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ACCEPTANCE OF AWARD

Tuberculosis Control Local Assistance Funds

COUNTY OF SAN BERNARDINO

FUNDING SOURCE	FEDERAL BASE	STATE BASE
AWARD NUMBER:	2636BASE-F	2636BASE-S
AWARD AMOUNT:	\$176,360	\$205,783
FUNDING PERIOD:	7/1/2026-12/31/2026	7/1/2026-6/30/2027

I hereby accept this award. By accepting this award, I agree to the requirements as described in the FY 2026-2027 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

This award is contingent upon the availability of funds appropriated by the State of California and the federal government. The CDPH TBCB reserves the right to reduce, amend, or withdraw funding, in whole or in part, should funding from the state or federal government be reduced, delayed, or otherwise adjusted.

Authorized Signature

Date

Dawn Rowe

Print Name

Chair, Board of Supervisors
Title

* Federal funds fiscal information: Project Grants and Cooperative Agreements for Tuberculosis Control Programs; ALN number: 93.116; FAIN number: NU52PS910282

California Department of Public Health
Tuberculosis Control Branch

**Tuberculosis Control Local Assistance Funds
Standards and Procedures Manual
FY 2026-2027**

Federal Budget Period: 7/1/2026–12/31/2026

State Budget Period: 7/1/2026–6/30/2027

Base Award Funding
Supplemental Funding
Civil Detention Funding

March 2026

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Part 1 - Standards and General Terms and Conditions

1. Overview

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) sets forth the following standards and procedures. These standards and procedures specify the conditions for receipt of CDPH TBCB local assistance funds.

The purpose of the tuberculosis (TB) local assistance funds is to assist the current efforts of local TB programs to prevent, control, and eventually eliminate TB in California. Financial assistance is provided to local TB programs to augment local support for TB prevention and control activities.

Local assistance allocations are made up of both state funds and federal funds with the exception of state funds-only allocations to three local health jurisdictions (LHJs) that receive federal funds directly from the Centers for Disease Control and Prevention (CDC). Federal funds fiscal information: ALN – 93.116; FAIN number – NU52PS910282.

2. Authority

California Health and Safety Code (H&SC) Sections 121450, 121451 and 121452 authorize CDPH TBCB to distribute for the purpose of TB control an annual subvention, paid quarterly, to any LHJ that maintains a TB control program consistent with standards and procedures established by the Department. The following conditions contained in this manual apply to LHJs that have accepted awarded funding.

3. Allocation of Local Assistance Funds

Fiscal year (FY) local assistance funds are allocated using a funding formula (see table Tuberculosis Local Assistance Allocation Formula FY 2026-2027 below). A multi-variable funding formula modeled after the national TB allocation formula was developed in 2009 in collaboration with the California TB Controllers Association (CTCA) and revised in FY 2012. In 2023, the allocation process was modified to incorporate low morbidity LHJs (averaging <6 cases annually) in the base award funding calculation starting in FY 2024-2025.

Allocations are calculated every two years using five years of surveillance data. Data from 2021-2025 was used to determine FY 2026-2027 and FY 2027-2028 allocations.

Tuberculosis Local Assistance Allocation Formula FY 2026-2027

Variable	Weight
Incident cases	32%
Non-U.S.-born persons and U.S.-born minorities	30%
Pulmonary smear-positive	15%
B-1 notification TB evaluations completed	5%
HIV/AIDS co-infection	5%
Substance Use	5%
Homelessness	5%
Multidrug-resistant (MDR) TB	3%

TB local assistance awards are contingent upon the availability of funds appropriated by the State of California and the federal government. CDPH TBCB reserves the right to reduce,

amend, or withdraw funding, in whole or in part, should funding from the state or federal government be reduced, delayed, or otherwise adjusted.

4. Tuberculosis Control Branch Priorities and Guidelines for Tuberculosis Prevention and Control Activities

4.1. Tuberculosis Control Branch Priorities

CDPH TBCB priorities include national priorities and strategies established by CDC. Two of the strategies in the CDC Division of Tuberculosis Elimination Strategic Plan for 2022-2026 to reduce TB morbidity in the United States are:

Strategy 1 – Maintain Control of TB:

Maintain the decline in TB incidence through timely diagnosis of TB disease, appropriate treatment and management of persons with TB disease (both drug-susceptible and drug-resistant), investigation, appropriate evaluation and treatment of contacts of people with infectious TB disease, and prevention of further transmission through infection control.

Strategy 2 – Accelerate the Decline:

Advance toward TB elimination through appropriate regionalization of TB control activities, rapid recognition of TB transmission using genotyping methods, rapid outbreak response and targeted testing and treatment of persons with latent TB infection by engaging communities that experience high burden of TB disease and expanding partnerships with health care agencies, clinicians, and community organizations.

4.2. General Guidelines for Local Health Jurisdictions Receiving Local Assistance Funds

CDPH TBCB has historically taken a priority-based, graduated approach in conducting TB prevention, control and elimination activities. LHJs are now encouraged to conduct all TB prevention and control activities to both maintain control of TB and to accelerate the decline of TB. In California, more than 80% of cases reported each year are due to reactivation of LTBI among individuals with long-standing untreated infection (e.g., contacts to persons with TB disease, immigrants arriving with a class B notification, and other high-risk populations). Efforts to prevent future TB cases should include:

- Maximizing treatment initiation and completion for LTBI in high-risk populations
- Promoting the use of the shortest effective LTBI treatment regimens
- Increasing access to adherence technologies to enhance follow-up and treatment completion

LHJs experiencing success with certain strategies are encouraged to share best practices with CDPH TBCB and other TB programs.

5. Local Health Jurisdiction Responsibilities

LHJs agree to:

- Direct activities toward achieving the program objectives set forth by CDPH TBCB
- Use these funds in accordance with the CDPH TBCB Standards and Procedures Manual, and with any additional guidance set forth by CDPH TBCB regarding the granting, use and reimbursement of TB local assistance funds

- Use these funds to augment existing funds and not supplant funds that have been locally appropriated for the same purposes. Local assistance funds are intended to provide local entities with increased capabilities to address TB control needs. Supplanting of funds is defined (for the purposes of this agreement) as using local assistance award monies to “replace” or “take the place of” existing local funding. For example, reductions in local funds cannot be offset by use of CDPH TBCB dollars for the same purpose.
- Submit information and reports as requested by CDPH TBCB
- Abide by the most recent standards of care for TB treatment, control and prevention as promulgated by:
 - California Department of Public Health¹
 - California Tuberculosis Controllers Association²
 - American Thoracic Society³
 - Centers for Disease Control and Prevention⁴

5.1. Reporting Requirements

A. Case Reports

LHJs will comply with morbidity reporting requirements. All cases will be reported in California Reportable Disease Information Exchange (CaREDIE) using the Report of Verified Case of Tuberculosis (RVCT) form.⁵ (Case outcome information for cases counted in 2021 and prior years will be reported on the 2009 RVCT form. For TB cases counted in 2022 and later, LHJs will report using the 2020 RVCT form. Additional information on all cases treated with multidrug-resistant (MDR) TB medications should be reported using the MDR supplemental form.

LHJs will submit complete TB case data within two weeks of case confirmation, participate in RVCT trainings, and conduct quality control procedures, including reconciliation of case counts. LHJs will participate in other activities as needed to ensure accurate reporting on the RVCT and MDR forms.

When the diagnosis and/or care of a patient with TB is shared between LHJs because of multiple residences or movement between LHJs, LHJs shall communicate with each other

¹ [CDPH TBCB TB Guidelines and Regulations](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Guidelines-and-Regulations.aspx)

(www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Guidelines-and-Regulations.aspx)

² [CTCA Guidelines](http://ctca.org/guidelines/cdph-ctca-joint-guidelines/#) (ctca.org/guidelines/cdph-ctca-joint-guidelines/#)

³ [American Thoracic Society, CDC, Infectious Diseases Society of America. \(2016\)](http://www.cdc.gov/tb/publications/guidelines/pdf/clin-infect-dis.-2016-nahid-cid_ciw376.pdf)

[Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis](http://www.cdc.gov/tb/publications/guidelines/pdf/clin-infect-dis.-2016-nahid-cid_ciw376.pdf)

([cdc.gov/tb/publications/guidelines/pdf/clin-infect-dis.-2016-nahid-cid_ciw376.pdf](http://www.cdc.gov/tb/publications/guidelines/pdf/clin-infect-dis.-2016-nahid-cid_ciw376.pdf))

⁴ [CDC TB Guidelines](https://www.cdc.gov/tb/hcp/clinical-guidance/?CDC_AAref_Val=https://www.cdc.gov/tb/publications/guidelines/default.htm) (https://www.cdc.gov/tb/hcp/clinical-guidance/?CDC_AAref_Val=https://www.cdc.gov/tb/publications/guidelines/default.htm)

⁵ 2020 RVCT and MDR forms and reference materials are located in the Document Repository of CaREDIE. Log on and select Document Repository from the CDPH option on the menu bar. Under Report Forms & Documents, click on Tuberculosis Control Branch for a link to 2020 RVCT and MDR forms, revised manual, and TBCB guidance on CA fields.

to agree on the jurisdiction with appropriate case count authority, according to CDC case counting guidelines. When a decision cannot be reached between LHJs, CDPH TBCB will work with involved LHJs to assign a counting jurisdiction. Case counting guidelines are outlined in the CDC Report of Verified Case of Tuberculosis Instruction Manual.¹

B. Electronic Reporting

LHJs should enter RVCT case data for their jurisdiction directly into CalREDIE, the CDPH web-based reporting system for notifiable diseases, or a successor CDPH reporting platform if one is developed. For LHJs using CalCONNECT, data entry into fields that populate the RVCT in CalREDIE is also acceptable. Submission of hard copy RVCT for data entry into CalREDIE by CDPH TBCB will not be accepted. Direct entry of data into CalREDIE improves reporting processes including submission of case reports to CDC and tracking patients who have moved.

C. Data Security and Confidentiality

LHJs shall comply with recommendations set forth in CDC's "Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs."²

D. California Aggregate Report for Program Evaluation: Follow-up and Treatment for Contacts of TB Cases

LHJs will submit completed Preliminary and Final ARPE-Contact Investigation (CI) forms to CDPH TBCB annually. Reports are due March 19, 2027, for 2025 (Final) and 2026 (Preliminary). ARPE-CI instructions and forms can be found in the CalREDIE Document Repository and on the CDC DTBE ARPE webpage.³ Each year by early February, CDPH TBCB will email all LHJs: 1) Instructions and the MS Word form; 2) Excel workbook with reported cases by smear and culture status; 3) invitation to instructional webinars in February. CDPH TBCB submits ARPE-CI data to CDC on behalf of California LHJs.

ARPE-CI reporting may be accomplished by using CalCONNECT. LHJs entering all active TB cases and their contacts into CalCONNECT do not need to submit an ARPE form but are encouraged to check data using the ARPE-CI dashboard in CalCONNECT. CDPH TBCB will download and submit ARPE-CI data for these LHJs. LHJs entering some but not all contacts into CalCONNECT may submit a partial ARPE-CI with contacts

¹ [CDC \(2021\) 2020 Report of Verified Case of TB \(RVCT\) Instruction Manual](https://www.cdc.gov/tb/programs/rvct/InstructionManual.pdf) (cdc.gov/tb/programs/rvct/InstructionManual.pdf)

² [CDC \(2011\) Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action](https://www.cdc.gov/program-collaboration-service-integration/php/data-security/?CDC_AAref_Val=https://www.cdc.gov/nchhstp/programintegration/Data-Security.htm) (https://www.cdc.gov/program-collaboration-service-integration/php/data-security/?CDC_AAref_Val=https://www.cdc.gov/nchhstp/programintegration/Data-Security.htm)

³ ARPE forms are located in the Document Repository of CalREDIE. Log on and select Document Repository from the CDPH option on the menu bar. Under Report Forms & Documents, click on Tuberculosis Control Branch for a link to the ARPE forms. ARPE forms and instructions are also available on the [CDC DTBE ARPE](https://www.cdc.gov/tb/programs/evaluation/ARPE.html) (cdc.gov/tb/programs/evaluation/ARPE.html) webpage.

not entered into CalCONNECT, and CDPH TBCB will add the partial ARPE-CI data to the data from the ARPE-CI report in CalCONNECT.

E. California Aggregate Report for Program Evaluation: Targeted Testing and Treatment for Latent Tuberculosis Infection

In 2020, CDC reintroduced the ARPE-TT as a required annual report. The requirement of LHJs to report to CDPH TBCB is being phased in by LHJ morbidity level over the next few years. LHJs reporting more than 5 TB cases per year, based on 2024-2026 average, shall submit the ARPE-TT to CDPH TBCB, by March 19, 2027, for 2025 (Final) and 2026 (Preliminary) data as available. ARPE-TT forms and instructions can be found on the CDC DTBE ARPE webpage.¹ Each year by mid-February, CDPH TBCB will email all LHJs: 1) Instructions and the MS Word form; 2) invitation to instructional webinars in February.

F. Protocols for People Who Move

LHJs will use the most up-to-date National Tuberculosis Coalition of America (NTCA) forms for the transfer of patient care between LHJs in California or between states.¹

All patients moving out of the United States should be referred to CureTB. Instructions and referral forms can be found on the CureTB webpage². Note that referrals from California should be made to CureTB at (619) 542-4013 or by email at CureTB@cdc.gov.

Instructions for “Transfer Protocols - RVCT Reporting for Tuberculosis Patients that Move” can be found on the CDPH TBCB website.³

G. Outbreak Reporting

The California Code of Regulations (Title 17, Section 2502[c]) directs local health officers to immediately report TB outbreaks to CDPH. Reports should be conveyed by calling the CDPH TBCB Outbreak Duty Officer at (510) 620-3000. California TB surveillance definitions for outbreaks can be found on the CDPH TBCB website.⁴

LHJs should not delay reporting while genotype results are pending if an outbreak is suspected.

¹ NTCA protocol and forms can be found on the [TB Reporting Forms and Instructions for Local Health Departments](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx) webpage under Interjurisdictional Transfer Recommendations.

² [CDC CureTB](https://www.cdc.gov/migration-border-health/php/cure-tb/index.html) (https://www.cdc.gov/migration-border-health/php/cure-tb/index.html)

³ CDPH TBCB. (2019) RVCT Reporting Instructions for Tuberculosis Patients that Move. Can be found on the [TB Reporting Forms and Instructions for Local Health Departments](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx) webpage under Interjurisdictional Transfer Recommendations.

⁴ CDPH TBCB. (2023) Surveillance Definitions for TB Outbreaks. Can be found on the [Resources for Local Health Departments](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under Tools and Trainings.

LHJs are encouraged to report TB occurrences in which CDPH TBCB assistance may be useful (e.g., suspected outbreak, an infectious case in a sensitive population, large or complex CI).

H. Immigrants, Refugees, Parolees and Immigration Status Adjusters

LHJs will use the “Electronic Disease Notification (EDN) B-notification Follow-up Worksheet”¹ to report the results of U.S. evaluations of immigrants and refugees arriving with A/B-notifications. Evaluations should be completed and Worksheet results submitted within 120 days of notification of arrival in the U.S., or as soon as the American Thoracic Society TB classification has been assigned. Submission of treatment information, including outcomes, for persons diagnosed with ATS TB 2 or 4 is strongly encouraged. However, treatment outcomes should be submitted separately from evaluation outcomes, to prevent delayed evaluation reporting. LHJs receiving email notifications from EDN should enter the Worksheet results, including any LTBI treatment information, online into EDN. LHJs receiving secure email notifications from CDPH TBCB should submit the Worksheet, including any LTBI treatment information, by fax or secure email.

LHJs are strongly encouraged to work with civil surgeons in their jurisdiction to communicate reporting requirements and referral recommendations for immigration status adjustment applicants testing positive for LTBI, or with findings concerning for TB disease. All civil surgeons are required to use eMedical to report status adjusters with LTBI (not through CalREDIE provider portal). Data from eMedical will be transferred into the EDN system, and LHJs with EDN access will receive notifications of LTBI in EDN. LHJs are encouraged to refer or provide status adjusters with LTBI treatment, and report outcomes using the Follow-up Worksheet in EDN, or other state system if available. Please contact CDPH TBCB for questions, updates on reporting systems, and access to EDN.

5.2. Program Evaluation and Program Improvement

Program evaluation is a systematic review of priority program-area performance and improvement. LHJs are expected to be familiar with the California TB indicator reports, B notification and civil surgeon reports, National TB indicators reports, California performance objectives and local TB program performance.² Local assistance funding should be used to meet local and California TB performance objectives.

CDPH TBCB systematically reviews statewide data to decide which TB indicators to prioritize, and to inform work with select local TB programs. CDPH TBCB will contact LHDs based on their performance and contribution to statewide underperformance on prioritized indicators.

¹ EDN B-notification Follow-up Worksheet and additional guidance can be found on the [TB Reporting Forms and Instructions for Local Health Departments](https://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Reporting-Forms-and-Instructions-for-LHDs.aspx) webpage under A/B-Notification Reporting.

² Program evaluation and improvement resources can be found on the [Tuberculosis Disease Data and Publications](https://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx) webpage under TB Disease Data.

CDPH TBCB will collaborate with chosen LHDs on an annual basis to review their program performance summary data (provided by CDPH TBCB) and discuss opportunities for program improvement.

LHJs that receive annual performance reports from CDPH TBCB are expected to conduct internal reviews of their program performance summary data each year and consider opportunities for program improvement. CDPH TBCB sends performance reports to LHJs reporting an average of 15 or more TB cases per year, on most recent three-year average. CDPH TBCB staff are available upon request to provide consultation and technical assistance for program improvement.

