

**California Department of Public Health (CDPH)
Sexually Transmitted Diseases Control Branch
(STDCB)**

**Sexually Transmitted Infection (STI) Prevention
and Collaboration Allocations**

Reference Guide
2026 - 2031

July 2025

Confidential - Low

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Part 1- Allocation Process

Overview

This document is intended to serve as a reference guide for Sexually Transmitted Infection (STI) Prevention and Collaboration allocations. All information, documents, and templates referred to in this document can be found on the [STI/Hepatitis C Virus \(HCV\) Local Assistance Funding](#) SharePoint. Relevant programmatic guidance documents can be found on the [CDPH STDCB](#) website.

The STI Prevention and Collaboration allocations are intended for the implementation of public health activities related to monitoring, prevention, testing, and linkage to and retention in care activities for the most vulnerable and underserved individuals living with, or at high risk for, STIs in collaboration with community-based organizations (CBOs) providing services within the local health jurisdiction (LHJ).

For the purposes of this funding, STIs are defined as chlamydia, gonorrhea, syphilis, congenital syphilis, and mpox. Upon CDPH approval, other communicable diseases transmitted by sexual contact may be included as allowable activities. Activities may include integrated services for STIs, viral hepatitis, human immunodeficiency virus (HIV) infection, and drug overdose, to the extent they improve health outcomes for people living with, or at risk for, STIs.

A CBO is a public or private nonprofit organization that provides services to individuals in the community, including Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, Rural Health Clinics, and drug treatment programs. Correctional health organizations are considered a CBO as long as they are a nonprofit entity. A nonprofit entity is a tax-exempt organization under Section 501(c) of the Internal Revenue Code. LHJs wishing to reach priority populations served by for-profit entities (e.g., some jail health companies or community colleges) can participate in activities that include, for example, partnering with a nonprofit CBO to support STI testing and treatment in those settings.

On July 1, 2024, the CDPH STDCB combined the following funding sources into a single allocation:

- **STD Prevention & Collaboration Allocations (\$13.6 million annually ongoing)**
 - \$4.5 million, appropriated in FY 2019-20
 - \$3.6 million, appropriated in FY 2021-22
 - \$5.5 million, appropriated in 2022-23
- **STD Core Allocations (\$3.6 million annually ongoing)**
 - Base funding with current funding formula established in FY 2018-19

Authority

Per the California [Health and Safety Code Section 120511](#) (HSC 120511), the department shall allocate funds to LHJs for sexually transmitted disease prevention and control activities. The department shall develop measures for each local health jurisdiction funded pursuant to this section to demonstrate accountability. The local health department has the authority for STI prevention and control as outlined in the [Summary of Regulations Related to STD Prevention and Control Efforts in California](#).

Allocations of Local Assistance Funds

The full memo outlining STI LHJ Allocations for this five-year allocation cycle is available on the [STI/HCV Local Assistance Funding](#) SharePoint. CDPH met with the Executive Committees of the County Health Executives Association of California (CHEAC) and California Conference of Local Health Officers (CCLHO) in September 2025 to determine funding plans for the next budget cycle beginning July 1, 2026. Following is a summary of background and decisions made as a result of these meetings:

- CDPH will continue to issue combined allocations with one workplan for these two funding streams, thereby reducing administrative burden for LHJs and CDPH.
- Based on agreement between CDPH, CHEAC, and CCLHO, the funding formula decided upon was as follows:
 - **Eligibility:** Eligible LHJs are those with rates greater than the 2022-2024 mean California rates for total early syphilis or congenital syphilis, or LHJs that have at least 1% of the state's total early syphilis or congenital syphilis cases.
 - **Floor:** LHJs with less than 300,000 population receive \$50,000; other LHJs receive \$150,000.
 - **Cap:** LHJs currently receiving STI Prevention and Collaboration allocations may not receive more than their current funding plus inflation (6%). LHJs that previously received only STI Core funds are not capped at current amounts.
 - **Formula Inputs:** 25% based on LHJ population (Department of Finance, 2024), 50% based on total early syphilis case counts (CDPH Surveillance data, mean 2022-2024), 25% based on congenital syphilis case counts (CDPH Surveillance data, mean 2022-2024)
- The updated eligibility criteria funds 37 LHJs, including 16 LHJs (43%) with a population less than 300,000. Nine LHJs will receive STI Prevention and Collaboration funds for the first time: Calaveras, Del Norte, Glenn, Humboldt, Lake, Mendocino, Siskiyou, Sutter, Tehama. Six LHJs will no longer receive funding: Berkeley (\$13,625), Madera (\$320,368), Monterey (\$359,759), Pasadena (\$13,541), Placer (\$13,565), and Yolo (\$16,251).

