



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

November 27, 2012

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

Dear Dr. Wada:

REVISED LETTER OF AWARD – Base Award Augmentation

FUNDING PERIOD – July 1, 2012 through June 30, 2013

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) has identified additional federal funds for fiscal year (FY) 2012-2013 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 \$ 7,822 to support TB control activities in your jurisdiction for FY 2012-2013. 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 2012-2013 Standards and Procedures Manual. This manual and forms contained in the appendices (in Microsoft Word fill-able format) is available on the CDPH TBCB internet site at:

<http://www.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 Friday, December 28, 2012 to TBAwards@cdph.ca.gov with “Revised Budget For Additional Dollars” in the subject line

OR

- by mail for receipt by Friday, December 28, 2012 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 – 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, 2nd 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 15
Second	October 1 through December 31	February 15
Third	January 1 through March 31	May 15
Fourth	April 1 through June 30	August 15

- Invoicing: Please submit a separate invoice when invoicing for Base Award Augmentation Funds.

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, (510) 620-3012 or by email at david.beers@cdph.ca.gov. Programmatic questions should be directed to your CDPH TBCB Program Liaison, Michael Joseph, (562) 570-4360, michael.joseph@cdph.ca.gov.

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, 2012 through June 30, 2013

BASE AWARD AUGMENTATION – \$ 7,822

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2012-2013 and any other conditions stipulated by the California Department of Public Health Tuberculosis Control Branch.

Authorized Signature

Date

Print Name

Title