451 E. Vanderbilt Way, 4th Floor, Suite 400, San Bernardino, CA 92408 | Phone: 909.387.9146 Fax: 909.387.6228
www.SBCounty.gov

SAN BERNARDINO COUNTY

Public Health
Administration

Joshua Dugas, MBA, REHS
Director

Jennifer Osorio, REHS
Assistant Director

Janki Patel, MPH
Assistant Director

Sharon Wang, DO, MSHPE, FIDSA
Health Officer

8/10/2026

Centers for Disease Control and Prevention
Office of Grant Services

Re: NE11OE000070
NOFO Number and Title: CDC-RFA-OE22-2203 Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems

Dear Grant Management Specialist:

This letter is to request approval of the Annual Performance Report (APR) and Non-Competing Continuation (NCC) application for Strategy A2 in the amount of $1,708,933 for Budget Period (BP) Year Four (BP5) under the Notice of Funding Opportunity Number and Title: CDC-RFA-OE22-2203 Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems for the San Bernardino County Department of Public Health (SBCDPH).

Included in this submittal is: 1) Performance Progress and Monitoring Report (PPMR); 2) Budget Information Non-Construction Programs SF424A form; 3) Indirect Cost Letter/Memo; 4) Progress Report/Performance Narrative for BP2, BP3, and BP4; 5) SF-LLL Disclosure of Lobbying Activities; 6) Application for Federal Assistance SF-424 form; 7) Targeted Evaluation Plan (TEP) Progress Results; 8) Budget Period 5 Workplan; and 9) Budget Period 5 Budget Narrative.

A request to spend unobligated funds from the previous budget periods will be submitted separately as some projects will be executed under expanded authority.

Budget Period 5 Strategy A2 proposed projects include: 1) sustain Electronic Health Record (EHR) for Public Health Centers and other clinical operations; 2) fund personnel salaries wages, and fringe benefits; 3) fund Public Health Accreditation Board (PHAB) annual fees to maintain SBCDPH accreditation; 4) fund Public Health Alliance of Southern California membership fees 5) DiaSoring equipment agreement and lastly includes 6) and indirect costs.

Summary of BP5 A2 Budget Proposal:

COST CATEGORY	ORIGINAL BP5 A2 BUDGET
Salary	$948,786
Fringe Benefits	$388,243
Consultant	$81,400
Equipment	
Other	$67,600
Total Direct Cost	$1,486,029
Total Indirect Costs	$222,904
Total Costs	**$1,708,933**

To meet the Centers for Disease Control and Prevention (CDC) submission and reporting requirements:

- SF- 424 Budget Information Non-Construction, SF-424A Application for Federal Assistance, Targeted Evaluation Projects (TEP), and SF-LLL Disclosure of Lobbying Activities will be uploaded into the Grant Solutions online portal by August 10, 2026.

- BP5 workplan, and BP4 Performance Measures for Reporting Period 7 will be uploaded into the Public Health Infrastructure Virtual Engagement (PHIVE) online portal by August 10, 2026.

If you have any questions regarding this request, please feel free to contact my Public Health Infrastructure Grant (PHIG) Workforce Director, Melissa German at mgerman@dph.sbcounty.gov or by phone at (909) 841-5871. Thank you.

Sincerely,

Joshua Dugas
Director
Authorized Organizational Representative

OMB Number: 4040-0004
Expiration Date: 03/31/2029

Application for Federal Assistance SF-424

*** 1. Type of Submission:**
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

*** 2. Type of Application:**
- [ ] New
- [x] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: NE11OE000070

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: San Bernardino County Department of Public Health

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002748

* c. UEI: PD18A8XKE7B6

d. Address:

* Street1: 451 East Vanderbilt Way, Suite 400

Street2:

* City: San Bernardino

County/Parish:

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 92408-3614

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Melissa

Middle Name:

* Last Name: German

Suffix:

Title: Public Health Program Manager

Organizational Affiliation: San Bernardino County Department of Public Health

* Telephone Number: 909-841-5871

Fax Number:

* Email: mgerman@dph.sbcounty.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Center for Disease Control and Prevention (CDC)

11. Assistance Listing Number:

93-967

Assistance Listing Title:

*** 12. Funding Opportunity Number**

CDC-RFA- OE22-2203

* Title:

Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Strengthen Public Health Infrastructure

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-35 * b. Program/Project: CA-008

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 12/01/2026 * b. End Date: 11/30/2027

18. Estimated Funding ($):

* a. Federal	$1,708,933
* b. Applicant	0
* c. State	0
* d. Local	0
* e. Other	0
* f. Program Income	0
* g. TOTAL	$1,708,933

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- [ ] a. This application was made available to the State under the Executive Order 12372 Process for review on .
- [ ] b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- [x] c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- [ ] Yes
- [x] No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

- [x] ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	
* First Name:	Joshua
Middle Name:	
* Last Name:	Dugas
Suffix:	
* Title:	Director, San Bernardino County Department of Public Health
* Telephone Number:	909-387-9146
Fax Number:	
* Email:	Joshua.Dugas@dph.sbcounty.gov
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.
* Date Signed:	Completed by Grants.gov upon submission.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 06/30/2028

1. * Type of Federal Action:
- [ ] a. contract
- [x] b. grant
- [ ] c. cooperative agreement
- [ ] d. loan
- [ ] e. loan guarantee
- [ ] f. loan insurance

2. * Status of Federal Action:
- [ ] a. bid/offer/application
- [x] b. initial award
- [ ] c. post-award

3. * Report Type:
- [x] a. initial filing
- [ ] b. material change

4. Name and Address of Reporting Entity:

[x] Prime [ ] SubAwardee

* Name: San Bernardino Department of Public Health
* Street 1: 451 E. VANDERBILT WAY, Suite 400
Street 2:
* City: San Bernardino
State: California
Zip: 92408
Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:
Centers for Disease Control and Prevention

7. * Federal Program Name/Description:
Strengthening U.S. Public Health Infrastructure
Assistance Listing Number, *if applicable:* 93.967

8. Federal Action Number, *if known:*

9. Award Amount, *if known:*
$

10. a. Name and Address of Lobbying Registrant:

Prefix: * First Name: Richard Middle Name:
* Last Name: Acalde Suffix:
* Street 1: 210 D. Street SE Street 2:
* City: Washington State: District of Columbia Zip: 20003-1921

b. Individual Performing Services (including address if different from No. 10a)

Prefix: * First Name: Richard Middle Name:
* Last Name: Acalde Suffix:
* Street 1: Street 2:
* City: State: Zip:

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

*** Signature:** Completed on submission to Grants.gov

***Name:** Prefix: * First Name: Joshua Middle Name:
* Last Name: Dugas Suffix:

Title: Public Health Director **Telephone No.:** 909-387-9146 **Date:** Completed on submission to Grants.gov

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL (Rev. 7-97)

Performance Progress and Monitoring Report

OMB Approval Number: 0920-1132
Expiration Date: 2/28/2029

Page	of Pages
1	1

1.Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS Number
Centers for Disease Control and Prevention	1NE11OE000070	1063768610000
		3b. EIN: 95-6002748

4. Recipient Organization (Name and complete address including zip code)	5. Recipient Identifying Number or Account Number
San Bernardino County, Department of Public Health 451 East Vanderbilt Way, San Bernardino, CA 92408	N/A

6. Project/Grant Period		7. Reporting Period End Date	8. Final Report?	9. Report Frequency
Start Date: *(Month, Day, Year)*	End Date: *(Month, Day, Year)*	*(Month, Day, Year)*	☐ Yes ☑ No	☐ *semi* ☐ *quarterly* ☑ *annual* other, (if other, describe)
12/01/2022	11/30/2027	05/31/2026		

10. Performance Narrative *(attach performance narrative as instructed by the awarding Federal Agency)*

11. Other Attachments *(attach other documents as needed or as instructed by the awarding Federal Agency)*

12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

Performance Progress and Monitoring Report

12a. Typed or Printed Name and Title of Authorized Certifying Official	12c. Telephone *(area code, number and extension)*
Joshua Dugas, Public Health Director San Bernardino County Department of Public Health	(909) 387-9146
	12d. Email Address Joshua.Dugas@dph.sbcounty.gov
12b. Signature of Authorized Certifying Official	12e. Date Report Submitted *(Month, Day, Year)* 08/10/2026
	13. Agency use only

Performance Progress and Monitoring Report

The *Performance Progress and Monitoring Report (PPMR)* is a standard, CDC-wide performance progress and evaluation reporting format used by the Office of Grants Services (OGS) to collect performance information from recipients of CDC funds awarded under all CDC programs, excluding those that support research. General instructions for completing the *PPMR* are contained below. For further instructions on completing the *PPMR,* please contact the agency's points of contact specified in the "Agency Contacts" section of your award document.

Report Submissions

1. The recipient must submit the *PPMR* cover page and any of the forms (*PPMR A-F*), which CDC requires, as specified in the award terms and conditions.

2. The *PPMR* must be submitted to the attention of the agency's points of contact specified in the "Agency Contacts" section of the award document in accordance with the requirements established in the award document.

3. If additional space is needed to support the *PPMR*, supplemental pages should be attached. The additional pages must indicate the following at the top of each page: Federal Grant or other Identifying Award Number, Recipient Organization, DUNS Number, EIN, and period covered by the Report. Page numbers should be used if a particular page is used more than once.

Reporting Requirements

1. All recipients of grants or cooperative agreements awarded under all CDC programs, excluding those that support research, are required to submit a *PPMR* in accordance with the terms established in the award document.

2. The *PPMR* will be submitted in accordance with program guidance and award terms and conditions which may be quarterly, semi-annual, or annual. A final *PPMR* shall be required at the completion of the award agreement.

3. For interim *PPMRs*, due dates will be in accordance with program guidance based on required reporting frequency and budget period start dates.

4. For final *PPMRs* due dates are required not later than 90 days after the end of the reporting period end date.

Performance Progress and Monitoring Report		
Item	Data Elements	Line Item Instructions for PPMR
1	Awarding Federal agency and Organizational Element to Which Report is Submitted	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.
2	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4	Recipient Organization	Enter the name of recipient organization and address, including zip code.
5	Recipient Account Number or Account Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency.
6	Project/Grant Period	Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increments known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period.
7	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final PPMRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
8	Final Report	Mark appropriate box. Check “yes” only if this is the final report for the project/grant period specified in Box 6.
9	Report or Frequency	Select the appropriate term corresponding to the requirements contained in the award document. “Other” may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A110.
10	Performance Narrative	Attach performance narrative as instructed by the awarding Federal agency.
11	Other Attachments	Attach other documents as needed or as instructed by the awarding Federal agency.

Performance Progress and Monitoring Report

Item	Data Elements	Line Item Instructions for PPMR
Remarks, Certification, and Agency Use Only		
12a	Typed or Printed Name and Title of Authorized Certifying Representative	Authorized certifying official of the recipient.
12b	Signature of Authorized Certifying Official	Original signature of the recipient's authorizing official.
12c	Telephone (area code, number and extension)	Enter authorized official's telephone number.
12d	Email Address	Enter authorized official's email address.
12e	Date Report Submitted (Month, Day, Year)	Enter date submitted to the awarding Federal agency. Note: Report must be received by the awarding Federal agency no later than 90 days after the end of the reporting period.
13	Agency Use Only	This section is reserved for the awarding Federal agency use.

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Assistant Director

Sharon Wang, DO, MSHPE, FIDSA
Health Officer

August 10, 2026

Kenyatta Badgett, MPH
Public Health Advisor and Project Officer
Centers for Disease Control and Prevention (CDC)
Center for Surveillance, Epidemiology and Laboratory Services

Ms. Badgett:

As we do not have a federally negotiated indirect cost rate, we are electing to utilize the de minimis rate. This is being done per CDC guidance and 45 CFR Part 75.414 concerning indirect costs and the de minimis rate at 15%.

We appreciate CDC's willingness to work with us as we address our infrastructure needs. Should you have any questions, please contact Melissa German, Workforce Director, at 909-841-5871. Thank you.