- Awarded LHJs comprise 98% of total early syphilis cases, 96% of congenital syphilis cases, and 98% of gonorrhea and chlamydia cases in California.
- Per the authorizing statute ([HSC 120511](#)), no less than fifty percent of STI Prevention and Collaboration awards must be provided to community-based organizations (CBOs) through direct funding or in-kind support. This requirement does not apply to the STI Core component of the combined awards. See Table 1 for required amount for CBO support.
- LHJs that do not have CBOs or nonprofit health care providers in the jurisdiction that can conduct the activities and provide these services consistent with [HSC 120511](#) should contact Vivian.Wong@cdph.ca.gov to complete an Accountability Measure Form documenting a good faith effort to support a CBO.

Timeline and Award Process

Date	Award Process
October XX, 2025	STDCB will send Allocation Letters to the LHJs along with other agreement documents.
November 20, 2025	STDCB will host an STI Prevention and Collaboration Allocations webinar.
March 27, 2026	LHJs will return the signed Acceptance of Award and requested documents to the STDCB for review and approval.
April 01, 2026 – May 29, 2026	STDCB will review the annual workplans and budgets submitted by the LHJs.
June 01, 2026 – July 01, 2026	STDCB will send the Award Letters to the LHJs along with the approved workplan, budgets, and Electronic Invoice Template (EIT). <i>*Note – The Award Letter along with the other documents sent to the LHJ via email are the official binding documents between CDPH – STDCB and the LHJ. Retain these documents for your records.</i>

The Acceptance of Award must be signed by an authorized individual and should be sent back to CDPH STDCB as official confirmation of receiving the Allocation Letter with a copy of the Board Resolution/Order/Motion, Ordinance, or other similar document authorizing execution of the agreement. The LHJ may exercise their delegated authority

to accept these funds to support the continuation of STI prevention and control activities.

By signing the Acceptance of Award, the recipient agrees to all the conditions of the award as set forth by the STDCB. A signed agreement is required for reimbursement of invoices. The following certification forms are included in the Allocation Letter email and should also be sent to the STDCB with the signed Acceptance of Award:

- LHJ Program Contact Information
- Workplan
- Budgets for all fiscal years

Part 2 - STI Prevention and Collaboration Activities

Annual Workplan

The STI Prevention and Collaboration workplan is available on the [STI/HCV Local Assistance Funding](#) SharePoint and will be submitted to CDPH STDCB via electronic survey. The STI Prevention and Collaboration workplan reflects the allowable activities for the STI Prevention and Collaboration allocations. Chosen activities should be based on funding allocated to each LHJ as well as local needs, capacity, and infrastructure. The workplan will include confirmation of which activities the LHJ will conduct and a description of how each activity will be implemented by the LHJ or CBOs. LHJs may propose and describe other innovative and impactful activities for approval by CDPH STDCB throughout the allocation award period. All program activities, including innovative projects, should support the goals described in California [HSC 120511](#).

Guide to Non-Allowable and Allowable Use of Funds

The Guide to Non-Allowable and Allowable Use of Funds is available on the [STI/HCV Local Assistance Funding](#) SharePoint. All expenses must be for activities consistent with the purpose of the allocations award and reflected in the LHJ's workplan. Please submit questions to your Local Assistance Funding Specialist (LAFS) and Regional Capacity Building Coordinator (RCBC) & with a cc to STDLHJContracts@cdph.ca.gov.

