



State of California—Health and Human Services
Agency

California Department of Public Health



Erica Pan, MD, MPH
Director and State Public Health Officer

GAVIN NEWSOM
Governor

Date: July 01, 2026

To: California Local Health Jurisdictions (LHJs)

From: California Department of Public Health (CDPH)

Subject: Future of Public Health Funding (FoPH), FY 2026-27

I. Purpose

This memo provides Local Health Jurisdictions (LHJs) with the Future of Public Health (FoPH) funding allocations for fiscal year FY 2026-27.

II. Background

FoPH funds, originally authorized in the 2022 Budget Act (Chapter 29, Statutes of 2022), provided \$200,400,000 annually to LHJs to support local public health workforce and infrastructure.

The 2024 Budget Act (Chapter 35, Statutes of 2024) authorized a 7.95 percent reduction to FoPH funding beginning in fiscal year 2024-25 and as a result the total allocation for local assistance is \$188,200,000 annually and ongoing. These funds are considered ongoing funds and part of the baseline state budget, which must be approved in the annual state budget process. Local assistance amount is pending annual budget approval for each upcoming state fiscal years. Below are anticipated total funding amounts through FY 2026-27:

State Fiscal Year	Local Assistance Amount
2023-24 Local Assistance Amount	\$200.4 million
2024-25 Local Assistance Amount	\$188.2 million
2025-26 Local Assistance Amount	\$188.2 million
2026-27 Local Assistance Amount	\$188.2 million

Regional Public Health Office ♦ MS 0500, P.O. Box 997377, Sacramento, CA 95899-7377
♦ Internet Address: www.cdph.ca.gov



III. Funding Reduction Methodology

In FY 2024-25, to implement the reduction in local assistance funds available for FoPH, the California Department of Public Health, in consultation with the County Health Executives Association of California (CHEAC) and the California Conference of Local Health Officers (CCLHO), used the following weighted methodology to determine reductions to each LHJ:

- 20 percent of the \$12.2M reduction (\$2.44 million) is applied in an even percentage across all LHJs. Every LHJ's allocation is reduced by 1.22 percent.
- 80 percent of the \$12.2M reduction (\$9.76 million) is applied to LHJs proportionally based on their proportion of the total unspent funds reported in their FY 2023-24 expenditure reports for quarters 1 through 4 (as reported by July 30, 2024).

IV. Rationale

The following considerations were evaluated in developing the funding reduction methodology:

- Prioritizing the retention of current staff in LHJs that were successful in filling positions proposed on the FY 2023-24 Spend Plan.
- Promoting effective spending to preserve FoPH funding in a challenging budget climate.
- Ensuring LHJs experiencing significant reductions are still afforded the opportunity to increase capacity beyond FY 2023-24 through access to redistributed funding and through alternate capacity building support mechanisms.
- Providing LHJs with stability in funding over the three fiscal years following the initial reduction in FY 24/25 for planning purposes.

V. Allocations

This letter provides FoPH submission requirements for the period of **July 1, 2026 to June 30, 2027**. Funding allocations are provided in Attachment I and are available for expenditure through June 30, 2027, to support local health jurisdictions and strengthen local infrastructure.

VI. Funding Redistribution Process

For FoPH FY 2026-27, CDPH will continue to actively monitor invoices and expenditure rates submitted by LHJs to ensure that FoPH funds are being spent effectively (*see section IX of this memo for more information on reporting requirements*). CDPH will work to initiate a Funding Redistribution Process as early as at the end of quarter 1, dependent upon LHJ expenditure rates. If LHJs voluntarily identify anticipated unspent funds, those funds may be redistributed to other LHJs. Priority for receiving such funding would go to LHJs experiencing significant reductions based on the funding reduction methodology described above in Section III.

VII. Funding Requirements

The requirements for the use of FoPH funding remain unchanged and are highlighted below. Requirements for the funding are also detailed in Health and Safety Code Sections 101320-101320.5.

