

CALIFORNIA IMMUNIZATION PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

Santa Barbara County Public Health Department, hereinafter “Grantee”

Implementing the project, “To assist local health departments (LHDs) in preventing and controlling vaccine-preventable diseases (VPDs) in the local health jurisdiction (LHJ),” hereinafter “Project”

AMENDED GRANT AGREEMENT NUMBER 17-10348, A02

The Department amends this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project under Health and Safety Code, Section 120325-120380 of the Health & Safety Code, which requires immunizations against childhood diseases prior to school admittance and Federal Grant numbers 6 NH23IP922612-01-01, 5 NH23IP922612-02-00 and 6 NH23IP922612-02-01.

PURPOSE FOR AMENDMENT: The purpose of the Grant amendment is to increase funding in the amount of \$181,259 for FY2020-21 to augment and enhance efforts around influenza vaccination coverage as well as perform Coronavirus Disease 2019 (COVID-19) vaccination planning and implementation.

Amendments are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

AMENDED GRANT AMOUNT: this amendment is to increase the grant by \$181,259 and is amended to read: **\$979,091 (Nine Hundred Seventy-Nine Thousand Ninety-One Dollars)** ~~\$797,832 (Seven Hundred Ninety Seven Thousand Eight Hundred Thirty Two Dollars)~~.

Exhibit B – Budget Detail and Payment Provisions, paragraph 4.A is hereby replaced as shown below.

4. Amounts Payable

- A. The amounts payable under this Grant shall not exceed ~~\$797,832~~ **\$979,091**.

PROJECT REPRESENTATIVES. The Project Representatives during the term of this Grant will be:

California Department of Public Health, Immunization Branch	Grantee: Santa Barbara County Public Health Department
Name: Noemi Marin	Name: Paige Batson
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor	Address: 300 N. San Antonio Road
City, ZIP: Richmond, CA 94804	City, ZIP: Santa Barbara, CA 93110
Phone: (510) 620-3737	Phone: (805) 346-8286
Fax: (510) 620-3774	Fax: (805) 346-7232
E-mail: noemi.marin@cdph.ca.gov	E-mail: paige.batson@sbcphd.org

Direct all inquiries to:

California Department of Public Health, Immunization Branch	Grantee: Santa Barbara County Public Health Department
Attention: Rossana A Ordonez	Attention: Paige Batson
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor	Address: 300 N. San Antonio Road
City, Zip: Richmond, CA 94804	City, Zip: Santa Barbara, CA 93110
Phone: (510) 620-3768	Phone: (805) 346-8286
Fax: (510) 620-3774	Fax: (805) 346-7232
E-mail: rossana.ordonez@cdph.ca.gov	E-mail: paige.batson@sbcphd.org

All payments from CDPH to the Grantee; shall be sent to the following address:

Remittance Address
Grantee: Santa Barbara County Public Health Department
Attention "Cashier": Finance
Address: 300 N. San Antonio Road
City, Zip: Santa Barbara, CA 93110
Phone: (805) 681-5174
Fax: (805) 346-7232
E-mail: heather.feeney@sbcphd.org

Either party may make changes to the Project Representatives, or remittance address, by giving a written notice to the other party. Said changes shall not require an amendment to the agreement. Note: Remittance address changes will require the Grantee to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form which can be requested through the CDPH Project Representatives for processing.

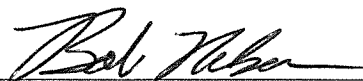
All other terms and conditions of this Grant shall remain the same.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date:

3/9/2021



Bob Nelson, Chair
Board of Supervisors
County of Santa Barbara
195 East Anapamu Street, Room 407
Santa Barbara, CA 93101

Date:

Jeff Mapes, Chief
Contracts Management Unit
California Department of Public Health
1616 Capitol Avenue, Suite 74.262, MS 1802
P.O. Box 997377
Sacramento, CA 95899-7377

**CDPH Immunization Branch
Scope of Work for Local Health Departments FY 2020-22**

Purpose

The purpose of this grant is to assist local health departments (LHDs) in preventing and controlling vaccine-preventable diseases in the local health jurisdiction (LHJ).