Sincerely,

Joshua Dugas, MBA, REHS
Public Health Director

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2028

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Assistance Listing Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Strategy A2: BP5 Foundational Capabilities	93.967	$ 1,708,933.00	$ 0.00	$	$ 0.00	$ 1,708,933.00
2.						
3.						
4.						
5. Totals		$ 1,708,933.00	$	$	$	$ 1,708,933.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1)	(2)	(3)	(4)	Total (5)
	Strategy A2: BP5 Foundational Capabilities				
a. Personnel	$ 948,785.62	$	$	$	$ 948,785.62
b. Fringe Benefits	388,243.08				388,243.08
c. Travel	0.00				0.00
d. Equipment	0.00				0.00
e. Supplies	0.00				0.00
f. Contractual	81,400.00				81,400.00
g. Construction	0.00				0.00
h. Other	67,600.00				67,600.00
i. Total Direct Charges (sum of 6a-6h)	1,486,028.70				$ 1,486,028.70
j. Indirect Charges	222,904.30				$ 222,904.30
k. TOTALS (sum of 6i and 6j)	$ 1,708,933.00	$	$	$	$ 1,708,933.00
7. Program Income	$ 0.00	$	$	$	$ 0.00

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8. Strategy A2: BP5 Foundational Capabilities	$ 0.00	$ 0.00	$ 0.00	$ 0.00
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	$ 0.00	$ 0.00	$ 0.00	$ 0.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
14. Non-Federal	$ 0.00	0.00	0.00	0.00	0.00
15. TOTAL (sum of lines 13 and 14)	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS) (b)First	(c) Second	(d) Third	(e) Fourth
16. Strategy A2: BP5 Foundational Capabilities	$ 1,708,933.00	$	$	$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	$	$ 0.00	$ 0.00	$ 0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: Accreditation, Salaries, Benefits, Supplies, Software

22. Indirect Charges: 15% MTDC

23. Remarks:

OE22-2203 BP2 A2 Progress Report RP7, 8-2026: San Bernardino, County of

Strategy Name:	Strategy A2: Foundational Capabilities
Activity Name:	Two (2) Community Health Worker (CHW)s (NO REPORTS BEYOND REPORTING PERIOD 5)
Description:	Hire two (2) CHWs for the San Bernardino County Department of Public Health
Activity Focus:	Equity in Organizational Competencies
Outcomes/Outputs:	**7/2025 Update:** The project will be transitioned under A1 funding. Wages, and fringe benefits for two (2) CHWs will be deleted from the BP2 A2 Budget.
Successes:	Employment contract templates were updated and approved.
Challenges:	**The department has elected to move these two CHW positions from our Strategy A1 budget to our Strategy A2 budget.**
Support for Recipients:	The CDC Project Officer and Grant Management Specialist are providing support with our movement of these two positions from Strategy A1 to Strategy A2.
Milestone:	**As of 8/2025**, the CHW positions have been filled. The hiring of 2 Community Health Workers (CHWs) **Update 06/2024:** These positions will be moved to Strategy A1 via budget adjustment. This is being completed in consult with our Project Officer and Grants Management Specialist. Update 07/2025: Movement of the CHWs to Strategy A1 was not completed in 2024. The process stalled in the beginning of 2024, due budget period 3 was pending approval. **Update 1/30/24:** Employment contracts have now been approved by our Board and interviews are being scheduled. The Program Manager to supervisor the CHWs is also in the process of consulting with programs with regard to the utilization of CHWs as they are a new position/classification for our department. A full day CHW Next Steps meeting will take place on 2/8/24.
Responsible Party:	Scott Rigsby through 6/2024 Melissa German from 6/2024 through 7/2025
Criteria for Completion:	Success will be measured by hiring (yes/no) two (2) CHWs to support grant objectives. However, it should be noted that the department has elected to move these two CHW position into our Strategy A1 budget. No additional activity will be reported in Strategy A2.

Contracts/Subawards:	No sub awards will be made within this milestone.
Achieve-by Date:	12/30/2024
Milestone Progress:	1-25%
Milestone Notes/Updates:	While contract employment templates have been completed and approved, and recruitment has taken place, we are planning to move these two (2) positions from Strategy A2 to Strategy A1 via budget adjustment. This is being completed in consult with our CDC Project Officer and Grants Management Specialist in June 2024. **Update: 7/2025:** The process to move the positions into A1 was postponed. SBCDPH is currently requesting the budget redirection during reporting period 5.
Activity Name:	Reaccreditation
Description:	Annual fees to the Public Health Accreditation Board for public health accreditation.
Activity Focus:	Accountability/Performance Management/Agency Accreditation
Outcomes/Outputs:	SBCDPH will seek and obtain reaccreditation in 2024. Reaccreditation helps us document and showcase our commitment to community health and demonstrates that we are meeting rigorous standards to the community, policy makers, and grantors.
Successes:	**As of 5/31/26:** The San Bernardino County Public Health Department (DPH) was reaccredited on February 18, 2026, by the Public Health Accreditation Board (PHAB). The department has paid the annual fee to PHAB. This distinction demonstrates our ongoing commitment to accountability, performance excellence, and measurable improvement in services that protect and promote the health of County residents. SBCDPH met all PHAB reaccreditation standards, and was commended on the department's visionary leadership, dedicated workforce, culture of innovation, strong community partnerships, and well-developed strategic planning framework. **Updated 7/2025:** SBCDPH has submitted its application for reaccreditation to PHAB.
Challenges:	Some of the documentation collection process is proving difficult.

Support for Recipients:	No additional support is needed at this time.
Milestone:	**Update 06/2024:** Documentation for reaccreditation is being gathered and our application was recently submitted to the Public Health Accreditation Board (PHAB). We anticipate our PHAB site visit will take place in the latter half of 2024 or 2025. **Update 1/30/2024:** We will be applying for reaccreditation in March of this year with an application deadline of 3/31/24. A new staff member began Monday (1/29/2024) in support of this effort.
Responsible Party:	Scott Rigsby through 6/2024 Melissa German 6/2024 through 7/2025
Criteria for Completion:	Success will be measured by the department seeking reaccreditation in 2024 (yes/no) and obtaining it in 2025.
Contracts/Subawards:	No sub awards will be made under this milestone.
Achieve-by Date:	11/30/2024
Milestone Progress:	76%-99%
Milestone Notes/Updates:	We recently submitted our application to the Public Health Accreditation Board (PHAB) and are in the process of gathering required documentation to meet specific measures. We anticipate that our site visit from PHAB will take place in late 2024 or early 2025. **Update 07/2025:** SBCDPH continues to wait for the evaluation of the PHAB reaccreditation application. A site visit date has not been set by PHAB as of 05/31/2025.
Activity Name:	Public Health Alliance
Description:	Annual membership fee to Public Health Alliance of Southern California
Activity Focus:	Organizational Administrative Competencies
Outcomes/Outputs:	SBCDPH will maintain membership in the Public Health Alliance of Southern California which affords many benefits to the department and community, including access to training and executive level regional advice.
Successes:	**As of 5/31/2026:** The department has paid the annual membership fee to the Public Health Alliance of Southern California. **Update 8/1/2025:** We are in the process of processing our most recent dues payment to the Public Health Alliance to maintain our membership.

	Update 7/2025: The annual membership fee was paid for 2024.
Challenges:	The most recent invoice was lost, stolen, misplaced, or never sent to us. We recently contacted the Public Health Alliance to obtain it.
Support for Recipients:	No additional support is needed at this time.
Milestone:	Sustained Public Health Alliance Membership **Update 06/2024:** The department is continuing to maintain membership in the Public Health Alliance. They are used for consult on Public Health Topics impacting the region and may provide training in relation to our TEP topic of Public Health staff development training series. **Update 1/30/24:** The department is continuing to maintain membership in the Public Health Alliance and avail itself of the benefits of membership. They are used for consult on Public Health topics impacting the region and also provide training opportunities.
Responsible Party:	Scott Rigsby through 6/2024 Melissa German 6/2024 through 7/2025
Criteria for Completion:	Success will be measured by payment to (yes/no) and usage of (yes/no) the Public Health Alliance within the grant term.
Contracts/Subawards:	No sub awards will be made under this milestone.
Achieve-by Date:	11/30/2024
Milestone Progress:	100%
Milestone Notes/Updates:	We are maintaining membership in the Public Health Alliance (PHA) of Southern California. We recently received our annual membership fee invoice and are processing it as of June 2024. We also anticipate possibly using the PHA for training that the department is in need of or in relation to our Targeted Evaluation Plan.
Activity Name:	Performance Management Assessment (NO REPORTS AFTER REPORTING PERIOD 5)
Description:	Clinical assessment at Federally Qualified Health Center (FQHC)'s to assess the efficiency, effectiveness, and appropriateness of client services as they relate to FQHC's requirement and adjust service provision based on results.
Activity Focus:	Accountability/Performance Management/Agency Accreditation
Outcomes/Outputs:	The clinic assessment will outline strengths and areas of improvement for three (3) Public Health Centers in regards to efficiency, effectiveness, and appropriateness of client services as they relate to FQHC's requirements. Services and

	processes will be adjusted based on results. These processes and workflows will be utilized in the EHR system.
Successes:	A clinic assessment is taking place.
Challenges:	The process for the assessment and criteria has taken longer than expected.
Support for Recipients:	No additional support is needed at this time.
Milestone:	Complete a clinic assessment. **Update 07/2025:** The EHR implementation is underway and will integrate any findings from the clinic assessments. **Update 06/2024**: This activity is continuing to take place at clinic locations and in relation to EHR implementation. **Update 1/30/24:** This activity is just beginning to take place and may become more focused on assessing activities in relation to EHR implementation moving forward, as they relate to clinic/FQHC operations, and opposed to a client centered needs assessment.
Responsible Party:	Scott Rigsby through 06/2024 Melissa German 06/2024 through 07/2025
Criteria for Completion:	Success will be measured by completion of the assessment (yes/no) and implementation of results.
Contracts/Subawards:	Sub award (consultant) TBD is detailed in our budget narrative.
Achieve-by Date:	11/30/2024
Milestone Progress:	1-25%
Milestone Notes/Updates:	A review/assessment of our clinic activity is taking place and being billed to the grant as of June 2024. It is anticipated that this review/assessment with FQHC operational efficiencies and aid in the implementation of our new EHR. **Update 7/2025:** Clinic operation's assessment will help to determine the type of data system needed to monitor performance management. Currently, the SBCDPH Health Information Technology (HIT) program is using a Microsoft Planner/Power Automate platform as they determine a platform and vendor that meets the needs of the department.
Activity Name:	Mobile Medical Clinic (NO REPORTS AFTER REPORTING PERIOD 5)
Description:	Purchase two (2) mobile medical clinics to provide public health services to the community throughout the County including remote and hard-to-reach locations.

Activity Focus:	Equity in Organizational Competencies
Outcomes/Outputs:	These mobile units will support the delivery of grant-related work under Strategy A2, Foundational Capabilities, providing healthcare access to remote areas of our over 20,000 square miles and our 2,195,000 population, many with limited healthcare access.
Successes:	A procurement was conducted and a vendor has been selected.
Challenges:	The department has elected to utilize a different funding source for this, which will require future budget modification. **Update 7/2025:** SBCDPH is requesting a redirection of funds in the amount of $900,000, and deletion of this project.
Support for Recipients:	We are working with our CDC PO and GMS on amending our budget to no longer include these large purchases.
Milestone:	Purchase two (2) Mobile Medical Clinics. **Update 7/2025:** SBCDPH is requesting a redirection of funds in the amount of $900,000, and deletion of this project. **Update 06/2024:** While a procurement has taken place, this activity will no longer take place. Program staff will be working with the CDC Project Officer and Grants Management Specialist to submit a budget adjustment removing this activity. **Update 1/30/24:** No purchase has been made to date; however, executive staff have been meeting with potential vendors. We have also included these purchases in our department Strategic Plan to be made within the calendar year (2024).
Responsible Party:	Scott Rigsby through 6/2024 Melissa German 6/2024 through 7/2025
Criteria for Completion:	Success will be measured by procuring and purchasing two (2) Mobile Medical Clinics (yes/no) and service provision to the community by the end of the grant term. A detailed justification letter is attached.
Contracts/Subawards:	One sub award (for equipment - two units) is TBD and detailed within our budget.
Achieve-by Date:	11/30/2024
Milestone Progress:	1-25%
Milestone Notes/Updates:	While a procurement has taken plan and the department plans to purchase two (2) or more Mobile Medical Units, we now anticipate that this will not be billed to the PHIG grant. We plan to submit a budget revision or carry-over request in the future and will do so in consult with our Project Officer and Grants Management Specialist.