Non-Supplantation

The funds allocated to each Local Health Jurisdiction may only be used to supplement, rather than supplant, existing levels of services provided by the Local Health Jurisdiction.

Each Local Health Jurisdiction receiving funds shall annually certify to the department that its portion of this funding shall be used to supplement and not supplant all other specific local city, county, or city and county funds, including, but not limited to, the 1991 Health Realignment and city, county, or city and county general fund resources utilized for Local Health Jurisdiction purposes, and excluding federal funds in this determination. *See Attachment 2 for Certification Form.*

Required Use of Funding

1. Each Local Health Jurisdiction must dedicate at least 70 percent of funds to support the hiring of permanent city or county staff, including benefits and training.
2. Remaining funds, not to exceed 30 percent, may be used for equipment, supplies, and other administrative purposes such as facility space, furnishings, and travel.

Workplan/Spend Plan Requirements

Starting in the 2023-24 state fiscal year, LHJs began submitting three-year Workplans and yearly Spend Plans.

1. Each Workplan should be informed by a Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and/or local Strategic Plan.
2. All LHJs are required to measure and evaluate the process and outcome of hiring permanent staff.

Redirection of Funding for Regional Capacity

A Local Health Jurisdiction has the option to direct a portion of their funds to another local health jurisdiction in support of regional capacity. The requesting Local Health Jurisdiction shall submit a letter of support to CDPH from the recipient Local Health Jurisdiction in which these funds are directed to, along with a description of the regional capacity the funds will support. The letter shall be included as an additional attachment to the submission package and should be submitted to the FoPH inbox (FoPHfunding@cdph.ca.gov).

VIII. Updates to Spend Plans

Timeline

CDPH issued 2026-2029 Workplan and FY 2026-27 Spend Plan templates to LHJs on **May 13, 2026**, via the CDPH Future Track (Grant Ready) grant management system. The Certification Form, Acknowledgment of Allocation Letter, Invoice templates, and the final funding memo will be provided to LHJs on **July 1, 2026**. LHJs will be asked to submit FY 2026-27 Spend Plans, 26-29 Workplans, Certification Forms, and Acknowledgement of Allocation Letter through the CDPH Future Track system. This funding memo and additional related documents will be located on the [LHJ SharePoint](#).

Submission Requirements

1. Workplans: LHJs will be submitting their 2026-29 Workplans via the CDPH Future Track (Grant Ready) grant management system by **July 30th, 2026**.
2. Spend Plans: LHJs are required to submit updated Spend Plans for FY 2026-27 by **July 30, 2026**.
 - If the FY 2026-27 Spend Plan submissions represent less than a 25% change from previous FY 2025-26 allocations, please assume Spend Plans are approved and proceed with initiating spending. There is no need to wait until the FY 2026-27 Spend Plan is approved.
 - CDPH will be collecting Spend Plan submissions through the CDPH Future Track system. If your LHJ still needs assistance with system access, please email FoPHfunding@cdph.ca.gov.
3. CDPH will provide Office Hours in June and July to provide technical assistance on Workplan and Spend Plan submissions through the CDPH Future Track system. As a reminder, your Agency should consider the following when developing your Spend Plan:
 - While not required, CDPH recommends that your agency may fund an administrative position to ensure fiscal accountability and reporting requirements of the various FoPH funding. At least 70% of your Agency funds must go towards the hiring, including benefits and training, of permanent city or county staff.
 - Your Agency may dedicate up to 30% of the allocated funding to support equipment, supplies, and other administrative purposes such as, facility space, furnishings, and travel.
 - While not required, CDPH encourages your Agency to recruit and give hiring preference to unemployed workers, underemployed workers, and a diversity of applicants from local communities who are qualified to perform the work. In addition, you are encouraged to work with applicants from your community.
 - While not required, CDPH encourages your Agency to explore transitioning limited-term or contracted staff/positions previously funded through limited term federal funding into permanent positions for the city; county; or city and county.
 - If your Agency will be dedicating a portion of your funds to another LHJ to increase regional capacity, your Agency shall submit a letter of support from the LHJ receiving those funds. Adjustments shall be reflected in the