Related Statutes

California Health & Safety Code sections:

- 120130 requires the Local Health Officer to properly report to CDPH those diseases listed as reportable, which include vaccine-preventable diseases.
- 120175 requires the Local Health Officer to take measures as may be necessary to prevent the spread or occurrence of additional cases of reportable diseases (which includes reportable vaccine-preventable diseases).
- 120350 requires Local Health Officers to organize and maintain a program to make available the immunizations required for admittance to child care facilities and schools.

Services to be Performed by the Grantee

The Grantee is to implement activities to:

- Assess and improve coverage levels in the jurisdiction of all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) to protect the population.
- Detect, report, and control vaccine-preventable diseases in the jurisdiction.

The LHD must agree to the following inclusive objectives and conduct the following activities. Many of the services to be performed are also conditions for federal funding of the CDPH Immunization Branch (IZB) and/or statutory requirements of State and LHDs. The level of local assistance grant funding to be awarded is not represented as sufficient for support of all the required activities; a significant amount of local support and funding is expected. Local assistance grant funds must not be used to supplant (i.e., replace) local funds currently being expended for immunization services and activities.

Grantee agrees to assign the responsibility of monitoring each program component:

1) Vaccine Accountability and Management; 2) Access to and Utilization of Quality Immunization Services; 3) California Immunization Registry (CAIR)³; 4) Perinatal Hepatitis B Prevention; 5) Education, Information, Training, and Partnerships; 6) Prevention, Surveillance and Control of Vaccine Preventable Disease (VPD); 7) Childcare and School Immunization Entry Requirements; 8) Influenza; and 9) COVID-19 Vaccination.

Grantee will monitor grant fund expenditures to maximize the utilization of the funding for achieving the goals and objectives. Grant invoices shall be reviewed and submitted quarterly to the CDPH Immunization Branch.

The Immunization Coordinator is required to participate in meetings, webinars, and conference calls as requested by the CDPH Immunization Branch including, but not limited to, the CDPH Immunization Branch's Immunization Coordinators' Meeting, New Immunization Coordinator Orientation (offered annually and required for all new Immunization Coordinators), regional coordinators' meetings, and conference calls related to influenza, outbreak control, perinatal hepatitis B, changes in policies and procedures, and other important issues.

CDPH Immunization Branch
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1. Vaccine Accountability and Management

Goal 1.1 Maintain viability of IZB supplied vaccine to ensure vaccine effectiveness and reduce vaccine waste.

Required Activities	Performance Measures
a. Annually, make sure all relevant staff within LHD-operated clinics (routine, mass vaccination, or special immunization outreach) are properly trained on current policies and procedures for proper vaccine storage and handling outlined in each participation agreement/addendum for the receipt of IZB supplied vaccines (317, Vaccines for Children [VFC], state general fund).	1. Updated Vaccine Management Plans for each LHD facility. 2. Completed EZIZ Lessons for Key Practice Staff. 3. Documentation of completed trainings.
b. Develop and implement a training plan for provider facilities outside LHDs receiving IZB supplied doses (state or 317 Outbreak). Focus the plan on proper vaccine management, vaccine storage and handling requirements, and administration prior to the distribution of IZB-supplied vaccines.	1. Training plan developed and implemented. 2. Completed trainings/Documentation of completed trainings. 3. Completed and signed Vaccine Management Plans.
c. Develop and implement a plan to verify that 317 Outbreak and state general fund immunizations administered by providers outside the LHDs adhere to policies for vaccine management. Conduct Quality Assurance verifications (such as random temperature log review, on site vaccination clinic assessments, review of vaccine losses, etc.) at least every other year, in a sample of sites receiving vaccines.	1. Developed and implemented Quality Assurance Plan. 2. Completion of Mass Vaccination Hourly Temperature Logs/Electronic Data Files. 3. Temperature Documentation on CDPH provided Logs for all IZB-supplied vaccines/Electronic Temperature Files. 4. Completed Quality Assurance verifications in a minimum sample of 10% of sites receiving vaccines.
d. Promote and encourage adoption of CDPH and CDC storage and handling guidelines among all healthcare providers providing immunization services in the community.	Documentation of storage and handling best practices promotion efforts.

