



MARK B HORTON, MD, MSPH  
Director

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



ARNOLD SCHWARZENEGGER  
Governor

October 22, 2009

Peter Hasler, M.D.  
Health Officer  
Santa Barbara County Public Health Department  
300 San Antonio Road  
Santa Barbara, CA 93110

Dear Dr. Hasler:

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

**FUNDING PERIOD – July 1, 2009 through June 30, 2010**

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) has identified additional federal funds for fiscal year (FY) 2009-2010 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**

Santa Barbara County Public Health Department is allocated a Base Award Augmentation of up to \$10,000 to support TB control activities in your jurisdiction for FY 2009-2010. 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 Part 1 of the FY 2009-2010 Policies and Procedures Manual. This manual and forms contained in the appendices (in Microsoft Word fill-able format) can be found on the CDPH TBCB internet site at:

<http://ww2.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 Monday, November 23, 2009 to [TBAwards@cdph.ca.gov](mailto:TBAwards@cdph.ca.gov) with "Revised Budget For Additional Dollars" in the subject line

OR

- by mail for receipt by Monday, November 23, 2009 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 – Revised Budget for Additional Dollars

### 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

- Base Award Augmentation funds should be invoiced using the schedule below:

#### **Invoice Submission Schedule**

<u>Quarter</u>	<u>Period Covered</u>	<u>Due Date</u>
First	July 1 through September 30	November 16
Second	October 1 through December 31	February 15
Third	January 1 through March 31	May 14
Fourth	April 1 through June 30	August 16

- Invoicing for Base Award Augmentation Funds can be included in the invoice for your Base Award; however, please note the total amount of the Base Award Augmentation if included.

## **BUDGET REVIEW**

CDPH TBCB staff will review and approve your revised budget based on the criteria described in the Policies 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, (510) 620-3012 or 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  
Chief, Resources Planning and Management Section  
Tuberculosis Control Branch  
California Department of Public Health

# ACCEPTANCE OF AWARD

## Santa Barbara County Public Health Department

**FUNDING PERIOD – July 1, 2009 through June 30, 2010**

**BASE AWARD AUGMENTATION \$10,000**

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Policies and Procedures Manual for FY 2009-2010 and any other conditions stipulated by the California Department of Public Health Tuberculosis Control Branch

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title