Spend Plan that is submitted to CDPH for review and approval. The letter shall be sent as an attachment to the FoPHfunding@cdph.ca.gov

4. As a reminder, your Agency must maintain the following minimum requirements for the FoPH funding and include descriptions in your Agency's Workplan:
 - A description of how your Agency will achieve 24/7 Health Officer's coverage.
 - A description of how these funds will assist your Agency in meeting your CHA/CHIP and/or local Strategic Plan goals. Please either attach a copy or provide links to your CHA, CHIP, and/or Strategic Plan and/or a date when these will become available. In addition, provide a description of how your agency will measure/evaluate the impact of the FoPH funding.
 - A description of how your Agency will use FoPH funding to meet your LHJ equity goals.
 - A description of how your Agency will use FoPH funding to become or sustain capacity as a learning organization, including continuous quality improvement and Results-Based Accountability/evaluation.
 - Commit to Health Officer and Health Director's participation in Regional Public Health Office monthly or quarterly convenings as determined by the Region and CDPH.
5. Please submit the Acknowledgment of Allocation Letter and Certification forms by **July 30th, 2026**. The Acknowledgement of Allocation Letter and Certification Form can be signed by any individual(s) in your jurisdiction designated to review and sign these types of forms. The Acknowledgement of Allocation Letter and Certification form should be submitted via the CDPH Future Track (Grant Ready) grant management system along with the Workplan.

IX. Reporting Requirements

As a condition of the funding, each Local Health Jurisdiction shall, by December 30, 2023, as required by statute, and by July 1 every three years thereafter, be required to submit a public health plan to CDPH pursuant to the requirements. Please note, your 3-year 2023-26 FoPH Workplan submission met this requirement for the previous 3 years. A new 3-year workplan template was released in May 2026 for the 2026-29 workplan period.

As a recipient of the Future of Public Health Funding, the following reporting documents are required:

1. Submit semi-annual Workplan progress reports on the status of timelines, goals, and objectives outlined in your Workplan. Note, if your Workplan is under review by CDPH and has not been approved by the progress report due date, you are still required to submit your Workplan progress report to CDPH. All Workplan deliverables will be submitted through the CDPH Future Track (Grant Ready) grant management system. The table below outlines the Workplan reporting periods and due dates for FY 2026-27.

State Fiscal Year 2026-27		
Semi-annual Workplan Progress Report Period	Reporting Period	Due Date
Period 1	July 1, 2026 – December 31, 2026	January 30, 2027
Period 2	January 1, 2027 – June 30, 2027	July 30, 2027

- Submit quarterly Spend Plan progress reports on the status of expenditures (Expenditure Report) and hiring (Hiring/Personnel Report) progress outlined in your Spend Plan to CDPH. While not required, it is also highly encouraged and recommended by CDPH that LHJs submit monthly expenditure information in the CDPH Future Track (Grant Ready) grant management system to allow for close monitoring of spending. Note, if your Spend Plan is under review by CDPH and has not been approved by the due date, you are still required to submit your report to CDPH.

In addition, LHJs are required to submit quarterly invoices for expenditures reported on the Expenditure report. CDPH will continue to accept invoices on a flow basis should your LHJ want to submit invoices prior to the quarterly due date. All invoices to CDPH for final expenditures at the close of the fiscal period on June 30th are due within 60 days after the end of the fiscal year (FY). For FY 2026-27 Allocation – final invoices due to CDPH by COB **August 30th, 2027**. All invoices will be submitted through the CDPH Future Track system, using Attachment 3 – FY 2026-27 Invoice Template. The table below outlines the quarterly Spend Plan deliverable (Hiring/Personnel report, Expenditure Report, and Invoice) reporting periods and due dates for FY 2026-27.