1. Incentives and Material Support

Funds may be used for incentives and material support, with supportive justification, tracking, and reporting of outcomes. Detailed instructions and tracking logs are available on the [STI/HCV Local Assistance Funding](#) SharePoint. There is no prepayment for incentives or materials support. There is no prepayment for incentives or material support. The LHJ will be reimbursed only for the total cost of incentives and materials distributed during each quarter. Current CDPH approvals require that Behavior Modification Materials (BMM) be justified with scientific evidence of behavior change and be accompanied by a justification, an incentive tracking log, and

a report on incentive distribution. Reimbursement for incentives and material support may only be sought out for costs and/or cost categories that meet these requirements.

a. Reporting Use of Incentives. Acceptable incentives include items such as low value gift cards (restricted), transportation vouchers, and other STI-related incentives. The value of the incentive is limited to \$50.00 of merchandise per person per intervention. All proposals for incentives must be submitted to CDPH STDCB for review prior to purchase and project implementation, accompanying information must contain justification for use as BMM, defined amount, targeted distribution plan, tracking, and reporting logs. When using incentives to achieve the goals and objectives outlined in the workplan, the LHJ must adhere to the following requirements:

- Complete a Distribution and Tracking Log available at: [STI/HCV Local Assistance Funding](#) SharePoint.
- Keep the Distribution and Tracking Log within a secure study file.
- This log will contain the date purchased, product name, product type, quantity, product number, denomination, total cost, recipient information, reason for distribution and date distributed.
- Participation incentives must not be used to purchase alcohol, tobacco, or drug products. Therefore, all client incentives must be restricted to prevent the purchase of these items. A copy of the Distribution and Tracking Log must be submitted with the quarterly invoice.
- The Distribution and Tracking Log must be kept for a minimum of five (5) years after the termination of the agreement.

b. Reporting Use of Material Support. Acceptable material support includes, but it is not limited to, sleeping bags, tarps, shelter, clothing items, and hygiene kits. All proposals for material support items must be submitted to CDPH STDCB for review prior to purchase and implementation, and accompanying information must contain justification for use, defined amount, targeted distribution plan, tracking, and reporting logs. When using material support items to achieve the goals and objectives outlined in the work plan, the LHJ must adhere to the following requirements:

- Complete a Distribution and Tracking Log available at: [STI/HCV Local Assistance Funding](#) SharePoint.
- Keep the Distribution and Tracking Log within a secure study file.
- This log will contain the date purchased, product name, product type, quantity, product number, denomination, total cost, recipient information, reason for distribution and date distributed.
- A copy of the Distribution and Tracking Log must be submitted with the quarterly invoice.
- The Distribution and Tracking Log must be kept for a minimum of five (5) years after the termination of the agreement.

2. **Mobile Testing Units.** If the LHJ uses the STI Prevention and Collaboration funding for the purchase, lease, or other operational and maintenance support of mobile testing units, the following conditions apply:
 - The LHJ shall only use said vehicles for the performance of activities under the terms of this allocation.
 - The LHJ agrees that all operators of motor vehicles reimbursed by CDPH under the terms of this agreement shall hold a valid State of California driver's license. If ten or more passengers are to be transported in any one vehicle, the operator shall also hold a State of California Class B driver's license.
 - If any motor vehicle costs are reimbursed by CDPH under the terms of this agreement, the LHJ, as applicable, shall provide, maintain, and certify that, at a minimum, the following type and amount of automobile liability insurance is in effect during the term of this allocation or any extension period during which any vehicle remains in the LHJ's possession:
 - The LHJ must possess or obtain automobile liability insurance in the amount of \$1,000,000 per occurrence for bodily injury and property damage combined. Said insurance must be obtained and made effective upon the delivery date of any motor vehicle reimbursed with these funds.
 - The LHJ shall furnish a copy of the certificate of insurance to the CDPH STDCB within thirty (30) days of purchasing the motor vehicle.
 - The LHJ agrees that bodily injury and property damage liability insurance, as required herein, shall remain in effect at all times during the term of this agreement and any extension period.
 - The LHJ agrees to provide CDPH STDCB at least thirty (30) days prior to the expiration date of said insurance coverage a copy of a new certificate of insurance evidencing continued coverage, as indicated herein for not less than the remainder of the term of this allocation, the term of any extension or continuation thereof, or for a period of not less than one (1) year.