	Update 7/2025: During reporting period 5, SBCDPH is requesting to delete this project and redirect the funds of $900,000 to support EHR sustainment.
Activity Name:	Develop a performance management system (or data dashboard).
Description:	Procure a Population Health Management System (PMS) or data dashboard to display public health information that can be shared with the public.
Activity Focus:	Accountability/Performance Management/Agency Accreditation
Outcomes/Outputs:	The department seeks to develop a performance management system (or data dashboard) that can be used to share vital public health information internally and with the public.
Successes:	**Update 5/31/2026**: An RFP is being developed to procure a vendor for the Population Health Management System (PMS). **Update 7/2025:** Currently, the SBCDPH Health Information Technology (HIT) program is using a Microsoft Planner/Power Automate platform as they determine a platform and vendor that meets the needs of the department. The goal is to continue to assess potential platforms to enhance the ability to share information.
Challenges:	While we have a Performance Management System, there is still a desire to procure an additional system or enhance the current system.
Support for Recipients:	No additional support is needed at this time.
Milestone:	Develop a performance management/population health system (or data dashboard). This was originally intended to be a performance management system only. However, we have made progress on implementing a department-developed system. Therefore, we are adjusting to focus more on the purchase of a population health system.
Responsible Party:	Scott Rigsby through 6/2024 Melissa German 6/2024 through 7/2025
Criteria for Completion:	Success will be measured by procurement, development, and implementation (yes/no) of a performance management system (or data dashboard) within the grant term.

Contracts/Subawards:	A sub award (consultant) is TBD and detailed within our budget narrative.
Achieve-by Date:	11/30/2024
Milestone Progress:	1-25%
Milestone Notes/Updates:	As of 5/31/2026: Updates received on 7/1/2026, the Population Health Management System is set to be procured by December 2026. Develop a performance management system (or data dashboard). **Update 7/2025:** The department utilized an internally developed dashboard during the COVID response to monitor and share information internally and externally. HIT will continue to search for the best solution for the department. **Update 06/2024:** This was originally intended to be a performance management system only. However, we have made progress on implementing a department-developed system. Therefore, we are adjusting to focus more on the purchase of a population health system. **Update 1/30/24:** A vendor has not yet been selected; however, department staff have been meeting with various vendors for development service overviews and meeting internally to discuss internal vs. external approaches to completing this objective. **Update 2024:** The department is in the process of developing a procurement for a new performance management system. Meetings are taking place in June 2024 regarding this topic and activity.
Activity Name:	Health Information Exchange (HIE) (NO MORE REPORTS AFTER REPORTING PERIOD 5)
Description:	
Activity Focus:	Accountability/Performance Management/Agency Accreditation
Outcomes/Outputs:	The department seeks to support a Health Information Exchange (HIE) that will allow for sharing of information across departments including clinic operations and our medical center. This HIE will supplement our EHR but not take the place of.
Successes:	
Challenges:	**Update: 7/2025:** We are expecting to eliminate this activity via a budget adjustment.
Support for Recipients:	**7/2025:** We are working with our PO and GMS to complete a budget adjustment to delete this project.

Milestone:	Health Information Exchange (HIE) will be used to share information across the Department.
Responsible Party:	Scott Rigsby
Criteria for Completion:	Success will be measured by support or utilization of (yes/no) a Health Information Exchange for sharing across departments.
Contracts/Subawards:	A sub award (equipment - software) is TBD and included in our budget narrative.
Achieve-by Date:	11/30/2024
Milestone Progress:	1-25%
Milestone Notes/Updates:	**Update 7/2025:** This project is not being considered any longer under PHIG. There will no longer be progress reports on this project. **Update June 2024**: Funding from the PHIG is no longer needed for this activity. Program staff will be working with their Project Officer and Grants Management Specialist on a budget adjustment to reallocate these funds. **Update 1/30/24:** The department is planning to utilize a company named Manifest Medex (MX), however, a contract has not yet been entered.
Activity Name:	Government Risk and Compliance system
Description:	The Department on Public Health Compliance and Ethics Program seeks to contract Compliatric to provide a comprehensive Governance, Risk Management, and Compliance software solution to aid in ensuring compliance with laws, regulations, and funding requirement across multiple programs within the department.
Activity Focus:	Accountability/Performance Management/Agency Accreditation
Outcomes/Outputs:	The department seeks to purchase and implement a Government Risk and Compliance system to automate and standardize compliance across the department.
Successes:	**As of 5-31-2026:** There has been Compliatric was officially released to all department of Public Health staff on February 3, 2026 along with a training course. Staff were encouraged to complete the training for guidance in navigation. Policies

	previously available on SharePoint were officially decommissioned, making the migration to Compliatric complete. Currently all staff use Compliatric to review policies and other department documents, and all privacy and security breaches are investigated through Compliatric. On March 30, 2026, an option was added to allow supervisors to report incidents of workplace violence through Compliatric. The department is also preparing to implement policy acknowledgments and knowledge checks through the Compliatric learning management system.
Challenges:	**As of 5/31/2026:** There have been some issues with adding some users due to back-end conflicts with single-sign on access, but our information security team has been able to resolve the issues. Currently, the department is working with the developer to refine data reporting for inclusion in a dashboard to improve monitoring of compliance issues. **2025:** While a procurement is being conducted and applications have been received, the results are not yet final.
Support for Recipients:	No additional support is needed at this time.

Milestone:	Government Risk and Compliance (GRC) system **Update 7/2025:** A vendor has been selected. The contract was approved by the County Purchasing Department on 04/24/2025. Early implementation phases have begun. **Update June 2024:** An RFP has been conducted, and a vendor is in the selection process pending approval. **Update 1/30/24:** The department is in the process of drafting an RFP for procurement of this item. A meeting took place on 1/25/24 to begin the process.
Responsible Party:	Scott Rigsby
Criteria for Completion:	Success will be measured by the purchase, implementation, and usage (yes/no) of a GRC solution for the department.
Contracts/Subawards:	A sub award (equipment - software) is TBD and detailed in our budget narrative.
Achieve-by Date:	11/30/2024
Milestone Progress:	26-50%

OE22-2203 BP3 A2 Progress Report RP7 8-2026: San Bernardino, County of

Strategy Name:	Strategy A2: Foundational Capabilities
Activity Name:	Electronic Health Record
Description:	Funds will be utilized to support transition from our current Athena Electronic Health Record (EHR) system to a new Epic EHR system.
Activity Focus:	Other
Outcomes/Outputs:	We expect to implement a new EHR within the grant term.
Successes:	**As of 5/31/2026:** The EPIC implementation is scheduled to launch on August 3, 2026. All supplemental agreements have been completed and approved. The department is currently in the second phase of the Go-Live Readiness Activities (GLRA). Beginning in July, the department will start the final phase of GLRA and conduct user-acceptance testing (UAT). Throughout the last 30-day checkpoint evaluation, SBCDPH will continue to assess the readiness of the project and assign criticality to our findings based on their impact on the go-live date. As of 8/2025: we have begun the initial phase of EHR implementation. The vendor has been chosen and a Total Cost of Ownership (TCO) Plan has been developed. The TCO Plan includes training/support, staffing, software costs, hardware/equipment costs, one-time set up costs, five (5) year project fees, super users and end user licenses, travel for trainers, and solution offset budget considerations. The subcontractor includes Arrowhead Regional Medical Center and the Tegria contractor.
Challenges:	This project continued to be delayed. Startup was intended to begin in 2023.
Support for Recipients:	Nothing at this time.
Milestone:	System Implementation
Responsible Party:	Scott Rigsby/ Melissa German

Criteria for Completion:	Success will be determined by implementation (yes/no) of a new EHR.
Contracts/Subawards:	A sub-award may be utilized and is TBD and detailed in our budget narrative. 8-2025: The awardee is Arrowhead Regional Medical Center and Tegria.
Achieve-by Date:	11/30/2025
Milestone Progress:	As of 5/31/2026: The EPIC implementation is scheduled to launch on August 3, 2026. All supplemental agreements have been completed and approved, and we are currently in the second phase of the Go-Live Readiness Activities (GLRA). Beginning in July 2026, we will start the final phase of GLRA and conduct user-acceptance testing (UAT). Throughout the last 30-day checkpoint evaluation, we will continue to assess the readiness of the project and assign criticality to our findings based on their impact on the go-live date.
Milestone Notes/Updates:	As of 5/31/2026: This will be the last progress report on EPIC EHR for Budget Period 3 as the funds have been fully expended.

Activity Name:	Reaccreditation
Description:	Public health accreditation helps us document and showcase our commitment to community health and demonstrates that we are meeting rigorous standards to the community, policy makers, and grantors.
Activity Focus:	Accountability/Performance Management/Agency Accreditation
Outcomes/Outputs:	These fees will be paid on an annual basis to the Public Health Accreditation Board (PHAB). The department has recently applied for reaccreditation and expect our site visit to take place in late 2024 or 2025.
Successes:	**As of 5/31/26:** The San Bernardino County Public Health Department (DPH) was reaccredited on February 18, 2026, by the Public Health Accreditation Board (PHAB). All PHAB fees are paid and current. This distinction demonstrates our ongoing commitment to accountability, performance excellence, and measurable improvement in services that protect and promote the health of County residents. SBCDPH met all PHAB reaccreditation standards, and was

	commended on the department's visionary leadership, dedicated workforce, culture of innovation, strong community partnerships, and well-developed strategic planning framework.
Challenges:	
Support for Recipients:	
Milestone:	Reaccreditation. The department applied for reaccreditation from the Public Health Accreditation Board (PHAB) in 2024 and is in the process of collecting required documentation. We expect our site visit from PHAB to take place in late 2024 or to take place in 2025. This date will be determined by PHAB and not the department. June 30, 2025 is projected below.
Responsible Party:	Scott Rigsby/ Melissa German
Criteria for Completion:	Success will be measured by the department obtaining reaccreditation in 2025 (yes/no) and reporting this to the CDC.
Contracts/Subawards:	No sub awards will be made under this milestone.
Achieve-by Date:	11/30/2025
Milestone Progress:	This project has been completed.
Milestone Notes/Updates:	
Activity Name:	Public Health Alliance
Description:	Membership with the Public Health Alliance of Southern California allows SBCDPH access to subject matter experts in areas of emerging or existing public health priorities, including climate, language access, community engagement, and public health practice transformation. PHA facilitates shared learning among southern California health department staff which in turn generates adaptive practices in corresponding departments. Beginning in 2024, PHA launched a Climate Accelerator workgroup where various subject matter experts from each health department participate to build jurisdictional capacity to plan for and respond to the health impacts of climate changes. PHA also provides technical expertise around language access and justice and facilitated a workgroup to develop the Language

	Access Spectrum, a tool to support health departments in shifting their practices to ensure public health programs and resources are accessible and utilized by all members of the communities they serve. Finally, PHA creates space for public health executives to share practice challenges and successes and to elevate specific issues to other regional public health associations and state counterparts, as indicated.
Activity Focus:	Organizational Administrative Competencies
Outcomes/Outputs:	These fees will be paid on an annual basis to the Public Health Alliance of Southern California. This will allow us to maintain membership and avail our department of services detailed in our Milestones below.
Successes:	**As of 5/31/2026:** The department has paid the annual membership fee to the Public Health Alliance of Southern California.
Challenges:	None to report
Support for Recipients:	None requested at this time
Milestone:	Sustained Public Health Alliance Membership. The department will continue to maintain membership in the Public Health Alliance of Southern California. This will allow for participation in meetings, planning, and the ability to avail itself of the benefits of membership. They are used for consultation on Public Health topics impacting the region and to provide training. They may be utilized as our training provider in relation to our Targeted Evaluation Project (TEP) topic of Health Equity 101 training provision.
Responsible Party:	Scott Rigsby
Criteria for Completion:	Success will be measured by payment to (yes/no) and usage of (yes/no) the Public Health Alliance within the grant term.
Contracts/Subawards:	No sub awards will be made under this milestone.
Achieve-by Date:	11/30/2025
Milestone Progress:	
Milestone Notes/Updates:	As of October 2025: Health Equity 101 Training was changed to Public Health Staff Development Training Series.