State Fiscal Year 2026-27		
Quarter	Reporting Period	Due Date
Q1	July 1, 2026 - September 30, 2026	October 30, 2026
Q2	October 1, 2026 - December 31, 2026	January 30, 2027
Q3	January 1, 2027 - March 31, 2027	April 30, 2027
Q4	April 1, 2027 - June 30, 2027	July 30, 2027

Annual Presentation to the Governing Board

In addition to the above reporting requirements, participating LHJs must annually present updates to its Board of Supervisors or City Council, as applicable, on the state of the

jurisdiction's public health.

Per Health and Safety Code 101320.5, LHJs must identify the jurisdiction's most prevalent current cases of morbidity and mortality, causes of morbidity and mortality with the most rapid three-year growth rate, and health disparities. The presentation shall also provide an update on progress addressing these issues through the strategies and programs identified in the LHJ's triennial public health planning document, as well as identify policy recommendations for addressing these issues.

X. Questions

For questions related to this funding stream, please email FoPHFunding@cdph.ca.gov.

Attachment I

Jurisdiction	2026-27 Allocation	Funding Service Period
Alameda	\$4,027,179	July 1, 2026 - June 30, 2027
Alpine	\$331,297	July 1, 2026 - June 30, 2027
Amador	\$454,208	July 1, 2026 - June 30, 2027
Berkeley	\$874,346	July 1, 2026 - June 30, 2027
Butte	\$1,209,475	July 1, 2026 - June 30, 2027
Calaveras	\$323,719	July 1, 2026 - June 30, 2027
Colusa	\$316,301	July 1, 2026 - June 30, 2027
Contra Costa	\$3,872,956	July 1, 2026 - June 30, 2027
Del Norte	\$256,993	July 1, 2026 - June 30, 2027
El Dorado	\$982,773	July 1, 2026 - June 30, 2027
Fresno	\$6,011,982	July 1, 2026 - June 30, 2027
Glenn	\$440,058	July 1, 2026 - June 30, 2027
Humboldt	\$926,739	July 1, 2026 - June 30, 2027
Imperial	\$1,455,703	July 1, 2026 - June 30, 2027
Inyo	\$418,463	July 1, 2026 - June 30, 2027
Kern	\$3,348,865	July 1, 2026 - June 30, 2027
Kings	\$876,854	July 1, 2026 - June 30, 2027
Lake	\$563,707	July 1, 2026 - June 30, 2027
Lassen	\$272,712	July 1, 2026 - June 30, 2027
Long Beach	\$2,773,439	July 1, 2026 - June 30, 2027
Los Angeles	\$46,752,078	July 1, 2026 - June 30, 2027
Madera	\$1,203,146	July 1, 2026 - June 30, 2027
Marin	\$1,022,544	July 1, 2026 - June 30, 2027
Mariposa	\$393,555	July 1, 2026 - June 30, 2027
Mendocino	\$715,080	July 1, 2026 - June 30, 2027
Merced	\$1,859,196	July 1, 2026 - June 30, 2027
Modoc	\$389,325	July 1, 2026 - June 30, 2027
Mono	\$398,714	July 1, 2026 - June 30, 2027
Monterey	\$2,532,265	July 1, 2026 - June 30, 2027
Napa	\$885,695	July 1, 2026 - June 30, 2027
Nevada	\$681,530	July 1, 2026 - June 30, 2027
Orange	\$12,787,939	July 1, 2026 - June 30, 2027
Pasadena	\$825,342	July 1, 2026 - June 30, 2027
Placer	\$1,269,609	July 1, 2026 - June 30, 2027
Plumas	\$221,191	July 1, 2026 - June 30, 2027
Riverside	\$11,638,607	July 1, 2026 - June 30, 2027
Sacramento	\$6,959,329	July 1, 2026 - June 30, 2027
San Benito	\$588,903	July 1, 2026 - June 30, 2027
San Bernardino	\$11,015,929	July 1, 2026 - June 30, 2027