LHJs reporting fewer than 15 TB cases annually are encouraged to review their TB data in the most recent “California TB Snapshot,” California TB Dashboard” and “California Data Tables,”¹ and any other CDPH TBCB-provided data reports. CDPH TBCB staff are available upon request to provide consultation and technical assistance for program improvement.

For consultation regarding program evaluation and program improvement, please contact your assigned CDPH TBCB Program Liaison and/or Epidemiology Liaison (see [Part 1 Section 5.8](#)).

5.3. Rights of the Tuberculosis Control Branch

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

5.4. Cancellation/Termination

- It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this agreement does not appropriate sufficient funds for the program, this agreement shall be of no further force and effect. In this event, CDPH shall have no liability to pay any funds whatsoever to LHJ or to furnish other considerations under this agreement and LHJ shall not be obligated to fulfill any provisions of this agreement.
- If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, CDPH shall have the option to either cancel this agreement with no liability occurring to CDPH or offer an agreement amendment to the LHJ reflecting the reduced amount.
- CDPH TBCB reserves the right to cancel or terminate this agreement immediately for cause.* LHJ may submit a written request to terminate a TB local assistance award only if CDPH TBCB substantially fails to perform its responsibilities.

¹ CDPH TBCB. California TB Snapshot and California Data Tables. Can be found on the [Tuberculosis Disease Data and Publications](https://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx) webpage under Annual TB Reports.

*The term “for cause” means that LHJ fails to meet the terms, conditions, and/or responsibilities of a TB local assistance award.

- Agreement termination or cancellation is effective as of the date indicated in the CDPH TBCB notification to LHJ. The notice stipulates any final performance, invoicing or payment requirements.
- Upon receipt of a notice of termination or cancellation, LHJ will take immediate steps to stop performance and cancel or reduce subsequent agreement costs.
- In the event of early termination or cancellation, LHJ is entitled to compensation for services performed satisfactorily under this agreement and expenses incurred up to the date of cancellation and any non-cancelable obligations incurred in support of the TB local assistance award.

5.5. Avoidance of Conflicts of Interest by Local Health Jurisdiction

LHJ agrees to make all reasonable efforts to ensure that no conflict of interest exists between its officers, agents, employees, consultants or members of its governing body.

- LHJ will prevent its officers, agents, employees, consultants or members of its governing body from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others such as those with whom they have family, business or other ties.
- In the event that CDPH TBCB determines that a conflict-of-interest situation exists, any cost associated with the conflict may constitute grounds for termination of the TB local assistance award. This provision will not be construed to prohibit the employment of persons with whom LHJ’s officers, agents, or employees have family, business or other ties so long as the employment of such persons does not result in increased costs over those associated with the employment of other equally qualified applicants and such persons have successfully competed for employment with other applicants on a merit basis.

5.6. Indemnification

LHJ agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all LHJs, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the project, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by LHJ in the performance of any activities related to a TB local assistance award.

5.7. Other

- TB Local Assistance Awards are not assignable by LHJ, either in whole or in part without a formal written amendment by CDPH TBCB.
- LHJ will act in an independent capacity and not as officers/employees/agents of the State.
- LHJ will notify CDPH TBCB prior to any public or media event publicizing project data.

5.8. Communicating with the Tuberculosis Control Branch

When communicating with CDPH TBCB, please contact your LHJ's assigned Program Liaison, Fiscal Analyst, Epidemiologist, or Outbreak Liaison.¹

Fiscal questions should be directed to your assigned Fiscal Analyst. Programmatic questions should be directed to your assigned Program Liaison.

CDPH TBCB Civil Detention Coordinator Chris Keh may be reached at (510) 620-3000 or by email at Chris.Keh@cdph.ca.gov.

¹ CDPH TBCB. Program, Fiscal, Epidemiology and Outbreak Response Liaison Assignments. Can be found on the [Resources for Local Health Departments](https://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) webpage under Liaison Assignments for Local Health Jurisdictions.

Part 2 - Guidelines on Use of TB Local Assistance Funds

1. Use of Base Award Funds

Local assistance funds must be used exclusively for TB-related activities in accordance with the requirements set forth in [Part 1 Section 4](#) and [Part 1 Section 5](#). Allowable expenses include: salaries and benefits for personnel involved in TB control activities, equipment, supplies, TB-specific training and travel. **TB medication expenses are reimbursable from state funds only.** See [Part 2 Section 1.1](#) for allowable expenditures and [Part 2 Section 1.2](#) for non-allowable expenditures. Local assistance funds should be used to support licensed professionals only to perform services called for.

1.1. Allowable Expenditures FY 2026-2027

The following expenditures are usually approved when used to support CDPH TBCB Priorities I and II. This list is not comprehensive and the presence of an item on the Allowable list does not imply automatic approval. Please contact your assigned TBCB Fiscal Analyst for guidance.

Equipment

- Cell phones
- Computer hardware
- Computer software for data management of cases and contacts
- Printers, scanners, fax machines
- Video or eDOT equipment or services (see [Part 2 Section 1.4](#))

Fixed Assets

- In-room air cleaners (HEPA filters)
- Laboratory or Radiographic equipment
- Sputum induction devices (booths or hoods)
- TB testing equipment

Food, Shelter, Incentives & Enablers

- Delivery services
- Food vouchers/Gift Cards
- Patient housing
- Personal products
- Rideshare services
- Transportation tokens or vouchers

Indirect Costs (Optional)

- LHJ specific rates are approved each year by CDPH
- Rates may not exceed 15% of total allowable direct costs or 25% of total personnel services costs

Laboratory (TB-related)

- Chest x-rays
- Culture, smear, drug susceptibility testing
- Rapid diagnostic tests
- Specimen transport

Medications (anti-TB only)

- Limited to state funds portion of award (see [Part 2 Section 1.5](#))

Personnel (conducting TB prevention and control activities)

- MDs, NPs, Clinical RNs, Radiologists, PHNs, CDIs, Community Workers, Laboratory Staff, Clerks, Social Workers, Financial Screeners, Epidemiologists, Interpreters

Supplies

- Laboratory supplies
- Medical clinic supplies
- Office supplies

Travel

- In-jurisdiction for DOT, case management, CI
- Out-of-jurisdiction (in-state) associated with training
- Out-of-state travel only with prior CDPH TBCB approval

Training (TB-related)

- CTCA conference expenses
- Curry International TB Center training
- Educational materials
- Respirator fit testing

Vehicle Leasing Fees**Other**

- Local detention activities as described in H&SC Section 121451
- Patient locating services

1.2. Non-Allowable Expenditures FY 2026-2027

The following expenditures will not be approved:

Facility Leasing or Rental Fees

- Building or office space

Furniture

- Desks
- File cabinets
- Modular furniture
- Tables

General Building Renovation Fees**Laboratory Renovations****Patient Insurance Co-Pays****Promotional Items and Advertising**

- e.g., TB program or health department labeled pens, coasters, banners

TB Clinic Renovations**Travel**

- Out-of-country
- Out-of-State without prior CDPH TBCB approval

Other

- Alcohol or Tobacco

1.3. State TB Mandates

In 2012, the Commission on State Mandates determined that Health and Safety Code (H&SC) Sections 121361, 121362 and 121366 imposed a partially reimbursable state mandated program upon local agencies. To address these activities, the H&SC was amended to include Sections 121451 and 121452.

H&SC Section 121451 states that a local entity that receives funding from the state for the purposes of TB control shall first allocate the moneys received for the actual costs of the activities described below before allocating the moneys for any other purposes or activities.

A. Local Detention

When a person who has active TB or is reasonably believed to have active TB is discharged or released from a detention facility, LHJ may reimburse a detention facility for both of the following:

- Drafting and submitting notification to the local health officer
- Submitting the written treatment plan that includes the information required by Section 121362 to the local health officer (does not include drafting the written treatment plan)

When a person who has active TB or is reasonably believed to have active TB is transferred to a local detention facility in another jurisdiction, LHJ may reimburse the facility for both of the following:

- Drafting and submitting notification to the local health officer and the medical officer of the local detention facility receiving the person
- Submitting the written treatment plan that includes the information required by Section 121362 to the local health officer and the medical officer of the local detention facility receiving the person (does not include drafting the written treatment plan)

B. Local Health Officer or Designee

Either of the following activities may be reimbursed with TB local assistance funds if those activities are carried out by a local health officer or their designee:

- Receiving and reviewing for approval within 24 hours of receipt only those treatment plans submitted by a health facility. This activity includes all of the following:
 - Receiving the health facility's treatment plan
 - Sending a request to a health facility for medical records and information on TB medications, dosages, and diagnostic workup; and reviewing records and information
 - Coordinating with the health facility on any adjustments to the treatment plan
 - Sending approval to the health facility
- Drafting and sending a notice to the medical officer of a parole region, or a physician or surgeon designated by the California Department of Corrections and Rehabilitation, if there are reasonable grounds to believe that a parolee has active TB and ceases treatment for the disease.

C. Counsel to Nonindigent Patients with Tuberculosis

LHJ may reimburse costs for cities and counties to provide counsel to nonindigent patients with TB who are subject to a civil order of detention issued by a local health officer pursuant to Section 121365 upon request of the patient. Services provided by counsel include representation of the patient with TB at any court review of the order of detention required by Section 121366.

1.4. Equipment and Services for Electronic Directly Observed Therapy

LHJs using local assistance award funds to purchase equipment (e.g., cell phones or webcams) or services (e.g., cell phone service or eDOT vendor contracts) for electronic directly observed therapy (eDOT) will certify in writing that they have a written eDOT policy and procedures. LHJs are responsible for ensuring methods used are in compliance with the Health Insurance Portability and Accessibility Act of 1996 and any other applicable privacy laws.¹ LHJs should review the CDPH-CTCA "Joint Guidelines for Electronic Directly Observed Therapy (eDOT) Program Protocols in California"² and contact their assigned CDPH TBCB Program Liaison for assistance (see [Part 1 Section 5.8](#)).

1.5. TB Medication Expenditures

To comply with federal restrictions on fund use, reimbursement of medication expenditures is limited to the amount of the state fund portion of the award.

¹ A link to the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](https://www.hhs.gov/hipaa/for-professionals/index.html) can be found on the Health and Human Services (hhs.gov/hipaa/for-professionals/index.html) website.

² [CDPH-CTCA Joint Guidelines for Electronic Directly Observed Therapy \(eDOT\) Program Protocols in California](https://www.ctca.org/wp-content/uploads/2018/11/CDPH_CTCA-eDOT-Guidelines-Cleared-081116.pdf) (ctca.org/wp-content/uploads/2018/11/CDPH_CTCA-eDOT-Guidelines-Cleared-081116.pdf)

1.6. Expense Allowability and Fiscal Documentation

LHJs will maintain records reflecting actual expenditures for applicable budget periods.

- Invoices, received from LHJ and accepted for payment by CDPH TBCB, will not be deemed evidence of allowable agreement costs.
- LHJs will maintain for review and audit and supply to CDPH TBCB upon request, adequate documentation of all expenses claimed pursuant to these TB local assistance awards to permit a determination of expense allowability for a minimum of 5 years after final payment.
- If the allowability of an expense cannot be determined by CDPH TBCB because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate according to generally accepted accounting principles or practices, all questionable costs may be disallowed and payment may be withheld by CDPH TBCB. Upon request of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.

1.7. Payment and Recovery of Overpayments

- CDPH TBCB reserves the right to question and re-negotiate reimbursement for any expenditure that may appear to exceed a reasonable cost for the service.
- Compensation provided for expenses incurred in the performance of the award (including travel, per diem, and taxes) will be considered as paid.
- Federal local assistance award funds may not be used for litigation costs.
- LHJ agrees that claims based upon a TB local assistance award or an audit finding and/or an audit finding that is appealed and upheld, will be recovered by CDPH TBCB by one of the following options:
 - LHJ's remittance to CDPH of the full amount of the audit exception within 30 days following a CDPH TBCB request for repayment
 - A repayment schedule that is agreeable to both TBCB and LHJ
- CDPH TBCB reserves the right to select which option will be employed and LHJ will be notified by CDPH TBCB in writing of the claim procedure to be utilized.
- Interest on the unpaid balance of the audit finding or debt will accrue at a rate equal to the monthly average of the rate received on investments in the Pooled Money Investment Fund commencing on the date that an audit or examination finding is mailed to LHJ, beginning 30 days after LHJ's receipt of the CDPH TBCB demand for payment.
- If LHJ has filed a valid appeal regarding the report of audit findings, recovery of the overpayments will be deferred until a final administrative decision on the appeal has been reached. If LHJ loses the final administrative appeal, LHJ will repay CDPH the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from LHJ's first receipt of the CDPH TBCB notice requesting reimbursement of questioned audit costs or disallowed expenses.

2. Additional Guidance for Base Award Use

LHJs receive a single Letter of Award specifying amounts by funding source. The State Base Award includes Food, Shelter, Incentives and Enablers (FSIE) and Housing Personnel funding. All or part of an award can be used for FSIE expenditures.

2.1. Purpose of Housing Personnel Funds

Housing Personnel funding included in the State Base Award is not intended for FSIE expenditures. The State Base Award includes a separate amount for FSIE expenditures.

- Housing Personnel funds specifically support personnel that work directly with patients with TB who are:
 - Experiencing homelessness, or
 - At risk of experiencing homelessness, or
 - At risk for not completing treatment
- Eligible activities and expenditures for Housing Personnel funds included as part of the State Base Award are those that foster the use of less restrictive alternatives to decrease or prevent the need for detention. Some examples are:
 - Personnel salaries and benefits for personnel such as outreach workers, communicable disease investigators, social workers, or public health nurses that work with the specified population to attain the desired outcomes
 - Local mileage for personnel to perform directly observed therapy (DOT) or other services to ensure completion of therapy

2.2. Purpose of Food, Shelter, Incentives and Enablers Funds

FSIE funds are intended to improve adherence and motivate patients to successfully complete treatment. These funds may be used to provide food, incentives, and enablers for patients with confirmed or suspected TB, as well as their contacts. Additionally, funds may be used to provide shelter for patients with confirmed or suspected TB experiencing homelessness or at risk of homelessness (see [Part 2 Section 2.2.B.](#) for the definition of homelessness).

Incentives are tailored rewards that encourage or acknowledge patient treatment adherence (e.g., gift cards for gas, groceries, or meals, movie tickets, or children's toys). Enablers are practical resources that help patients overcome barriers to treatment adherence (e.g., clinic or treatment appointment transportation, social service referrals, assistance with rent, mortgage, or utility bills, or gift cards for gas, groceries, or meals). The specific types of incentives and enablers may vary based on local program policies and procedures.

For more information on strategies to help promote patient treatment adherence or questions about what qualifies as an incentive or enabler, please contact your assigned CDPH TBCB fiscal analyst (see [Part 1 Section 5.8](#)).

LHJs are expected to allocate FSIE funding included in their Base Award for FSIE expenditures before requesting Supplemental Funding.

A. Directly Observed Therapy (DOT) for Funds Used to Provide Shelter

LHJs will provide in-person DOT or eDOT for patients with confirmed TB and for patients suspected of having TB that are housed using local assistance award funds. For additional

requirements, please see “Policy for Housing Patients with Confirmed or Suspected Tuberculosis who are Considered Infectious.”¹

B. Definition of Persons Experiencing Homelessness

This definition is taken from the CDC Report of Verified Case of Tuberculosis Instruction Manual.² A person experiencing homelessness may be defined as:

- An individual who lacks a fixed, regular, and adequate nighttime residence
- An individual who has a primary nighttime residence that is:
 - A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); or
 - An institution that provides a temporary residence for individuals intended to be institutionalized; or
 - A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings

A person experiencing homelessness may also be defined as a person who has no home (e.g., is not paying rent, does not own a home, and is not steadily living with relatives or friends). Persons in unstable housing situations (e.g., alternating between multiple residences for short stays of uncertain duration) may also be considered experiencing homelessness.

A person experiencing homelessness is someone who lacks customary and regular access to a conventional dwelling or residence. This includes persons living outdoors or in places not meant for housing, residents of homeless shelters or shelters for persons experiencing domestic violence, and residents of welfare hotels or single room occupancy (SRO) hotels. In rural areas where shelters are limited, experiencing homelessness may also include living in non-residential structures, substandard housing, or with relatives. Persons in a correctional setting are not considered to be experiencing homelessness.

C. Using FSIE Funds for Hospitalization of Patients With TB Experiencing Homelessness

By providing funds to house patients with TB experiencing homelessness, it was the intent of the 1997-1998 State Budget Initiative to improve completion of therapy for TB, decrease the need for detention of patients with TB experiencing homelessness, and decrease the number of patients with TB experiencing homelessness that are lost to follow-up. The Initiative was also designed to reduce the need for hospitalization of patients with TB experiencing homelessness. CDPH TBCB recognizes, however, that when no other form of

¹ CDPH TBCB. Policy for Housing Patients with Confirmed or Suspected Tuberculosis who are Considered Infectious. Can be found on the [Tuberculosis Guidelines and Regulations](https://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Guidelines-and-Regulations.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Guidelines-and-Regulations.aspx) webpage under Guidelines and Regulations.

² [CDC. \(2020\) Report of Verified Case of Tuberculosis \(RVCT\) Instruction Manual](https://cdc.gov/tb/programs/rvct/InstructionManual.pdf) (cdc.gov/tb/programs/rvct/InstructionManual.pdf)

housing is available, or the patient is acutely ill, there may still be a need to hospitalize a patient with TB who is experiencing homelessness.