Activity Name:	Develop a performance management system (or data dashboard).
Description:	Procure a Population Health Management System (PMS) or data dashboard to display public health information that can be shared with the public.
Activity Focus:	Accountability/Performance Management/Agency Accreditation
Outcomes/Outputs:	The department seeks to develop a performance management/population health system (or data dashboard) that can be used to share vital public health information internally and with the public.
Successes:	**As of 5/31/2026:** An RFP is being developed to procure a vendor for the Population Health Management System (PMS).
Challenges:	It has been a slow process to identify a vendor for procurement.
Support for Recipients:	None at this time

Milestone:	Develop a performance management/population health system (or data dashboard). This was originally intended to be a performance management system only. However, we have made progress on implementing a department-developed system. Therefore, we are adjusting to focus more on the purchase of a population health system.
Responsible Party:	Scott Rigsby
Criteria for Completion:	Success will be measured by procurement, development, and implementation (yes/no) of a performance management/population health system (or data dashboard) within the grant term.
Contracts/Subawards:	A sub award (consultant or service vendor) is TBD and detailed within our budget narrative.
Achieve-by Date:	11/30/2025
Milestone Progress:	**Update 5/31/2026**: An RFP is being developed to procure a vendor for the Performance Management System.
Milestone Notes/Updates:	

OE22-2203 BP4 A2 Progress Report RP7, 8-2026: San Bernardino, County of

Activity Name:	Electronic Health Record (EHR)- EPIC
Description:	Sustain newly procured technology and platforms to manage and organize Public Health Clinic Operations and California Children Services' (CCS) patient files digitally.
Activity Focus:	The EHR systems will enhance clinical operations by providing digital management of patient files and protected health information.
Outcomes/Outputs:	Support the full transition from our current EHR system to a new EHR system in Public Health Clinics and CCS medical mobile units. The initiation and implementation process was funded through previous budget periods. This activity is to sustain the system, training, technical support, and user profiles.
Successes:	**Updated 3-9-26:** The San Bernardino County Department of Public Health (SBCDPH) has executed an agreement with Arrowhead Regional Medical Center (ARMC), County hospital, to implement, train, and provide technical assistance to SBCDPH during the transition of the previous EHR system to the new EPIC EHR system. Implementation strategies are in process. Planning meetings are being conducted with SBCDPH, ARMC, and Tegria. An implementation and training plan has been outlined in the Total Cost Ownership (TCO). Evaluation of software and hardware has been completed.
Challenges:	Procurement of a contractor for a new Electronic Health Record (EHR) took longer than expected.
Support for Recipients:	No additional support is needed at this time.

Milestone:	Initial implementation phase to include planning and training. Full implementation in SBCDPH clinic settings to replace the Athena EHR.
Responsible Party:	Melissa German
Criteria for Completion:	Success will be determined by a full functioning EHR system for Public Health. This will be tracked and reported throughout the term of the award, through November 30, 2027.
Contracts/Subawards:	Arrowhead Regional Medical Center (ARMC)
Achieve-by Date:	11/30/2027

Milestone Progress:	1-25%
Milestone Notes/Updates:	**As of 5-31-26:** ARMC and SBCDPH have begun ARMC-DPH Patient Access Workgroup collaborative meetings with key users from both entities. ARMC has developed a share point site and learning pathways including training modules, job aides, cross walks, follow up trackers, facility structure spreadsheets, and tip sheets for users to navigate the system. Several training modules have been provided to Public Health users by ARMC and Tegria including Outpatient Clinical Support, Registration Basics 100, Front Desk 100, Small Practice Biller, ROI Specialist 100-Shadow ARMC. Superusers, Clinic Manager 100, Outpatient Rehab Therapist 100, Community Health Worker, Specimen Processing 100, Family Medicine Provider 100, Referrals 100, Dietician Nutritionist 100, OB/GYN 100, Radiology Non-Invasive Tech, Schegister, Privacy Officer, Medical Laboratory Scientist 100, Data Integrity 100 and 200, Microbiologist Technologist, Obstetric Clinic Support 100 and 200, NEO Outpatient Support 100 and 200, Lab Supervisor, and NEO Registration Basics. The go live date to implement EPIC EHR in the public health clinics is 8-3-2026.
Activity Name:	Reaccreditation
Description:	Annual fees paid to the Public Health Accreditation Board (PHAB) to maintain public health accreditation status.
Activity Focus:	Accountability/Performance Management/Agency Accreditation
Outcomes/Outputs:	These fees will be paid on an annual basis to the Public Health Accreditation Board (PHAB). SBCDPH intends to maintain accreditation status and is committed to the high level of standard service through visionary leadership, dedicated workforce, culture of innovation, strong community partnerships, and a well-developed strategic planning framework.
Successes:	On April 25, 2025, SBCDPH submitted the PHAB reaccreditation application, including over 100 examples and narratives showing how we demonstrated our commitment to delivering essential public health services.

	On December 15, 2025, PHAB conducted a site visit. SBCDPH achieved reaccreditation on February 18, 2026.
Challenges:	None to report at this time.
Support for Recipients:	None needed at this time.
Milestone:	SBCDPH first attained national accreditation in 2019. The department applied for reaccreditation from the Public Health Accreditation Board (PHAB) in 2025.
Responsible Party:	Melissa German
Criteria for Completion:	Success will be measured by the department obtaining reaccreditation in 2025 (yes/no) and reporting this to the CDC.
Contracts/Subawards:	No sub awards will be made under this milestone.
Achieve-by Date:	11/30/2025
Milestone Progress:	**As of 5-31-2026:** San Bernardino County Department of Public Health has been reaccredited as of February 18, 2026. All fees are paid and current.
Milestone Notes/Updates:	N/A. Beginning grant period. SBCDPH is accredited for five (5) years.
Activity Name:	Public Health Alliance
Description:	Annual membership fee for the Public Health Alliance of Southern California. These fees will be paid on an annual basis to the Public Health Alliance of Southern California. This will allow us to maintain membership and avail our department of services detailed in our milestones below.
Activity Focus:	Organizational Administrative Competencies
Outcomes/Outputs:	These fees will be paid on an annual basis to the Public Health Alliance of Southern California. This will allow us to maintain membership and avail our department of services detailed in our milestones below.
Successes:	SBCDPH has continued to be a part of the Alliance and has utilized several tools and resources provided by other members and partners.
Challenges:	None to report at this time.
Support for Recipients:	None needed at this time.

Milestone:	Continue to be a member of the Public Health Alliance of Southern California receiving benefits and opportunities.
Responsible Party:	Melissa German
Criteria for Completion:	Success will be measured by payment to (yes/no) and usage of (yes/no) the Public Health Alliance within the grant term.
Contracts/Subawards:	No sub awards will be made under this milestone.
Achieve-by Date:	11/30/2026
Milestone Progress:	**As of 5-31-2026:** SBCDPH has continued to be a part of the Alliance and has utilized several tools and resources provided by other members and partners.
Milestone Notes/Updates:	**As of 5-31-2026:** All memberships fees are current.

Activity Name:	DiaSoring Liaison XL Analyzer Laboratory Equipment
Description:	The SBCDPH Laboratory needs to replace the current testing platform for processing specimen for specialty testing. The DiaSorin Liaison XL Analyzer is an all-in-one process and continuous loading high volume chemiluminescence analyzer. The system has an all-inclusive Reagent Integral format for all assays. This will expedite the process of specimen testing and diagnostics.
Activity Focus:	Organizational Administrative Competencies
Outcomes/Outputs:	Have new equipment operational in the SBCDPH Laboratory.
Successes:	**As of 7-1-2026:** SBCDPH is the procurement stage of obtaining the DiaSoring.
Challenges:	None to report at this time.
Support for Recipients:	None needed at this time.

Milestone:	Will be reported throughout grant year.
Responsible Party:	Melissa German
Criteria for Completion:	Success will be measured by procurement of DiaSoring Liason Analyzer (yes/no) and usage of equipment (yes/no).
Contracts/Subawards:	No sub awards will be made under this milestone.
Achieve-by Date:	11/30/2026

Milestone Progress:	None to report at this time.
Milestone Notes/Updates:	N/A. Beginning of grant period.

Activity Name:	DiaSoring Liaison XL Analyzer Laboratory Equipment Annual Fee **(THIS ACTIVITY WILL BE MOVED TO BP5)**
Description:	The DiaSorin Liaison XL Analyzer for the SBCDPH Laboratory will include an annual fee for service and support.
Activity Focus:	Organizational Administrative Competencies
Outcomes/Outputs:	These fees will be paid on an annual basis to the Public Health Alliance of Southern California.
Successes:	SBCDPH has continued to be a part of the Alliance and has utilized several tools and resources provided by other members and partners.
Challenges:	None to report at this time.
Support for Recipients:	None needed at this time.

Milestone:	Will be reported throughout grant year.
Responsible Party:	Melissa German
Criteria for Completion:	Success will be measured by payment to (yes/no) and usage of (yes/no) the Public Health Alliance within the grant term.
Contracts/Subawards:	No sub awards will be made under this milestone.
Achieve-by Date:	11/30/2026
Milestone Progress:	None to report at this time.
Milestone Notes/Updates:	**As of 7-1-2026:** This service agreement will be moved to BP5 due to the timeline of fees. An annual subscription is due after the end of BP4.

Activity Name:	Envision Connect (Accela)
Description:	EnvisionConnect is a permitting and case management platform that Environmental Health Services (EHS) currently uses to process permit applications, track inspections, manage compliance records, and generate program activity data across our food, water, land use, and specialty programs. The software platform was previously owned by Decade Software, then purchased by Accela. Since Accelia's acquisition of EnvisionConnect, it is phasing out support of the Envision platform.

	The division is in the process of transitioning to Hedgerow, a new enterprise platform that will replace these functions as the core data management system. The implementation date for Hedgerow is projected to be December 2026. Until then, we're continuing to operate in Accela/EnvisionConnect to ensure there's no gap in our day-to-day permitting and inspection workflows.
Activity Focus:	Organizational Administrative Competencies
Outcomes/Outputs:	Complete a transition from Accela to Hedgerow as the EHS platform.
Successes:	Hedgerow has been procured. The transition may begin.
Challenges:	None to report at this time.
Support for Recipients:	None needed at this time.
Milestone:	Will be reported throughout grant year.
Responsible Party:	Melissa German
Criteria for Completion:	Success will be measured by payment to (yes/no) and usage of (yes/no) the Public Health Alliance within the grant term.
Contracts/Subawards:	No sub awards will be made under this milestone.
Achieve-by Date:	11/30/2026
Milestone Progress:	None to report at this time.
Milestone Notes/Updates:	N/A. Beginning of grant period.
Activity Name:	Hedegrow Software
Description:	The SBCDPH Environmental Health Division currently utilizes the Accela Envision Connect platform for services rendered. We are seeking to replace it with a new system and software, Hedgerow. The Hedgerow system supports permitting, inspections, complaints, investigations, billing, reporting dashboards, automated workflows, electronic plan review, mobile inspections, and public-facing services through the online portal. The intended users for the system include environmental health inspectors, supervisors, managers, admin staff, and SBCDPH leadership for dashboards. Businesses and the public will also interact with the system through the online portal for applications, renewals, and payments. The new system will modernize workflow and improve productivity. The platform streamlines mobile inspections,

	eliminates duplicate data entry, automates scheduling and routing, standardizes workflows, and improves turnaround times. The real-time dashboards will strengthen oversight and performance monitoring. The public-facing portal also reduces staff workload by shifting routine transactions online. Total cost is $669,070. Costs include a one-time implementation statement of work - $165,000, which includes migration, configuration, data conversion, and training. In additional, there is an annual recurring fee for platform licenses, portal, support, maintenance, and hosting - $504,070.
Activity Focus:	Organizational Administrative Competencies
Outcomes/Outputs:	The Hedgerow platform will replace Accela as EHS's choice standard system as Accela becomes obsolete.
Successes:	The Hedgerow platform has been procured.
Challenges:	None to report at this time.
Support for Recipients:	None needed at this time.
Milestone:	Will be reported throughout grant year.
Responsible Party:	Melissa German
Criteria for Completion:	Success will be measured by payment to (yes/no) and usage of (yes/no) the Public Health Alliance within the grant term.
Contracts/Subawards:	No sub awards will be made under this milestone.
Achieve-by Date:	11/30/2026
Milestone Progress:	None to report at this time.
Milestone Notes/Updates:	N/A. Beginning of grant period.
Activity Name:	Manifest MedEx's County Population Health Reports
Description:	Manifest MedEx (MX), California's largest nonprofit health data network, combines and delivers health and social services information for more than 50 million individuals across a network that spans every county in the state. MX's Population Health Reports contain behavioral health, chronic conditions, immunizations, preventative care, sexual health, social drivers of health, substance use disorder, and utilization data from emergency departments inpatient, and outpatient encounters. The reports will improve efficiency by providing near real-time community health insights for multi-dimensional dashboards, analytics, and planning to support healthier, resilient communities in San Bernardino County.

