



SONIA Y. ANGELL, MD, MPH  
State Public Health Officer & Director

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



GAVIN NEWSOM  
Governor

April 13, 2020

Henning Ansorg, MD, FACP  
Health Officer  
Santa Barbara County Public Health Department  
345 Camino Del Remedio  
Santa Barbara, CA 93110

Dear Dr. Ansorg:

**LETTER OF AWARD:**

**Additional Food, Shelter, Incentives and Enablers Allotment Number: 1942ADDF01  
FUNDING PERIOD: July 1, 2019 through June 30, 2020**

This letter of award is in response to the request for additional funds to support tuberculosis (TB) prevention and control activities submitted on March 24, 2020 by the Santa Barbara County Public Health Department. The California Department of Public Health (CDPH) TB Control Branch (TBCB) has approved the request for additional food, shelter, incentives and enablers (FSIE) funds.

**ADDITIONAL FSIE ALLOTMENT**

The Santa Barbara County Public Health Department will receive up to \$12,500 from the CDPH TBCB to assist in providing food, shelter, incentives and enablers for TB patients, patients suspected of having TB and/or contacts to TB patients.

This award is valid and enforceable only if the enacted fiscal year (FY) 2019-2020 budget for the State of California makes sufficient funds available for the purposes of this program.

<b>Additional FSIE Allotment Summary for FY 2019-2020 Santa Barbara County Public Health Department</b>	
<b>Additional FSIE Allotment Awarded</b>	
January 1, 2020	\$10,000
April 10, 2020	\$12,500
<b>Total Additional FSIE Allotment</b>	<b>\$22,500</b>



### **MANAGING YOUR ADDITIONAL FSIE ALLOTMENT**

Requirements for the use of these funds are listed in Part 2, Section 2 of the FY 2019-2020 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual, available at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx>. Expenditure reimbursement is contingent upon compliance with these standards and procedures.

### **SUBMITTING ADDITIONAL FSIE INVOICES**

When invoicing for approved expenditures, please refer to the award as “Additional Food, Shelter, Incentives and Enablers Allotment - 1942ADDF01.”

The invoice(s) submitted for this award shall include only actual expenditures for FSIE.

- Invoices for additional FSIE should be submitted on the same quarterly schedule and format as described in Part 3, Section 1.6, B of the FY 2019-2020 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual. Expenditures invoiced must have occurred within the scheduled time period.
- Fourth quarter invoices for additional FSIE expenditures must be submitted by August 15 following the award period (e.g., August 15, 2020 for the award period of July 1, 2019 – June 30, 2020).

### **ACCEPTING YOUR ADDITIONAL FSIE ALLOTMENT**

To acknowledge 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, 2<sup>nd</sup> Floor  
Richmond, CA 94804-6403  
Attention: Fiscal Analyst

The CDPH TBCB cannot process your invoice until the signed “Acceptance of Award” is received.

Please direct fiscal questions to Kathie Sullivan-Jenkins at (510) 620-3056 or by email to [Kathie.Sullivan-Jenkins@cdph.ca.gov](mailto:Kathie.Sullivan-Jenkins@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](mailto:Michael.Joseph@cdph.ca.gov).

Sincerely,



Elizabeth J. Stoller, MPH  
Assistant Chief

# ACCEPTANCE OF AWARD

## Santa Barbara County Public Health Department

Additional Food, Shelter, Incentives and Enablers Allotment Number: 1942ADDF01

Funding Period: July 1, 2019 through June 30, 2020

Funding: \$12,500

<b>Additional FSIE Allotment Summary for FY 2019-2020 Santa Barbara County Public Health Department</b>	
<b>Additional FSIE Allotment Awarded</b>	
January 1, 2020	\$10,000
April 13, 2020	\$12,500
<b>Total Additional FSIE Allotment</b>	<b>\$22,500</b>

I hereby accept this award. By accepting this award, I agree to the requirements as described in the FY 2019-2020 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title