Use of FSIE funds for hospitalization may be approved when the following criteria are met:

- The patient is unhoused at the time of hospital admission.
- The patient is infectious or too ill to place in any other available housing. This must be clearly documented by the local health department in the patient's chart.
- All other payer sources have been explored and found inadequate or unavailable.
- The patient is not eligible for Medi-Cal and does not have other insurance.
- The patient is not under an order of detention as stated in H&SC Section 121365(d),(e)¹. CDPH TBCB has a separate request and reimbursement process for Civil Detention funding (see Part 2 Section 5). Each proposed detention should be discussed with your assigned CDPH TBCB Program Liaison and/or Civil Detention Coordinator (see Part 1 Section 5.8) as soon as the need for detention arises. While both H&SC Section 121365(d) and (g) require the isolation of the patient, H&SC Section 121365(g) does not require that the patient be detained.

Additionally, as required by H&SC Sections 121361 and 121362, the hospital must submit a written treatment plan to the local health department of the county where the hospital is located and receive approval prior to discharging or transferring the patient. Approval is not required for transfer to a general acute care hospital when there is an immediate need for a higher level of care. The local health department should develop a plan for housing patients with TB experiencing homelessness. For consultation on developing a plan, please contact your assigned CDPH TBCB Program Liaison (see Part 1 Section 5.8). LHJs considering FSIE funding to cover part or all of the cost of hospitalization will contact their assigned CDPH TBCB Fiscal Analyst for approval.

3. Supplemental Funds Awards

Supplemental funding is available to LHJs that have not received funding, have expended awarded funding, or project to do so before the end of the fiscal year. Supplemental Funds Awards are intended to assist LHJs with urgent and/or increased needs related to treatment adherence and completion or acute non-enduring situations.

3.1. Treatment Adherence and Completion: Food, Shelter, Incentives, and Enablers

Supplemental funding intended to improve adherence and motivate patients to successfully complete treatment may be used to provide food, incentives, and enablers for patients with confirmed or suspected TB, as well as their contacts. Additionally, funds may be used to provide shelter for patients with confirmed or suspected TB experiencing homelessness or at risk of

¹ CDPH TBCB. Select California Health and Safety Codes (PDF). Can be found on the Tuberculosis Guidelines and Regulations <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-Health-and-Safety-Codes-2017.pdf> under Guidelines and Regulations.

homelessness. Circumstances warranting exceptions will be considered and approval will be made on a case-by-case basis. Exceptions may be in accordance with [Part 2 Section 2.2](#) of this manual.

3.2. Acute Non-Enduring Situations: Special Needs

Supplemental funding intended to support LHJs with special needs associated with acute and non-enduring TB control activities such as outbreaks, extended contact investigations, and cases of multidrug-resistant (MDR) TB is typically funded for a maximum duration of six months:

- Eligible expenditures include support for additional personnel, benefits, travel, translation services, laboratory testing, supplies and services such as a portable X-ray van to conduct on-site screening of contacts for active TB disease and/or other allowable expenditures needed to assist with TB control activities.
- Ineligible expenditures include in-patient care, support for routine, on-going TB control activities, “not allowed” expenses under [Part 2 Section 1.2](#) and any expenditure that can be covered by another source of funds.

CDPH TBCB is the funding source of last resort for supplemental funding needs. LHJs should attempt to find resources that allow the local TB control program to provide the necessary services to the patient with TB.

CDPH TBCB cannot ensure that sufficient funds will be available to pay every request. However, CDPH TBCB will endeavor to identify all appropriate available funds. Supplemental funding is awarded on a first come, first served basis, and made in accordance with merit of the request and availability of funds.

Available Supplemental Funds may be federal, state, or both. Approval of expenditures will be based on the most stringent applicable guidelines. LHJs that receive federal funds directly from CDC through a Tuberculosis Cooperative Agreement with CDC are only eligible for state funds, when available. **TB medication expenses are reimbursable from state funds only.**

LHJs may request supplemental funding as soon as the need has been identified. Requests will be reviewed and if approved, a letter of award will be issued. For instructions for submitting requests and invoicing for reimbursement, see [Part 3 Section 2](#). For additional information, please contact your assigned CDPH TBCB Fiscal Analyst.

4. Civil Detention Funds Awards

Civil Detention Funds are made available when possible to LHJs that need resources to detain patients with persistent nonadherence to TB treatment. Funding is considered on a case-by-case basis. H&SC Section 121358(a) prohibits the use of these funds for detentions carried out in correctional facilities. See [Part 2 Section 5.1](#) for allowable civil detention expenditures and [Part 2 Section 5.2](#) for non-allowable civil detention expenditures.

CDPH TBCB is the funding source of last resort for civil detention expenditures. LHJs should attempt to find resources that allow the local TB control program to provide the necessary services to the patient with TB.

Civil Detention Funds may be requested by and awarded to LHJs in accordance with the following guidance:

- LHJs requesting Civil Detention Funds will file with CDPH TBCB a current “Plan for the Detention of Persistently Non-Adherent Patients With Tuberculosis.” A template is available upon request.
- Reimbursement of up to \$285 per day, based on the facility type, may be requested for the cost of detention for isolation (H&SC Section 121365[d]).
- Reimbursement may be requested for costs associated with the completion of therapy (H&SC Section 121365[e]).
- Reimbursement may be requested for the actual cost of counsel provided to a nonindigent patient with TB, upon request of the patient who is subject to an order of civil detention issued by the local health officer. Services provided by counsel include representation of the patient with TB at any court review of the order of detention required by H&SC Section 121366 (H&SC Section 121451[c]).

LHJs may request Civil Detention Funds as soon as the need has been identified, discussed with your assigned CDPH TBCB Program Liaison and/or Civil Detention Coordinator (see [Part 1 Section 5.8](#)), and recommended for approval.

Requests will be reviewed and if approved, a letter of award will be issued. For instructions for submitting requests and invoicing for reimbursement, see [Part 3 Section 4.2](#). For additional information, please contact your assigned CDPH TBCB Fiscal Analyst.

4.1. Allowable Civil Detention Expenditures

All civil detention reimbursement requests are reviewed on a case-by-case basis. Proof of third-party payer non-eligibility must be provided to CDPH TBCB prior to invoice payment.

- **Room Accommodation**
Including access to toileting and bathing, meals, housekeeping, laundry, provision of nursing care for administration of TB medication by DOT and visitation procedures
- **Health or Other Treatment Facility**
 - Acute Care Hospital (up to \$285 per day)
 - Skilled Nursing Facility (up to \$285 per day)
 - Alcohol and Drug Rehabilitation Facility (\$50 per day)
 - Mental Health Rehabilitation Center (up to \$285 per day)
 - Other Health Care/Treatment Facility (up to \$285 per day)
 - Motel with elopement prevention measures (up to \$285 per day)
- **Other Expenditures**
- **Additional Patient Services**
 - Provision of TB clinical services for medical evaluation, monitoring, and follow-up
 - Mental health, substance use and spiritual counseling
 - Counsel for a nonindigent patient with TB, upon request of the patient who is subject to an order of civil detention issued by the local health officer. Services provided by counsel include representation of the patient with TB at any court review of the order of detention required by H&SC Section 121451.
 - Recreation
 - Elopement prevention
May include: 24-hour security, security guard, closed circuit television, electronic monitoring, alarm on doors, and electronic keypad for entry and exit

- **Medication**
 - Utilizing the most cost-efficient method of purchasing TB medication (i.e., third-party payer, or a discounted drug purchasing program)
- **Transportation**
 - Ground transportation to and from a regional civil detention site on a pre-approved case-by-case basis

4.2 Non-Allowable Civil Detention Expenditures

These expenditures will not be approved for reimbursement:

- **Detention in a correctional facility**
- **Personal monitoring devices (unless court-ordered)**
- **Detention in a private residence**
- **Air transportation**

5. Local Assistance Award Reimbursement

- CDPH TBCB reimburses LHJ in arrears for actual expenditures in accordance with an approved and accepted award.
- Reimbursement is contingent upon CDPH TBCB approval of LHJ expenditures submitted by invoice.
- Reimbursement will be withheld if CDPH TBCB determines that LHJ is not adhering to the terms and conditions described in the Standards and Procedures Manual.
- It is mutually agreed that if the State of California Budget Act of the current year or the federal budget covered under these TB local assistance awards does not appropriate sufficient funds for the TB program, the awards shall be of no further force and effect. In this event, CDPH TBCB has no liability to pay any funds whatsoever to LHJs or to furnish any other considerations under this agreement and LHJs are not obligated to perform any provisions of TB local assistance awards.
- If state or federal funding for any fiscal year is reduced or deleted for purposes of this program, CDPH TBCB has the option to either cancel this agreement with no liability occurring to the State or offer an amendment to LHJ to reflect a reduced amount.
- Total reimbursement will not exceed the sum specified in the letter of award for Base Award, Supplemental Funds Award or Civil Detention Funds Award.
- Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.
- LHJs experiencing events that necessitate acute and non-enduring TB control activities for which no other funds are available, such as extended CIs, cases of MDR TB, and outbreaks may request Special Needs Funds (see [Part 2 Section 4](#)). Reimbursement for Base Award, Supplemental Funds Award and Civil Detention Funds Award will not be made more frequently than quarterly unless noted in the Letter of Award.
- A final undisputed invoice will be submitted for payment no more than 60 calendar days following the expiration or termination date of a TB local assistance award, unless a later or alternate deadline is agreed to in writing by your assigned CDPH TBCB Fiscal Analyst. Said invoice will be clearly marked "Final Invoice," indicating that all payment obligations of

CDPH TBCB under this agreement have ceased and that no further payments are due or outstanding. CDPH TBCB may, at its discretion, choose not to honor any delinquent final invoice if LHJ fails to obtain prior written approval of an alternate final invoice deadline.

Part 3 - Procedures

1. Process for Requesting and Invoicing Base Award Funds

1.1. Submitting Award Requirements

The following required documents shall be completed in accordance with the guidance provided in this document and submitted by the specified due date:

- TB Subrecipient Eligibility form, *signed* (required if accepting federal funds)
- Active SAM registration screenshot (required if accepting federal funds)
- Most recent Single Audit Report (required if accepting federal funds)
- Established eDOT Policy and Procedures certification, *signed* (required if requesting reimbursement)
- TB Base Award Budget workbook, in Excel format (submit with the following file naming convention: **[LHJ Name]-TB_Award-Budget-26**)
 - Program Contacts
 - Federal Detail Budget with Line Item Justifications (required if accepting federal funds)
 - State Detail Budget with Line Item Justifications
 - Funding Matrix
 - Summary Budget
- TB Base Award Budget summary page, *signed*
 - Copy of any subcontract (required if requesting reimbursement)
 - Official documentation of rate $\geq 53\%$ and benefits breakdown (if applicable)
- Allocation of Personnel Matrix (submitted in Excel format)
- LHJ TB Control Program organizational chart
- Acceptance of Award, *signed*

TB Subrecipient Eligibility form, Established eDOT Policy and Procedures certification, TB Base Award Budget workbook, Allocation of Personnel Matrix, and Acceptance of Award are posted on the CDPH TBCB Extranet. Where required, authorized original signatures can be electronic or in blue ink.

Submit your package of all required documents electronically to TBCB.Awards@cdph.ca.gov, using the **[LHJ Name]-TB_BASE-26** naming convention to facilitate tracking.

For additional questions regarding the award requirements submission process, please contact your assigned CDPH TBCB Fiscal Analyst by telephone or email.

1.2. Completing Your Base Award Budget

A. Salary Savings and the Local Health Jurisdiction Initial Budget

Submitted budgets should not include projected salary savings. LHJs with local requirements to include salary savings in their budget should contact their assigned CDPH TBCB Fiscal Analyst for additional guidance.

B. Medi-Cal Fee-for-Service Reimbursement of Directly Observed Therapy and Directly Observed Preventive Therapy, including eDOT

The use of directly observed therapy (DOT) as a strategy for improving completion of therapy and reducing adverse treatment outcomes is the standard of care. To the extent possible, DOT/eDOT services for Medi-Cal eligible patients should be reimbursed by Medi-Cal on a fee-for-service basis of \$19.23 per encounter.

Note: DOT is not reimbursable through Medi-Cal Managed Care Plans (MCP), and it is not necessary to bill an MCP and have the claim denied first. DOT should be billed directly to DHCS through the fee-for-service process. Only local health departments are eligible for DOT reimbursement, not providers. DOT is reimbursable whether delivered in-person, or through telehealth: both synchronous *or* asynchronous modalities are reimbursable. In addition, more than one DOT service per day is reimbursable, if necessary and the need is documented (e.g., MDR-TB or other condition).

The following rules apply to claims for Medi-Cal reimbursement for DOT services:

- Medi-Cal fee-for-service reimbursement for administering DOT or directly observed preventive therapy (DOPT) can only be billed for personnel who are either fully or partially funded with local revenue dollars. Medi-Cal reimbursement is not allowed for services provided by personnel who are fully funded through CDPH TBCB local assistance funds.
- A county or local overmatch is required to claim the Federal Financial Participation reimbursement. LHJs should determine which position(s) will provide Medi-Cal fee-for-service DOT or DOPT, and structure their local and CDPH TBCB local assistance budgets to maximize this revenue stream. Reimbursement is limited to the amount of county or local overmatch budgeted for the personnel providing the service.

Suggested options for structuring your budget:

- Option A
 - Identify the number and type of personnel who will provide Medi-Cal reimbursable services
 - Budget these positions to be fully funded with local revenue dollars
- Option B
 - Identify the number and type of positions who will provide Medi-Cal reimbursable services
 - Estimate the amount of Medi-Cal reimbursement expected for services provided by each identified position
 - Each position should be funded with local revenue dollars for an amount equal to or greater than the expected amount of Medi-Cal reimbursement
 - Position costs in excess of the expected amount of Medi-Cal reimbursement may be included on the Base Award budget

C. Federal Executive Level II Salary Cap

TB funding that consists of a combination of state and federal funds is subject to the Federal Executive Level II salary cap. The cap amount can be found at the [Salary Cap](#)

[Summary \(FY 1990 - Present\) | Grants & Funding](#) (grants.nih.gov/policy-and-compliance/policy-topics/nih-fiscal-policies/salary-cap-summary) webpage. On a federally funded award, LHJs may budget and invoice up to the salary cap amount. Any overage must be charged to a non-federal source such as local funds.

For Base Award budgets, LHJs will use the Federal Executive Level II amount for those staff members whose base salary is above the cap. The Total Annual Salary Amount is Base Salary times Effort on Project. The amount covered by local funds is the Total Annual Salary Amount minus the Capped Annual Salary Amount.

Below is an example for staff with a base salary of \$226,000 and an Executive Level II salary cap of \$225,700 for the award period:

Base Salary	Effort on Project	Total Salary Amount	Cap Amount	Amount Effort on Project	Capped Total Salary Amount
\$226,000	100%	\$226,000	\$225,700	100%	\$225,700

Example Base Award Detail Budget

Title/Name	New/Cont	Annual	FTE	Months	Amount
1. Medical Doctor/ Name	Cont.	\$225,700	1.0	12	\$225,700

Invoicing for the Capped Total Salary Amount each quarter

Base Salary	Effort on Project	Total Quarterly Salary Amount	Cap Amount	Amount Effort on Project	Capped Total Quarterly Salary Amount	Above Cap Quarterly Amount Covered by Local Funds
\$226,000	100%	\$56,500	\$225,700	100%	\$56,425	\$75

For questions about the Federal Executive Level II salary cap, contact your assigned CDPH TBCB Fiscal Analyst.

D. Personnel Costs (Benefited and Non-Benefited)

LHJs will provide budget information and line item justifications for CDPH TBCB funded positions on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget
 - Personnel (Benefited) line item category
 - List and consecutively number each benefited position as a separate line item (see [Example Personnel Costs Detail Budget below](#)). For each position, enter:
 - Position title and name
 - Indicate if the position is new or continuing
 - Housing Personnel (HP checkbox if applicable)
 - Annual salary
 - Full time equivalent (FTE)

- Months
- Total Line Item Amount
- Personnel (Non-Benefited) line item category
 - List and consecutively number each benefited position as a separate line item (see Example Personnel Costs Detail Budget below). For each position, enter:
 - Position title and name
 - Indicate if the position is new or continuing
 - Housing Personnel (HP checkbox if applicable)
 - Annual salary
 - Full time equivalent (FTE)
 - Months Total Line Item Amount

Example Personnel Costs Detail Budget

Personnel - Benefited

Title/Name	New/Cont	HP	Annual	FTE	Months	Total
1. Medical Doctor/Name	New	N	\$203,700	.05	12	\$10,185
2. Community Worker/Name	Cont.	N	\$35,000	1.0	12	\$35,000
3. Community Worker/Name	Cont.	Y	\$36,800	0.8	12	\$29,440
4. Epidemiologist/Name	New	N	\$60,000	1.0	12	\$60,000
Total Personnel (Benefited)						\$134,625

Benefits (rate, actual salary)

Title/Name	Rate	Salary	Total
1. Medical Doctor/Name	32%	\$10,185	\$3,259
2. Community Worker/Name	40%	\$35,000	\$14,000
3. Community Worker/Name	40%	\$29,440	\$11,776
4. Epidemiologist/Name	32%	\$60,000	\$19,200
Total Benefits			\$48,235

Personnel – Non-Benefited

Title/Name	New/Cont	HP	Annual	FTE	Months	Total
1. Community Worker/Name	New	N	\$38,000	0.5	12	\$19,000
1. Bilingual Bonus			\$80/mo	9	12	\$8,640
Total Personnel (Non-Benefited)						\$27,640

TOTAL PERSONNEL SERVICES \$210,500

- Line Item Justification
 - Include the following information for each position listed (see Example Line Item Justification below):
 - Position title

- Name(s) of the individual(s) filling the position. State “vacant” if position(s) is/are not filled
- Brief summary of the duties for the position; describe how the position contributes to conducting Strategy One and/or Strategy Two activities (see [Part 1 Section 4](#))
- Identify personnel salaried above the Federal Executive Level II salary cap
- Identify personnel funded with Housing Personnel funds, their activities, and the amount of FTE that match the criteria for the use of these dollars
- Identify personnel fulfilling the duties of a Correctional Liaison (see [Part 3 Section 1.2 Q](#))
- Identify personnel fulfilling the duties of a Linkage to Care Liaison for civil surgeon referrals (see [Part 3 Section 1.2 P](#))

Example Line Item Justification

- Personnel
 1. Medical Doctor (above salary cap)
Allison Smith (0.05 FTE) Reviews hospital discharge treatment plans, coordinates treatment adjustments and approves discharge.
 2. Community Workers
Henry Trevon (1.0 FTE) and Leo Segundo (0.8 FTE)
Henry Trevon and Leo Segundo provide DOT along with other patient follow-up services in a public health clinic to ensure completion of therapy.
 3. Epidemiologist (Vacant)
This individual analyzes RVCT form data and program records to identify disease trends, monitor patient outcomes, and program performance indicators.
 4. Community Worker
Luther X. Ray (0.5 FTE)
Luther X. Ray performs CI follow-up services in the field. He also provides DOT which is billed through the Medi-Cal TB Program fee-for-service DOT. He is supported for this portion of his effort by local revenue dollars.

