

Local Assistance Base Award Summary Budget FY 2020-2021

Jurisdiction: San Bernardino

Submission Date:

LINE ITEM CATEGORY	AMOUNT
Personnel (With Benefits)	\$203,788.00
Benefits	\$104,973.00
Personnel (Non-Benefit)	\$0.00
Travel	\$5,000.00
Equipment	\$0.00
Supplies	\$990.00
Anti-TB Medications	\$0.00
Subcontracts	\$0.00
Other	\$0.00
TOTAL DIRECT COSTS	\$314,751.00
Indirect Costs	\$47,700.00
TOTAL BUDGET	\$362,451.00

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Local Assistance Base Award Detail Budget FY 2020-2021

Jurisdiction:

San Bernardino

Submission Date:

LINE ITEM CATEGORY						AMOUNT
Personnel - With benefits (title, new or continuing, annual salary, FTE, months)						
Title	New/Cont	Annual	FTE	Months		
1. Office Assistant II	Continuing	\$ 37,405	10%	12	\$	3,740.48
2. Clinic Supervisor-Public Health	Continuing	\$ 118,708	10%	12	\$	11,870.77
3. Registered Nurse II	Continuing	\$ 85,897	61%	12	\$	52,396.95
4. Registered Nurse II	Continuing	\$ 85,897	61%	12	\$	52,396.95
5. Health Services Assistant I	Continuing	\$ 43,649	50%	12	\$	21,824.63
6. Health Services Assistant I	Continuing	\$ 43,649	50%	12	\$	21,824.63
7. Health Services Assistant I	Continuing	\$ 43,649	20%	12	\$	8,729.85
8. Health Services Assistant I	Continuing	\$ 43,649	20%	12	\$	8,729.85
9. Health Services Assistant II	Continuing	\$ 60,007	20%	12	\$	12,001.32
10. Communicable Disease Investigator	Continuing	\$ 55,907	10%	12	\$	5,590.72
11. Office Specialist	Continuing	\$ 46,814	10%	12	\$	4,681.41
Total Personnel (with benefits)						\$ 203,788
Benefits (rate, actual salary)						
Title	Rate (%)	Actual				
1. Office Assistant II	51.5%	\$ 3,740			\$	1,927
2. Clinic Supervisor-Public Health	51.5%	\$ 11,871			\$	6,115
3. Registered Nurse II	51.5%	\$ 52,397			\$	26,990
4. Registered Nurse II	51.5%	\$ 52,397			\$	26,990
5. Health Services Assistant I	51.5%	\$ 21,825			\$	11,242
6. Health Services Assistant I	51.5%	\$ 21,825			\$	11,242
7. Health Services Assistant I	51.5%	\$ 8,730			\$	4,497
8. Health Services Assistant I	51.5%	\$ 8,730			\$	4,497
9. Health Services Assistant II	51.5%	\$ 12,001			\$	6,182
10. Communicable Disease Investigator	51.5%	\$ 5,591			\$	2,880
11. Office Specialist	51.5%	\$ 4,681			\$	2,411
Total Benefits						\$ 104,973
Personnel - Non-benefit (title, new or continuing, annual salary, FTE, months)						
Title	New/Cont	Annual	FTE	Months		
1.		\$ -	0%	0	\$	-
Total Personnel (Non-Benefit)						\$ -
TOTAL - PERSONNEL SERVICES						\$ 308,761
Travel (within jurisdiction)						
<i>(Provide miles x county mileage rate, not to exceed \$0.575 per mile)</i>						
	Miles	Rate				
	Miles: 3030	\$ 0.575			\$	1,742
Travel (outside of jurisdiction)						
<i>(Provide miles or days of per diem or lodging and rate or amount per day - not to exceed state rate)</i>						
	Miles/Days	Rate/Amount per Day				
Days of Lodging:	12	\$ 164.00			\$	1,968
Airfare:	2	\$ 195.00			\$	390
Rental car:	2	\$ 150.00			\$	300
Conference fee:	2	\$ 300.00			\$	600
Total Travel						\$ 5,000

Local Assistance Base Award Detail Budget FY 2020-2021

Jurisdiction: San Bernardino

Submission Date:

