



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

December 18, 2013

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 – January 1, 2014 through June 30, 2014

This letter of award is in response to the original request for additional funds to support tuberculosis (TB) control activities submitted on November 18, 2013 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, travel and public health laboratory services.

AWARD

Santa Barbara County Public Health Department will receive \$29,236 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 2013-2014 budget for the State of California and the 2013 Federal budget makes sufficient funds available for the purposes of this program.

MANAGING YOUR AWARD

The FY 2013-2014 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>.

December 18, 2013

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 – January 1, 2014 through June 30, 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 August 15, 2014. 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,



Jennifer Flood, MD, M.P.H.
Chief
Tuberculosis Control Branch
Division of Communicable Disease Control
Center for Infectious Diseases
California Department of Public Health

Tuberculosis Special Needs Funds Application

Summary Budget 01/01/14 – 06/30/14

Jurisdiction: County of Santa Barbara

Submission Date: 12/17/13

| LINE ITEM CATEGORY | AMOUNT |
|--------------------------|------------------|
| Personnel (Benefits) | \$ 14,849 |
| Benefits (@ 5 %) | \$ 897 |
| Personnel (Non-Benefits) | \$ |
| Travel | \$ 4,790 |
| Equipment | \$ |
| Supplies | \$ 8,700 |
| Contractual | \$ |
| Other | \$ |
| TOTAL BUDGET | \$ 29,236 |

Prepared by: Heather Feeney

Telephone: (805) 681-5174

E-mail: Heather.Feeney@sbcphd.org

Tuberculosis Special Needs Funds Application

Detail Budget 01/01/14 – 06/30/14

Jurisdiction: County of Santa Barbara

Submission Date: 12/17/13

| LINE ITEM CATEGORY | AMOUNT |
|---|------------------|
| Personnel (Benefits) <i>(Title, %FTE, duration, i.e., number of weeks or months)</i> | |
| 1. Health Services Aide, 1.0 FTE, 6 months | \$ 14,849 |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| 7. | \$ |
| 8. | \$ |
| 9. | \$ |
| Total Personnel (Benefits) | \$ 14,849 |
| Benefits (@ 6.04%) | |
| 1. Health Services Aide, 1.0 FTE, 6 months | \$ 897 |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| 7. | \$ |
| 8. | \$ |
| 9. | \$ |
| Total Benefits | \$,897 |
| 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 | \$ 15,746 |

TB Special Needs Funds Application

Detail Budget 01/01/14 – 06/30/14

Jurisdiction: County of Santa Barbara

Submission Date: 12/17/13

| LINE ITEM CATEGORY | AMOUNT |
|--|------------------|
| Travel | |
| <u>Within Jurisdiction</u> (Provide miles x county mileage rate, not to exceed \$0.565/mile) | |
| | \$4,790 |
| <u>Outside of Jurisdiction</u> | |
| | \$ |
| Total Travel | \$4,790 |
| Equipment (Itemize) | |
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| 7. | \$ |
| 8. | \$ |
| 9. | \$ |
| 10. | \$ |
| Total Equipment (Equipment purchase cannot exceed \$50,000) | \$ 0 |
| Supplies (Itemize general supplies vs. medical supplies) | |
| 1. Laboratory Services | \$ 8,700 |
| 2. | \$ |
| 3. | \$ |
| 4. | \$ |
| 5. | \$ |
| 6. | \$ |
| 7. | \$ |
| 8. | \$ |
| 9. | \$ |
| 10. | \$ |
| Total Supplies | \$ 8,700 |
| GRAND TOTAL | \$ 13,490 |

TB Special Needs Funds Application

Detail Budget 01/01/14 – 06/30/14

Jurisdiction: County of Santa Barbara

Submission Date: 12/17/13

| 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. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| TOTAL OTHER | \$ 0 |

ACCEPTANCE OF AWARD

Santa Barbara County Health Services Department

Funding Period – Januray 1, 2014 through June 30, 2014

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

Funding: \$29,236

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2013-2014 and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

Authorized Signature

Date

Print Name

Title