E. Benefits

LHJs will provide budget information and line item justifications for CDPH TBCB funded position benefits on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget – Benefits line item category
Enter the benefit rate, actual salary and the amount of benefits budgeted for each position listed in the Personnel (Benefit) category (see [Example Personnel Costs Detail Budget](#) on page 24).
Benefit rates greater than 53% may be justified by submitting official documentation of the rate as well as a breakdown of the benefits.

F. Personnel Non-Benefited

LHJs will provide budget information and line item justifications for miscellaneous personnel line items (i.e., nurse retention bonus, bilingual bonus) on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget – Personnel (Non-Benefited) line item category
List any miscellaneous personnel line items as separate line items (see [Example Personnel Costs Detail Budget](#) on page 24).
- Line Item Justification
For each miscellaneous personnel item listed in the Detail Budget, include the following information in the Line Item Justification:
 - Name of the line item
 - A brief justification describing how line items assist staff in meeting identified program needs

Example Personnel (Non-Benefited) Justification

Bilingual Bonus

These bilingual individuals provide direct services to non-English speaking persons.

G. Travel and Per Diem

Reimbursement for travel expenses shall be in accordance with California Department of Human Resources policies for state employees.¹ Out-of-state travel requires prior CDPH TBCB approval. LHJ travelers are expected to maintain receipts for all claimed expenses.

- Mileage
Use mileage rate applicable to the period of travel. LHJs must maintain a travel log that includes traveler's name, purpose of the trip (e.g., DOT visit), date(s) of travel, and the total mileage for the trip.
- Lodging Rates
Reimbursement is made for actual receipted expenditures not exceeding the applicable federal rate established by the U.S. General Services Administration for the travel destination, available on the [GSA Per Diem Rates](http://gsa.gov/travel/plan-book/per-diem-rates) (gsa.gov/travel/plan-book/per-diem-rates) webpage. Lodging without a receipt will not be reimbursed.
- Meal and incidental Expenses
Actual meal and incidental (M&I) expenses incurred while on travel status will be reimbursed in accordance with the maximum rates and time frame requirements outlined below:
 - For each full 24 hours of travel: Up to the federal standard rate for M&I expenses established by the U.S. General Services Administration
 - On the first and last day of travel: Up to 75 percent of the federal standard rate for M&I expenses established by the General Services Administration

¹ [CalHR Travel Reimbursements](http://calhr.ca.gov/employees/Pages/travel-reimbursements.aspx) (calhr.ca.gov/employees/Pages/travel-reimbursements.aspx)

M&I Expense Total Daily	First & Last Day of Travel	Breakfast	Lunch	Dinner	Incidentals
Up to \$68	Up to \$51	\$16	\$19	\$28	\$5

LHJs will provide budget information and line item justifications for travel on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget – Travel line item category
 - List projected within jurisdiction travel separately from out-of-jurisdiction travel:
 - For within jurisdiction travel, indicate the number of miles and mileage rate
 - For out of jurisdiction travel, indicate travel expenses by category
- Line Item Justification
 - For within jurisdiction and out of jurisdiction travel, briefly describe purpose of travel. If applicable, identify the dollar amount of Housing Personnel funds and how the proposed activities meet the criteria for the use of these funds (see Example Travel Justification using Housing Personnel Funds below and Part 2 Section 1.8 for guidance on the use of Housing Personnel funds).

Example Travel Justification using Housing Personnel Funds

Within jurisdiction travel is required for community outreach workers and public health nurses to perform DOT, patient interviewing, and CI.

Out of jurisdiction travel is required for medical, nursing and other health professional staff to participate in continuing education through the annual CTCA conferences.

H. Equipment

Whenever the term equipment/property is used, the following definitions apply:

- Major equipment/property: A tangible or intangible item having a base unit cost of \$2,500 or more with a life expectancy of one year or more and is either furnished by CDPH TBCB or the cost is reimbursed through this Agreement.
- Minor equipment/property: A tangible item having a base unit cost of less than \$2,500 with a life expectancy of one year or more and is either furnished by CDPH TBCB or the cost is reimbursed through this Agreement.

LHJs are expected to document major equipment purchased with state funds. LHJs will request the “Equipment Purchased with CDPH TBCB Funds” form from their assigned CDPH TBCB Fiscal Analyst prior to invoicing and return the completed form to CDPH TBCB with the invoice for the purchase.

- Approval to purchase equipment is contingent upon LHJ’s ability to demonstrate that the purchase is a cost-effective means to meet a need related to the control and prevention of TB, best accomplished by clearly stating the purpose of the equipment.
- LHJ will contact Fiscal Analyst prior to any purchase of \$2,500 or more for equipment and services related to such equipment. LHJ must provide in its request for approval all particulars necessary for evaluating the justification of incurring such costs.
- All equipment and products purchased should be American-made, to the greatest extent possible.

- LHJs using CDPH TBCB local assistance award funds to purchase video or other electronic equipment or services for electronic directly observed therapy are expected to have an eDOT policy and procedures in place and submit a signed “Certification of Established Electronic Observed Therapy (eDOT) Policy and Procedures” prior to equipment purchase. The eDOT certification is available on the CDPH TBCB Extranet or available upon request.

LHJs will provide budget information and line item justifications for CDPH TBCB funded equipment on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget – Equipment line item category
Itemize equipment purchases and include:
 - The number of units, cost per unit, and total cost
 - Make and model number
- Line Item Justification
Briefly describe how the equipment will enhance ability to conduct TB prevention and control activities.

I. Supplies

Use this line item for office, clinic and laboratory supplies, such as tuberculin syringes.

LHJs will provide budget information and line item justifications for supplies on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget
Itemize projected expenditures into three categories (see Example Supplies Detail Budget below):
 - Office Supplies: state the total amount to be expended for these supplies; It is not necessary to list all the types of office supplies
 - Clinic Supplies: state the total amount to be expended for these supplies; It is not necessary to list all the types of clinic supplies
 - Laboratory Supplies: itemize all supplies to be purchased with the unit price and number needed for each type

Example Supplies Detail Budget

Line Item Category	Unit	Cost per Unit	Amount
Office Supplies			\$500
Clinic Supplies			\$100
Laboratory Supplies			
Reagents	5	\$75.00 ea	\$375
Disposable pipets	5	\$40.00 pkg	\$200
Centrifuge tubes	8	\$35.00 pkg	\$280
Total Supplies			\$1,455

J. Anti-TB Medication

To comply with federal restrictions on fund use, reimbursement of medication expenditures is limited to the amount of the state fund portion of the award.

LHJs will provide budget information and line item justifications for anti-TB medication on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget – Anti-TB Medication line item category
 - Itemize anti-TB medication you will purchase with the dollar amount for each drug (see Example of Anti-TB Medication Detailed Budget below):

Example Anti-TB Medication Detail Budget

Anti-TB Medication	Units	Cost per Unit	Amount
Rifampin	30	\$60	\$1,800
Isoniazid	30	\$20	\$600
Pyrazinamide	30	\$150	\$4,500
Total Anti-TB Medication			\$6,900

K. Subcontracts

LHJs will include a copy of each subcontract with their budget submission. A final draft is acceptable, but a copy of the final signed contract must be submitted to CDPH TBCB as soon as the local contract process is completed.

LHJs will provide budget information and line item justifications for subcontracts on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget – Contractual line item category
 - Itemize each subcontract on the detailed budget sheet
 - List the name of each subcontract organization
 - Indicate the period of service
 - Specify total dollar amount of each subcontract
 - Specify personnel and/or services, equipment and other costs for each subcontract. Provide the same details for personnel, benefits, travel, equipment, supplies and other costs covered under the subcontract as is required for the Base Award detail budget section.
- Line Item Justification

Briefly describe the following:

 - Purpose of the subcontract
 - Scope of work: Describe in outcome terms the specific services to be performed; Deliverables should be clearly defined.
 - Method of selection: State whether the contract is sole-source or competitively bid. If the organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform the service.
 - Method of Accountability: Describe how the progress and performance of the contractor will be monitored throughout the contract period. Identify who will be

responsible for supervising the contract. Include a schedule and description of the types and quantity of the services and/or product(s) to be delivered.

- If applicable, identify the dollar amount of Housing Personnel funds and how the subcontract meets the criteria for the use of these funds (see Part 2 Section 2.1) for guidance on the use of Housing Personnel funds).

L. Other Line Items

This line item is used for other direct costs that have not been listed elsewhere, and local detention activities as described in Health and Safety Code Section 121451.

LHJs will provide budget information and line item justifications for other line items on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget – Other line item category
Itemize each type of expenditure
- Line Item Justification
Provide a brief justification for all items listed in the Detail Budget – Other category

M. Food, Shelter, Incentives and Enablers

This line item is used for the Food, Shelter, Incentives and Enablers amount included with the Base State Award.

LHJs will provide budget information and line item justifications for FSIE expenses on the Detail Budget tab (totals will populate into the Summary Budget tab):

- Detail Budget
Type the FSIE amount
- Line Item Justification
Provide a brief justification for how FSIE funds will be used to improve adherence and to ensure that patients successfully complete treatment

N. Indirect Cost

Indirect costs are the expenses of doing business not readily identified within a grant or contract but needed for the general operation of the organization. Reimbursement for indirect costs is generally expressed as a percentage called an indirect cost rate (ICR) and is applied to either the total of Personnel Services (Salary and Benefits) or the total Allowable Direct Cost of the contract.

LHJ will submit an application annually to CDPH Financial Management Branch (FMB) with their proposed ICR percentage based on either the total cost of personnel services or total allowable direct cost. CDPH FMB will review applications and approve rates for the upcoming fiscal year. ICR will be capped at the CDPH approved rate for each individual LHJ, but not to exceed 25% of total personnel services costs or 15% of total allowable direct costs. For more information regarding approved county indirect cost rates, please contact the FMB by email at CDPH-ICR-mailbox@cdph.ca.gov.

Reduced Indirect Costs

LHJs are **not required** to include an ICR in their TB local assistance award budgets. LHJs may choose to not include ICR in their award budget or may elect to include an ICR that is less than their approved rate.

O. Designation of a Correctional Liaison

Ensuring continuity of care for patients with TB who transfer between correctional facilities and/or detention facilities and the community is an important TB prevention and control activity. Each LHJ should identify its needs and determine the duties most appropriate for their Correctional Liaison. The NTCA Public Health TB Corrections Liaison Model Duty Statement and Core Competencies¹ may be useful in determining these duties.

The designee should be LHJ's Correctional Liaison identified in the CTCA Directory² unless a recent change is not yet reflected.

To identify the designee in your submission package:

- If this position is supported through local assistance subvention funds, include the following statement in the line item justification: "Fulfills the duties of a Correctional Liaison."
- If the Correctional Liaison is supported through other funds, then indicate the name and position classification of the staff member responsible for fulfilling these duties in the cover letter included with the submission package.

P. Designation of a Linkage to Care Liaison for Civil Surgeon Referrals

Ensuring linkage to care or referral of individuals with suspected TB and LTBI to care is an important TB prevention and control activity. Persons seeking adjustment of immigration status have TB testing performed by civil surgeons; civil surgeons are required to report those with LTBI to LHJ. Each LHJ should identify a Linkage to Care Liaison for civil surgeon referrals who is responsible for responding to inquiries from civil surgeons and helping persons with LTBI to be linked to treatment. The sites of care for LTBI treatment may include health department clinics, community clinics, primary care providers, or other providers designated by your program.

The designee would be a staff member who serves as a point of contact and lead for your program for responding to inquiries from civil surgeons. Reporting and care linkages may be handled by a number of persons but a point of contact or lead for TB prevention for civil surgeons should be identified.

To identify the designee in your submission package:

- If this position is supported through local assistance subvention funds, include the following statement in the line item justification: "Fulfills the duties of a Linkage to Care Liaison for civil surgeon referrals."

¹ [NTCA. \(2015\) Public Health TB Corrections Liaison Model Duty Statement](https://tbcontrollers.org/docs/CoreCompetencies/Corrections_Liaison_Competencies_09-2015.pdf)

(tbcontrollers.org/docs/CoreCompetencies/Corrections_Liaison_Competencies_09-2015.pdf)

² [CTCA Directory of Public Health Staff](https://ctca.org/wp-content/uploads/CTCA-Directory.pdf) (ctca.org/wp-content/uploads/CTCA-Directory.pdf)

- If the Linkage to Care Liaison is supported through other funds, then indicate the name and position classification of the staff member responsible for fulfilling these duties in the cover letter included with the submission package.

1.3. Receiving Your Base Award

CDPH TBCB issues to LHJ a Letter of Award including the approved summary budget upon approval of the submission package.

1.4. Managing Your Base Award

A. Submitting Base Award Invoices

For services satisfactorily rendered, and upon receipt and approval of the invoices, CDPH TBCB agrees to reimburse LHJ for actual expenditures incurred in accordance with an approved TB local assistance award budget.

Invoices should be **separated by funding source**, signed by an authorized representative certifying that the expenditures claimed represent actual expenses, and submitted on LHJ letterhead quarterly (see Part 3 Section 1.4 A) in arrears, electronically to tbcbawards@cdph.ca.gov.

The official signature(s) can be electronic or in blue ink.

1. Guidance for Submitting Base Award Invoices by Funding Source

To facilitate timely reimbursement, use current Base Award invoice templates by funding source and include the following information:

- Invoice date
- Billing period
- Award number by funding source (see Letter of Award)
- Amount to be reimbursed by line item category:
 - Personnel (Benefited), include title, name, salary and benefits detail
 - Personnel (Non-Benefited), include title, name, and salary detail
 - Allowable travel and per diem expenses (in-state only) will be reimbursed using state rates. See Part 3 Section 1.2 G for details.
 - Equipment, provide item details (make, model, cost per unit, and number of units for each). CDPH TBCB reserves the right to request evidence of payment purchase, e.g., official county purchase order, and a brief description of the item(s) purchased including make and model number.
 - Supplies, include office, medical and laboratory supplies
 - Anti-TB medications, request for reimbursement must not exceed the State Base Award
 - Other Costs (including local detention activities as described in Health and Safety Code Section 121451), provide a description of each item
 - Food, Shelter, Incentives and Enablers, include amount by line item and provide the following detail:

- Shelter, include name or type of lodging and TB case RVCT or CalREDIE number or the local TB suspect ID number. Do not submit any patient identifiers, such as name, address, or birth date.
- Patients receiving housing assistance and/or shelter, verify and indicate that treatment was administered via DOT during the time housing was provided
- Food items, meals, incentives, enablers, itemize and cross-foot (e.g., 20 personal hygiene kits @ \$3.50, total \$70; 100 bus vouchers @ \$1.00, total \$100; 50 food coupons @ \$3.00, total \$150). If items such as gift cards included a discount, please include the discount as a separate line item (e.g. 50 food coupons discount @ (\$0.50) total (\$25.00).

It is not necessary to submit evidence of FSIE expenditures with the invoice. However, LHJs are required to maintain this documentation. Please contact your assigned CDPH TBCB Fiscal Analyst for more information regarding record retention requirements.

CDPH TBCB will review the balance of unexpended FSIE funds and redistribute these funds to LHJs in need of supplemental funding. By failing to contact CDPH TBCB to request a submission extension for second or fourth quarter invoices, LHJs risk not receiving full payment for the invoiced amount if submitted past the deadline. For information about requesting Supplemental Funds, see [Part 3 Section 2](#).

- Remit to address, must match LHJ’s organization mailing address indicated on LHJ’s submitted budget workbook. For address changes, please contact your assigned CDPH TBCB Fiscal Analyst.

Invoices for the new fiscal year will not be processed if there are outstanding invoices from the previous year or unresolved stipulations from the Letter of Award.

2. Award Invoice Due Dates and Requests for Extensions

Quarter	Period Covered	Due Date
First	July 1 through September 30	November 16
Second	October 1 through December 31	February 15
Third	January 1 through March 31	May 17
Fourth	April 1 through June 30	August 16

- Award Invoices for TB control expenditures must be submitted quarterly per the schedule above. If an invoice will not be submitted by the quarterly due date, LHJ must contact CDPH TBCB in advance to request an extension.
- All requests for extensions must be submitted in writing via email by the invoice due date with an explanation of the barriers to timely submission. Requests for extensions longer than two weeks may not be granted if the date would delay CDPH TBCB fiscal closeout. Fiscal closeout begins on the first business day of

September of each year. LHJs granted a second or fourth quarter extension must submit a “not to exceed amount” by the last business day in August.