San Diego	\$14,181,313	July 1, 2026 - June 30, 2027
San Francisco	\$3,580,496	July 1, 2026 - June 30, 2027
San Joaquin	\$3,472,846	July 1, 2026 - June 30, 2027
San Luis Obispo	\$1,441,838	July 1, 2026 - June 30, 2027
San Mateo	\$3,103,401	July 1, 2026 - June 30, 2027
Santa Barbara	\$2,378,116	July 1, 2026 - June 30, 2027
Santa Clara	\$7,207,488	July 1, 2026 - June 30, 2027
Santa Cruz	\$1,449,900	July 1, 2026 - June 30, 2027
Shasta	\$786,547	July 1, 2026 - June 30, 2027
Sierra	\$260,709	July 1, 2026 - June 30, 2027
Siskiyou	\$521,363	July 1, 2026 - June 30, 2027
Solano	\$2,091,250	July 1, 2026 - June 30, 2027
Sonoma	\$2,062,493	July 1, 2026 - June 30, 2027
Stanislaus	\$2,923,913	July 1, 2026 - June 30, 2027
Sutter	\$778,333	July 1, 2026 - June 30, 2027
Tehama	\$267,867	July 1, 2026 - June 30, 2027
Trinity	\$400,320	July 1, 2026 - June 30, 2027
Tulare	\$3,047,082	July 1, 2026 - June 30, 2027
Tuolumne	\$476,861	July 1, 2026 - June 30, 2027
Ventura	\$3,810,304	July 1, 2026 - June 30, 2027
Yolo	\$1,380,639	July 1, 2026 - June 30, 2027
Yuba	\$699,175	July 1, 2026 - June 30, 2027



Erica Pan, MD, MPH
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

FUTURE OF PUBLIC HEALTH FUNDING
ANNUAL CERTIFICATION

The undersigned hereby affirms that they have read and agree with the funding requirements specified in the Future of Public Health Funding Award Agreement. The undersigned certifies:

1. That the funding provided under this agreement shall be used to supplement and not supplant all other specific local county funds.
2. That at least 70 percent of funds to support the hiring of permanent city; county; or city and county staff, including benefits and training.
3. Remaining funds, not to exceed 30 percent, may be used for equipment, supplies, and other administrative purposes such as facility space, furnishings, travel.

Designee authorized to commit the Local Health Jurisdiction to this Agreement

Dawn Rowe

Name (Print)

Chair, Board of Supervisors

Title

Signature

San Bernardino County

Local Health Jurisdiction Name

FoPH-039

Agreement Number

Date



Future of Public Health (FoPH) Funding
Acknowledgement of Allocation Letter

Instructions: Please check one statement below, sign, and submit via upload to CDPH Future Track (Grant Ready).

☒ San Bernardino County acknowledges receipt of the Future of Public Health funding memo for Fiscal Year 2026-27 and accepts the funds to be used as outlined under the Submission Requirements section.

Enter Name of Local Health Jurisdiction

☐ _____ acknowledges receipt of the Future of Public Health funding memo for Fiscal Year 2026-27 and does not accept the funds.