Part 3 - Budget and Budget Revisions

The CDPH STDCB Budget Template and instructions are available on the [STI/HCV Local Assistance Funding](#) SharePoint.

1. Budget Preparation

- The Local Assistance Funding Specialist (LAFS) will email Local Health Jurisdictions (LHJs) the Allocation Letter, workplan, and budget template.
- The LHJs must submit a complete workplan and budget to LAFS by the deadline specified in the Allocation Letter, prior to conducting activities. Activities undertaken without prior budget approval may not be eligible for reimbursement.
- LHJs must complete the fiscal year budget tab. LHJs must provide the LHJ name, allocation award number, name and fiscal year (FY).
- LHJs must fill out the budget categories for each FY. The budget categories are Personnel, Operating Expenses, Major Equipment, Travel, Subcontractors, Other Costs, Indirect Cost Rate (ICR), and Budget Grand Total.
- No less than 50% of the STI Prevention and Collaboration funds allocated to LHJs shall be provided to, or used to support activities in partnership with, CBOs or nonprofit health care providers. The required minimum is indicated in the award letter and funding memo on the [STI/HCV Local Assistance Funding](#) SharePoint. If in-kind support is provided to CBOs or nonprofit health care providers, LHJs must check the box in column I. Once the box is checked, this will automatically populate the Total Amount Allocated to the CBO calculation in the table at the bottom of the page.

The Subcontractor line item consists of two parts:

- Subcontractor I: Agreements with 501(c) nonprofit CBOs and nonprofit healthcare providers.
- Subcontractor II: Agreements with non-501(c) organizations supporting LHJ or CBO activities.
- LHJs must select the organization type and subcontractor selection method from the dropdown menu. For Subcontractors I, a copy of the IRS letter confirming the organization's 501(c) designation must be included with this budget and any budget revision request (if not previously submitted). A subcontractor budget template, included in the budget document, must be completed for each subcontractor in Subcontractor I and Subcontractor II.
- The Total Cost column requires no action (auto-populates once information is provided).
- The Total Amount Allocated to the LHJ and CBO table requires no action (auto-populates once information is provided).

- LHJs must submit their finalized workplan and budget via email to LAFS, with a cc to STDLHJInvoices@cdph.ca.gov by the deadline in the Allocation Letter.

2. Budget Submission and Approval

- LAFS will review the budget and may reach out to LHJs with questions or requests for corrections during the two-week review period. Budgets will be assessed in the order they are received.
- Once approved, LAFS will email LHJs the finalized budget along with the Electronic Invoice Template (EIT) for the FY.

3. Budget Revision Request and Approval

- LHJs must submit a formal budget revision request if adding a new line item or making a budget shift exceeding \$10,000.
- The request must be sent to LAFS for review and approval before purchase and implementation.
- Budget revisions that do not involve a new line item or a shift over \$10,000 do not require formal submission until two months before the Q4 invoice due date (June 15th for the August 15th deadline) as outlined below:

Quarter	Budget Revision Requests Deadline (<\$10,000)	Budget Revision Requests Deadline (>\$10,000)	Invoice Due Date
Q1: July 01 - September 30	NA	Ongoing; 30 days prior to purchase and implementation.	November 15th
Q2: October 01 - December 31	NA	Ongoing; 30 days prior to purchase and implementation.	February 15th
Q3: January 01 - March 31	NA	Ongoing; 30 days prior to purchase and implementation.	May 15th
Q4: April 01 - June 30	June 15th	Ongoing; 30 days prior to purchase and implementation.	August 15th

- **IMPORTANT** - A new line item is defined as any expense not previously reviewed and approved by LAFS. LHJs must consult with LAFS before initiating contracts or procurements for services exceeding an established dollar amount (e.g., marketing, public outreach campaigns, promotional media, advertising, major equipment, etc.) or reallocating funds to these line items. Refer to the Guide to Non-Allowable and Allowable Use of Funds, available on the [STI/HCV Local Assistance Funding](#) SharePoint for specific and established dollar amounts.