B. Budget Revision Process

1. General Standards

- A budget revision is required for any changes that:
 - Shift more than \$10,000 or 25% of the total budget previously approved
 - Add personnel positions, equipment, or subcontract line items not previously included in the budget previously approved
- Budget revision requests are to be made four weeks prior to anticipated expenditures. Email TBCB.Awards@cdph.ca.gov to request a budget revision template.

2. Requesting a Budget Revision

- Completing the Budget Revision Request:
 - Review the list of Allowable Expenditures (see [Part 2 Section 1.1](#))
 - Complete the budget revision template and include the line item justification
 - If the budget revision includes addition of new staff positions, revise the Allocation of Personnel Matrix
 - Sign and date the Summary Budget with authorized signature
 - Submit the budget revision template, a PDF copy of the signed summary budget, Allocation of Personnel Matrix (if applicable) and subcontract (if applicable) electronically to TBCB.Awards@cdph.ca.gov for approval

3. Notification of Action Taken on a Budget Revision Request

No reimbursements can be made for revised budget expenses until approval has been granted. CDPH TBCB does not give verbal approval for budget revision requests.

Approved or disapproved budget revision requests will be emailed to the contact person listed on the budget revision template or the person listed on the request cover letter if different from the person listed on the request template.

1.5. Additional Required Forms

- A “Local Health Jurisdiction Equipment Purchased with CDPH TBCB Funds” form must be submitted with the invoice for major equipment purchased with TB local assistance funds. Contact your assigned CDPH TBCB Fiscal Analyst for a form.
- A Local Health Jurisdiction’s Release form will be emailed to LHJs prior to the end of the fourth quarter and must be submitted with the final Base Award invoice.

2. Process for Requesting and Invoicing Supplemental Funding

- As soon as the need for supplemental funding has been identified, contact your assigned CDPH TBCB Fiscal Analyst for the Supplemental Funding ADHC workbook. Requests must be in accordance with the use of these funds as described in [Part 2 Section 3](#).
- If the request is approved, LHJ will receive a Supplemental Funds letter of award. As an official acknowledgement of receipt of the award, the Acceptance of Award must be

returned to CDPH TBCB with an authorized signature electronically or in blue ink. By signing the Acceptance of Award, LHJ agrees to the conditions of the award as set forth by CDPH TBCB. Invoices for Supplemental Funds expenditures will not be processed until the signed Acceptance of Award has been received.

- LHJs should provide a description and the outcome of attempts made to request funding from local or other sources (i.e., realignment funds). CDPH TBCB should be the payor of last resort for supplemental funding expenses.
- To facilitate timely reimbursement, use the current Supplemental Funds invoice template. The invoice must include the authorized original signature(s) electronically or in blue ink.
- Invoices for Supplemental Funds expenditures should be submitted electronically to TBCB.Awards@cdph.ca.gov on the same quarterly schedule and format as described in Part 3 Section 2 of this manual. Expenditures invoiced must have occurred within the scheduled time period.
- Fourth quarter invoices for Supplemental Funds expenditures must be submitted by August 15 following the award period (e.g., August 15, 2027 for the award period of July 1, 2026 – June 30, 2027). Invoices submitted after August 31 may not be considered for reimbursement.

3. Process for Requesting and Invoicing Civil Detention Funding

3.1. Requesting Approval and Submitting Documentation for Reimbursement for Civil Detention

- As soon as the potential need for civil detention of a persistently non-adherent patient with TB has been identified, contact your assigned CDPH TBCB Program Liaison and/or Civil Detention Coordinator (see Part 1 Section 5.8) for assistance. Available upon request, the “Procedure for Requesting Reimbursement for Civil Detention for a Persistently Non-Adherent Patient with Tuberculosis” provides a complete description of the request process and required documentation. LHJs should also refer to the CDPH-CTCA “Guidelines for the Civil Detention of Persistently Non-Adherent Tuberculosis Patients in California.”¹
- As soon as the need for Civil Detention Funds has been discussed and recommended for approval, contact your assigned CDPH TBCB Fiscal Analyst for assistance. Requests must be in accordance with the use of these funds as described in Part 2 Section 5.
- If the request is approved, LHJ will receive a Civil Detention Funds letter of award. As an official acknowledgement of receipt of the award, the Acceptance of Award must be returned to CDPH TBCB with an authorized signature electronically or in blue ink. By signing the Acceptance of Award, LHJ agrees to the conditions of the award as set forth by CDPH TBCB. Invoices for Civil Detention Funds will not be processed until the signed Acceptance of Award has been received.

¹ CDPH-CTCA. (2011) [Joint Guidelines for the Civil Detention of Persistently Non-Adherent Tuberculosis Patients in California](https://www.ctca.org/wp-content/uploads/2018/11/FINLCivil_Detention092311_.pdf)

([ctca.org/wp-content/uploads/2018/11/FINLCivil_Detention092311_.pdf](https://www.ctca.org/wp-content/uploads/2018/11/FINLCivil_Detention092311_.pdf))

3.2. Invoicing for Civil Detention Funds once the Request is Approved

- LHJs should provide a description and the outcome of attempts made to request funding from local or other sources (i.e., application for health benefits). CDPH TBCB should be the payor of last resort for civil detention expenses.
- To facilitate timely reimbursement, use the current Civil Detention Funds invoice template. The invoice must include the authorized original signature(s) electronically or in blue ink.
- Invoices for Civil Detention Funds expenditures should be submitted electronically to TBCB.Awards@cdph.ca.gov on the same quarterly schedule and format as described in Part 3 Section 4 of this manual. Expenditures invoiced must have occurred within the scheduled time period.
- Fourth quarter invoices for Civil Detention Funds expenditures must be submitted by August 15 following the award period (e.g., August 15, 2027 for the award period of July 1, 2026 – June 30, 2027). Invoices submitted after August 31 may not be considered for reimbursement.

3.3. Detention Release Date Information

Within five working days of the detention release date, LHJ will submit the release date to the CDPH TBCB Civil Detention Coordinator.

4. Declining a Tuberculosis Local Assistance Award

- Any LHJ choosing to decline awarded TB local assistance funds shall notify the assigned Fiscal Analyst via email to TBCB.Awards@cdph.ca.gov.
- When declining TB local assistance funds, LHJ is authorizing CDPH TBCB to reallocate their award amount to other LHJs.

Appendix**Table 1. List of Abbreviations**

Abbreviation	Expansion
ARPE	Aggregate Report for Program Evaluation
CalREDIE	California Reportable Disease Information Exchange
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CI	Contact investigation
CTCA	California Tuberculosis Controllers Association
DOPT	Directly observed preventive therapy
DOT	Directly observed therapy
EDN	Electronic Disease Notification
eDOT	Electronic directly observed therapy
FMB	Financial Management Branch
FSIE	Food, shelter, incentives and enablers
FTE	Full-time equivalent
H&SC	Health and Safety Code
ICR	Indirect cost rate
LHJ	Local health jurisdiction
LTBI	Latent tuberculosis infection
MDR TB	Multidrug-resistant tuberculosis
NTCA	National Tuberculosis Coalition of America
PRUCOL	Permanent Residence Under Color of Law
RVCT	Report of Verified Case of Tuberculosis
SRO	Single room occupancy
TT	Targeted testing and treatment
TB	Tuberculosis
TBCB	Tuberculosis Control Branch

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
Tuberculosis Control Branch (TBCB)**

Thank you for your interest in being a subawardee and working with us to provide services under the **Project Grants and Cooperative Agreements for Tuberculosis Control Programs** administered by the Centers for Disease Control and Prevention. Subrecipients will assist State, local health agencies, political subdivisions, and other government entities to conduct tuberculosis (TB) preventive health service programs to assist in carrying out TB control activities designed to prevent transmission of infection and disease.

As a condition of the grant, the Notice of Award (NOA) and the General Terms and Conditions are attached for your records and reference. The Assistance Listing Number (ALN) for Project Grants and Cooperative Agreements for Tuberculosis Control Programs is 93.116. You can obtain general information about the grant by searching <https://sam.gov/assistance-listings> for the ALN. The Notice of Award Number for Budget Period 7/1/2026 - 12/31/2026 is 5 NU52PS910282-02-00.

Subrecipient's Name:		
Digital signature of person agreeing to NOA T&C:		
Printed Name/Date Signed:		
Funding Source(s):	Project Grants and Cooperative Agreements for Tuberculosis Control Programs	

Please answer the following questions below:

1. Is your agency registered in the System for Award Management (SAM)?

(Check one) Yes No

If so, please attach a SAM screenshot confirming your active status in SAM.

2. What is your agency's Unique Entity Identifier (UEI) number?

3. I have read the attached Notice of Award and the General Terms and Conditions. I agree to adhere to the General Terms and Conditions.

(Check one) Yes No

4. I have attached my agency's most current Single Audit; or financial and performance evaluations because my agency is exempt from the Single Audit Requirement.

(Check one) Yes No

The following Terms and Definitions are for use by the TBCB and Subrecipients.

Terms and Definitions:

- 1) **Assistance Listing Number (ALN)** identifies the federal assistance program and provides general information about the grant, such as the program objectives. This **must** be shared with potential subrecipients prior to entering into contract negotiations (2 CFR § 200.331).

- 2) **System for Award Management (SAM) and Unique Entity Identifier (UEI) Requirements** (2 CFR 25.200(b)):
 - The potential subrecipient that applies (1) must be registered in SAM prior to submitting an application of plan.
 - The subrecipient (2) must also maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by an agency.
 - The subrecipient (3) must provide its **UEI** number in each application or plan.

SAM aka CCR = Central Contractor Registration

SAM is the Federal repository into which a subrecipient must provide information required for the conduct of business as a subrecipient. Registration information is available at the SAM Website <https://www.sam.gov/>.

Requirement for SAM

Unless exempted from this requirement under 2 CFR § 25.110*, the subrecipient **must maintain their current information** in the SAM. This requires that the subrecipient review and update their information at least annually after the initial registration, and more frequently if required by changes in their information or another award term. (*2 CFR § 25.110 (b) and (c) **exempts individuals and Federal agencies**. See statute for more information.)

UEI is the 12-digit alphanumeric number issued to business entities registered in SAM; <https://sam.gov/> (works best with Internet Explorer).



Subcontracting Plan Reporting Contract Retrieval Issue [Show Details](#)
Apr 17, 2026



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Revolutionary FAR Overhaul Impacts to SAM.gov [Show Details](#)
Aug 15, 2025



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< [Core Data](#)

[Actions](#)

Entity Registration
Core Data
Business Information
Entity Types
Financial Information
Points of Contact
Assertions
Reps and Certs (FAR/DFARS)
Reps and Certs (Financial Assistance)
Exclusions
Responsibility / Qualification

Entity Information

SAN BERNARDINO PUBLIC HEALTH

Active Registration

Unique Entity ID	CAGE/NCAGE	Expiration Date
PD18A8XKE7B6	3P9F4	Mar 9, 2027

Physical Address	Mailing Address
451 E Vanderbilt WAY STE 200 San Bernardino, California 92408, United States	451 E Vanderbilt WAY STE 200 San Bernardino, California 92408-3614, United States

Purpose of Registration
All Awards

Version
Current Record

BUSINESS INFORMATION

Doing Business As (blank)	URL (blank)
Division Name Public Health Dept.	Division Number (blank)
Congressional District California 33	State/Country of Incorporation (blank), (blank)

Registration Dates	
Activation Date Mar 11, 2026	Initial Registration Date Jan 23, 2004
Submission Date Mar 9, 2026	

Owner	CAGE	Legal Business Name
Immediate Owner	(blank)	(blank)
Highest Level Owner	(blank)	(blank)

Entity Dates	
Entity Start Date Apr 26, 1853	Fiscal Year End Close Date Jun 30

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

SAM SEARCH AUTHORIZATION

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

ENTITY TYPES

Business Types

Entity Structure	U.S. Government Entity
Entity Type	US Local Government
Profit Structure	(blank)
Organization Factors	(blank)

Socio-Economic Types

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Government Types

U.S. Local Government, County

FINANCIAL INFORMATION

Payments

Accepts Credit Card Payments
Yes

Debt Subject To Offset [?](#)
No

ACCOUNT DETAILS

EFT Indicator **0000**
CAGE Code **3P9F4**

POINTS OF CONTACT

Electronic Business

Primary Point of Contact

Lizveth Varela, Administrative Manager

Address
451 E Vanderbilt WAY
Suite 200
San Bernardino, California 92415-0012
United States

Alternate Point of Contact

PAUL CHAPMAN, Chief Financial Officer

Address
451 E Vanderbilt WAY
San Bernardino, California 92415-0010
United States

Government Business

Primary Point of Contact

Lizveth Varela, Administrative Manager

Address
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San Bernardino County

San Bernardino, California

Single Audit and Independent Auditor's Reports

For the Year Ended June 30, 2025

San Bernardino County
Single Audit and Independent Auditor's Reports
For the Year Ended June 30, 2025

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REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Independent Auditor's Report

Honorable Board of Supervisors
San Bernardino County, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, the discretely presented component unit, each major fund, and the aggregate remaining fund information of San Bernardino County, California (the "County") as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the County's basic financial statements, and have issued our report thereon dated March 11, 2026. Our report included a reference to other auditors who audited the financial statements of the San Bernardino County Flood Control District, the San Bernardino County Redevelopment Successor Agency Private-Purpose Trust Fund, the First 5 San Bernardino Children and Families Commission, or the San Bernardino County Employees' Retirement Association, as described in our report on the County's financial statements. This report does not include the results of the other auditor's testing of internal control over financial reporting or compliance and other matters that are reported on separately by those auditors.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the County's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the County's internal control. Accordingly, we do not express an opinion on the effectiveness of the County's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or, significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the County’s basic financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the County’s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity’s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "The PwC Group, LLP". The signature is written in a cursive, flowing style.

Santa Ana, California
March 11, 2026



**REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM,
REPORT ON INTERNAL CONTROL OVER COMPLIANCE, AND REPORT ON THE
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS REQUIRED BY THE UNIFORM GUIDANCE**

Independent Auditor's Report

Honorable Board of Supervisors
San Bernardino County, California

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited San Bernardino County, California's (the "County") compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of the County's major federal programs for the year ended June 30, 2025. The County's major federal programs are identified in the summary of auditor's results section of the accompanying Schedule of Findings and Questioned Costs.

In our opinion, the County complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2025.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the County and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the County's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the County's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the County's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the County's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with auditing standards generally accepted in the United States of America, *Government Auditing Standards*, and the Uniform Guidance we

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the County's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- obtain an understanding of the County's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the County's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on the Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of the governmental activities, the business-type activities, the discretely presented component unit, each major fund, and the aggregate remaining fund information of the County, as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the County's basic financial statements. Other auditors audited the financial statements the San Bernardino County Flood Control District, the San Bernardino County Redevelopment Successor Agency Private-Purpose Trust Fund, the First 5 San Bernardino Children and Families Commission, or the San Bernardino County Employees' Retirement Association, as described in our report on the County's financial statements. We issued our report thereon dated March 11, 2026, which contained unmodified opinions on those financial statements. Our audit was performed for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the basic financial statements as a whole.

Other Information

Management is responsible for the other information included in the annual report. The other information comprises the Supplementary Schedule of Office of California State Department of Aging Grants but does not include the basic financial statements and our auditor's report thereon. Our opinions on the basic financial statements do not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the basic financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the basic financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.



