



Karen Smith, MD, MPH
Director & State Health Officer

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



EDMUND G. BROWN JR.
Governor

October 26, 2015

Charity Dean, M.D., M.P.H.
Health Officer
Santa Barbara County Public Health Department
345 Camino Del Remedio
Santa Barbara, CA 93110

Dear Dr. Dean:

REVISED LETTER OF AWARD – Base Award Augmentation

FUNDING PERIOD – July 1, 2015 through June 30, 2016

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) has identified additional federal funds for fiscal year (FY) 2015-2016 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 \$13,810 to support TB control activities in your jurisdiction for FY 2015-2016. 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 2015-2015 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>.

*Federal funds fiscal Information: CFDA number – 93.116; grant number - 1U52PS004656

Tuberculosis Control Branch, 850 Marina Bay Parkway, Building P, 2nd Floor, Richmond, CA 94804
(510) 620-3000

Internet address: www.cdph.ca.gov/programs/tb

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, November 20, 2015 to TBAwards@cdph.ca.gov with “Base Augmentation” in the subject line

OR

- by mail for receipt by Friday, November 20th, 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. The invoice should be titled “Base Augmentation Award Invoice” with a beginning balance equal to the augmentation amount in this letter.
- A signed original invoice (in blue ink) must be submitted on your organization’s letterhead. Please see the updated FY 2015-2016 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual for invoicing guidance at <http://www.cdph.ca.gov/programs/tb/Pages/LocalAssistanceAward.aspx>. Invoice templates are also available on this site.
 - 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, Building P, 2nd Floor
Richmond, CA 94804-6403
Attn: Mr. David Beers, Fiscal Analyst
- FY 2015-2016 Base Award Augmentation funds must be invoiced by August 15, 2016

BUDGET REVIEW

CDPH TBCB staff will review and approve your 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

Santa Barbara County Public Health Department

FUNDING PERIOD – July 1, 2015 through June 30, 2016

BASE AWARD AUGMENTATION – \$13,810

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2015-2016 and any other conditions stipulated by the California Department of Public Health Tuberculosis Control Branch.

Authorized Signature

Date

Print Name

Title