	Costs are estimated at $50,000 for one-time setup and implementation, and $40,000 per year for ongoing licensing and support.
Activity Focus:	Organizational Administrative Competencies
Outcomes/Outputs:	Implement a platform where Public Health staff can review data for planning community interventions. A dashboard will be made available to the community for transparency and awareness.
Successes:	None to report at this time.
Challenges:	None to report at this time.
Support for Recipients:	None needed at this time.
Milestone:	Will be reported throughout grant year.
Responsible Party:	Melissa German
Criteria for Completion:	Success will be measured by payment to (yes/no) and usage of (yes/no) the Public Health Alliance within the grant term.
Contracts/Subawards:	No sub awards will be made under this milestone.
Achieve-by Date:	11/30/2026
Milestone Progress:	None to report at this time.
Milestone Notes/Updates:	N/A. Beginning of grant period.

Budget Narrative
San Bernardino County, Department of Public Health
Strengthening Public Health Infrastructure
Strategy A2, BP 5 (Award #23NE11OE000070A2)

07-01-2026

Budget Period (BP)5 Strategy A2 Budget Narrative

The San Bernardino County Department of Public Health (SBCDPH or Department) is proposing strategy A2 projects for the Public Health Infrastructure Grant (PHIG) BP5 totaling $1,708,933. The proposed projects and budget include: 1) personnel wages and salaries $948,786; 2) fringe benefits $388,243; 3) Electronic Health Record (EHR) consultant- $81,400; 4) annual Public Health Accreditation Board (PHAB) fees- $14,000; 5) Public Health Alliance of Southern California Membership fees- $35,000; 5) DiaSoring Equipment Agreement- $18,600; and 6) indirect costs in the amount of $222,904.

Total Grant Costs – Strategy A2 BP4

Costs	BP4 Budget Revision Totals
Salaries and Wages	*$948,786*
Fringe benefits	*$388,243*
Consultant Costs	*$81,400*
Other	*$67,600*
Total Direct Costs	*$1,486,028*
Indirect Costs	*$222,904*
Total	***1,708,933***

Salaries and Wages

Salary & Wages Summary Table – A1

Position	Name	Time	Months	Annual Salary	Overall Salary
Senior Accountant/Auditor	Lozano Jr., Paul	100%	4	$ 63,238.51	$ 22,995.82
Community Health Worker I	Arreguin,Emely	100%	4	$ 54,219.76	$ 19,716.27
Community Health Worker I	Gutierrez,Ruth G.	100%	4	$ 54,348.84	$ 19,763.21
Cont PH Automated Systems Analyst	Henricks,Jacob Aaron	100%	4	$ 75,333.35	$ 27,393.94
Cont PH Automated Systems Tech	Fierros,Marco Antonio	100%	4	$ 94,663.67	$ 34,423.15

Cont PH Business Systems Analyst	Alvarez,Timothy A	100%	4	$ 81,413.98	$ 29,605.08
Cont PH Business Systems Analyst	Cervantes,Hector B.	100%	4	$ 96,875.38	$ 35,227.41
Cont PH Community Health Wrkr	Cabrera,Karen G	100%	4	$ 39,755.08	$ 14,456.39
Cont PH Community Health Wrkr	Gay,Ikeda L	100%	4	$ 39,755.08	$ 14,456.39
Cont PH Community Health Wrkr	Vacant	100%	4	$ 39,755.08	$ 14,456.39
Cont PH Community Health Wrkr	Williams, Nastassia A.	100%	4	$ 39,755.08	$ 14,456.39
Cont PH Community Health Wrkr	Vacant	100%	4	$ 39,755.08	$ 14,456.39
Cont PH Community Health Wrkr	Shorter, Jasmine La Rae	100%	4	$ 39,755.08	$ 14,456.39
Cont PH Program Coordinator	Osita-Oleribe, Princess	100%	4	$ 97,912.35	$ 35,604.49
Cont PH Program Specialist	Holland, Abbra	100%	4	$ 73,505.03	$ 26,729.10
Cont PH Project Coordinator	Nguyen, Lynn T.	100%	4	$ 79,145.51	$ 28,780.18
Cont Public Health Physician	Dutta, Sukalpa John	100%	4	$ 158,702.03	$ 57,709.83
Health Education Specialist II	Vasquez, Brianna Marie	100%	4	$ 70,487.51	$ 25,631.82
Office Specialist	Hofmann, Leif M.	100%	4	$ 42,401.07	$ 15,418.57
Office Specialist	Rojo, Teresa	100%	4	$ 61,365.04	$ 22,314.56
PH Program Manager	German, Melissa	100%	4	$ 151,272.80	$ 55,008.29
PH Program Manager	Goh, Alvin	100%	4	$ 160,464.08	$ 58,350.57
Process Improvement Specialist	Vacant	100%	4	$ 94,212.21	$ 34,258.98
Registered Nurse	Maricruz Ramirez	100%	4	$ 117,909.92	$ 42,876.33
Registered Nurse	Talynn Knox	100%	4	$ 117,909.92	$ 42,876.33
Registered Nurse	Leticia Eastland	100%	4	$ 117,909.92	$ 42,876.33
Senior Office Assistant	Paola Cortez	100%	4	$ 53,762.24	$ 19,549.91
Senior Office Assistant	Vanessa Zaragoza	100%	4	$ 53,762.24	$ 19,549.91
Senior Office Assistant	Vanessa Caudillo	100%	4	$ 53,762.24	$ 19,549.91
Health Services Assistant	Sandra Nunez	100%	4	$ 52,150.53	$ 18,963.83
Program Specialist II	Vacant	100%	4	$ 101,063.64	$ 36,750.41
Human Resources Business Partners	Cordova, Estelle & Richard, Tina	100%	4	$ 88,702.81	$ 32,255.57

Human Resource Analyst I	Gonzales, Nayda I	100%	4	$ 88,702.81	$ 32,255.57
Other IT Personnel	Various	100%	4	$ 7,096.22	$ 5,611.86
Total Wages and Salaries					$ 948,786

Note: Salaries may reflect different from actual as the department utilizes averages and individuals may be hired at a range of different salary steps.

Salary and Wage Justification

Job Description: Senior Accountant/Auditor – one (1) FTE (Lozano Jr., Paul)
This position will support the department with grants and contracts, their development and administration.

Job Description: Community Health Worker I – two (2) FTEs (Gutierrez, Ruth; Arreguin, Emely)
These positions will support client engagement, community engagement, patient referrals, scheduling appointments, promoting and providing education, operate mobile testing van, and may support a multitude of department initiatives.

Job Description: Contract Public Health Automated Systems Analyst II – one (1) FTE (Hendricks, Jacob Aaron)
This position will provide analyst support to implement new systems (Finance, HR, IT, Data, and/or EHR).

Job Description: Contract Public Health Automated Systems Technician – one (1) FTE (Fierros, Marco Antonio)
This position will provide technician support to the implementation of new system (Finance, HR, IT, Data, and/or EHR).

Job Description: Contract Public Health Business Systems Analyst II – two (2) FTEs (Alvarez, Timothy, and Cervantes, Hector)
This position will provide high level support and oversight of new system (Finance, HR, IT, Data, and/or EHR) implementation.

Job Description: Contract Public Health Community Health Worker – six (6) FTEs (Cabrera, Karen; Gay, Ikeda; Williams, Natassia; Shorter, Jasmine LaRae)
These positions will support client engagement, community engagement, patient referrals, scheduling appointments, promoting and providing education, operate mobile testing van, and may support a multitude of department initiatives.

Job Description: Public Health Program Coordinator – one (1) FTE (Osita-Oleribe, Princess)
This position will support department initiatives in relation to workforce infrastructure improvement activities.

Job Description: Program Specialist II – two (2) FTEs (Holland, Abbra, and one position is currently vacant)
This position will support Program Evaluation for the grant and may support other department initiatives. This position will also work collaboratively with the department's Contracts Grants Unit, Workforce Development staff, and across the department.

Job Description: Contract Public Health Project Coordinator- one (1) FTE (Nguyen, Lynn)
The position is responsible for monitoring function and flow to ensure optimal service delivery, supervise, train, assign, and evaluate community health workers, coordinates, delegates and directs staff.

Job Description: Public Health Physician II – one (1) FTE (Dutta, Sukalpa John)
This position will perform medical work involving the examination, diagnosis, and treatment of patients. Position may also consult with department staff on Electronic Health Record implementation.

Job Description: Health Education Specialist II – one (1) FTE (Vasquez, Brianna)
This position will be assigned to support Health Education and may provide support to various department programs in relation to workforce infrastructure improvement activities.

Job Description: Office Specialist- two (2) FTE (Hoffman, Leif; Rojo, Teresa)
These positions will support new hires through the on-boarding process to expedite hiring timeliness.

Job Description: Public Health Program Manager – one (1) FTE (German, Melissa)
This position will support the grant as Workforce Development Director/Project Director/Principle Investigator, provide oversight of Workforce Development, and support other department initiatives. This position will also work collaboratively with the Public Health Administration, Workforce Development staff, and across the department. In addition, this position will focus on grant administration.

Job Description: Public Health Program Manager – one (1) FTE (Goh, Alvin)
This position will provide oversight of compliance, fiscal activity, and/or revenue and may support other department initiatives in relation to workforce infrastructure improvement.

Job Description: Process Improvement Specialist Extra Help- one (1) FTE (vacant)
This position will train, test, exercise and evaluate the mobile outreach and exercise team. The Homeland Security Exercise and Evaluation Program standards will be utilized for exercises and evaluation, including exercise plans, exercise evaluation guides, After Acton Plans/Improvement Plans, etc. This position can serve as a back-up lead for the field team as they provide services to the community. The position may also assist in planning events and exercises with partners.

Job Description: Registered Nurse (RN)s per diem- three (3) FTE (Eastland, Leticia; Knox, Talynn; Ramirez, Maricruz)

These positions will be trained and conduct exercises to test and evaluate emergency preparedness plans. This position will be assigned to the mobile outreach and exercise team. The RNs will provide vaccinations to clients as the team tests throughput for a public health emergency.

Job Description: Senior Office Assistant (OA)s Healthcare- public service employees- three (3) FTE (Cortez, Paola; Zaragoza, Vanessa; Caudillo, Vanessa)
These positions will train and participate in exercises to test and evaluate emergency preparedness plans at vaccination and testing sites. This position will be assigned to the mobile outreach and exercise team to greet and process incoming clients. The Senior OA will provide client intake and verification through online state registries and appointment systems. The Senior OA will secure vaccine records for clients and provide vaccine information statements or other client educational material. The Senior OA will file and maintain client documentation for record keeping. The team will test site specific emergency response plans and throughput for public health emergencies. One position will also support the PHIG Workforce Director for PHIG related items, and general program administrative support.

Job Description: Health Services Assistant (HSA)- extra help/public service employee- one (1) FTE (Sandra Nunez; Zaragoza, Vanessa)
This position will train and participate in clinics, and exercises to test and evaluate emergency preparedness plans for dispensing medication during a public health emergency. The HSA will be assigned to the mobile outreach and exercise team. The HSA will screen clients for contraindications and any predisposing factors prior to receiving medication or vaccines. The team also serves as a surge team for the Public Health Surveillance and Response Division to test clients or provide prophylaxis for emerging infectious diseases and potential outbreaks. The HSA will be deployed to screen and educate clients at mobile clinics.