Goal 1.2 Facilitate compliance with current protocols, policies, and procedures for vaccine accountability for LHD facilities and partners that receive IZB-supplied vaccine.

Required Activities	Performance Measures
a. Make sure all relevant staff involved in vaccine ordering, management, and accountability activities within local health department-operated clinics adhere to all program requirements as outlined in the VFC/317 Provider Participation Agreements and Addendums. Complete annual VFC/317 program recertification.	Completed annual program recertification and corresponding educational lessons for all key practice staff.

**CDPH Immunization Branch
Scope of Work for Local Health Departments FY 2020-22**

b. Promote adherence to eligibility guidelines corresponding to VFC, Section 317, and state general fund vaccines. Upon release of the Immunization Branch's Vaccine Eligibility Guidelines, IMM-1142, disseminate guidance to all relevant staff involved in vaccine ordering, management, and accountability activities within local health department operated pediatric and adult immunization clinics.	Documentation of provided guidance.
c. Verify that processes are in place such that IZB-supplied (317, VFC, state) vaccines are administered to eligible individuals following outlined eligibility guidelines for each vaccine funding source.	LHD developed protocols, inclusive of eligibility guidelines, for each vaccine funding source.
d. Comply with federal policies regarding vaccine re-distribution. Publicly funded VFC and 317 vaccines must be distributed directly to the location at which the provider will administer the vaccines.	Documentation of procedures.

2. Access to and Utilization of Quality Immunization Services

Goal 2.1 Improve access to and receipt of all ACIP-recommended immunizations, especially for low income and underserved community members.

Required Activities	Performance Measures
a. Use a current, local jurisdiction-specific referral list to support an immunization safety net. This may include referral to other programs that connect patients to services.	Referral list completed and updated on an annual basis.
b. Be responsive to problems Medi-Cal members report related to access to immunization services. ¹ Work with the corresponding Medi-Cal Managed Care Plan (MCP) to resolve problems. After attempts to work with MCP, if still unable to resolve, collect details and escalate to Senior Field Representative or other designated Immunization Branch staff person.	Maintain log of access problems resolved at local level or reported to CDPH.
c. For all LHD facilities that are VFC providers, participate in and support provider compliance and quality improvement ² visits in conjunction with the CDPH Immunization Branch. Assist with the implementation of corrective action plans, strategies to reduce missed opportunities for vaccination, and linkage/referral to medical homes.	# of clinics with corrective actions that were all completed within the specified time frame.

¹ Requirements for Medi-Cal immunization services are summarized here: <http://izcoordinators.org/vaccine-programs/medi-cal-and-pharmacy-resources/>.

² Immunization Quality Improvement for Providers (IQIP), formerly known as AFIX

CDPH Immunization Branch
Scope of Work for Local Health Departments FY 2020-22

3. California Immunization Registry (CAIR)³

Goal 3.1 Promote and optimize⁴ the use of CAIR in the jurisdiction.

Required Activities	Performance Measures
a. Enter all IZB-supplied vaccine doses administered by LHD or partners, including influenza doses, into CAIR.	# LHD clinics participating in CAIR/# all LHD clinics. % of LHD clinic doses entered into the registry within 14 days. # state flu doses entered by end of flu season/ # state flu doses administered.
b. For LHDs with primary care clinics, use manage patient status functionality to remove inactive patients at least once a year.	Inactive patients marked as inactive in CAIR.
c. In LHD primary care clinics, utilize CAIR data to identify and improve low or lagging infant or adolescent vaccination coverage levels.	Low infant or adolescent CAIR coverage rate identified and improved.
d. Review monthly CAIR usage reports ⁵ to identify priority non-participating VFC sites that need to be recruited/retained. Communicate priority sites to Local CAIR Rep (LCR).	# of VFC Sites identified for priority recruitment /retention contact.
e. Invite CAIR staff to participate in local provider trainings in order to promote CAIR.	Number of trainings with CAIR participation/Number of trainings held.