- LHJs must follow the outlined steps to submit their budget revision requests.
 - LHJs must submit budget revision requests via email to LAFS with a cc STDLHJContracts@cdph.ca.gov.
 - LAFS will supply LHJs with the budget revision template.
 - LHJs must update the 'Current Revision' template tab to reflect new budget information by changing outdated text from black to bold red. The 'Description of Expense' section must also be revised to reflect the updates and must include a detailed explanation of why funds are being added, deleted, or shifted.
 - LHJs must email the budget revision to LAFS with a cc to STDLHJContracts@cdph.ca.gov.
 - LAFS will review the budget revision and issue final approval within two weeks of receipt.
 - Once the review is complete, LAFS will email LHJs the approved budget and revised EIT.

Part 4 - Standards and Procedures

Budget Detail and Payment Provisions

1. Invoicing and Payment

- Upon completion of activities as indicated in the workplan, and upon receipt and approval of the invoices, CDPH agrees to reimburse the LHJ for activities performed and expenditures incurred in accordance with the total amount of this agreement.
- Invoices must be prepared on the electronic invoice template provided by CDPH and must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with the workplan.
- Invoices must bear the LHJ's official name.
- Invoices must include the agreement number.
- Invoices must include a date.
- Invoices must include a unique invoice number. Single digit invoice numbers are not acceptable.
- Invoices must identify the billing and/or performance period covered by the invoice.
- Invoices must itemize costs as indicated by the Electronic Invoice Template instructions. Subject to the terms of this allocation, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.
- Invoices must be submitted electronically no more than forty-five (45) calendar days after the end of each quarter, unless a later or alternate deadline is agreed to in writing by the LAFS.
- Completed and signed invoices must be submitted via email to your LAFS with a cc to STDLHJInvoices@cdph.ca.gov by the due dates outlined below:

Quarter	Invoice Due Date
Q1: July 01 - September 30	November 15th
Q2: October 01 - December 31	February 15th
Q3: January 01 - March 31	May 15th
Q4: April 01 - June 30	August 15th

2. Budget Contingency Clause

- It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this agreement does not appropriate sufficient funds for the program, this agreement shall be of no further force and effect. In this event, CDPH shall have no liability to pay any funds whatsoever to the LHJ or to furnish any other considerations under this agreement and LHJ shall not be obligated to fulfill any provisions of this agreement.
- If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, CDPH shall have the option to either cancel this agreement with no liability occurring to CDPH or offer an agreement amendment to the LHJ to reflect the reduced amount.

3. Prompt Payment Clause

- Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

4. Timely Submission of Final Invoice

- A final undisputed invoice shall be submitted for payment no more than forty-five (45) calendar days following the expiration or termination date of this agreement, unless a later or alternate deadline is agreed to in writing by the LAFS. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of CDPH under this agreement have ceased and that no further payments are due or outstanding.

5. Travel and Per Diem Reimbursement

- Any reimbursement for necessary travel shall, unless otherwise specified in this agreement, be at the rates currently in effect, as established by the California Department of Human Resources ([Cal HR](#)) for meals and incidentals; and the U.S General Services Administration ([GSA](#)) for lodging. If the Cal HR or GSA rates change during the term of the agreement, the new rates shall apply upon their effective date and no amendment to this agreement shall be necessary. No travel outside California shall be reimbursed without prior authorization from the CDPH. Verbal authorization should be confirmed in writing. Written authorization may be in a form including email confirmation.
- The total budget amount for out-of-state travel shall not exceed five (5) percent of the total annual budget of this agreement.

6. Use of Funds/Supplanting

- These funds shall be used to supplement and enhance existing local STI program activities and services and shall not supplant local funding. These funds shall not replace existing services and activities, prevent the addition of new services and activities, and shall not be used to duplicate reimbursement of costs and services received from local funds or other sources. Supplanting of funds is defined (for the purposes of this agreement) as using local assistance award monies to “replace” or “take the place of” existing local funding. For example, reductions in local funds cannot be offset by the use of any CDPH STDCB dollars for the same purpose.