LINE ITEM CATEGORY			AMOUNT
Equipment (Itemize)			
Description (Make and model)	Units	Cost per unit	
1.		\$ -	\$ -
Total Equipment <i>(Equipment purchase cannot exceed \$50,000)</i>			\$ -
Supplies (Provide total for office and clinic supplies. Itemize laboratory supplies)			
Office			\$ 990
Clinic Supplies			\$ -
Laboratory Supplies (Itemize)	Units	Cost per unit	
1.		\$ -	\$ -
2.		\$ -	\$ -
3.		\$ -	\$ -
4.		\$ -	\$ -
Total Supplies			\$ 990
Anti-TB Medication (round to whole number)			
	Units	Cost per unit	
1.			\$ -
2.		\$ -	\$ -
3.		\$ -	\$ -
4.		\$ -	\$ -
5.		\$ -	\$ -
6.		\$ -	\$ -
Total Anti-TB Medication			\$ -
Subcontracts			
<i>(Provide name of contractor, period of contract, contract budget detail and total dollar amount)</i>			
<i>Submit a copy of the contract</i>			
1.			\$ -
Total Subcontracts			\$ -
Other (Itemize and round to whole number)			
	Units	Cost per unit	
1.		\$ -	\$ -
Total Other			\$ -
TOTAL DIRECT COSTS			\$ 314,751
Indirect Costs (Indicate method used, e.g., direct, indirect and rate)			
<i>(State approved rate based on application submitted by Contractor. Not to exceed 15% of total allowable direct costs or 25% of total personnel costs)</i>			
	Amount	Rate (%)	
Personnel Services	\$ 308,761	15%	\$ 47,700
Total Direct Costs	\$ 314,751	0%	\$ -
Total Indirect Costs			\$ 47,700

Local Assistance Base Award Line Item Justification FY 2020-2021

Jurisdiction: San Bernardino
Submission Date: 4/15/2020

PERSONNEL - With Benefit
Clinic Supervisor-Public Health (Continuing)(Jenny Gonzalez Hernandez)(0.1 FTE) This position coordinates the homeless housing activity and supervises TB medical-related activities, including staff who manage cases, coordinates care, performs direct observed therapy and counsels patients. This position supports priority areas one and two.
Registered Nurse II (Continuing)(Khaterina Guerrero)(0.60 FTE)This position provides case management and LTBI services including ensuring patients complete therapy, contact investigations and follow-up, patient education, provides DOT consultation to Health Services Assistants. This position is also the AIDS program liaison and is responsible for case management of co-infected AIDS/HIV clients. This position supports priority areas one and two (Housing Personnel Funds: \$13,789).
Registered Nurse II (Continuing)(Sabrina Cordova (0.60 FTE)This position provides case management and latent TB infection (LTBI) services including ensuring patients complete therapy, contact investigations and follow-up, patient education, provides DOT consultation to Health Services Assistants. This position also fulfills the duties of the inter-jurisdictional and correctional liaison nurse. This position supports priority areas one and two (Housing Personnel Funds: \$13,790).
Communicable Disease Investigator (Continuing)(Jennifer Rosales)(0.1 FTE) This position conducts contact investigations of persons exposed to active TB cases.
Health Services Assistant I (Continuing)(Katherine Myers)(0.7 FTE)This position provides directly observed therapy (DOT) services and other patient services including client transportation and translation. This position supports priority areas one and two.
Health Services Assistant I (Continuing)(Brooke Effinger)(0.5 FTE)This position provides directly observed therapy (DOT) services and other patient services including client transportation. This position supports priority areas one and two.
Health Services Assistant I (Continuing)(Dolores Robles)(0.2 FTE)This position provides B waiver care coordination, provides case manager assistance, processed MOTTs and assists with DOT, transportation, clerical support and translation. This position supports priority areas one and two.
Health Services Assistant II (Continuing)(Denise Ramirez)(0.2 FTE)This position provides B waiver care coordination, provides case manager assistance, assists with DOT, transportation, clerical support and translation. This position supports priority areas one and two.

Local Assistance Base Award Line Item Justification FY 2020-2021

Jurisdiction: San Bernardino
 Submission Date: 4/15/2020

<p>Office Assistant II (Continuing)(Hernandez, Marciella)(0.1 FTE) This position provides general clerical support to the TB Program, including data entry, preparing charts and answering phones. This position supports priority area one and two.</p>
<p>Office Specialist (Continuing)(Toni Nigro)(0.1 FTE) This position provides general clerical support to the TB Program, including data entry, preparing charts and answering phones. This position supports priority area one and two.</p>
<p>PERSONNEL - Non-Benefit</p>
<p> </p>
<p> </p>
<p> </p>
<p>TRAVEL</p>
<p style="text-align: center;">Within jurisdiction: Travel is required for public health personnel to perform field DOT, case investigations, home visits, provider visits and transport of patients. 3,030 mi @ 0.575/mi = \$1,742 Outside jurisdiction: Travel is required for conferences and seminars = \$3,258</p>
<p>EQUIPMENT</p>
<p> </p>
<p> </p>
<p> </p>
<p>SUPPLIES</p>
<p>General office expenses in the amount of \$990</p>
<p> </p>
<p>Anti-TB Medication</p>
<p> </p>
<p> </p>
<p>OTHER</p>