Goal 3.2 Connect local Immunization Information Systems (IIS) so CAIR becomes a statewide system.
For San Diego and San Joaquin Counties only

Required Activities	Performance Measures
a. Implement data sharing with CAIR2, including: a. Attend scheduled planning meetings with CAIR2 staff b. Comply with agreed upon timelines c. Complete data transfer testing, including both inbound to CAIR2 and outbound back to local IIS. d. Share bulk historical loads of existing patients and immunizations to CAIR2 to initiate data sharing	Full historical data load completed.
b. Initiate and maintain ongoing electronic data sharing with CAIR2 (HL7).	Ongoing data sharing continues.

³ CAIR refers to the statewide system connecting CAIR2 with the San Diego Immunization Registry and Healthy Futures.

⁴ If have EHR, move from manual data entry to data exchange (upload from EHR) to bidirectional data exchange, to optimize CAIR use. See <http://cairweb.org/docs/CAIR2-Communications/IMM-1266> and <http://cairweb.org/docs/CAIR2-Communications/IMM-1260>.

⁵ Monthly CAIR usage reports for VFC providers are posted here: <http://izcoordinators.org/cair-reports/>.

CDPH Immunization Branch
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4. Perinatal Hepatitis B Prevention

Goal 4.1 Reduce the incidence of perinatal hepatitis B virus (HBV) infection in the jurisdiction.

Required Activities	Performance Measures
Note: Coordinate perinatal HBV prevention efforts with your LHD's Maternal Child and Adolescent Health (MCAH) program, as activities 4.1a-4.1c may also help fulfill title V requirements and MCAH Scope of Work Activities. a. Educate medical providers and hospital staff about the screening, care, and reporting of pregnant women who test positive for hepatitis B and their infants according to the guidance outlined below: <u>Guidance for Prenatal Providers</u> <u>Guidance for Labor and Delivery Hospitals</u> <u>Guidance for Pediatric Providers</u>	1. Number and percentage of HBsAg-positive pregnant women identified in the reporting period who were enrolled prior to delivery. 2. Number and percentage of HBsAg-positive pregnant women identified in the reporting period with an HBV DNA test result during pregnancy. 3. Number and percent of PEP errors in the reporting period with completed LHJ follow-up.
b. Educate identified HBsAg-positive pregnant women about their HBV status and provide the appropriate information on prevention of perinatal hepatitis B transmission, based on current ACIP recommendations and the guidance outlined below: <u>Perinatal Hepatitis B Prevention Program Coordinator Handbook</u>	HBsAg positive pregnant women identified.
c. Collect and submit requested data to CDPH on HBsAg-positive pregnant women and their infants according to the guidance outlined below: <u>Perinatal Hepatitis B Prevention Program Coordinator Handbook</u>	1. Number and percentage of infants born to HBsAg-positive mothers in the reporting period who received PEP according to ACIP recommendations. 2. Number and percentage of infants born to HBsAg-positive mothers who completed the HBV vaccine series by 12 months of age. 3. Number and percentage of infants born to HBsAg-positive mothers who have completed PVS testing by 24 months of age. 4. Number and percentage of infants closed to case management with complete information within 24 months.

**CDPH Immunization Branch
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5. Education, Information, Training, and Partnerships

Goal 5.1 Provide and/or promote educational activities and information to health care providers, schools and childcare centers, and other immunization stakeholders to promote best practices for immunizations and the importance of timely vaccinations.

Required Activities	Performance Measures
a. Based on local priorities and resources, disseminate print and/or electronic communications among providers, school, general public and other immunization stakeholders in their jurisdiction.	Summary of efforts conducted to distribute materials in print or electronically to immunization stakeholders.

Note: Depending on funding, CDPH may offer select hard-copy materials to all VFC Providers through the Online VFC store. If the VFC store is available, LHDs may choose to not provide the select materials to VFC providers in their jurisdiction (refer these providers to the VFC store instead).

CDPH will inform LHDs on centralized communication activities from the Immunization Branch (select print materials to VFC providers, electronic communications to VFC providers, electronic communications and resources to schools, electronic communications resources to pharmacies, electronic communications and resources to community-based organizations/other stakeholders, traditional media and social media to reach general public). LHDs may supplement any gaps in communication with local efforts.

Goal 5.2 Develop partnerships and collaborative activities in order to expand immunization services, promote best practices and improve coverage rates among children, adolescent and adults.