7. Method of Selection for Subcontractors

- The LHJ must ensure the use of a competitive bid process in the selection of all subcontracts. If the subcontract is one where the LHJ has a current agreement, indicate the date the agreement was effective. If the CBO is a non-profit agency as defined by Internal Revenue Code 501(c), ensure the LHJ has a current determination letter on file from the Internal Revenue Service for the CBO.
- The LHJ must submit a copy of the CBO determination letter to CDPH – STDCB along with the budget annually.
- If it is determined that no CBOs existing within the LHJ meet the criteria specified in [HSC Section 120511](#) for subcontracts or in-kind support, then the LHJ shall submit written documentation demonstrating this fact to CDPH STDCB, which CDPH STDCB will review on a case-by-case basis.

8. Proper Use of Funds

- All proposals must be submitted to STDLHJContracts@cdph.ca.gov with a cc to your LAFS for review prior to purchase and implementation. Refer to the Guide to Non-Allowable and Allowable Use of Funds available on the [STI/HCV Local Assistance Funding](#) SharePoint.

9. Case, Laboratory, and Interview Record Reporting Requirements

- All LHJs shall comply with reporting requirements for reportable STIs identified in [Title 17, California Code of Regulations \(CCR\) §2500, §2593, §2641.5-2643.20, and §2800 – 20182 Reportable Diseases and Conditions](#).
- All LHJs, must enter STI case reports, laboratory results, and other data as appropriate for their jurisdiction directly into the California Reportable Disease Information Exchange CalREDIE), California CONFidential Network for Contact Tracing (CalCONNECT), or other CDPH developed system, or by other agreement between the local STD Control Officer and

the STDCB. Submission of hard copy forms for data entry into CalREDIE by CDPH or electronic scanned copies of case reports, laboratory results, or interview records into the electronic filing cabinet (EFC) without entering data into the appropriate fields will not be accepted. CDPH STDCB will provide essential minimum necessary elements for data entry on STI case report forms. These include but are not limited to:

- Syphilis laboratory tests and confidential morbidity reports (CMR) should be processed and assigned for investigation according to best practice as established by the [California Syphilis Reactor Alert System \(SRAS\)](#) or other local preference.
- Syphilis and congenital syphilis case investigations are to be reported according to updated CDPH STDCB protocols on the appropriate case report forms; samples of these forms are available on the [CDPH website](#). LHJs will complete and close investigations in CalREDIE within 45 days of initial report to local health department.
- Chlamydia and gonorrhea reports are automatically triaged and processed in CalREDIE per electronic laboratory report data. Additional follow up for CT and GC infections is done at local discretion.
- Cases of gonorrhea with suspected treatment failure, high minimum inhibitory concentrations (MIC) to CDC-recommended treatment or disseminated gonococcal infection (DGI) should be reported to CDPH STDCB within 24 hours of initial report to local health department. Reports should be conveyed by calling the CDPH STDCB Office at (510) 620-3400. See [Follow-Up Guidelines For Patients With Suspected Gonorrhea Treatment Failure and Reduced Susceptibility to Specific Antibiotics](#) and [DGI Guidance for Local Health Departments](#) for more details.
- Mpox laboratory reports and CMR should be triaged and assigned for investigation according to the [MPOX case and cluster investigation protocol for local health departments](#).
- Suspect cases of clade I mpox shall be immediately reported to the STDCB at CDPH.
- Suspected or confirmed cases of chancroid should be reported to CDPH STDCB within 24 hours of initial report to local health department. Reports should be conveyed by calling the CDPH STDCB Office at (510) 620-3400.
- LHJs will participate in STI-specific CalREDIE and CalCONNECT trainings and conduct quality control procedures, including review of cases to ensure appropriate surveillance case definition and reconciliation of case counts to ensure optimal and effective interventions to prevent subsequent STI spread.
- For STI-related surveillance and reporting inquiries, please email STDCalREDIE@cdph.ca.gov.
- For STI case definitions, please visit [STI Case Definitions](#).

- For frequently asked questions, manuals/guidelines, and forms/instructions related to CalREDIE, please visit [STD Control Branch - CalREDIE Resources](#) or the CalREDIE [document repository](#) (restricted access to CalREDIE users).
- All fax reporting to CDPH is strongly discouraged.