Enter Name of Local Health Jurisdiction

_____ understands that these funds cannot be delegated to another Agency and CDPH will redistribute funds.

Enter Name of Local Health Jurisdiction

Name of Local Health Jurisdiction designated signee(s): Dawn Rowe

Title/Role: Chair, Board of Supervisors

Signature of Local Health Jurisdiction designee: _____

Date: _____

Combined Salary and Benefits (projected across budgeted months)	Annual Salary and Benefits	Position Filled (Yes/No) - Baseline at beginning of fiscal year.	Permanent Position (Yes/No)	Program Area	If Program Area is "Other," Please Specify	Disparate Health Outcome focus (Yes/No)
\$ 149,744.62	\$ 149,744.62	Yes	Yes	communications		No
\$ 238,281.87	\$ 238,281.87	Yes	Yes	emergency_preparedness		Yes
\$ 87,018.62	\$ 87,018.62	No	Yes	it		No
\$ 114,210.49	\$ 114,210.49	Yes	Yes	it		No
\$ 42,286.60	\$ 42,286.60	No	Yes	it		No
\$ 122,898.59	\$ 122,898.59	Yes	Yes	it		No
\$ 124,324.51	\$ 124,324.51	Yes	Yes	it		No
\$ 99,749.74	\$ 99,749.74	Yes	Yes	communications		No
\$ 99,749.74	\$ 99,749.74	Yes	Yes	communications		No
\$ 61,768.62	\$ 61,768.62	Yes	Yes	admin		No
\$ 78,454.72	\$ 78,454.72	Yes	Yes	chronic_diseases_community_health		Yes
\$ 95,549.71	\$ 95,549.71	Yes	Yes	chronic_diseases_community_health		Yes
\$ 436,392.87	\$ 436,392.87	Yes	Yes	chronic_diseases_community_health		Yes
\$ 218,931.40	\$ 218,931.40	Yes	Yes	it		No
\$ 53,112.48	\$ 53,112.48	Yes	Yes	public_health_lab		Yes
\$ 107,200.18	\$ 107,200.18	Yes	Yes	communications		Yes
\$ 74,566.18	\$ 74,566.18	Yes	Yes	admin		No
\$ 82,669.53	\$ 82,669.53	Yes	Yes	infectious_diseases		Yes
\$ 191,752.03	\$ 191,752.03	Yes	Yes	chronic_diseases_community_health		Yes
\$ 179,467.91	\$ 179,467.91	Yes	Yes	admin		No
\$ 105,529.86	\$ 105,529.86	Yes	Yes	communications		No
\$ 90,898.08	\$ 90,898.08	Yes	Yes	communications		No
\$ 48,582.41	\$ 48,582.41	No	Yes	communications		No
\$ 90,929.69	\$ 90,929.69	Yes	Yes	communications		No
\$ 121,056.04	\$ 121,056.04	Yes	Yes	communications		No
\$ 74,351.49	\$ 74,351.49	No	Yes	it		No
\$ 146,061.79	\$ 146,061.79	Yes	Yes	it		No
\$ 219,662.69	\$ 219,662.69	Yes	Yes	infectious_diseases		Yes
\$ 258,960.81	\$ 258,960.81	Yes	Yes	admin		No
\$ 236,368.62	\$ 236,368.62	Yes	Yes	admin		No
\$ 103,680.26	\$ 103,680.26	Yes	Yes	public_health_lab		Yes
\$ 103,671.74	\$ 103,671.74	Yes	Yes	public_health_lab		Yes
\$ 269,161.72	\$ 269,161.72	Yes	Yes	chronic_diseases_community_health		Yes
\$ 104,014.02	\$ 104,014.02	Yes	Yes	public_health_lab		Yes
\$ 70,316.59	\$ 70,316.59	No	Yes	public_health_lab		Yes
\$ 85,918.70	\$ 85,918.70	No	Yes	infectious_diseases		Yes
\$ 113,126.43	\$ 113,126.43	Yes	Yes	infectious_diseases		Yes
\$ 134,592.28	\$ 134,592.28	Yes	Yes	admin		No
\$ 146,466.50	\$ 146,466.50	Yes	Yes	emergency_preparedness		Yes
\$ 132,022.87	\$ 132,022.87	Yes	Yes	admin		No
\$ 105,933.92	\$ 105,933.92	Yes	Yes	communications		No
\$ 66,760.53	\$ 66,760.53	Yes	Yes	infectious_diseases		Yes
\$ 65,266.97	\$ 65,266.97	Yes	Yes	infectious_diseases		Yes
\$ 107,089.97	\$ 107,089.97	Yes	Yes	communications		No
\$ 95,687.15	\$ 95,687.15	Yes	Yes	communications		No
\$ 93,640.69	\$ 93,640.69	Yes	Yes	communications		No
\$ 58,957.94	\$ 58,957.94	No	Yes	it		No
\$ 102,471.26	\$ 102,471.26	Yes	Yes	it		No
\$ 87,238.65	\$ 87,238.65	Yes	Yes	public_health_lab		Yes
\$ 96,362.20	\$ 96,362.20	Yes	Yes	admin		No
\$ 130,168.75	\$ 130,168.75	Yes	Yes	communications		No
\$ 104,321.64	\$ 104,321.64	Yes	Yes	chronic_diseases_community_health		No
\$ 145,739.28	\$ 145,739.28	Yes	Yes	infectious_diseases		Yes
\$ 6,573,141.94	\$ 6,573,141.94					Yes

