOURS)	\$ 1,900
2. PHN (420 HOURS)	\$ 15,960
[3] 하는 사람들이 얼마나 사는 어디가 다른 사람이 되어 되었다.	
[ <b>4</b> -17] [4-18] [4-18] [4-18] [4-18] [4-18] [4-18] [4-18] [4-18] [4-18] [4-18] [4-18] [4-18] [4-18] [4-18] [4-18]	
-5. II. T. L. T. L. T. J. L.	
[ <b>*</b> :	
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	<b>S S S</b>
Total Personnel (Non Benefit)	\$ 17,860
GRAND TOTAL - PERSONNEL SERVICES	\$ 17,860

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# **Local Assistance Base Award**

Jurisdiction:

**Riverside County** 

Submission Date:

April 22, 2014

LINE ITEM CATEGORY	AMOUNT
<u>Travel</u>	
Within Jurisdiction (Provide miles x county mileage rate, not to exceed \$0.56/mile)	
4286 miles x .56	\$2,400
Outside of Jurisdiction	
	\$0
Total Travel	\$2,400
Equipment (Itemize)	
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4. 이름 전 경기도 하는 살이가 보니 고인인데 나오지만데 하게 되다.	
5. F. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	######################################
7.1 - 바람이 가르다는 감상이 얼마가 있는 것은 이 네트라이	
<b>8.</b> T. D. B.	
9. 그를 됐을까요? 하다 그는 눈을 들어 보고 있다는 시간이 들었다.	
10.	\$
Total Equipment (Equipment purchase exceeding \$50,000 is restricted)	\$00.00
Supplies (Itemize general supplies vs. medical supplies)	
1. Office Supplies	\$ 89.00
2. 본러 항공항문의 이번 및 시험 모습이다. 그리는 이번 사람이	
3차 본 발생하면 관금에 불렀다. 경기의 전 하나 발생했다.	
	<b>***</b> *** *** *** ***
<b>3.</b> ************************************	
	<b>5</b>
10.	
Total Supplies	\$ 89.00
GRAND TOTAL	\$20,349

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**建筑线线** 

## Local Assistance Base Award

Jurisdiction: Riverside County

Submission Date: April 22, 2014

LINE ITEM CATEGORY	AMOUNT
Contractual (Identify type of contractor, e.g. CBO) Submit copy of contract	
1. 전 및 스피트 전환 시작하면 보인 보다는 이 등 점보인 됐다고 모습니다.	
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
3. 역 : 역 : 1일 : 조토 활용 는 전 : 호텔 : 1일 : - 1일 : 1일 : 1일 : 1일 : - 1일 : 1일 :	\$
4. 네 마음이 하는 다 하고 하는 그리고 말하고 말하다면 얼마나 나는	\$
	\$
	\$
7. 이 없는 그림 그림을 가내는 그들이 그림을 그림을 하지 않는데 그렇다.	<b>\$</b>
8. 이 그 마찬물에는 경찰에 말을 하려는데요요 소리를 드릴다.	<b>.</b>
9. 발표를 제공했다면 하다는 그렇게 하는 다른 문에 들어냈다. 이렇다는	
11개 : 이 경기가 되었다. 하스트 사람은 보고 그렇게 모든 회원 [2] [2] [2]	
<b>12</b> -8 February (1886)	<b></b>
13. 전 기업을 하는 요리 작은 옷 되었었다는 그를 가게 되어왔다.	
<b>14.</b> [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]	
15.	
Total Contractual Services	<b></b>
Other (Itemize)	
19: 이 아님, 항공기를 받는 이 이 이렇게 그렇게 하게 되고 있다면 되었다.	\$(
2. 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
🚰 보기 전에 하고싶어 그렇게 한 경험을 살고 있는 그를 하고 않았다.	
5. 6. Egypting the latest the state of the statest	
<b>6.</b>	
<b>9</b> . 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
10. 11. 12. 12. 12. 12. 12. 12. 12. 12. 12	\$ \$ \$ \$ \$ \$ \$
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#春秋 - 1. 그는 사고 : 이 등 : 이 1년 원회 의원 등회 : 그는 그 중 : 그 하고 : 그는 것 같고 : 한 경험 : (本) : [제	
4Q : 이 이 : 이 나는 나 이번에 나는 사람들은 사람들은 사람들은 사람들이 다른 사람들이 많습니다.	
13. 11 (1) (1) (1) (1) (1) (1) (1) (1) (1)	
13. 14. 15.	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$

# 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
TOTAL BUDGET	\$20,349.00

Prepared by:

Barbara Cole, Director for Disease Control

Telephone:

(951) 358-5107

E-mail: bcole@rivcocha.org