10. Data Security and Confidentiality

- LHJs shall comply with recommendations set forth in CDC's [Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs](#).
- LHJs shall have staff complete CDPH-required confidentiality and data security training, including the HIV Surveillance Security and Confidentiality Training (email CDPHOASurveillanceQualityManagementUnit@cdph.ca.gov for the current training link). Maintain files with associated confidentiality agreements for each staff person with access to STI/HIV/HCV data.

11. Outbreak Reporting

- The California Code of Regulations (Title 17, Section 2502[c]) directs local health officers to immediately report unusual disease occurrences or outbreaks to CDPH. STI outbreak reports (including mpox) should be conveyed by calling the CDPH STDCB Office at (510) 620-3400.

12. Financial Expenditures and Reporting

- LHJs must maintain records reflecting actual expenditures. Please refer to the Guide to Non-Allowable and Allowable Use of Funds available on the [STI/HCV Local Assistance Funding](#) SharePoint. The CDPH STDCB reserves the right to question and re-negotiate reimbursement for any expenditure that may appear to exceed a reasonable cost for the service. Financial expenditures/reporting are required and must be submitted within 45 calendar days after the end of each quarter. Annual financial expenditures and reporting should be submitted no later than 45 days after the end of the budget period. Invoices should be sent to your LAFS with a cc to STDLHJInvoices@cdph.ca.gov.

13. Performance Progress Reporting

- LHJs will be required to submit data and reporting according to the table below.

Frequency	Report Deadlines	Report Recipient
Semi-Annual (Narrative summary reports and quantitative data tables)	February 15 th August 15 th	STDLHJContracts@cdph.ca.gov
Ongoing (STI Case Closure)	Ongoing, within 45 days of report to the LHJ	CalREDIE, CalCONNECT or other CDPH-developed data system, or by other means per agreement between the local STD Control Officer and the STDCB.

- All publications and manuscripts published as a result of the work supported in part or whole by these funds must be submitted with the performance progress reports. Additionally, health advisories, health education materials, and other products should be submitted.

14. Rights of CDPH STDCB

- CDPH STDCB reserves the right to modify the terms and conditions of all awards. Additional information and documentation may be required.
- CDPH STDCB reserves the right to use and reproduce all reports and data produced and delivered pursuant to the local assistance awards and reserves the right to authorize others to use or reproduce such materials, provided that the confidentiality of patient information and records is protected pursuant to California State laws and regulations.

Part 5 – Appendix - Checklists

Budget Checklist for LHJs: Steps Before Sending to LAFS

1. Complete the Budget Template:

- All required fields in the fiscal year budget tab are filled out, including LHJ name, allocation award number, name, and fiscal year (FY).
- All budget categories Personnel, Operating Expenses, Major Equipment, Travel, Subcontractors, Other Costs, Indirect Cost Rate (ICR), and Budget Grand Total are filled out.

2. Allocate Funds to CBOs:

- No less than 50% of the STD Prevention and Collaboration funds are allocated to or used to support activities in partnership with community-based organizations (CBOs) or nonprofit health care providers.
- Check the box in column I if in-kind support is provided to CBOs or nonprofit health care providers, which will automatically populate the Total Amount Allocated to the CBO calculation.

3. Subcontractor Agreements:

- Organization type and subcontractor selection method from the dropdown menu is selected.
- Copy of the IRS letter confirming the organization's 501(c) designation for Subcontractors I is included, if not previously submitted.
- Subcontractor budget template for each subcontractor in Subcontractor I and Subcontractor II complete.

4. Submit Budget:

- Finalized budget submitted via email to LAFS, with a cc to STDLHJContracts@cdph.ca.gov.

5. Await Approval:

- LAFS will review the budget and may reach out with questions or requests for corrections during the two-week review period.
- Approval received, LAFS emailed the finalized FY budget and Electronic Invoice Template (EIT).

Budget Revision Checklist for LHJs: Steps Before Sending to LAFS

LHJs must submit a formal budget revision request if adding a new line item or making a budget shift exceeding \$10,000. The request must be sent to LAFS for review and approval before purchase and implementation. Budget revisions that do not involve a new line item or a shift over \$10,000 do not require formal submission until two months before the Q4 invoice due date (June 15th for the August 15th deadline). LHJs must follow the outlined steps to submit their budget revision requests.