Required Activities	Performance Measures
a. Engage* with at least 3 types of partners** in conducting educational activities or trainings. (See definitions below)	1. Number of partner types (provider, school, social service/other partners) engaged with. 2. Summary of activities conducted with each partner type.

*Partnership engagement should be based on commitment to perform agreed-upon activities (e.g. joint training, mass vaccination clinic, collaboration to include immunization messaging in communications or event, promotional efforts).

**LHJ will engage with at least one "provider" partner, one "school" partner and one "social service or other" partner:

- "Provider partner" may include hospitals, federally qualified health centers (FQHCs), long term care facilities, birth facilities, professional associations (local ACOG or WIC chapters), pharmacies, health plans and community clinics.
- "School partner" may include child care providers, school or school district, County Department of Education, college, school nurses association or other school-related organizations.
- "Social service and other partners" may include WIC, MCAH, social service agencies, migrant health, homeless shelters, drug-treatment centers, jails, faith-based organizations, local business or community-based organizations.

CDPH Immunization Branch
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6. Prevention, Surveillance and Control of Vaccine Preventable Disease (VPD)

Goal 6.1 Conduct surveillance to identify VPD cases and/or outbreaks, and implement recommended prevention and control activities.

Required Activities	Performance Measures
a. Ensure that appropriate clinical specimens are tested and relevant epidemiologic information is collected for VPDs requiring immediate public health action.	1. Percentage of measles specimens submitted for molecular characterization. 2. Percentage of <i>Neisseria meningitidis</i> specimens/isolates submitted for molecular characterization. 3. Percentage of pertussis cases <4 months of age with complete maternal prenatal provider information.
b. Implement appropriate public health activities for the control and prevention of cases and/or outbreaks of VPDs that are reportable to CDPH in accordance with CDPH recommendations. (Coordinate with your local Maternal, Child and Adolescent Health program.)	Percentage of infant pertussis cases where mother was unimmunized during the appropriate window during pregnancy for which a communication regarding prenatal Tdap immunization was made to the prenatal care provider. ⁶
c. Obtain vaccine and assist with the organization and implementation of efforts to vaccinate susceptible individuals, if appropriate.	Completed outbreak response request ⁷ with plan for doses and target population (as appropriate).

Goal 6.2 Collect and submit requested data to CDPH on VPD cases and outbreaks.

Required Activities	Performance Measures
a. Report VPDs and other conditions reportable to CDPH Immunization Branch per CDPH instructions listed here: https://www.cdph.ca.gov/programs/CID/DCDC/CDPH%20Document%20Library/Immunization/ReportingGuidanceforLHJs.pdf	1. Percentage of measles cases reported immediately to CDPH. 2. Percent of meningococcal disease cases in high school and college students reported immediately to CDPH. 3. Percentage of case reports submitted to CDPH via an electronic communicable disease reporting system (CalREDIE or other) in the recommended timeframe.
b. Collect and submit CDPH-requested VPD case and outbreak data.	1. Percentage of infant pertussis cases <4 months of age for whom maternal Tdap status is known. 2. Percentage of confirmed hepatitis A cases for whom hepatitis A risk factors are known.

⁶ Sending a letter re: standard of care is the minimum acceptable communication, with copy to LHD Maternal Child and Adolescent Health (MCAH) program. See *Template Letter for Prenatal Care Providers with Pregnant Patients that did not Receive Prenatal Tdap Appropriately and Infants Developed Pertussis*.

⁷ The Immunization Branch provides a form for requesting vaccine from CDPH.

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	3. Percentage of meningococcal disease cases for whom high school or college attendance status is known.
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7. Childcare and School Immunization Entry Requirements

Goal 7.1 Decrease the proportion of pupils who are overdue for required immunizations or admitted conditionally.

Required Activities	Performance Measures
a. Provide guidance, training, and support for compliance with entry immunization requirements by all childcare centers and schools within the jurisdiction.	Percentage of schools with kindergarteners in the jurisdiction that have completed the annual immunization assessment.
b. At least annually, visit schools with 10 or more kindergarteners that reported > 10% were either conditionally admitted or overdue for required immunization; provide guidance and support follow-up until these students are up to date.	Percentage of schools with 10 or more kindergarteners where the proportion of students are either conditionally admitted or overdue for required immunization is greater than 10%. Target %: By next school year, less than 3% of schools have $\geq 10\%$ of kindergarteners either conditional or overdue.