Local Assistance Base Award Line Item Justification FY 2020-2021

Jurisdiction: San Bernardino
Submission Date: 4/15/2020

Indirect Overhead Cost: Rate @ 15.449% of Grant Personnel Salary & Benefits (\$308,761 x 15.449% = \$47,700)

Allocation of Personnel Matrix Instructions

Fiscal Year 2020-2021

Completing the Personnel Matrix

Each position listed in this matrix should have some portion of Full Time Equivalent (FTE) listed under TB Activities. **Please list each staff person only once on the matrix.**

The matrix has a table for each staffing function in the tuberculosis (TB) control program (e.g., TB controller, PHN, DOT worker). For staff who perform more than one function, please enter staff in the category that corresponds to the majority of their duties and list all additional duties in the "additional duties" space in that section.

Special instructions for nurses: under Major Duties, please check all activities each nurse is engaged in.

Name and Title: Enter the name and position title of each employee assigned to TB control. Include employees funded by the California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB), county general funds and other sources.

Full Time Equivalent (FTE): The purpose of this field is to provide each employee's percent of effort devoted to TB control activities. Enter the number of full time equivalents (FTE) devoted to "TB" and to "Other Public Health Activities". 1 FTE equals 100%. For example, a PHN working full time might be assigned to the TB Program a total of 50% (.50 FTE) and .50 FTE to other communicable disease activities.

Additional Duties beyond the Stated Definition Above: Enter any key responsibilities of the position that are not included in the given position definition.

Funding Source: Check all the appropriate boxes to identify the funding source for the employee.

- **TBCB:** Position is funded completely or partially through funds received from the CDPH TBCB.
- **Direct Federal:** Position is funded completely or partially through funds directly received from the federal government for TB control activities. This applies to Centers for Disease Control and Prevention Cooperative Agreement recipients only.
- **Local:** Position is funded completely or partially through funds received from the local jurisdiction for Tuberculosis Control.
- **Medi-Cal:** Position is funded completely or partially through funds received from Medi-Cal. Please refer to Part 3, Section 1.2B of the Tuberculosis Control Local Assistance Standards and Procedures Manual for detailed instructions regarding Medi-Cal fee-for-service reimbursement.
- **Other:** Position is funded completely or partially through funds received from sources other than the above list. *If you select Other as a funding source, please specify the source (for example, The California Endowment or California Department of Public Health Infrastructure Funds).*

Allocation of Personnel Matrix Fiscal Year 2020 - 2021

Jurisdiction San Bernardino

Each position listed in this matrix should have some portion of Full Time Equivalent (FTE) listed under TB Activities.

TB Controller: Coordinates overall functioning of the TB program. Establishes and implements program policies and procedures.

# of Rows	Name and Title	% FTE TB Activities	% FTE Other Activities	Additional Duties Beyond Stated Definition Above	Funding Source	Describe funding if "Other"
+ -	Susan Strong TB Controller	30%	70%	-TB Controller -Establishes medical policies and procedures for the program - TB Clinic MD	<input type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input checked="" type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other	

TB Program Manager: Works with the TB Controller to oversee the development, implementation, management, and evaluation of the TB Control Program.

# of Rows	Name and Title	% FTE TB Activities	% FTE Other Activities	Additional Duties Beyond Stated Definition Above	Funding Source	Describe funding if "Other"
+ -	Susan Strong Program Manager	20%	80%	-Program policies and procedure approval -Budget and fiscal -Program representation	<input type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input checked="" type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Other	HIV Surveillance Grant

Nurse(s): Public Health Nurses (PHNs), Registered Nurses (RNs), and Licensed Vocational Nurses (LVNs) that perform TB case and clinical management and perform other clinical functions, including work in a TB clinic.

# of Rows	Name and Title	% FTE TB Activities	% FTE Other Activities	Major Duties (check all that apply)	Additional Duties Beyond Stated Definition Above	Funding Source	Describe funding if "Other"
+ -	Jenny Hernandez Clinic Supervisor Public Health	10%	90%	<input type="checkbox"/> Case Management <input type="checkbox"/> TB Clinic <input checked="" type="checkbox"/> Supervision <input type="checkbox"/> Other:	-Policies and procedures -Support day to day operations	<input type="checkbox"/> TBCB <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Other	Immunization Grant
+ -	Khaterina Guerrero Registered Nurse	61%	39%	<input checked="" type="checkbox"/> Case Management <input type="checkbox"/> TB Clinic <input type="checkbox"/> Supervision <input type="checkbox"/> Other:	-STD care coordination	<input checked="" type="checkbox"/> TBCB <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other	
+ -	Sabrina Cordova Registered Nurse	61%	39%	<input checked="" type="checkbox"/> Case Management <input type="checkbox"/> TB Clinic <input type="checkbox"/> Supervision <input type="checkbox"/> Other:	-Inter-jurisdictional nurse -Correctional nurse	<input checked="" type="checkbox"/> TBCB <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other	

Communicable Disease Investigators (CDIs): Perform contact investigation, field investigation, locate patients, serve legal orders.