IMPORTANT - A new line item is defined as any expense not previously reviewed and approved by LAFS. LHJs must consult with LAFS before initiating contracts or procurements for services exceeding an established dollar amount (e.g., marketing, public outreach campaigns, promotional media, advertising, major equipment, etc.) or reallocating funds to these line items. Refer to the Guide to Non-Allowable and Allowable Use of Funds, available at: STI/HCV Local Assistance Funding SharePoint.

- LHJs must submit budget revision requests via email to LAFS with a cc STDLHJContracts@cdph.ca.gov.
- LAFS will supply LHJs with the budget revision template.
- LHJs must update the 'Current Revision' template tab to reflect new budget information by changing outdated text from black to **bold red**. The 'Description of Expense' section must also be revised to reflect the updates and must include a detailed explanation of why funds are being added, deleted, or shifted.
- LHJs must email the budget revision to LAFS with a cc to STDLHJContracts@cdph.ca.gov.
- LAFS will review the budget revision and issue final approval within two weeks of receipt. Once the review is complete, LAFS will email LHJs the approved budget and revised electronic invoice template (EIT).

Invoice Checklist for LHJs: Verifications Before Submitting to LAFS

1. Prepare the Invoice:

- Use the electronic invoice template (EIT) provided by CDPH.
- Invoice is signed by an authorized official, employee, or agent certifying that the expenditures claimed represent activities performed and are in accordance with the workplan.
- LHJ's official name, agreement number, date, and a unique invoice number (single-digit invoice numbers are not acceptable) included.
- Billing and/or performance period covered by the invoice identified.
- Costs are itemized as indicated by the electronic invoice template (EIT) instructions.
 - Reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.
- If applicable, copy of the Distribution and Tracking Log included with the quarterly invoice for client incentives or material support items distributed during the quarter.

2. Submit the Invoice:

- Completed and signed invoice electronically submitted no more than forty-five (45) calendar days after the end of each quarter to your LAFS with cc to STDLHJInvoices@cdph.ca.gov, unless a later or alternate deadline is agreed to in writing by the LAFS, by the due dates outlined below:
 - Q1 (July 01 - September 30): November 15th.
 - Q2 (October 01 - December 31): February 15th.
 - Q3 (January 01 - March 31): May 15th.
 - Q4 (April 01 - June 30): August 15th.
- Final invoice is clearly marked as "Final Invoice," indicating that all payment obligations of CDPH under the agreement have ceased and that no further payments are due or outstanding for that FY.

3. Over-Expended Line Items:

- If any line items are over-expended when submitting your Q3 invoice, submit a formal budget revision request following the guidance in Part 3 – Budget Revision Process.

Checklist for LHJs - Tracking and Reporting of Incentives and Material Support

1. Justification and Approval:

- All proposals for incentives and material support are submitted to CDPH STDCB for review and approval prior to purchase and project implementation. Proposal must include:
 - Justification for use
 - Defined amount
 - Targeted distribution plan

2. Tracking Log:

- Complete a Distribution and Tracking Log (template available at the [STI/HCV Local Assistance Funding](#) SharePoint).
- Distribution and Tracking Log kept within a secure study file.

3. Log Details:

- The Distribution and Tracking log must contain the following information:

<input type="checkbox"/> Date purchased	<input type="checkbox"/> Product name
<input type="checkbox"/> Product type	<input type="checkbox"/> Quantity
<input type="checkbox"/> Product number	<input type="checkbox"/> Denomination
<input type="checkbox"/> Total cost	<input type="checkbox"/> Recipient information
<input type="checkbox"/> Reason for distribution	<input type="checkbox"/> Date distributed

4. Restrictions:

- Participation and client incentives must be restricted and not be used to purchase alcohol, tobacco, or drug products.

5. Quarterly Reporting:

- Copy of the Distribution and Tracking Log submitted with the quarterly invoice for the reimbursement of items that were distributed during that quarter.

6. Record Retention:

- Keep the Distribution and Tracking Log for a minimum of five (5) years after the termination of the agreement.