8. Influenza

Goal 8.1 Strengthen capacity to protect against seasonal influenza and to prepare for a pandemic.

Required Activities	Performance Measures
a. <u>To assist your LHD emergency preparedness lead in fulfilling its emergency preparedness grant requirements, utilize IZB-supplied influenza vaccine or other 317-funded vaccines to support at least one mass immunization exercise/year. Confirm your LHD emergency preparedness program has entered all doses into CAIR within 14 days of administration, as per the emergency preparedness grant requirement.</u>	Mass vaccination exercise completed by local health department, including immunization and preparedness program staff.
b. Utilize IZB-supplied influenza vaccine to immunize jurisdiction against influenza; doses may be shared with local partners.	Number of doses of influenza vaccine administered. Target #: Administration of at least 9f% of previous season's doses total.
c. Enhance influenza vaccination coverage as a critical part of COVID-19 response work, in order to mitigate the impact of influenza on the health care system, avoid diagnostic confusion with COVID, and build local vaccination capacity. Enhancing coverage includes: supporting/promoting partner efforts to vaccinate vulnerable populations against	Summary report of activities completed.

CDPH Immunization Branch
Scope of Work for Local Health Departments FY 2020-22

influenza; augmenting direct influenza vaccination services (e.g., additional mass vaccination clinics); expanding use of CAIR for tracking influenza doses; and/or, developing enhanced messaging and education to promote influenza vaccination among high-risk populations	
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9. COVID-19 Vaccination

Goal 9.1 Organize an effective COVID-19 vaccination response at the local level.

Required Activities	Performance Measures
a. Develop and implement a COVID-19 vaccination plan that incorporates the three phases of vaccine availability, ensures equitable vaccination access at each phase, and encourages widespread vaccine acceptance and uptake.	LHD COVID-19 Vaccination Planning Template completed and submitted to IZB-CDPH.

**CDPH Immunization Branch
Scope of Work for Local Health Departments FY 2020-22**

Glossary of Acronyms and Terms

Abbreviation or term	Definition
317 vaccine	Vaccine provided to LHD clinics and partners for uninsured adults and for outbreak purposes.
ACIP	Advisory Committee on Immunization Practices
ACOG	American College of Obstetricians and Gynecologists
AFIX	Assessment, Feedback, Incentive, eXchange
CAIR	California Immunization Registry
CalREDIE	California Reportable Disease Information Exchange
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
COVID-19	Coronavirus Disease 2019
DNA	Deoxyribonucleic Acid
EHR	Electronic Health Record
EZIZ	An Immunization Branch-operated website (eziz.org) with immunization training and resource materials.
FQHC	Federally Qualified Health Center
HBsAg	Hepatitis B Surface Antigen
HBV	Hepatitis B Vaccine
HL7	Health Level 7 (standards for data exchange)
IIS	Immunization Information System
IQIP	Immunization Quality Improvement for Providers
IZB	Immunization Branch (of CDPH)
IZB-supplied vaccine	Vaccine ordered through the CDPH Immunization Branch and supplied to LHD clinics or partners using state or federal (VFC and 317) funding sources.
LCR	Local CAIR representative (on CDPH IZB staff)
LHD	Local Health Department

CDPH Immunization Branch
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Abbreviation or term	Definition
LHD Primary Care Clinic	Clinic run or housed in LHD that serves as a medical home for its patients. Includes federally qualified health centers or look-alikes that are operated or housed in LHDs
LHJ	Local Health Jurisdiction
MCAH	Maternal Child and Adolescent Health
MCP	Medi-Cal Managed Care Plan
PEP	Post Exposure Prophylaxis
PVS	Post-Vaccination Serology
Tdap	Tetanus, Diphtheria, and Pertussis
TK/K	Transitional Kindergarten/Kindergarten
VFC	Vaccines for Children Program
VPDs	Vaccine-Preventable Disease(s)
WIC	Women, Infants, and Children