Job Description: Human Resources Business Partners II – one (1) FTE (Hayes, Katherine J., Barrera, Karol Yvette, Richards, Tina, Cordova, Estelle)
This position will support the department with HR guidance in relation to all aspects of HR.

Job Description: Human Resources Analyst I – one (1) FTE (Gonzalez, Neyda I)
This position will support the department with HR classification and recruitment in relation to HR.

Job Description: Various IT positions- (various)
Various IT positions support SBCDPH program staff to address the IT help desk, specific software support, building/site support, after hours, servers, and updates. Time will be billed based on hours and services are rendered.

Fringe Benefit Summary Table - A1

Fringe benefits have been revised based on the changes in salaries and wages and include the added and deleted positions.

Position Title	Annual Fringe	Amount Requested	Fringe %
Senior Accountant/Auditor	$ 25,877.20	$ 9,409.89	40.92%
Community Health Worker I	$ 22,186.72	$ 8,067.90	40.92%
Community Health Worker I	$ 22,239.54	$ 8,087.11	40.92%
Cont PH Automated Syst Analyst	$ 30,826.40	$ 11,209.60	40.92%
Cont PH Automated Systems Tech	$ 38,736.37	$ 14,085.95	40.92%
Cont PH Business Systems Analyst	$ 33,314.60	$ 12,114.40	40.92%
Cont PH Business Systems Analyst	$ 39,641.40	$ 14,415.06	40.92%
Cont PH Community Health Wrkr	$ 16,267.78	$ 5,915.56	40.92%
Cont PH Community Health Wrkr	$ 16,267.78	$ 5,915.56	40.92%
Cont PH Community Health Wrkr	$ 16,267.78	$ 5,915.56	40.92%
Cont PH Community Health Wrkr	$ 16,267.78	$ 5,915.56	40.92%
Cont PH Community Health Wrkr	$ 16,267.78	$ 5,915.56	40.92%
Cont PH Community Health Wrkr	$ 16,267.78	$ 5,915.56	40.92%
Cont PH Program Coordinator	$ 40,065.73	$ 14,569.36	40.92%
Cont PH Program Specialist	$ 30,078.26	$ 10,937.55	40.92%
Cont PH Project Coordinator	$ 32,386.34	$ 11,776.85	40.92%
Cont Public Health Physician	$ 64,940.87	$ 23,614.86	40.92%
Health Education Specialist II	$ 28,843.49	$ 10,488.54	40.92%
Office Specialist	$ 17,350.52	$ 6,309.28	40.92%
Office Specialist	$ 25,110.57	$ 9,131.12	40.92%
PH Program Manager	$ 61,900.83	$ 22,509.39	40.92%
PH Program Manager	$ 65,661.90	$ 23,877.05	40.92%
Process Improvement Specialist	$ 38,551.63	$ 14,018.78	40.92%

Registered Nurse	$ 48,248.74	$ 17,545.00	40.92%
Registered Nurse	$ 48,248.74	$ 17,545.00	40.92%
Registered Nurse	$ 48,248.74	$ 17,545.00	40.92%
Senior Office Assistant	$ 21,999.51	$ 7,999.82	40.92%
Senior Office Assistant	$ 21,999.51	$ 7,999.82	40.92%
Senior Office Assistant	$ 21,999.51	$ 7,999.82	40.92%
Health Services Assistant	$ 21,339.99	$ 7,760.00	40.92%
Program Specialist II	$ 41,355.24	$ 15,038.27	40.92%
Human Resources Business Partners	$ 36,297.19	$ 13,198.98	40.92%
Human Resource Analyst I	$ 36,297.19	$ 13,198.98	40.92%
Other IT Personnel	$ 2,903.78	$ 2,296.37	40.92%
Total Fringe		$ 388,243	

Fringe Justification

40.92% of Total Salaries = Fringe Benefits

Fringe Benefit	Percentage of Salary
Retirement - County match	22.075%
Survivor's Benefits	0.03%
Retirement - employee portion	0.012%
SDI/Short Term Disability	1.076%
Medicare	1.411%
Workers Compensation	1.793%
Vision Care	0.10%
Group Health - county portion	13.227%
Life Insurance	0.689%
Dental Ins	0.248%
Cafeteria Plan	0.26%
TOTAL FRINGE	**40.92%**

Consultant Costs – A2

Consultant: Arrowhead Regional Medical Center (ARMC) and Tegria Electronic Health Record (EHR) We are continuing to support an ongoing project for consulting services to maintain the Electronic Health Record (EHR) at SBCDPH.

1. **Name of Consultant:** Arrowhead Regional Medical Center (ARMC) and subcontractor, Tegria, has been chosen.

2. **Organizational Affiliation:** ARMC is a 456-bed County hospital licensed by the California Department of Public Health, operated by San Bernardino County, and governed by the San Bernardino County Board of Supervisors. ARMC maintains a consulting team of EHR subject matter experts with tremendous experience implementing and operating their own EPIC EHR system at the County hospital.

3. **Nature of Services to Be Rendered:** ARMC leads the all-inclusive project to include: a consulting team, training team, data prep and technology team, post-live support cost analysis, ongoing annual costs, software, hardware, staffing, 261 end user accounts, chart abstraction, management of 60,000 unique patients, and training. ARMC's EPIC consulting team will recommend best practices, provide technical assistance, and work with SBCDPH staff to develop and implement the SBCDPH EHR system for County Health Centers. Initial start-up costs were funded through previous Strategic A2 budget periods and A1.

4. **Relevance of Service to the Project**: SBCDPH operates four (4) Federally Qualified Health Centers (FQHC), three (3) reproductive health clinics, and nine (9) medical therapy units. Clients may visit one (1) or more of these facilities to access services. Many of these patients also utilize ARMC's services. By utilizing the same EHR system as ARMC, SBCDPH will experience increased interoperability and enhance continuity of care. Efficiencies will be gained and patient health outcomes improved. Healthcare providers from SBCDPH will be able to review documentation of prior visits, diagnosis and treatment, thus better serving the clientele.

The consulting project consists of customer and technical support for Program Connect; an EPIC Clinical Applications Team; EPIC Patient Throughput and Revenue Cycle Application Team; EPIC Infrastructure/IT/Help Desk; EPIC Training and Tech Support, Cross Application, and Security. Implementation costs were funded in previous PHIG budget period years. BP5 funding will support ongoing technical assistance, training, annual fees for user profiles, and maintenance of the new EHR.

The consulting team will train SBCDPH staff on clinical applications such as Healthy Planet, Core Ambulatory, Willow, Wisdom, and patient experience. Training will also include MyChart, professional billing, HIM Coding/ROI/Def, BI reporting, interfaces, and other management aspects unique to the system.

The SBCDPH EHR aims to effectively manage patient health data and meet federal, state, and local reporting requirements. Further expense details will be provided via grant note as we proceed with maintaining our EHR.

5. **Number of Days of Consultation** (basis for fee)**:** approximately 260 business days (5 days per 52 weeks x 1 year). Cost will be based on the work conducted by the various support teams and their activities. The scope of work may vary on a daily basis.

6. **Expected Rate of Compensation:** $81,400. ARMC's rate will be contingent upon services rendered based on an agreement between the two entities.

7. **Method of Accountability:** Fiscal, program, and internal cost transfers will be monitored. Payments will be conducted through internal County transfers between Departments.

Consultant Summary Table

Item Requested	Amount Requested
EHR Support and Training Consultant	$81,400
TOTAL Consultant Cost	**$81,400**

Other Costs- A2

Public Health Alliance of Southern California Membership

SBCDPH is a member of the Public Health Alliance of Southern California. The Alliance is an active coalition of executive leadership of 11 local health jurisdictions committed to supporting a healthier California. Membership affords the Department access to resources and policies regarding public health practices and strategies. The Public Health Alliance facilitates collaboration with other local health departments and communities for regional transformation through key strategies, including championing disease prevention funding; promoting healthy communities; elevating a climate and health nexus; and moving data into action.

Annual Accreditation/Reaccreditation Fee

SBCDPH was re-accredited on February 18, 2026 by the Public Health Accreditation Board (PHAB). Public health accreditation helps us document and showcase our commitment to community health and demonstrates that we are meeting rigorous standards to the community, policy makers, and grantors. Fees cost is $14,000 per year, as required by PHAB. This will allow SBCDPH to seek and sustain accreditation. By retaining national accreditation status, the Department will be able to qualify for additional grants and better serve the community and constituents.

DiaSoring Liaison XL Analyzer Laboratory Equipment Annual Fee

The DiaSorin Liaison XL Analyzer for the SBCDPH Laboratory will include an annual fee for service and support. The annual fee is being added to support the sustainment of the DiaSorin Liaison XL Analyzer Equipment.

Other Summary Table

Item Requested	Number of Months	Estimated Cost / month	Amount Requested
Public Health Alliance of Southern California Membership	N/A - Annual	N/A - Annual	$35,000
Annual Accreditation Fees	N/A - Annual	N/A - Annual	$14,000
DiaSoring Liason Analyzer Annual Fee	N/A- Annual	N/A- Annual	$18,600
Total Other Costs			**$67,600**

Indirect Costs – A2

CDC approved 15% Indirect Cost of Modified Total Direct Cost (MTDC). MTDC incorporates all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of $25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

Total Grant Cost Summary Table

Total Grant Costs	BP4 Budget Revision Totals
Salaries and Wages	*$948,786*
Fringe benefits	*$388,243*
Consultant Costs	*$81,400*
Other	*$67,600*
Total Direct Costs	*$1,486,029*
Indirect Costs	*$222,904*
Total	***1,708,933***

CDC's
PUBLIC HEALTH
INFRASTRUCTURE CENTER

PHIG Offline Performance Measure Collection Template

Purpose

This template is an optional resource to assist with data collection for PHIG performance measures. Final performance measures will be entered and submitted to CDC through PHIVE.

How to Use

You may use this optional Excel workbook to prepare for reporting these data in PHIVE. You do not need to submit this workbook to CDC. Refer to the "Performance Measures Summary Table" (identical to page 62 of the guidance) for more details.

Limitations

This template will not be loaded into PHIVE. All data will need to be re-entered in PHIVE. Please reference the PHIVE user guide on the PHIVE home page for more information on entering your performance measures in PHIVE.

Updated for August 2026

A1/A2 Performance Measures Summary Table

For Reporting Period 7, recipients will report on the following measures: A1.1. Hiring, A1.2. Retention, A2.1. Hiring Timeliness, A2.2. Procurement Timeliness, and A2.3. Accreditation Involvement and Readiness, as well as confirm A3/ELC coordination acknowledgment (for A3-funded recipients only). Refer to the identical table on pages 62-63 of the performance measure guidance for Reporting Period 7.

Measure	Time Frame	PHIG only or agency-wide?	Type of Staff and/or Data Included and Excluded (if applicable)
A1.1. Number of PHIG-funded positions filled by current (i.e., employed at agency before 12/1/22 + all internal transfers on/after 12/1/22) and new (i.e., hired from outside the agency directly into PHIG-funded role on/after 12/1/22) staff	Current status at end of reporting period (for RP7, report number of PHIG-funded, filled positions on and only on 5/31/26)	PHIG only (filled by job classification and program area)	• **Include**: Full-time, part-time, contractual, seasonal, and internal transfer staff, LHD positions funded or supported by state PHIG recipients, positions funded through MIIS supplement • **Exclude**: In-kind staff, those who only received an incentive or retention bonus but are not funded by PHIG
A1.2. Overall agency staff retention rate (i.e., separately calculated for all staff, including temporary/contract, and permanent staff only)	Reporting period over the last 12 months (for RP7, report number of staff on and who started their first day of work between 6/1/25 and 5/31/26 (inclusive)	Agency-wide (not just PHIG-funded staff) – if part of a super agency, only include data for the health department	• **Include**: Full- or part-time staff, new hires whether they were retained or not, new hires who transitioned from temporary/contract to permanent (include in "new hires for permanent staff only") • **Exclude**: Volunteers, interns (even if counted as temporary/contract staff by agency), federal assignees, Direct Assistance or seasonal staff, those who only received or accepted an offer but did not start their first day of work
A2.1. Time-to-fill position (i.e., from job posting date to first day of work)	Only specific reporting period (for RP7, report number of positions where staff started their first day of work from 12/1/25 to 5/31/26, inclusive; job posting date can be before 12/1/25)	Agency-wide (not just PHIG-funded positions) – if part of a super agency, only include data for the health department	• **Include**: Positions filled by permanent (full- or part-time) and temporary/contract staff • **Exclude**: Positions that do not have both a clear job posting date and staff start date
A2.2. Procurement cycle time (i.e., from approval to move forward with procurement to execution of contract)	Only specific reporting period (for RP7, report number of procurements with contract execution date from 12/1/25 to 5/31/26, inclusive; procurement start date can be before 12/1/25)	Agency-wide (not just PHIG-funded procurements) – if part of a super agency, only include data for the health department	• **Include**: All procurements agency-wide conducted with or resulting from federal funding, purchase orders if normally included • **Exclude**: Procurements related to IT, procurements less than $10,000 • *If reporting on a sample, the procurement count should be between 50 and 150 (inclusive)*
A2.3. Level of involvement with PHAB accreditation	Current status at end of reporting period (for RP7, report accreditation status on and only on 5/31/26)	Agency-wide	• **Exclude**: Updates to accreditation involvement and readiness status after the last day of the reporting period (5/31/26)

A1.1 Hiring

Number of PHIG-funded positions filled by job classification and program area on, and ONLY on 5/31/2026.

