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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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	$ 20,349	$	$ 383,463	$	Consent ☐ Policy ☑
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

FISCAL PROCEDURES APPROVED
PAUL ANGULO, CPA, AUDITOR-CONTROLLER
BY: Esteban Hernandez

Departmental Concurrence

FORM APPROVED COUNTY COUNSEL
BY: NEAL R. KIPNIS DATE

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: None
Date: July 1, 2014
xc: Public Health, Auditor

Kecia Harper-Ihem
Clerk of the Board
By: Deputy

☐ 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

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

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

RON CHAPMAN, MD, MPH
Director & State Health Officer

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.

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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 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, 2nd 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, 2nd 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, 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

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.

Jeff Stone
Authorized Signature

JUL 01 2014
Date

JEFF STONE
Print Name

CHAIRMAN, BOARD OF SUPERVISORS
Title

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

ATTEST:
KECIA HARPER-IHEM, Clerk
By
DEPUTY

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)*	
1.	$
2.	$
3.	$
4.	$
5.	$
6.	$
7.	$
8.	$
9.	$
Total Personnel (Benefit)	$ 0
Benefits (@ %)	
1.	$
2.	$
3.	$
4.	$
5.	$
6.	$
7.	$
8.	$
9.	$
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.	$
4.	$
5.	$
6.	$
7.	$
8.	$
9.	$
Total Personnel (Non Benefit)	$ 17,860
GRAND TOTAL – PERSONNEL SERVICES	$ 17,860

Local Assistance Base Award

Jurisdiction: Riverside County

Submission Date: April 22, 2014

LINE ITEM CATEGORY	AMOUNT
Travel 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)*	
1.	
2.	$
3.	$
4.	$
5.	$
6.	$
7.	$
8.	$
9.	$
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.	$
3.	$
4.	$
5.	$
6.	$
7.	$
8.	$
9.	$
10.	$
Total Supplies	$ 89.00
GRAND TOTAL	**$20,349**

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.	$
2.	$
3.	$
4.	$
5.	$
6.	$
7.	$
8.	$
9.	$
10.	$
11.	$
12.	$
13.	$
14.	$
15.	$
Total Contractual Services	$ 0
Other *(Itemize)*	
1.	$0
2.	$
3.	$
4.	$
5.	$
6.	$
7.	$
8.	$
9.	$
10.	$
11.	$
12.	$
13.	$
14.	$
15.	$
TOTAL OTHER	$ 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
TOTAL BUDGET	**$20,349.00**

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