CDPH Immunization Main Grant Award
Fund Year: July 1, 2020 - June 30, 2021

Budget Detail

	% of time or hours on project	Monthly salary range or hourly rate	Total
I. Personnel			
Healthcare Program Coordinator - Adriana Almaguer	230.0	\$ 55.05	\$ 12,662.00
Program/Business Leader General - Paige Batson	21.0	\$ 79.45	\$ 1,668.00
Community Health Nurse	1,454.0	\$ 58.55	\$ 85,132.00
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
Total Personnel Expenses		\$	99,462.00
II. Fringe Benefits (52.3% of Personnel)		\$	52,018.00
III. Operating Expenses or General Expenses		\$	2,246.00
Office/Clinic Supplies		\$	925.00
Printing		\$	-
Health Education		\$	-
Other: IT Software, IT Service, Telephone Service, Cellphone Service		\$	1,321.00
IV. Equipment Expenses			
V. Travel Expenses		\$	1,868.00
In-State Travel		\$	1,868.00
Out-of-State Travel		\$	-
(The Grantee shall be reimbursed for actuals claimed and invoiced)			
VI. Subgrantee Expenses (if any)		\$	-
_____ (Name of Subgrantee)			
VII. Indirect Costs (Approved ___% of total Personnel Costs or total Direct Costs)		\$	-
☐ Approved ___% of total Personnel Costs			
☐ Approved ___% of total Direct Costs			
VIII. Total Expenses for Immunization Main Grant Award		\$	155,594.00

CDPH Immunization Enhanced Flu Grant Award
Fund Year: July 1, 2020 - June 30, 2021

Budget Detail

	% of time or hours on project	Monthly salary range or hourly rate	Total
I. Personnel			
Community Health Nurse Extra Help	1,680.0	\$ 41.80	\$ 70,224.00
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
Total Personnel Expenses		\$	70,224.00
II. Fringe Benefits (4.967% of Personnel)		\$	3,488.00
III. Operating Expenses or General Expenses		\$	6,498.00
Office/Clinic Supplies		\$	3,193.00
Printing		\$	-
Health Education		\$	-
Other: IT Software, IT Service, Telephone Service		\$	3,305.00
Cellphone Service, Laptop, Monitor, Docking station			
IV. Equipment Expenses		\$	-
V. Travel Expenses		\$	2,000.00
In-State Travel		\$	2,000.00
Out-of-State Travel		\$	-
(The Grantee shall be reimbursed for actuals claimed and invoiced)			
VI. Subgrantee Expenses (if any)			
_____ (Name of Subgrantee)			
VII. Indirect Costs (Approved ___% of total Personnel Costs or total Direct Costs)		\$	-
☐ Approved ___% of total Personnel Costs			
☐ Approved ___% of total Direct Costs			
VIII. Total Expenses for Enhanced Flu Grant Award		\$	82,210.00

CDPH Immunization COVID-19 Grant Award
Fund Year: July 1, 2020 - June 30, 2021

Budget Detail

	% of time or hours on project	Monthly salary range or hourly rate	Total
I. Personnel			
Registered Nurses - EXH	720	\$48.22	\$ 34,717.00
EMT/LVNs - EXH	360	\$25.00	\$ 9,000.00
Admin Office Professionals - EXH	900	\$22.00	\$ 19,800.00
Total Personnel Expenses			\$ 63,517.00
II. Fringe Benefits (2.65% of Personnel)			\$ 1,683.00
III. Operating Expenses or General Expenses			\$ 20,480.00
Office/Clinic Supplies			\$ 9,000.00
Printing			\$ 2,900.00
Health Education			\$ 3,300.00
Other (itemize) - I.T.			\$ 5,280.00
IV. Equipment Expenses			
V. Travel Expenses			\$ -
In-State Travel			\$ -
Out-of-State Travel			\$ -
(The Grantee shall be reimbursed for actuals claimed and invoiced)			
VI. Subgrantee Expenses (if any)			\$ -
_____ (Name of Subgrantee)			
VII. Indirect Costs (Approved 21.048% of total Personnel Costs or total Direct Costs)			\$ 13,369.00
☐ Approved 21.048% of total Personnel Costs			\$ 13,369.00
☐ Approved ____% of total Direct Costs			
VIII. Total Expenses for COVID-19			\$ 99,049.00