Hiring by Job Classification

Job Classification and Program Area If your agency did not fill any PHIG-funded positions for a specific job classification or program area, enter 0; do NOT leave blank). Local recipients should enter all 0s for "LHDs funded by state recipient"	REQUIRED Year 5 Target for recipient agencies (include positions filled by indirectly funded LHDs and through MIIS funding, if applicable)	Recipient agency – Internal Staff (employed at the agency before 12/1/2022 + all internal transfers on or after 12/1/2022, including full-time, part-time, contractual, and seasonal)	LHDs funded by state recipient – Internal Staff (employed at the agency before 12/1/2022 + all internal transfers on or after 12/1/2022, including full-time, part-time, contractual, and seasonal)	Recipient agency – External Hires (hired from outside the agency directly into PHIG-funded role on or after 12/1/2022, including full-time, part-time, contractual, and seasonal) – if previously external, keep external until end of grant	LHDs funded by state recipients – External Hires (hired from outside the agency directly into PHIG-funded role on or after 12/1/2022, including full-time, part-time, contractual, and seasonal) – if previously external, keep external until end of grant	Recipient Total	LHD Total
01. Agency leadership and management	0	1	0	0	0	1	0
02. Program Manager	1	9	0	0	0	9	0
03. Business, improvement, and financial operations staff	1	6	0	0	0	6	0
04. Office and administrative support staff	0	12	0	0	0	12	0
05. Information technology and data system staff	0	11	0	0	0	11	0
06. Public information, communication, and policy staff	0		0	0	0	0	0
07. Laboratory workers	0	14	0	0	0	14	0
08. Epidemiologists, statisticians, data scientists, other data analysts	0	9	0	0	0	9	0
09. Behavioral health and social services staff	0	0	0	0	0	0	0
10. Community health workers and health educators	0	2	0	8	0	10	0
11. Public health physician, nurse and other health care providers	0	5	0	2	0	7	0
12. Preparedness staff	0	0	0	1	0	1	0
13. Environmental health workers	0	0	0	0	0	0	0
14. Animal control and compliance/inspection staff	0	0	0	0	0	0	0
15. Other Job Classification	0	0	0	0	0	0	0
Total	2	69	0	11	0	80	0

If "Other" Job Classification, provide description:

Hiring by Program Area

16. Access to and Linkage with Clinical Care	0	0	0	8	0	8	0
17. Accountability and Performance Management	2	9	0		0	9	0
18. Assessment and Surveillance	0	14	0	0	0	14	0
19. Chronic Disease & Injury Prevention	0	0	0	0	0	0	0
20. Communicable Disease Control	0	9	0		0	9	0
21. Communications	0	2	0		0	2	0
22. Community Partnership Development	0	5	0		0	5	0
23. Emergency Preparedness and Response	0	0	0	1	0	1	0
24. Environmental Public Health	0	0	0	0	0	0	0
26. Maternal, Child, and Family Health	0	0	0	0	0	0	0
27. Organizational Competencies	0	0	0		0	0	0
28. Policy Development and Support	0	1	0	2	0	3	0
29. Other Program Area	0	29	0		0	29	0
Total	2	69	0	11	0	80	0

If "Other" Program Area, provide description:

9- IT development and support for implemented systems and platforms.
12- Office administrative support

Data Quality and Context (Highly Encouraged)

Does your PHIG work plan include any activities related to this performance measure? Select "Yes" if any of

Yes

Are the data provided questionable or low/poor quality?

No

Select "yes" if you feel that, for any reason, the data for the performance measure are of poor quality, incomplete, or of uncertain validity. Please tell us if you have serious doubts about whether this measure should be interpreted as accurate for your agency, for this reporting period. If you select "yes," please explain in "Additional Context & Information" below.

Does the data provided adhere to the definitions established by CDC in the performance measure guidance?

Yes

Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe.

There are no data limitations. Data is provided by County Human Resources Department.

Provide any additional context or information related to this measure.

A1.2 Retention

Overall agency staff retention rate (i.e., separately calculated for all staff, including temporary/contract, and permanent staff only)

For all fields below, include ALL staff agency-wide (not just PHIG-funded staff). EXCLUDE volunteers, interns, and staff who only received or accepted an offer but did not start their first day of work by 6/1/2025.

Retention rate for all staff, including permanent and temporary/contract staff

Staff on Last Day of Reporting Period (5/31/2026)	1116
INCLUDE new hires whether they were retained or not.	
New Hires During 12-Month Reporting Period (6/1/2025 to 5/31/2026, inclusive)	182
Staff on Day 1 of Previous Reporting Period (6/1/2025)	1065
Retention Rate:	87.69953052
Year 5 Target (% Retention, Optional):	95

For all fields below, include ALL staff agency-wide (not just PHIG-funded staff). EXCLUDE volunteers, interns, and staff who only received or accepted an offer but did not start their first day of work by 6/1/2025.

Retention rate for permanent staff only

Staff on Last Day of Reporting Period (5/31/2026)	999
INCLUDE new hires whether they were retained or not. INCLUDE new hires who transitioned from temporary/contract to permanent.	
New Hires During 12-Month Reporting Period (6/1/2025 to 5/31/2026, inclusive)	101
Staff on Day 1 of Previous Reporting Period (6/1/2025)	953
Retention Rate:	94.22875131
Year 5 Target (% Retention, Optional):	95

Data Quality and Context (Highly Encouraged)

Does your PHIG work plan include any activities related to this performance measure? Select "Yes" if any of your workplan activities are anticipated to contribute to progress on this performance measure.

Yes

Are the data provided questionable or low/poor quality?

No

Select "yes" if you feel that, for any reason, the data for the performance measure are of poor quality, incomplete, or of uncertain validity. Please tell us if you have serious doubts about whether this measure should be interpreted as accurate for your agency, for this reporting period. If you select "yes," please explain in "Additional Context & Information" below.

Does the data provided adhere to the definitions established by CDC in the performance measure guidance?

Yes

Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe.

There are no data limitations. Data is provided by County Human Resources Department.

Provide any additional context or information related to this measure.

A2.1 Hiring Timeliness

Time-to-fill position (i.e., from job posting date to first day of work)
Job posting dates can be before 12/1/2025 as long as staff started their first day of work on or between 12/1/2025 and 5/31/2026 (inclusive)

For all fields below, include ALL positions agency-wide (not just PHIG-funded positions) that have BOTH a clear job posting and staff start date. If a position was not posted or the posting and/or start dates are not clear, EXCLUDE the position from this measure.

Median Calendar Days to Fill Position:	61.65
Minimum Calendar Days to Fill Position:	45.33
Maximum Calendar Days to Fill Position:	63
Number of Positions:	47
Year 5 Target (# Calendar Days to Fill Position, Optional):	

Data Quality and Context (Highly Encouraged)

Does your PHIG work plan include any activities related to this performance measure? Select "Yes" if any of your workplan activities are anticipated to contribute to progress on this performance measure.

Yes

Are the data provided questionable or low/poor quality?

No

Select "yes" if you feel that, for any reason, the data for the performance measure are of poor quality, incomplete, or of uncertain validity. Please tell us if you have serious doubts about whether this measure should be interpreted as accurate for your agency, for this reporting period. If you select "yes," please explain in "Additional Context & Information" below.

Does the data provided adhere to the definitions established by CDC in the performance measure guidance?

Yes

Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe.

There are no data limitations. Data is provided by County Human Resources Department.

Provide any additional context or information related to this measure.

A2.2 Procurement Timeliness

Procurement cycle time from approval to move forward with procurement to execution of contract (i.e., from procurement start to contract execution date)
Procurement start dates can be before 12/1/2025 as long as contract execution dates are on or between 12/1/2025 and 5/31/2026 (inclusive).

Did you sample a subset of procurements using the sampling method provided by CDC? Note that the sampling strategy should only be used when the number of procurements that meet the criteria for reporting is over 50. See Appendix F in the guidance for more details and FAQs

Reporting on a sample?	No

For all fields below, include ALL procurements agency-wide (not just PHIG-funded procurements) conducted with or resulting from FEDERAL funding. If reporting on a sample, use the number of procurements in the sample, NOT the total number. Your sample size (i.e., number of procurements reported if you are using the sampling option) should be between 50 and 150 (inclusive).

Median Calendar Days from Procurement to Contract:	256
Minimum Calendar Days from Procurement to Contract:	265
Maximum Calendar Days from Procurement to Contract:	305
Procurement Count:	2
Year 5 Target (# Calendar Days from Procurement to Contract, Optional):	90

Purchase orders may or may not include equipment like electronic devices (e.g., laptops, tablets), software, hardware, and other tech solutions. If these are typically considered part of your procurement, please include them in your tracking. If they are not, do not include them.

Purchase Orders?	No

Data Quality and Context (Highly Encouraged)

Does your PHIG work plan include any activities related to this performance measure? Select "Yes" if any of your workplan activities are anticipated to contribute to progress on this performance measure.	Yes
Are the data provided questionable or low/poor quality? *Select "yes" if you feel that, for any reason, the data for the performance measure are of poor quality, incomplete, or of uncertain validity. Please tell us if you have serious doubts about whether this measure should be interpreted as accurate for your agency, for this reporting period.If you select "yes," please explain in "Additional Context & Information" below.*	No
Does the data provided adhere to the definitions established by CDC in the performance measure guidance?	Yes
Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe.	There are none to report.
Provide any additional context or information related to this measure.	

A2.3. Accreditation Involvement & Readiness

Level of involvement with Public Health Accreditation Board (PHAB) accreditation (i.e., current status on last day of reporting period)
Updates to accreditation status AFTER the last day of the reporting period (5/31/2026) should be EXCLUDED.