Santa Ana, California
March 11, 2026

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San Bernardino County
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2025

Federal Grantor/Pass-Through Grantor/Program/Cluster Title	Federal Assistance Listing Number	Grant Identification Number	Federal Award Expenditures	Pass-Through Award to Subrecipients
U.S. Department of Agriculture:				
<i>Passed through the California Department of Food and Agriculture:</i>				
Plant and Animal Disease, Pest Control, and Animal Care - Pierce's Disease Control Program	10.025	23-0529-032-SF	\$ 83,050	\$ -
Plant and Animal Disease, Pest Control, and Animal Care - Detection Trapping	10.025	24-0132-048-SF	496,089	-
Plant and Animal Disease, Pest Control, and Animal Care - Asian Citrus Psyllid Bulk Citrus Regulatory	10.025	24-0236-034-SF	10,276	-
Plant and Animal Disease, Pest Control, and Animal Care - Dog Detector Team	10.025	24-0314-006-SF	194,428	-
Subtotal Assistance Listing Number 10.025			783,843	-
<i>Passed through the California Department of Public Health:</i>				
WIC Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	22-10281	12,269,453	-
<i>Passed through the California Department of Social Services:</i>				
Child and Adult Care Food Program	10.558	223600	1,115,923	-
Supplemental Nutrition Assistance Program (SNAP) Cluster:				
<i>Passed through the California Department of Aging:</i>				
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program - Education CalFresh Expansion 2024	10.561	CF-2223-20	21,512	20,576
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program - Education CalFresh Expansion 2025	10.561	CF-2223-20	45,561	39,580
<i>Passed through the California Department of Public Health:</i>				
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program - Education	10.561	23-10339	2,639,763	958,284
<i>Passed through the California Department of Social Services:</i>				
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program - Administration	10.561	1946001347-A7	67,335,308	-
Total SNAP Cluster			70,042,144	1,018,440
Schools and Roads Cluster:				
<i>Passed through the State Controller's Office:</i>				
Schools and Roads - Grants to States	10.665	99003012	441,575	-
Total Schools and Roads Cluster			441,575	-
Total U.S. Department of Agriculture			84,652,938	1,018,440
U.S. Department of Housing and Urban Development:				
CDBG - Entitlement/Special Purpose Grants Cluster:				
<i>Passed through the City of Chino Hills:</i>				
Community Development Block Grants/Entitlement Grants	14.218	0711008883190	12,248	-
<i>Direct Programs:</i>				
Community Development Block Grants/Entitlement Grants	14.218	N/A	7,603,868	3,730,001
Community Development Block Grants/Entitlement Grants - Neighborhood Stabilization Program Grant #1	14.218	N/A	37,833	-
Community Development Block Grants/Entitlement Grants - Neighborhood Stabilization Program Grant #3	14.218	N/A	13,232	-
COVID-19 - Community Development Block Grants/Entitlement Grants	14.218	N/A	675,710	568,015
Total CDBG - Entitlement/Special Purpose Grants Cluster			8,342,891	4,298,016
Emergency Solutions Grant Program	14.231	N/A	1,781,295	1,699,871
<i>Passed through the California Department of Housing and Community Development:</i>				
Emergency Solutions Grant Program (ESG) - State Program	14.231	N/A	383,562	376,607
Subtotal Assistance Listing Number 14.231			2,164,857	2,076,478
<i>Direct Programs:</i>				
HOME Investment Partnerships Program	14.239	N/A	486,066	-
COVID-19 - HOME Investment Partnerships Program - American Rescue Plan (ARP)	14.239	N/A	100,740	-
Subtotal Assistance Listing Number 14.239			586,806	-
Continuum of Care Program - Planning - FY 23-24	14.267	CA2183L9D092200	194,162	-
Continuum of Care Program - Planning - FY 24-25	14.267	CA2300L9D092300	489,594	-
Continuum of Care Program - Homeless Management Information System - FY 23-24	14.267	CA0939L9D092213	74,060	-
Continuum of Care Program - Homeless Management Information System - FY 24-25	14.267	CA0939L9D092314	133,876	-
Subtotal Assistance Listing Number 14.267			891,692	-
Total U.S. Department of Housing and Urban Development			11,986,246	6,374,494

San Bernardino County
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2025

Federal Grantor/Pass-Through Grantor/Program/Cluster Title	Federal Assistance Listing Number	Grant Identification Number	Federal Award Expenditures	Pass-Through Award to Subrecipients
<u>U.S. Department of Justice:</u>				
<i>Direct Programs:</i>				
2024 Domestic Cannabis Eradication/Suppression Program	16.U01	N/A	244,782	-
2025 Domestic Cannabis Eradication/Suppression Program	16.U01	N/A	237,785	-
Subtotal Assistance Listing Number 16.U01			482,567	-
Law Enforcement Assistance Narcotics and Dangerous Drugs Training - Drug Enforcement Administration - FY 23-24	16.004	N/A	6,680	-
Law Enforcement Assistance Narcotics and Dangerous Drugs Training - Drug Enforcement Administration - FY 24-25	16.004	N/A	55,753	-
Subtotal Assistance Listing Number 16.004			62,433	-
<i>Passed through the California Governor's Office of Emergency Services:</i>				
Crime Victim Assistance - County Victim Services Program	16.575	071-00000	314,506	32,558
Crime Victim Assistance - Victim Witness Assistance Program	16.575	071-00000	1,533,219	-
Subtotal Assistance Listing Number 16.575			1,847,725	32,558
<i>Direct Programs:</i>				
Edward Byrne Memorial Justice Assistance Grant Program - JAG - FY 18-19	16.738	N/A	7,841	-
Edward Byrne Memorial Justice Assistance Grant Program - JAG - FY 19-20	16.738	N/A	33,430	-
Edward Byrne Memorial Justice Assistance Grant Program - JAG - FY 20-21	16.738	N/A	63,278	-
Edward Byrne Memorial Justice Assistance Grant Program - JAG - FY 21-22	16.738	N/A	47,857	-
Edward Byrne Memorial Justice Assistance Grant Program - JAG - FY 22-23	16.738	N/A	898,245	748,461
Edward Byrne Memorial Justice Assistance Grant Program - JAG - FY 23-24	16.738	N/A	310,538	181,099
Subtotal Assistance Listing Number 16.738			1,361,189	929,560
DNA Backlog Reduction Program - FY 21-22	16.741	N/A	257,981	-
DNA Backlog Reduction Program - FY 22-23	16.741	N/A	156,246	-
Subtotal Assistance Listing Number 16.741			414,227	-
<i>Passed through the California Governor's Office of Emergency Services:</i>				
Paul Coverdell Forensic Sciences Improvement Grant Program - FY 22-23	16.742	CQ23170360	81,985	-
Paul Coverdell Forensic Sciences Improvement Grant Program - FY 23-24	16.742	CQ24027701	15,044	-
Subtotal Assistance Listing Number 16.742			97,029	-
<i>Direct Programs:</i>				
Congressionally Recommended Awards - FY 23-24 Byrne Discretionary Community Project Grants	16.753	N/A	1,500,000	-
Equitable Sharing Program - Narcotics	16.922	N/A	2,861,185	-
Total U.S. Department of Justice			8,626,355	962,118
<u>U.S. Department of Labor:</u>				
<i>Passed through the California Department of Aging:</i>				
Senior Community Service Employment Program	17.235	TV-2425-20	239,397	-
Workforce Innovation and Opportunity Act (WIOA) Cluster:				
<i>Passed through the California Employment Development Department:</i>				
WIOA Adult Program	17.258	07154900	5,734,564	-
WIOA Youth Activities	17.259	07154900	7,427,356	4,378,359
WIOA Dislocated Worker Formula Grants	17.278	07154900	5,425,172	-
Total WIOA Cluster			18,587,092	4,378,359
Total U.S. Department of Labor			18,826,489	4,378,359
<u>U.S. Department of Transportation:</u>				
<i>Direct Programs:</i>				
COVID-19 - Airport Improvement Program, Infrastructure Investment and Jobs Act Programs, and COVID-19 Airports Programs - Cares Act - Chino Airport (CNO)	20.106	3-06-0042-034-2020	157,000	-
COVID-19 - Airport Improvement Program, Infrastructure Investment and Jobs Act Programs, and COVID-19 Airports Programs - ARPA - Chino Airport (CNO)	20.106	3-06-0042-035-2022	59,000	-
COVID-19 - Airport Improvement Program, Infrastructure Investment and Jobs Act Programs, and COVID-19 Airports Programs - Airport Pavement Management System (APMS) - Chino Airport	20.106	3-06-0042-038-2023	135,000	-
COVID-19 - Airport Improvement Program, Infrastructure Investment and Jobs Act Programs, and COVID-19 Airports Programs - ARPA - Barstow - Dagget Airport (DAG)	20.106	3-06-0058-009-2022	22,000	-
COVID-19 - Airport Improvement Program, Infrastructure Investment and Jobs Act Programs, and COVID-19 Airports Programs - ARPA - Apple Valley Airport (APV)	20.106	3-06-009-011-2022	32,000	-
COVID-19 - Airport Improvement Program, Infrastructure Investment and Jobs Act Programs, and COVID-19 Airports Programs - ARPA - Twentynine Palms Airport (TNP)	20.106	3-06-0267-008-2022	22,000	-
COVID-19 - Airport Improvement Program, Infrastructure Investment and Jobs Act Programs, and COVID-19 Airports Programs - Airport Pavement Management System (APMS) - Twentynine Palms Airport (TNP)	20.106	3-06-0267-009-2022	20,619	-
Subtotal Assistance Listing Number 20.106			447,619	-

San Bernardino County
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2025

Federal Grantor/Pass-Through Grantor/Program/Cluster Title	Federal Assistance Listing Number	Grant Identification Number	Federal Award Expenditures	Pass-Through Award to Subrecipients
<i>Passed through the California Department of Transportation:</i>				
Highway Planning and Construction	20.205	85954	4,553,653	-
Highway Safety Cluster:				
<i>Passed through California Office of Traffic Safety:</i>				
State and Community Highway Safety - Selective Traffic Enforcement Program (STEP) - FY 23-24	20.600	PT24168	107,098	-
State and Community Highway Safety - Selective Traffic Enforcement Program (STEP) - FY 24-25	20.600	PT25218	140,735	-
Subtotal Assistance Listing Number 20.600			247,833	-
National Priority Safety Programs - Alcohol and Drug Impaired Driver Vertical Prosecution Program	20.616	69A3752130000405DCAM	933,429	-
Total Highway Safety Cluster			1,181,262	-
<i>Passed through California Office of Traffic Safety:</i>				
Minimum Penalties for Repeat Offenders for Driving While Intoxicated - Selective Traffic Enforcement Program (STEP) - FY 23-24	20.608	PT24168	286,342	-
Minimum Penalties for Repeat Offenders for Driving While Intoxicated - Selective Traffic Enforcement Program (STEP) - FY 24-25	20.608	PT25218	426,116	-
Minimum Penalties for Repeat Offenders for Driving While Intoxicated - Intensive Probation Supervision for High Risk Felony and Repeat DUI offenders	20.608	N/A	487,667	-
Subtotal Assistance Listing Number 20.608			1,200,125	-
Total U.S. Department of Transportation			7,382,659	-
U.S. Department of Treasury:				
<i>Direct Program:</i>				
Equitable Sharing	21.016	N/A	3,201	-
COVID-19 - Coronavirus State & Local Fiscal Recovery Funds	21.027	N/A	58,680,018	7,649,053
COVID-19 - Local Assistance and Tribal Consistency Fund	21.032	N/A	1,097,959	-
Total U.S. Department of Treasury			59,781,178	7,649,053
U.S. Department of Health and Human Services:				
<i>Passed through California Department of Aging:</i>				
Special Programs for the Aging, Title VII, Chapter 3, Programs for Prevention of Elder Abuse, Neglect, and Exploitation	93.041	AAA-2425-20	25,313	25,313
Special Programs for the Aging, Title VII, Chapter 2, Long Term Care Ombudsman Services for Older Individuals	93.042	AAA-2425-20	78,840	78,840
COVID-19 - Special Programs for the Aging, Title VII, Chapter 2, Long Term Care Ombudsman Services for Older Individuals	93.042	AP-2122-20	2,308	2,308
Subtotal Assistance Listing Number 93.042			81,148	81,148
Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services	93.043	AAA-2425-20	156,723	156,723
COVID-19 - Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services	93.043	AP-2122-20	197,486	197,486
Subtotal Assistance Listing Number 93.043			354,209	354,209
Aging Cluster:				
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	AAA-2425-20	1,962,215	484,287
COVID-19 - Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	AP-2122-20	625,457	359,957
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers - Public Health Workforce	93.044	PH-2223-20	9,207	-
Subtotal Assistance Listing Number 93.044			2,596,879	844,244
COVID-19 - Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	AP-2122-20	3,194,963	3,194,963
Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	AAA-2425-20	5,191,016	4,786,907
Subtotal Assistance Listing Number 93.045			8,385,979	7,981,870
Nutrition Services Incentive Program	93.053	AP-2324-20	413,643	413,643
Total Aging Cluster			11,396,501	9,239,757
National Family Caregiver Support, Title III, Part E	93.052	AAA-2425-20	1,009,062	555,813
COVID-19 - National Family Caregiver Support, Title III, Part E	93.052	AP-2122-20	398,207	389,307
Subtotal Assistance Listing Number 93.052			1,407,269	945,120
Medicare Enrollment Assistance Program - Medicare Improvements for Patients and Providers Act (MIPPA)	93.071	MI-2324-20	59,345	55,397
Medicare Enrollment Assistance Program - Medicare Improvements for Patients and Providers Act (MIPPA) MI-2425	93.071	AAA-2425-20	100,677	80,203
Subtotal Assistance Listing Number 93.071			160,022	135,600
<i>Passed through the California Department of Public Health:</i>				
Public Health Emergency Preparedness	93.069	22-10675	2,386,667	-

San Bernardino County
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2025

Federal Grantor/Pass-Through Grantor/Program/Cluster Title	Federal Assistance Listing Number	Grant Identification Number	Federal Award Expenditures	Pass-Through Award to Subrecipients
<i>Direct Programs:</i>				
Healthy Marriage Promotion and Responsible Fatherhood Grants - Comprehensive Fatherhood Program	93.086	90ZJ0037-05	191,491	-
<i>Passed through the California Department of Social Services:</i>				
Guardianship Assistance - Administration	93.090	1946001347-A7	374,692	-
Guardianship Assistance - Assistance Payments	93.090	1946001347-A7	11,460,487	-
Subtotal Assistance Listing Number 93.090			11,835,179	-
<i>Passed through the California Department of Health Care Services:</i>				
Projects for Assistance in Transition from Homelessness (PATH)	93.150	N/A	526,611	-
<i>Passed through the California Department of Public Health:</i>				
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	NU52PS910219	206,640	-
Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead levels in Children	93.197	20-10541	212,561	-
<i>Passed through Essential Access Health:</i>				
Family Planning Services	93.217	454-5320-200-22.3-24-25	69,451	-
Health Center Program Cluster:				
<i>Direct Programs:</i>				
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care) - Consolidated Health Centers	93.224	N/A	2,456,580	-
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care) - Affordable Care Act (ACA) Grants for New and Expanded Services under the Health Center Program	93.224	N/A	35,260	-
Subtotal Assistance Listing Number 93.224			2,491,840	-
Grants for New and Expanded Services under the Health Center Program - School Based Service Sites (SBSS)	93.527	N/A	115,230	-
Total Health Center Program Cluster			2,607,070	-
<i>Passed through the California Department of Public Health:</i>				
Immunization Cooperative Agreements	93.268	22-10537	420,653	-
COVID-19 - Immunization Cooperative Agreements	93.268	22-10537	2,727,528	-
Subtotal Assistance Listing Number 93.268			3,148,181	-
<i>Passed through the California Department of Public Health:</i>				
COVID-19 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Paycheck Protection Program and Health Care Enhancement Act	93.323	COVID-19-36	5,771	-
COVID-19 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Enhancing Detection Expansion	93.323	COVID-19ELC94	1,350,113	-
COVID-19 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Strengthening Hospital Acquired Infections/Antimicrobial Resistance Program (SHARP)	93.323	N/A	22,222	-
Subtotal Assistance Listing Number 93.323			1,378,106	-
COVID-19 - Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response - Public Health Workforce Supplemental Funding	93.354	N/A	628,540	628,540
<i>Passed through the California Department of Aging:</i>				
State Health Insurance Assistance Program - Health Insurance Counseling and Advocacy Program (HICAP) FY24-25	93.324	HI-2425-20	81,884	80,908
State Health Insurance Assistance Program - Health Insurance Counseling and Advocacy Program (HICAP) FY25-26	93.324	AAA-2425-20	84,688	81,139
Subtotal Assistance Listing Number 93.324			166,572	162,047
<i>Direct Programs:</i>				
COVID-19 - Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	N/A	4,722,167	531,841
<i>Passed through the California Department of Social Services:</i>				
Mary Lee Allen Promoting Safe and Stable Families Program	93.556	1946001347-A7	2,003,933	303,323
Temporary Assistance for Needy Families - Administration	93.558	1946001347-A7	127,044,221	12,104,171
Temporary Assistance for Needy Families - Assistance Payments	93.558	1946001347-A7	141,661,418	-
Subtotal Assistance Listing Number 93.558			268,705,639	12,104,171

San Bernardino County
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2025

Federal Grantor/Pass-Through Grantor/Program/Cluster Title	Federal Assistance Listing Number	Grant Identification Number	Federal Award Expenditures	Pass-Through Award to Subrecipients
<i>Passed through the California Department of Child Support Services:</i>				
Child Support Services	93.563	2401CACSES	38,467,251	-
<i>Passed through the California Department of Social Services:</i>				
Refugee and Entrant Assistance State/Replacement Designee Administered Programs - Assistance Payments	93.566	1946001347-A7	670,996	-
Refugee and Entrant Assistance - State/Replacement Designee Administered Programs - Administration	93.566	1946001347-A7	26,921	-
<i>Direct Programs:</i>				
Refugee and Entrant Assistance - State/Replacement Designee Administered Programs	93.566	N/A	89,004	-
Subtotal Assistance Listing Number 93.566			786,921	-
<i>Passed through the California Department of Social Services:</i>				
Child Care and Development Block Grant	93.575	25136-2236	2,969,553	-
<i>Direct Programs:</i>				
Head Start Cluster:				
Head Start - Early Head Start	93.600	09CH011719-05-06	66,386,673	4,438,247
Total Head Start Cluster			66,386,673	4,438,247
<i>Passed through the California Department of Social Services:</i>				
Adoption and Legal Guardianship Incentive Payments Program-Administration	93.603	1946001347-A7	164,397	-
Stephanie Tubbs Jones Child Welfare Services Program - Administration	93.645	1946001347-A7	1,318,178	-
COVID-19 - Foster Care Title IV-E - Transitional Assistance Department - Assistance Payments	93.658	1946001347-A7	6,251	-
Foster Care Title IV-E - Transitional Assistance Department - Assistance Payments	93.658	1946001347-A7	54,407,000	43,865,616
Foster Care Title IV-E - Transitional Assistance Department - Administration	93.658	1946001347-A7	3,090,984	-
Foster Care Title IV-E - Children & Family Services - Administration	93.658	1946001347-A7	50,461,848	1,503,112
Foster Care Title IV-E - Probation	93.658	TAD 006852425 DCS 136498818	1,034,106	-
Subtotal Assistance Listing Number 93.658			109,000,189	45,368,728
Adoption Assistance - Transitional Assistance Department - Assistance Payments	93.659	1946001347-A7	70,151,771	-
Adoption Assistance - Transitional Assistance Department - Administration	93.659	1946001347-A7	538,073	-
Adoption Assistance - Children & Family Services - Administration	93.659	1946001347-A7	2,973,136	-
Subtotal Assistance Listing Number 93.659			73,662,980	-
Social Services Block Grant - Title XX - Administration	93.667	1946001347-A7	3,765,514	-
Social Services Block Grant - Title XX - Assistance	93.667	1946001347-A7	3,686,481	-
Subtotal Assistance Listing Number 93.667			7,451,995	-
John H. Chafee Foster Care Program for Successful Transition to Adulthood - Administration	93.674	1946001347-A7	863,862	288,876
<i>Direct Programs:</i>				
Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B	93.686	N/A	2,685,179	2,442,409
<i>Passed through the California Department of Social Services:</i>				
COVID-19 - Elder Abuse Prevention Interventions Program	93.747	MS0809-17	494,480	-
<i>Passed through the California Department of Health Care Services:</i>				
Children's Health Insurance Program - XXI	93.767	4260-111-0001	1,148,468	-
Medicaid Cluster:				
<i>Passed through the California Department of Aging:</i>				
Grants to States for Medicaid - (Title XIX, MSSP)	93.778	MS-2425-17	923,910	103,113
<i>Passed through the California Department of Health Care Services:</i>				
Grants to States for Medicaid - Caseload Relief	93.778	4260-111-0001	705,913	-
Grants to States for Medicaid - Children's Health Insurance Program - (Title XIX)	93.778	4260-111-0001	6,766,327	-
Grants to States for Medicaid - Family Support Services - Health Care Program for Children in Foster Care (HCPCFC)	93.778	4260-111-0001	1,651,797	-
Grants to States for Medicaid - Family Support Services - Psychotropic Medication Monitoring & Oversight (PMM&O)	93.778	4260-111-0001	194,322	-
Grants to States for Medicaid - Family Support Services - Administrative	93.778	4260-111-0001	124,020	-
Grants to States for Medicaid - Medi-Cal Assistance Program - Children & Family Services - Administration	93.778	MS01809-17	22,896,567	-
Grants to States for Medicaid - Medi-Cal Assistance Program (Alcohol)	93.778	N/A	44,463,862	40,739,933
Grants to States for Medicaid - Mental Health Administrative Cost	93.778	N/A	9,050,538	-
Grants to States for Medicaid - Transitional Assistance Department - Administration	93.778	MS01809-17	57,323,155	-
Grants to States for Medicaid - Providing Access and Transforming Health Support (PATH) Round 2	93.778	873483	599,636	-
Grants to States for Medicaid - Providing Access and Transforming Health Support (PATH) Round 3	93.778	913901	634,005	-