# of Rows	Name and Title	% FTE TB Activities	% FTE Other Activities	Additional Duties Beyond Stated Definition Above	Funding Source	Describe funding if "Other"
+ -	Jennifer Rosales Communicable Disease Investigator I	10%	90%		<input checked="" type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input checked="" type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Other	Immunization Grant

Directly Observed Therapy (DOT) Workers: Facilitate adherence to TB treatment by performing direct observation of ingestion of TB therapy.

# of Rows	Name and Title	% FTE TB Activities	% FTE Other Activities	Additional Duties Beyond Stated Definition Above	Funding Source	Describe funding if "Other"
<input type="checkbox"/> + <input type="checkbox"/> -	Katherine Myers Health Services Assistant I	70%	30%	-STD Testing	<input checked="" type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input checked="" type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other	
<input type="checkbox"/> + <input type="checkbox"/> -	Brooke Effinger Health Services Assistant I	50%	50%	-Serving legal orders -Translation -Transportation (specimens to the lab and patients to clinic)	<input checked="" type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input checked="" type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other	
<input type="checkbox"/> + <input type="checkbox"/> -	Dolores Robles Health Services Assistant I	20%	80%	-Translation -Transportation of patients to clinic	<input type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other	
<input type="checkbox"/> + <input type="checkbox"/> -	Denise Ramirez Health Services Assistant II	20%	80%		<input checked="" type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input checked="" type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other	

Epidemiologist: Coordinate the collection and analysis of TB-related data

# of Rows	Name and Title	% FTE TB Activities	% FTE Other Activities	Additional Duties Beyond Stated Definition Above	Funding Source	Describe funding if "Other"		
<table border="1" style="margin: auto;"> <tr><td style="text-align: center;">+</td></tr> <tr><td style="text-align: center;">-</td></tr> </table>	+	-					<input type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other	
+								
-								

Clerical: Provide support to facilitate efficient functioning of the TB program.

# of Rows	Name and Title	% FTE TB Activities	% FTE Other Activities	Additional Duties Beyond Stated Definition Above	Funding Source	Describe funding if "Other"		
<table border="1" style="margin: auto;"> <tr><td style="text-align: center;">+</td></tr> <tr><td style="text-align: center;">-</td></tr> </table>	+	-	Marciela Hernandez Office Assistant II	10%	90%		<input checked="" type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input checked="" type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Other	Immunization Grant
+								
-								

Clinic Staff (List only staff not listed above): Perform activities to facilitate the efficient functioning of the TB clinic.

# of Rows	Name and Title	% FTE TB Activities	% FTE Other Activities	Additional Duties Beyond Stated Definition Above	Funding Source	Describe funding if "Other"		
<table border="1" style="margin: auto;"> <tr><td style="text-align: center;">+</td></tr> <tr><td style="text-align: center;">-</td></tr> </table>	+	-	Toni Nigro Office Specialist	10%	90%		<input checked="" type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input checked="" type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Other	Immunization Grant
+								
-								

# of Rows	Name and Title	% FTE TB Activities	% FTE Other Activities	Additional Duties Beyond Stated Definition Above	Funding Source	Describe funding if "Other"		
<table border="1" style="margin: auto;"> <tr> <td style="padding: 2px;">+</td> <td style="padding: 2px;">-</td> </tr> </table>	+	-					<input type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other	
+	-							

Other Staff (List only staff not listed above): Perform activities to facilitate the efficient functioning of the TB clinic.

# of Rows	Name and Title	% FTE TB Activities	% FTE Other Activities	Additional Duties Beyond Stated Definition Above	Funding Source	Describe funding if "Other"		
<table border="1" style="margin: auto;"> <tr> <td style="padding: 2px;">+</td> <td style="padding: 2px;">-</td> </tr> </table>	+	-					<input type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other	
+	-							
<table border="1" style="margin: auto;"> <tr> <td style="padding: 2px;">+</td> <td style="padding: 2px;">-</td> </tr> </table>	+	-					<input type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other	
+	-							