Accreditation Readiness & Timeliness (status on 5/31/2026 ONLY); please select one of the following options:

- ☐ Accredited: My agency has achieved initial accreditation and plans to, or is in the process of, applying for reaccreditation (this includes those working on an ACAR for reaccreditation
- ☐ Accredited: My agency has achieved initial accreditation but does not plan to apply for reaccreditation
- ☐ Accredited: My agency has achieved initial accreditation but is undecided about intent to apply for reaccreditation
- ☑ Reaccredited: My agency has achieved reaccreditation and plans to maintain our accreditation status in the future
- ☐ Reaccredited: My agency has achieved reaccreditation and is undecided (or does not know) whether we will maintain our accreditation status in the future
- ☐ Reaccredited: My agency has achieved reaccreditation and will not maintain our accreditation status in the future
- ☐ Not accredited: My agency achieved accreditation but is no longer accredited (e.g., didn't apply for or receive reaccreditation or did not maintain accreditation status)
- ☐ Not accredited: My agency intends to apply and is working to meet the standards (including working on required plans and processes or addressing other gaps)
- ☐ Not accredited: My agency has registered for the PHAB Readiness and Training process
- ☐ Not accredited: My agency is working towards accreditation using the Pathways Recognition Program
- ☐ Not accredited: My agency has applied and is in the accreditation process (i.e., submitting, documentation, awaiting site visit, completed site visit, working on an ACAR, or pending accreditation status decision)
- ☐ Not accredited: My agency is undecided about intent to apply for accreditation
- ☐ Not accredited: My agency is not planning or preparing to apply for accreditation

Year 5 Target (Optional); please select one of the following options:

- ☐ Accredited: My agency has achieved initial accreditation and plans to, or is in the process of, applying for reaccreditation (this includes those working on an ACAR for reaccreditation
- ☐ Accredited: My agency has achieved initial accreditation but does not plan to apply for reaccreditation
- ☐ Accredited: My agency has achieved initial accreditation but is undecided about intent to apply for reaccreditation
- ☑ Reaccredited: My agency has achieved reaccreditation and plans to maintain our accreditation status in the future
- ☐ Reaccredited: My agency has achieved reaccreditation and is undecided (or does not know) whether we will maintain our accreditation status in the future
- ☐ Reaccredited: My agency has achieved reaccreditation and will not maintain our accreditation status in the future
- ☐ Not accredited: My agency achieved accreditation but is no longer accredited (e.g., didn't apply for or receive reaccreditation or did not maintain accreditation status)
- ☐ Not accredited: My agency intends to apply and is working to meet the standards (including working on required plans and processes or addressing other gaps)
- ☐ Not accredited: My agency has registered for the PHAB Readiness and Training process
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- ☐ Not accredited: My agency is undecided about intent to apply for accreditation
- ☐ Not accredited: My agency is not planning or preparing to apply for accreditation

Data Quality and Context (Highly Encouraged)

Does your PHIG work plan include any activities related to this performance measure? Select "Yes" if any of your workplan activities are anticipated to contribute to progress on this performance measure.	Yes
Are the data provided questionable or low/poor quality? *Select "yes" if you feel that, for any reason, the data for the performance measure are of poor quality, incomplete, or of uncertain validity. Please tell us if you have serious doubts about whether this measure should be interpreted as accurate for your agency, for this reporting period. If you select "yes," please explain in "Additional Context & Information" below.*	No
Does the data provided adhere to the definitions established by CDC in the performance measure guidance?	Yes
Describe any data limitations, including reasons unable to report, and steps taken to obtain data and/or improve data quality in the future. If you reported on these data using a definition that was different than provided in CDC's guidance, please describe.	There were no data limitations. We met accreditation requirements on February 18, 2026, based on National Public Health Accreditation Board standards.
Provide any additional context or information related to this measure.	

Form approved
OMB No. 0920-1282
Exp. Date 6/30/2026

CDC's PUBLIC HEALTH INFRASTRUCTURE CENTER

Public Health Infrastructure Grant (PHIG) Targeted Evaluation Projects (TEPs)

Purpose

Each recipient receiving funding through PHIG is required to submit an evaluation plan, otherwise known as a Targeted Evaluation Plan (TEP.) The purpose of this Excel workbook is for recipients to (1) submit their TEP plan, and (2) report progress on the implementation and (3) completion of their TEP to CDC.

How to Use

You may use this optional workbook to submit your TEP plan, Progress Report and Completion Report. Instructions and an outline for the following Excel sheets is provided below to help you navigate the workbook.

1. Please fil out this section if you have a new TEP or an updated TEP (Section 1, blue tabs 1-A through 1-D.)

Table of Contents

A. Background Details
Date submitted, recipient name, and Evaluation POC

B. Evaluation Users and Focus
Project description, purpose, intended users, applicable strategies, type of evaluation, and evaluation product

C. Evaluation Questions, Methods, and Implementation Plan
Evaluation questions, methods, and timeline

D. Optional Activities
Technical assistance, community of practice, and participation in the PHIG National Evaluation Plan

2. Please fill out this section if your TEP is still in progress (Section 2, green tabs 2-A through 2-C.) If your TEP has been revised substantially since the last reporting period, please also fill out the TEP plan (Section 1.).

Table of Contents

A. Progress
Stage of completion, progress to date, anticipated completion date, barriers or setbacks

B. Revisions
Updates or changes to TEP (if any) and rationale for changes

C. Preliminary Findings
Preliminary or interim findings (if applicable) and projected date for findings

3. Please fill out this section if you have completed your TEP. TEP Completion Forms are due in GrantSolutions 60 days after completion of the TEP (Section 3, orange tab 3-A.)

Table of Contents

A. Implementation
B. Program Insights and Use
C. Dissemination and Sharing

A. Background Details

1. Date submitted:	8/10/2026
2. Recipient name:	San Bernardino County, CA
3. Evaluation POC	
Name:	Melissa German
Title:	Public Health Program Manage
E-mail address:	mgerman@dph.sbcounty.gov

B. Evaluation Users and Focus

1. Name of evaluation project	Meaningful Community Engagement
2. What's the purpose of this evaluation?	To assess employee knowledge and understanding of Public Health practices and essential functions.
3. Who will use the information that comes out of this evaluation (i.e., intended users of the evaluation)?	To be determined.
4. What will the intended users of the evaluation do with the findings (e.g., inform program improvement, monitor progress, make changes to activities, allocate resources, etc.)?	To be determined.
5. Describe what are you evaluating. Recipients should provide a succinct and clear written description (e.g., intended outputs, outcomes, etc.) of what is to be evaluated. A full logic model may be helpful for clarifying the scope of the evaluation project and can be added as a supplemental document, but it is not required.	To be determined.

6. What strategy or activity is this evaluation associated with? (Please only select up to three.):

Strategy A1 - Workforce	
Strategy A1.1 - Recruit and hire new public health staff	☐
Strategy A1.2 - Retain public health staff	☑
Strategy A1.3 - Support and sustain the public health workforce	☐
Strategy A1.4 - Train new and existing public health staff	☑
Strategy A1.5 - Strengthen workforce planning, systems, processes, and policies	☑
Strategy A1.6 - Strengthen support for implmentation of this grant	☐
Strategy A1 - Other	☐
Strategy A2 - Foundational Capabilities	
Strategy A2.1 - Strengthen accountability/performance management, including accreditation	☐
Strategy A2.2 - Strengthen organizational competencies (e.g., IT, financial management, HR)	☑
Strategy A2.3 - Enhance communications	☐
Strategy A2.4 - Enhance or increase policy development and legal services and analysis	☐
Strategy A2.5 - Strengthen community partnership development and engagement	☑
Strategy A2.6 - Improve health equity and organizational competencies addressing leadership, governance, and strategic planning	☐
Strategy A2.7 - Implement plans to transition from COVID-19 response and other emergency response projects	☐
Strategy A2 - Other	☐
Strategy A3 - Data Modernization	
Strategy A3.1 - Build the foundation to increase scalability, flexibility, reusability, sustainability, and interoperability of public health applications and data sources	☐
Strategy A3.2 - Accelerate data into action by leveraging modern data standards and reusable processing approaches that make it easier to link data and more intuitive to troubleshoot issues	☐
Strategy A3.3 - Develop a state-of-the-art workforce equipped with data science skillsets to be able to leverage modern tools	☐
Strategy A3.4 - Support and extend partnerships to accelerate the exchange and use of data across the public health ecosystem and the identification and use of shared services	☐
Strategy A3.5 - Manage change and governance by implementing modern best practices and guardrails for data and IT procurement, development, and governance	☐
Strategy A3.6 - Advancing Electronic Laboratory Data Exchange	☐
Strategy A3.7 - Sustain, enhance, or implement new laboratory information systems	☐
Strategy A3.8 - Other	☐

7. Describe the type of evaluation to be conducted (e.g., process and/or quality improvement, outcome, process and outcome, impact, economic, etc.)	To be determined.
8. Describe one evaluation translational product to be developed and describe the potential dissemination channels and intended audiences of the product. (Evaluation translational products can include but are not limited to reports, presentations, training or technical assistance resources, case studies, white papers, gray literature, or peer-reviewed publications.)	To be determined.

C. Evaluation Questions, Methods, and Implementation Plan

1. What are your evaluation questions?

To be determined.

2. What methods will you use to answer the evaluation questions? You may use the table below or use the open text box to describe the methods you will be employing to answer the evaluation questions.

To be determined.

Evaluation Questions	Indicators	Data Source	Data Collection Methods	Analytical Plans

3. Describe the timeline of key steps for conducting the evaluation project. The table below shows a high-level workplan for carrying out the TEP - who is doing what, when, etc. You may also add more information in this text box.

To be determined.

Key Steps for TEP Implementation	Activity Timeframe	Output Indicator	Assigned To (e.g., title, role)

D. Optional Activities

1. What assistance do you anticipate needing to implement the TEP, and/or use the findings from the evaluation?	Not known at this time.
2. Please indicate your interest in the following (Yes, No, Unsure)	
Receiving assistance from evaluation TA providers	Unsure
Participating in an evaluation community of practice (CoP) with other recipients	Unsure
Developing and implementing an evaluation project that will help support the National Evaluation Plan (being developed by the national evaluation team (NET), coordinated by the national partners.)[1]	Unsure

[1]*This might entail, for example, being part of an evaluation project where multiple recipients who are working to evaluate a similar intervention might work together to engage in more aligned and standardized data collection or be engaged in writing up a case study. The National Evaluation Team (NET) may reach out to recipients who express interest in this and whose proposed evaluation topics fit with the national evaluation plan. At that time, the NET will provide additional information about what it would entail, and recipients can decide whether to participate.*

A. Progress

1. Please select the status that best describes the state of completion of your TEP. If you have multiple projects with a TEP, select the response that best represents the progress across all projects.

In late stages of implementation of TEP

2. Please provide additional information to support the selected status above, including examples of progress (e.g., created a logic model, developed surveys or other data collection instruments, conducted document review, identified participants, began data collection).

We anticipate that this will be launched by September 2026. Staff who work directly with community members or organizations will be strongly encouraged to take the training.

3. When is your anticipated TEP completion date? (MM/DD/YYYY)

9/1/2026

4. What barriers or setbacks are you experiencing as you continue planning and/or implementing your TEP, if any? Please select all that apply.

- [ ] Hiring or retaining evaluation staff (e.g., evaluation staff not hired, staff turnover)
- [ ] Insufficient capacity of current staff to conduct TEP
- [ ] Obtaining leadership buy-in
- [ ] Accessing data (e.g., HR data)
- [ ] Other

If "Other" was selected, please describe:

B. Revisions

1. Has the TEP been updated or revised since you originally submitted it in November 2023? Please select all that apply.
If you select any of the "Yes" options, please edit the TEP template and submit it with this progress report.

No, our plans have not changed	☐
Yes, updated or revised our topic	☑
Yes, updated or revised our evaluation questions	☐
Yes, updated or revised our methods	☐
Yes, updated or revised something else	☐
If you selected "updated or revised something else," please describe:	

2. If you selected any of the "Yes" options above, please provide the rationale for changes.

We have moved away from the Health Equity framework, and in working with the Public Health Alliance, developed a second training. The revised topic is entitled, Meaningful Community Engagement.

C. Preliminary Findings

1. Do you have any preliminary or interim findings from your TEP to share with CDC? Select yes or no.	No
2. If yes, please describe.	Non applicable.
3. If no, when do you anticipate having preliminary or interim findings available to share with CDC? (MM/DD/YYYY)	3/1/2027

A. Implementation

1. How would you describe the completion status of your TEP?

We are nearly done developing the revised training with the Public Health Alliance.

2. Please explain your response for your completion status.

We anticipate that this will be launched by September 2026 and we will conduct a train-the-facilitator training in August 2026.

B. Program Insights and Use

3. To what extent did the TEP help evaluation users gain important insights into PHIG activities?

4. Please explain your response, including any important insights gained.

Still in progress.

5. To what extent did the TEP help propel or justify changes to PHIG activities?

6. Please explain your response, including any changes that were implemented to PHIG activities.

Still in progress.

C. Dissemination and Sharing

7. What types of evaluation translational products have you created (or plan to create) from your TEP?

As a reminder, these can include, but are not limited to reports, case studies, technical assistance resources, white papers, peer-reviewed manuscripts, presentations, etc.

To be determined.

8. Which product(s) do you plan to submit/are you submitting to CDC?

Attach any products that are ready for submission. Please remember to submit to CDC no later than 60 days after TEP completion.

To be determined.