San Bernardino County
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2025

Federal Grantor/Pass-Through Grantor/Program/Cluster Title	Federal Assistance Listing Number	Grant Identification Number	Federal Award Expenditures	Pass-Through Award to Subrecipients
<i>Passed through the California Department of Social Services:</i>				
Grants to States for Medicaid - In-Home Supportive Services - Public Authority (IHSS-PA)	93.778	N/A	17,208,955	-
Grants to States for Medicaid - (Title XIX, IHSS)	93.778	MS0809-17	25,950,796	-
Total Medicaid Cluster			188,493,803	40,843,046
<i>Passed through the California Department of Public Health:</i>				
National Bioterrorism Hospital Preparedness Program	93.889	22-10676	703,148	-
National Bioterrorism Hospital Preparedness Program - Local Emergency Medical Services Agency (LEMSA)	93.889	22-10705	76,397	-
Subtotal Assistance Listing Number 93.889			779,545	-
HIV Care Formula Grants	93.917	18-10884 / 23-10978	524,670	459,806
HIV Prevention Activities Health Department Based	93.940	24-10520	656,702	-
HIV Prevention Activities Health Department Based - Integrated HIV programs for Health Departments to Support Ending the HIV Epidemic in the United States	93.940	24-10568	233,844	-
Subtotal Assistance Listing Number 93.940			890,546	-
<i>Passed through the California Department of Health Care Services:</i>				
Block Grants for Community Mental Health Services	93.958	N/A	5,096,810	1,205,296
Block Grants for Prevention and Treatment of Substance Abuse	93.959	N/A	10,509,884	5,815,776
<i>Direct Programs:</i>				
HIV Emergency Relief Project Grants	93.914	N/A	8,696,191	7,705,010
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease-Part C	93.918	N/A	330,816	-
Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health	93.967	N/A	2,378,126	-
<i>Passed through the California Department of Public Health:</i>				
Sexually Transmitted Diseases (STD) Prevention and Control Grants - Strengthening STD Prevention and Control for Health Departments	93.977	21-10580	371,638	-
Sexually Transmitted Diseases (STD) Prevention and Control Grants - Strengthening STD Prevention and Control for Health Departments	93.977	18-10700	67,463	-
Subtotal Assistance Listing Number 93.977			439,101	-
Maternal and Child Health Services Block Grant to the States - Black Infant Health (BIH)	93.994	202436	679,028	-
Maternal and Child Health Services Block Grant to the States - Maternal, Child, and Adolescent Health	93.994	202436	530,208	-
Subtotal Assistance Listing Number 93.994			1,209,236	-
Total U.S. Department of Health and Human Services			836,962,124	133,078,263
<u>U.S. Executive Office of the President:</u>				
<i>Direct Programs:</i>				
High Intensity Drug Trafficking Areas Program - 2023 (HIDTA)	95.001	G23LA0001A	28,451	-
High Intensity Drug Trafficking Areas Program - 2024 (HIDTA)	95.001	G24LA0001A	628,453	-
High Intensity Drug Trafficking Areas Program - 2025 (HIDTA)	95.001	HID1025G0638-00	543,750	-
Subtotal Assistance Listing Number 95.001			1,200,654	-
Total U.S. Executive Office of the President			1,200,654	-
<u>U.S. Department of Homeland Security:</u>				
<i>Direct Programs:</i>				
Assistance to Firefighters Grant - FY 20-21	97.044	N/A	3,349	-
Assistance to Firefighters Grant - FY 21-22	97.044	N/A	192,253	-
Subtotal Assistance Listing Number 97.044			195,602	-
<i>Passed through the California Department of Parks and Recreation:</i>				
Boating Safety Financial Assistance	97.012	C22L0613	147,296	-
Boating Safety Financial Assistance	97.012	C23706000	119,263	-
Subtotal Assistance Listing Number 97.012			266,559	-

San Bernardino County
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2025

Federal Grantor/Pass-Through Grantor/Program/Cluster Title	Federal Assistance Listing Number	Grant Identification Number	Federal Award Expenditures	Pass-Through Award to Subrecipients
<i>Passed through the California Governor's Office of Emergency Services:</i>				
COVID-19 - Disaster Grants - Public Assistance (Presidentially Declared Disasters) - 2020 Coronavirus Response	97.036	071-00000	3,184,087	-
Disaster Grants - Public Assistance (Presidentially Declared Disasters) - 2023 February Winter Storms	97.036	071-00000	1,741,405	-
Subtotal Assistance Listing Number 97.036			4,925,492	-
Hazard Mitigation Grant	97.039	071-00000	4,433	-
Hazard Mitigation Grant - Del Rosa Channel	97.039	FEMA-4482-DR-CA, Project #AP00635, FIPS #071-91103	148,355	-
Hazard Mitigation Grant - Devil Creek Channel	97.039	FEMA-4482-DR-CA, Project #AP00532, FIPS #071-91103	114,442	-
Hazard Mitigation Grant - Elder Gulch	97.039	FEMA-4240-DR-CA, Project #PJ0008, FIPS #071-91103	947,753	-
Hazard Mitigation Grant - El Dorado Fire Flood Mitigation	97.039	FEMA-4569-DR-CA, Project #PJ0498, FIPS #071-91103	98,698	-
Hazard Mitigation Grant - Hawker Crawford Storm Drain	97.039	FEMA-4382-DR-CA, Project #PJ0611, FIPS #071-91103	64,209	-
Hazard Mitigation Grant - Magnolia Storm Drain	97.039	FEMA-4683-DR-CA, Project #AP1042, FIPS #071-91103	34,475	-
Subtotal Assistance Listing Number 97.039			1,412,365	-
Emergency Management Performance Grants - FY 21-22 - EMPG	97.042	071-00000	176,798	129,646
Emergency Management Performance Grants - FY 22-23 - EMPG	97.042	071-00000	326,242	201,214
Subtotal Assistance Listing Number 97.042			503,040	330,860
Homeland Security Grant Program - FY 19-20	97.067	071-00000	28,290	28,290
Homeland Security Grant Program - FY 20-21	97.067	071-00000	887,939	233,576
Homeland Security Grant Program - FY 21-22	97.067	071-00000	1,036,034	275,119
Homeland Security Grant Program - FY 22-23	97.067	071-00000	157,520	18,231
Homeland Security Grant Program - FY 23-24	97.067	071-00000	8,982	-
<i>Passed through the Riverside Urban Area Security Initiative:</i>				
Homeland Security Grant Program - 2021 Urban Areas Security Initiative	97.067	065-62000	292,500	-
Subtotal Assistance Listing Number 97.067			2,411,265	555,216
Total U.S. Department of Homeland Security			9,714,323	886,076
Total Expenditures of Federal Awards			\$ 1,039,132,966	\$ 154,346,803

San Bernardino County
Notes to the Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2025

Note 1 – Reporting Entity

The accompanying schedule of expenditures of federal awards (the “Schedule”) includes the federal award activity of San Bernardino County, California (the “County”) under programs of the federal government for the year ended June 30, 2025. The information in this Schedule is presented in accordance with the requirements of *Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the County, it is not intended to and does not present the financial position, changes in net position, or cash flows of the County. The County’s reporting entity is defined in Note 1 to the County's basic financial statements.

Note 2 – Summary of Significant Accounting Policies

Funds received under the various grant programs have been recorded within the general fund, special revenue funds and proprietary funds of the County. The County utilizes the modified accrual method of accounting for the General Fund and special revenue funds and accrual method of accounting for proprietary funds. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Under these principles, certain types of expenditures are not allowable or are limited as to reimbursement. Therefore, some amounts presented in the Schedule may differ from amounts presented in, or used in the preparation of, the financial statements. Because the Schedule presents only a selected portion of the operations of the County, it is not intended to and does not present the financial position, changes in net position, or cash flows of the County.

Note 3 – Federal Assistance Listing Numbers

The Federal Assistance Listing Numbers (ALNs) included in the accompanying Schedule were determined based on the federal program name, review of grant contract information, and the U.S. General Services Administration’s SAM.gov website. When no ALN had been assigned to a program, the two-digit federal agency identifier and the federal contract number were used. When there was no federal contract number, the two-digit federal agency identifier and the word “unknown” were used.

Note 4 – Pass-Through Entities’ Identifying Number

When federal awards were received from a pass-through entity, the Schedule shows, if available, the identifying number assigned by the pass-through entity. When no identifying number is shown, the County determined that no identifying number is assigned for the program or the County was unable to obtain an identifying number from the pass-through entity.

Note 5 – Indirect Cost Rate

The County, as a whole, has not elected to use the de minimis indirect rate as allowed under the Uniform Guidance (10 percent of modified total direct costs for awards issued prior to October 1, 2024 and 15 percent for awards issued or amended on or after October 1, 2024). Individual departments, or programs, may have a negotiated rate or they may have elected to use the allowable de minimis indirect cost rate within their individual grants.

San Bernardino County
Notes to the Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2025

Note 6 – Medicaid Cluster

Except for Medi-Cal administrative expenditures, Medicaid and Medicare program expenditures are excluded from the Schedule. These expenditures represent fees for services; therefore, neither is considered a federal award program of the County for purposes of the Schedule or in determining major programs. The County assists the State of California (the “State”) in determining eligibility and provides Medi-Cal and Medicare services through County-owned health facilities. Medi-Cal administrative expenditures are included in the Schedule as they do not represent fees for services.

San Bernardino County
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2025

Section I – Summary of Auditor’s Results

Financial Statements

Type of report the auditor’s issued on whether the financial statements audited were prepared in accordance with GAAP: Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? No
- Significant deficiency(ies) identified? None Reported

Noncompliance material to financial statements noted? No

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? No
- Significant deficiency(ies) identified? None Reported

Type of auditor’s report issued on compliance for major programs Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? No

Identification of major programs:

Federal Assistance Listing Number(s)	Name of Federal Program or Cluster	Federal Expenditures
14.218	Community Development Block Grant (CDBG) - Entitlement/Special Purpose Grants Cluster	\$ 8,342,891
93.044/045/053	Aging Cluster	11,396,501
93.268	Immunization Cooperative Agreements	3,148,181
93.391	COVID-19 - Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	4,722,167
93.558	Temporary Assistance for Needy Families	268,705,639
93.667	Social Services Block Grant - Title XX	7,451,995
93.778	Medicaid Cluster	188,493,803
93.959	Block Grants for Prevention and Treatment of Substance Abuse	10,509,884
97.036	Disaster Grants	4,925,492
	Total Expenditures of All Major Federal Programs	<u>\$ 507,696,553</u>
	Total Expenditures of Federal Awards	<u>\$ 1,039,132,966</u>
	Percentage of Total Expenditures of Federal Awards	<u>48.86%</u>

Dollar threshold used to distinguish between type A and type B program \$3,117,399

Auditee qualified as low-risk auditee in accordance with 2 CFR 200.520? Yes

San Bernardino County
Schedule of Findings and Questioned Costs (Continued)
For the Year Ended June 30, 2025

Section II – Financial Statement Findings

A. Current Year Findings – Financial Statement Audit

No findings were noted on the County’s financial statement audit for the year ended June 30, 2025.

B. Prior Year Findings – Financial Statement Audit

No findings were noted on the County’s financial statement audit for the year ended June 30, 2024.

Section III – Federal Award Findings

A. Current Year Findings and Questioned Costs – Major Federal Award Program Audit

No findings or questioned costs were noted on the County’s major federal programs for the year ended June 30, 2025.

B. Prior Year Findings and Questioned Costs – Major Federal Award Program Audit

No findings or questioned costs were noted on the County’s major federal programs for the year ended June 30, 2024.

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San Bernardino County
Supplemental Schedule of Office of California
State Department of Aging Grants (Unaudited)
For the Year Ended June 30, 2025

Federal Grantor / Pass-Through Grantor / Program Title	Federal Assistance Listing Number	Contract Number	Expenditures	
			Federal	State
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program - Education CalFresh Expansion 2024	10.561	CF-2223-20	\$ 21,512	\$ 51,238
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program - Education CalFresh Expansion 2025	10.561	CF-2223-20	45,561	59,146
Senior Community Service Employment Program - State Grants	17.235	TV-2425-20	239,397	-
Special Programs for the Aging, Title VII, Chapter 3, Programs for Prevention of Elder Abuse, Neglect, and Exploitation	93.041	AAA-2425-20	25,313	-
Special Programs for the Aging, Title VII, Chapter 2, Long Term Care Ombudsman Services for Older Individuals	93.042	AAA-2425-20	78,840	-
COVID-19 - Special Programs for the Aging, Title VII, Chapter 2, Long Term Care Ombudsman Services for Older Individuals	93.042	AP-2122-20	2,308	-
Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services	93.043	AAA-2425-20	156,723	-
COVID-19 - Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services	93.043	AP-2122-20	197,486	-
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	AAA-2425-20	1,962,215	270,733
COVID-19 - Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	AP-2122-20	625,457	-
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers - Public Health Workforce	93.044	PH-2223-20	9,207	-
COVID-19 - Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	AP-2122-20	3,194,963	-
Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	AAA-2425-20	5,191,016	1,367,465
National Family Caregiver Support, Title III, Part E	93.052	AAA-2425-20	1,009,062	-
COVID-19 - National Family Caregiver Support, Title III, Part E	93.052	AP-2122-20	398,207	-
Nutrition Services Incentive Program	93.053	AP-2324-20	413,643	-
Medicare Enrollment Assistance Program - Medicare Improvements for Patients and Providers Act (MIPPA)	93.071	MI-2324-20	59,345	-
Medicare Enrollment Assistance Program - Medicare Improvements for Patients and Providers Act (MIPPA) MI-2425	93.071	AAA-2425-20	100,677	-
State Health Insurance Assistance Program - Health Insurance Counseling and Advocacy Program (HICAP) - FY24-25	93.324	HI-2425-20	81,884	236,429
State Health Insurance Assistance Program - Health Insurance Counseling and Advocacy Program (HICAP) HI-2526	93.324	AAA-2425-20	84,688	-
Grants to States for Medicaid - (Title XIX, MSSP)	93.778	MS-2425-17	923,910	923,910
General Fund Baseline Administration	N/A	AP-2324-20	-	100,000
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers (FY2324 Carryover)	N/A	AP-2223-20	-	84,390
Ombudsman SHF Citation Penalty Fund (SHFCitPen)	N/A	AP-2122-20	-	88,958
Ombudsman Skilled Nursing Quality & Accountability Fund (SNFQAF)	N/A	AP-2122-20	-	86,261
Ombudsman Public Health L & C Program Fund (PHL&C)	N/A	AP-2122-20	-	113,003
Aging And Disability Resource Connection (FY2324)	N/A	AD-2223-12	-	186,482
Aging And Disability Resource Connection (FY2425)	N/A	AD-2223-12	-	530,632
Modernizing Older Californians Act, Support Services - Year One	N/A	OM-2223-20	-	1,325,191
Modernizing Older Californians Act, Support Services - Year Two	N/A	OM-2223-20	-	243,285
Modernizing Older Californians Act, Nutrition Services - Year Two	N/A	NM-2324-20	-	262,807
Modernizing Older Californians Act, Nutrition Services - Year Three	N/A	NM-2324-20	-	64,744
Nutrition Infrastructure Program	N/A	NI-2223-20	-	777,916
Older Californians Nutrition Program And Intergenerational Activities	N/A	IF-2223-20	-	505,190
Senior Legal Services	N/A	IF-2223-20	-	436,688
Family Caregiving Support	N/A	IF-2223-20	-	32,450
Dignity At Home Fall Prevention	N/A	IF-2223-20	-	217,000
Totals			\$ 14,821,414	\$ 7,963,918

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Certification of Established Electronic Directly Observed Therapy (eDOT) Policy and Procedures

Jurisdiction:

Local Assistance Subvention Award

The Local Health Jurisdiction named above hereby certifies that a policy and procedures document has been established for the use of electronic directly observed therapy (eDOT) that includes the minimum requirements listed in the California Department of Public Health-California Tuberculosis Controllers Association joint guidelines, "[Guidelines for Electronic Directly Observed Therapy \(eDOT\) Program Protocols in California 2016](#)."

