



Ron Chapman, MD, MPH
Director & State Health Officer

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



EDMUND G. BROWN JR.
Governor

June 13, 2014

Takashi Wada, M.D.
Health Officer
Santa Barbara County Public Health Department
300 North San Antonio Road
Santa Barbara, CA 93110

Dear Dr. Wada:

**LETTER OF AWARD – Tuberculosis Special Needs Funds Award –
TB Outbreak Activities**

FUNDING PERIOD – July 1, 2014 through December 31, 2014

This letter of award is in response to the original request for additional funds to support tuberculosis (TB) control activities submitted on May 12, 2014 by the Santa Barbara County Public Health Department. The California Department of Public Health (CDPH) TB Control Branch (TBCB) has approved the line items for personnel, benefits, travel and public health laboratory services.

AWARD

Santa Barbara County Public Health Department will receive \$34,588 from the CDPH TBCB to support TB outbreak activities. This award must be used for expenditures listed in the attached approved budget.

This award is valid and enforceable only if the enacted 2014-2015 budget for the State of California and the 2014 Federal budget makes sufficient funds available for the purposes of this program.

MANAGING YOUR AWARD

The FY 2014-2015 Tuberculosis Control Local Assistance Funds, Standards and Procedures Manual, Part 1 includes requirements for the use of these funds. Reimbursement is contingent upon compliance with these standards 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 – TB Outbreak Activities – July 1, 2014 through December 31, 2014."

The invoice(s) submitted for this award shall include only actual expenditures for the approved line item(s). A final invoice is due by February 15, 2015. Please use the same invoice 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 original 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 Needs 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 Michael Joseph, your Program Liaison, at (562) 570-4360 or by email to Michael.Joseph@cdph.ca.gov.

Sincerely,



Sue Spieldenner, RN, M.P.H.
Chief, Resources Planning and Management Section
Tuberculosis Control Branch
Division of Communicable Disease Control
Center for Infectious Diseases
California Department of Public Health

Tuberculosis Special Needs Funds Application Summary Budget FY 2014 - 2015

Jurisdiction: Santa Barbara

Submission Date: 05/12/2014

LINE ITEM CATEGORY	AMOUNT
Personnel (Benefits)	\$ 17,172
Benefits (@ 5.7 %)	\$ 975
Personnel (Non-Benefits)	\$
Travel	\$ 4,543
Equipment	\$
Supplies	\$ 8,700
Contractual	\$
Other	\$ 3,198
TOTAL BUDGET	\$ 34,588

Prepared by: Heather Feeney

Telephone: (805) 681-5174

E-mail: Heather.Feeney@sbcphd.org

Tuberculosis Special Needs Funds Application

Detail Budget FY 2014 - 2015

Jurisdiction: Santa Barbara County

Submission Date: 05/12/2014

LINE ITEM CATEGORY	AMOUNT
Personnel (Benefits) <i>(Title, %FTE, duration, i.e., number of weeks or months)</i>	
1. Health Services Aide 100% FTE 6 months	\$ 17,172
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
Total Personnel (Benefits)	\$ 17,172
Benefits (@ 5.7%)	
1. Health Services Aide	\$ 975
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
Total Benefits	\$ 975
Personnel (Non-Benefits) <i>(Title, %FTE, duration, i.e., number of weeks or months)</i>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
Total Personnel (Non-Benefits)	\$
GRAND TOTAL – PERSONNEL SERVICES	\$ 18,147

TB Special Needs Funds Application
Detail Budget FY 2014 - 2015

Jurisdiction: Santa Barbara County

Submission Date: 05/12/2014

LINE ITEM CATEGORY	AMOUNT
<u>Travel</u>	
<u>Within Jurisdiction</u> <i>(Provide miles x county mileage rate, not to exceed \$0.56/mile)</i>	
Motorpool Charges for Health Services Aide	\$4,543
<u>Outside of Jurisdiction</u>	
	\$
Total Travel	\$4,543
<u>Equipment</u> <i>(Itemize)</i>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
Total Equipment <i>(Equipment purchase cannot exceed \$50,000)</i>	\$ 0
<u>Supplies</u> <i>(Itemize general supplies vs. medical supplies)</i>	
1. Public Health Laboratory - Quantiferon testing	\$ 8,700
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
Total Supplies	\$ 8,700
GRAND TOTAL	\$ 13,243

TB Special Needs Funds Application Detail Budget FY 2014 - 2015

Jurisdiction: Santa Barbara County

Submission Date: 05/07/2014

LINE ITEM CATEGORY	AMOUNT
Contractual <i>(Identify type of contractor, e.g. CBO). Submit copy of contract</i>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
Total Contractual Services	\$ 0
Other <i>(Itemize)</i>	
1. Indirect cost rate applied to salaries and benefits (17.62%)	\$ 3,198
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
TOTAL OTHER	\$ 3,198

ACCEPTANCE OF AWARD

Santa Barbara County Health Services Department

Funding Period – July 1, 2014 through December 31, 2014

**Letter of Award – Tuberculosis Special Needs Funds Award –
TB Outbreak Activities**

Funding: \$34,588

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2014-2015 and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

Authorized Signature

Date

Print Name

Title