Job Classification Category	If Job Classification Category "Other," Please Specify	Indirect Cost (Annual)	Indirect Cost
public_information_and_public_policy_staff			17.313%
agency_leadership_and_management		\$ -	\$ 1,138,008.06
information_technology_and_data_systems_staff			
information_technology_and_data_systems_staff			
information_technology_and_data_systems_staff			
information_technology_and_data_systems_staff			
information_technology_and_data_systems_staff			
public_information_and_public_policy_staff			
public_information_and_public_policy_staff			
business_and_financial_operations_staff			
community_health_workers_and_health_educators			
community_health_workers_and_health_educators			
agency_leadership_and_management			
information_technology_and_data_systems_staff			
laboratory_workers			
public_information_and_public_policy_staff			
business_and_financial_operations_staff			
office_and_administrative_staff			
community_health_workers_and_health_educators			
public_information_and_public_policy_staff			
public_information_and_public_policy_staff			
public_information_and_public_policy_staff			
public_information_and_public_policy_staff			
public_information_and_public_policy_staff			
public_information_and_public_policy_staff			
information_technology_and_data_systems_staff			
epidemiologists_statisticians_data_scientists_other_data_analysts			
agency_leadership_and_management			
business_and_financial_operations_staff			
agency_leadership_and_management			
laboratory_workers			
laboratory_workers			
laboratory_workers			
laboratory_workers			
public_health_physician_nurse_other_health_care_providers			
business_and_financial_operations_staff			
business_and_financial_operations_staff			
preparedness_staff			
business_and_financial_operations_staff			
public_information_and_public_policy_staff			
office_and_administrative_staff			
office_and_administrative_staff			
public_information_and_public_policy_staff			
public_information_and_public_policy_staff			
public_information_and_public_policy_staff			
epidemiologists_statisticians_data_scientists_other_data_analysts			
epidemiologists_statisticians_data_scientists_other_data_analysts			
laboratory_workers			
business_and_financial_operations_staff			
public_information_and_public_policy_staff			
community_health_workers_and_health_educators			
public_health_physician_nurse_other_health_care_providers			

Total Supplies	\$	104,779.00	Total Travel	\$	-
----------------	----	------------	--------------	----	---

Combined Strategy	Total Award
	\$ 11,015,929

Budget		1st Quarter		
Budget Category	Budgeted Amount	July 2025	August 2025	September 2025
Salary	\$ 6,573,142			
Supplies	\$ 104,779			
In State Travel or Out-of-State Travel	\$ -			
Equipment	\$ -			
Other & Subcontracts	\$ 3,200,000			
Total Direct Costs	\$ 9,877,921	\$ -	\$ -	\$ -
Total Indirect Costs	\$ 1,138,008	\$ -	\$ -	\$ -
Totals	\$ 11,015,929	\$ -	\$ 11,015,929.00	

2025-26 Quarterly Expenditure Report						
		2nd Quarter				
	Q1 Total	October 2025	November 2025	December 2025	Q2 Total	January 2026
\$	-				\$ -	
\$	-				\$ -	
\$	-				\$ -	
\$	-				\$ -	
\$	-				\$ -	
\$	-				\$ -	
\$	-				\$ -	
\$	-	\$	\$	\$	\$	\$
\$	-	\$	\$	\$	\$	\$

3rd Quarter				4th Quarter		
February 2026	March 2026	Q3 Total	April 2026	May 2026	June 2026	
		\$ -				
		\$ -				
		\$ -				
		\$ -				
		\$ -				
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

[illegible]