Please sign and return this form with your funding request for equipment and services for use with eDOT.

Authorized Signature

Date

Print Name

Title

Guidelines for eDOT Program Protocols in California 2016 can be found on the CTCA website at: https://ctca.org/wp-content/uploads/2018/11/CDPH_CTCA-eDOT-Guidelines-Cleared-081116.pdf

TB LOCAL ASSISTANCE SUMMARY BUDGET

LOCAL HEALTH JURISDICTION NAME:
AWARD NUMBER:

San Bernardino County	
2636BASE-F	2636BASE-S

CATEGORY AWARD FUNDING PERIOD:	FEDERAL 7/1/2026 - 12/31/2026	STATE 7/1/2026 - 6/30/2027
PERSONNEL (BENEFITED)	\$ 105,394	\$ 107,329
BENEFITS	\$ 43,127	\$ 42,743
PERSONNEL (NON-BENEFITED)	\$ -	\$ -
TRAVEL	\$ 2,126	\$ 4,562
EQUIPMENT	\$ -	\$ -
SUPPLIES	\$ -	\$ -
ANTI-TB MEDICATION (STATE ONLY)		\$ -
SUBCONTRACTS	\$ -	\$ -
OTHER	\$ -	\$ -
FOOD, SHELTER, INCENTIVES, AND ENABLERS	\$ -	\$ 25,167
INDIRECT COSTS	\$ 25,713	\$ 25,982
TOTAL	\$ 176,360	\$ 205,783

Below section is to be used when proposing a budget revision:

CATEGORY	FEDERAL BUDGET REVISION	STATE BUDGET REVISION
PERSONNEL (BENEFITED)	\$ -	\$ -
BENEFITS	\$ -	\$ -
PERSONNEL (NON-BENEFITED)	\$ -	\$ -
TRAVEL	\$ -	\$ -
EQUIPMENT	\$ -	\$ -
SUPPLIES	\$ -	\$ -
ANTI-TB MEDICATION (STATE ONLY)		\$ -
SUBCONTRACTS	\$ -	\$ -
OTHER	\$ -	\$ -
FOOD, SHELTER, INCENTIVES, AND ENABLERS	\$ -	\$ -
INDIRECT COSTS	\$ -	\$ -
REVISED TOTAL	\$ -	\$ -

CERTIFICATION:

I certify the budget submitted for FY 2026-2027 will provide assistance to our local TB program to augment local support for TB prevention and control activities.

Lizveth Varela

AUTHORIZED SIGNER'S NAME

Lizveth Varela
AUTHORIZED SIGNATURE

DATE SIGNED

4/20/26

TELEPHONE NUMBER

909-387-6769

This award is contingent upon the availability of funds appropriated by the State of California and the federal government. The CDPH TBCB reserves the right to reduce, amend, or withdraw funding, in whole or in part, should funding from the state or federal government be reduced, delayed, or otherwise adjusted.

Include this Summary Budget page with an authorized original signature (electronic or in wet ink) as part of the jurisdiction's submission. Include the final Base Award Budget workbook in Excel format with the following file naming convention: [LHJ Name]-TB_Award-Budget-26.

LOCAL HEALTH JURISDICTION TB CONTROL CONTACT INFORMATION

ORGANIZATION

This is the information of your Local Health Jurisdiction.		
Federal Tax Identification Number	<u>95-6002748</u>	
Legal Name of the Organization	<u>San Bernardino County</u>	
Mailing Address	<u>451 E. Vanderbilt Way, Suite 200 San Bernardino, CA 92408</u>	
Street Address (if different)	_____	
County	<u>San Bernardino</u>	
Telephone Number (main)	<u>909-387-9146</u>	Secure TB Reporting _____

GRANT SIGNATORY

The Grant Signatory is the individual authorized to accept the award, at the discretion of the Local Health Jurisdiction.		
Name	<u>Dawn Rowe</u>	
Title	<u>Chair, Board of Supervisors</u>	
Telephone Number	<u>909-387-4855</u>	
Email Address	<u>dawn.rowe@bos.sbcounty.gov</u>	

PROJECT REPRESENTATIVE

The Project Representative is the individual responsible for the oversight of the grant, day-to-day activities of the project, and seeing that all grant requirements are met. This person will be in contact with State TB Control Branch staff and receive all programmatic, budget, and accounting documents for the project and will be responsible for the proper dissemination of program information.		
Name	<u>Diana Ibrahim</u>	
Title	<u>Public Health Program Manager</u>	
Telephone Number	<u>909-387-6314</u>	
Email Address	<u>diana.ibrahim@dph.sbcounty.gov ; fas.dph.sbcounty</u>	

CORRECTIONAL LIAISON

The Correctional Liaison is the individual responsible for ensuring continuity of care for TB patients who transfer between correctional facilities and the community, which is an important TB prevention and control activity.		
Name	_____	
Title	_____	
Telephone Number	_____	
Email Address	_____	

LINKAGE TO CARE LIAISON

The Linkage to Care Liaison is the individual responsible for responding to inquiries from civil surgeons and helping status adjusters become linked to treatment for LTBI. The sites of care for LTBI treatment may include health department clinics, community clinics, primary care providers, or other providers designated by your program.		
Name	_____	
Title	_____	
Telephone Number	_____	
Email Address	_____	

FISCAL REPRESENTATIVE

The Fiscal Representative is the individual responsible for submitting invoices and receiving the invoice payments. The remittance address is where the payments will be mailed.		
Name	<u>Lizveth Varela</u>	
Title	<u>Administrative Manager</u>	
Remittance Address	<u>451 E. Vanderbilt Way, Suite 200 San Bernardino, CA 92408</u>	
Street Address (if different)	_____	
Telephone Number	<u>909-387-6769</u>	
Email Address	<u>lizveth.varela@dph.sbcounty.gov</u>	

TB Local Assistance Base Award Funding Matrix FY 2026-2027

Instructions for Completing the Funding Matrix

The purpose of the Funding Matrix is to provide your total projected TB program budget for FY 2026-2027. For each Funding Source, provide the total amount received or projected by Budget Category.

Funding Source:

- 1) California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) (received from the TBCB)
- 2) Direct Federal (received directly from the federal government for TB control activities)
- 3) Local (received from the local jurisdiction for tuberculosis control)
- 4) Other (received from sources other than above list). Note: specify funding source in the Other Funding Source Description field (J21 - J30) (e.g., research grant, temporary funding, Medi-Cal DOT reimbursement, MAA, TCM or other).

Example:

Budget Category	1) TBCB		2) Direct Federal		3) Local		4) Other Funding Source			Total
	Amount	%	Amount	%	Amount	%	Amount	%	Source	
Personnel	\$ 382,143	40	0	0	\$ 1,566,879	40	\$ 30,000	20	Medi-Cal	\$ 1,979,022

Budget	Funding Source									Total Amount
Category	1) TBCB	TBCB %	2) Direct Federal	Direct Federal %	3) Local	Local %	4) Other Funding Source	Other Funding Source %	Other Funding Source Description	Tuberculosis Control Program Funding
Personnel	\$ 212,723	16%	\$ -		\$ 1,085,261	84%	\$ -			\$ 1,297,984
Benefits	\$ 85,870	16%	\$ -	0%	\$ 444,089	84%	\$ -			\$ 529,959
Personnel (Non-benefit)	\$ -		\$ -		-		\$ -			
Travel	\$ 6,688	36%	\$ -	0%	\$ 12,000	64%	\$ -			\$ 18,688
Equipment	\$ -		\$ -		-		\$ -			
Supplies	\$ -	0%	\$ -	0%	\$ 25,529	100%	\$ -			\$ 25,529
Anti-TB Medications	\$ -		\$ -		-		\$ -			\$ -
Subcontracts	\$ -		\$ -		-		\$ -			\$ -
Other	\$ -	0%	\$ -	0%	-	0%	\$30,000	100%	Medi-Cal	\$ 30,000
FSIE	\$ 25,167	100%	\$ -	0%	-	0%	\$ -			\$ 25,167
Indirect Costs	\$ 51,695	100%	\$ -	0%	-	0%	\$ -			\$ 51,695
Total	\$ 382,143	19.31%	\$ -	0.00%	\$ 1,566,879	79.17%	\$ 30,000	1.52%		\$ 1,979,022

Local Assistance Base Award Allocation of Personnel Matrix FY 2026-2027

San Bernardino

- 1) Enter all LJM TB Control Program staffing positions, even if vacant, under the appropriate staffing category table below.
- 2) For staff performing more than one function, enter under the staffing category corresponding to the majority of their duties.
- 3) For positions with additional TB duties beyond their assigned staffing category's definition, list under "Additional TB Duties".
- 4) For each position, enter some portion of Full Time Equivalent (FTE) for TB Activities/Other TB Activities, and non-TB Activities (if applicable).
- 5) For staff entered under a second staffing category, cross-reference their main staffing category and do not enter FTE.
- 6) Refer to the Legend and Examples tabs for detailed information and instructions.

TB Controller

Definition: Responsible for TB prevention and control in their jurisdiction, provides oversight of the TB program, applies public health laws for TB control, ensures required reporting, funding, and budget preparation. Please record other TB control program responsibilities in the "Additional TB Duties" column.

Last Name, First Name	Title	FTE TB Controller Activities	FTE Other TB Activities (e.g., program manager)	FTE Non-TB Activities	Total FTE	Funding Source Mark X all that apply					Additional TB Duties - beyond definition (e.g., program manager, TB clinician in clinic)	TBCB use only: Verified
						TBCB	Direct Federal	Local	Medi-Cal	Other		
Wang, Sharon	Health Officer	0.20		0.80	1.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Select

TB Program Manager

Definition: Provides oversight of the TB program; applies public health laws for TB control; oversees policies; oversees management and evaluation of the TB program; ensures required reporting, funding, and budget preparation. Please record other TB control program responsibilities in the "Additional TB Duties" column.

Last Name, First Name	Title	FTE TB Program Manager Activities	FTE Other TB Activities (e.g., supervising PHN)	FTE Non-TB Activities	Total FTE	Funding Source Mark X all that apply					Additional TB Duties - beyond definition (e.g., supervising PHN, epidemiologist)	TBCB use only: Verified
						TBCB	Direct Federal	Local	Medi-Cal	Other		
Ibrahim, Diana	Program Manager	0.10	0.00	0.90	1.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select

Nurse(s)

Definition: Public Health Nurses (PHNs), Registered Nurses (RNs), and Licensed Vocational Nurses (LVNs) that perform TB case and clinical management and perform other clinical functions. Please mark X for all nurse major TB duties and record other TB control program responsibilities in the "Additional TB Duties" column.

Last Name, First Name	Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Funding Source Mark X all that apply					Additional TB Duties - beyond definition and Major Duties (e.g., discharge coordinator, civil surgeon/B waiver outreach)	Major Duties Mark X all that apply				Site Mark X all that apply		TBCB use only: Verified
					TBCB	Direct Federal	Local	Medi-Cal	Other		Supervision	Case Management	Contact Investigation	DOT	Office/Clinic	Field	
Guerrero, Khaterina	Public Health Nurse II	1.00	0.00	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Select
Rodriguez, Hada	Public Health Nurse II	1.00	0.00	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Select
Montoya, Leticia	Public Health Nurse II	1.00	0.00	1.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Select
Rantung, Royke	Public Health Nurse II	1.00	0.00	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Select

Communicable Disease Investigators (CDIs)

Definition: Perform contact investigation, field investigation, patient locating; serve legal orders. Please mark X for all CDI major TB duties and record other TB control program responsibilities in the "Additional TB Duties" column.

Last Name, First Name	Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Funding Source Mark X all that apply					Additional TB Duties - beyond definition (e.g., civil surgeon/B waiver outreach)	Major Duties Mark X all that apply				Site Mark X all that apply		TBCB use only: Verified
					TBCB	Direct Federal	Local	Medi-Cal	Other		Supervision	Case Management	Contact Investigation	DOT	Office/Clinic	Field	
Rosales, Jennifer	Communicable Disease Investigator II	0.50	0.50	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hospital discharge coordinator, LTBI follow up of contacts, train and lead CDIs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Select
Avila, Brittany	Communicable Disease Investigator I	0.90	0.10	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospital discharge coordinator, LTBI follow up of contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Select
Reyes, Perla	Communicable Disease Investigator I	1.00	0.00	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospital discharge coordinator, LTBI follow up of contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Select

Directly Observed Therapy (DOT) Workers

Definition: Facilitate adherence to TB treatment by performing directly observed therapy. Please mark X for all DOT Worker major TB duties and record other TB control program responsibilities in the "Additional TB Duties" column.

Last Name, First Name	Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Funding Source Mark X all that apply					Additional TB Duties - beyond definition (e.g. field phlebotomy, transportation)	Major Duties Mark X all that apply				Site Mark X all that apply		TBCB use only: Verified
					TBCB	Direct Federal	Local	Medi-Cal	Other		Supervision	Case Management	Contact Investigation	DOT	Office/Clinic	Field	
Ramirez, Denise	Supervising Health Services Assistant	1.00	0.00	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervision of DOT field staff, development of procedures for field DOT staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select
Chi, Karen	Health Service Assistant	1.00	0.00	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transport of TB patients to clinic, purchase of food for TB patients, coordination of shelter for TB patients, scanning and uploading of TB cases into CalREDIE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Select
Effinger, Brooke	Health Service Assistant	1.00	0.00	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOT Billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Select
Gomez, Hugo	Health Service Assistant	1.00	0.00	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOT Billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Select
Steverson, Eric	Health Service Assistant	0.50	0.50	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOT Billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Select
Harris, Sharnae	Health Service Assistant	1.00	0.00	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOT Billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Epidemiologist

Definition: Coordinates the collection and analysis of TB-related data. Please record other TB control program responsibilities in the "Additional TB Duties" column.

Last Name, First Name	Title	FTE TB Activities	FTE other TB Activities (non-Epi)	FTE Non-TB Activities	Total FTE	Funding Source Mark X all that apply					Additional TB Duties - beyond definition (e.g., case management, contact investigation, B notification tracking, managing EDN)	TBCB use only: Verified
						TBCB	Direct Federal	Local	Medi-Cal	Other		
Balingit Valdez, Vanessa	Public Health Epidemiologist	0.50	0.50	0.00	1.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Select

Clerical

Definition: Provides support to facilitate efficient functioning of the TB program. Please record other TB control program responsibilities in the "Additional TB Duties" column.

Last Name, First Name	Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Funding Source Mark X all that apply					Briefly describe TB duties (e.g. supervision, data entry, interpretation)	TBCB use only: Verified
					TBCB	Direct Federal	Local	Medi-Cal	Other		
McCallick, Ryan	Office Specialist	0.10	0.90	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epidemiology, HIV, COVID, STD, Immunizations	Select
Vacant	Office Specialist	0.30	0.70	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fiscal support including monitoring and organizing billing, order/travel requests, and support hiring/onboarding process	Select
Valdez, Estela	Office Assistant	0.10	0.90	1.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epidemiology, HIV, COVID, STD, Immunizations	Select
Grisel, Malisha	Office Assistant	0.10	0.90	1.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epidemiology, HIV, COVID, STD, Immunizations	Select
Botero, Alba	Office Assistant	0.10	0.90	1.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epidemiology, HIV, COVID, STD, Immunizations	Select
Colbert, Sherinda	Office Assistant	0.10	0.90	1.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epidemiology, HIV, COVID, STD, Immunizations	Select
Tomoyasu, Joseph	Office Assistant	0.10	0.90	1.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epidemiology, HIV, COVID, STD, Immunizations	Select

Clinic Staff - not listed above

Definition: Perform activities to facilitate the efficient functioning of the TB clinic (examples may include clinic physicians, nurse practitioners, physician assistants, pharmacist, medical assistant)
Please record other TB control program responsibilities in the "Additional TB Duties" column. Clinic nurses should be entered under the "Nurse" staffing category above.

Last Name, First Name	Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Funding Source Mark X all that apply					Additional TB Duties - beyond definition	Site Mark X all that apply		TBCB use only: Verified
					TBCB	Direct Federal	Local	Medi-Cal	Other		Office/Clinic	Field	
		0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Select
		0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Select
		0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Select

Other - not listed above

Examples may include social workers, health educators, eligibility workers, etc.
Please describe TB control program responsibilities in the "TB Duties" column.

Last Name, First Name	Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Funding Source Mark X all that apply					TB Duties	TBCB use only: Verified
					TBCB	Direct Federal	Local	Medi-Cal	Other		
Granados, Rochelle	Health Education Specialist II	0.10	0.90	1.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Planning, implementing, and evaluating health promotion and education activities relating to TB prevention and control.	Select
Vacant	Supervising Public Health Nurse	0.80	0.20	1.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Supervision of TB Control Program staff. Oversee implementation of program policies, protocols, and standards of care in field, clinic, outreach, and home-based settings.	Select
		0.00	0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select

TB Organizational Chart

(Revised 4/23/2026)

