Delegated Authority - Document Review Form

National Initiative to Address COVID-19 Health Disparities

Estimated Funding Amount:

\$24,844,268

Funding Source:

Coronavirus Response and Relief Supplemental Appropriations Act, 2021.

CFDA # 93.391 -- Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises.

Administering Agency: Centers for Disease Control and Prevention.

Match Requirement:

None

Funds Will Be Utilized For:

Funds will be used to support COVID-19 response activities through community partners, support department capacity building, and testing/vaccine expansion.

The majority of funds, approximately \$18,000,000, will be contracted to community partners, as detailed within the application, for assistance with COVID-19 response activities.

Three positions are also included in the budget, but these positions will be contract, temporary, extra help, existing, or the funds will be used to offset costs associated with existing positions. Any new positions will be brought before the Board of Supervisors (Board) for approval.

Application Due Date:

Monday, May 3, 2021

Approval Process:

The Department of Public Health (Department) seeks to utilize the Delegated Authority/Ratification process as outlined in Board Item 51, Recommendation 2.b., to "apply for and accept any grant awards..." in relation to COVID-19 and support our emergency response activities, as approved by the Board of Supervisors on April 6, 2021. If successful, the Department will return to the Board to accept any funds resulting from this application.

County of San Bernardino, Department of Public Health COVID-19 Response through Community Collaboration

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Project Narrative

County of San Bernardino, Department of Public Health COVID-19 Response Through Community Collaboration

a. Background

COVID-19 has disproportionately impacted multiple underserved populations within San Bernardino County, has placed a higher risk on those medically underserved, and those with limited access to services. This includes racial and ethnic minority groups, as well as people living in more rural communities. Additionally, racial and ethnic minority groups within the county and people living in more rural communities have disproportionate rates of chronic diseases that increase the severity of COVID-19 infection. If awarded, our hope is to mitigate the impact of COVID-19 on the aforementioned groups with funds made available through this funding opportunity.

b. Approach

i. Purpose

The County of San Bernardino, Department of Public Health will address the COVID-19 pandemic, as detailed above and throughout this application, by working in partnership with the local community.

By working in partnership with the local community, and specifically the underserved local community and its constituent stakeholders, a stronger, more resilient, county will emerge from the COVID-19 pandemic.

ii. Outcomes

Outcomes associated with that grant will include the following. The County of San Bernardino, Department of Public Health, will:

- 1) reduce COVID-19 related health disparities,
- improve and increased testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities, and
- 3) improve department capacity and services to prevent and control COVID-19 infection (or transmission) among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.

This will be achieved through collaboration with multiple community partners, department staff, and collaboration with other county departments. This will be measured by a longitudinal review of COVID-19 related health outcomes in the aforementioned.

iii. Strategies and Activities

Strategies and activities associated with this grant are including in the Work Plan, page 12 onward. Each strategy and the accompanying activates are separated into Resources and Services, Infrastructure Support, and Partner Mobilization, as indicated in the grant guidance.

None strategies in relation to Data and Reporting were selected.

1. Collaborations

The County of San Bernardino, Department of Public Health will collaborate with a multitude of organizations and entities while implementing this grant. Community Based Organizations (CBOs), Faith Based Organizations (FBOs), Community Partners, staff, educational institutions, and other county departments will be engaged throughout implementation. A large portion of the grant will be contracted to various CBOs, FBOs, educational institutions, as well as other community partners. The department will leverage current relationships and foster new relationships in underserved communities throughout implementation.

Collaboration will also be included at the regional level, which will entail working with the Public Health Alliance of Southern California and near or neighboring health departments.

Due to county procurement policies, vendors are not selected prior to procurement. However, a list of potential community partners and vendors is below and on the following pages.

While not a comprehensive or exhaustive list, it is provided to illustrate the vast potential for partners within the county. The county has established relationships with a majority of these entities and would seek their involvement in the project, as well as others. Again, community collaboration will be a pillar of this project.

Potential partners could include:

- Center for Community Action and Environmental Justice
- Community Action Partnership
- Reach Out
 - Reach Out, including the Latino Health Collaborative
- Mexican Consulate
- Asian American Resource Center
- Congregations Organized for Prophetic Engagement (COPE)

- County and County Affiliated Entities
 - Arrowhead Regional Medical Center
 - Department of Behavioral Health, Social Services
 - Department of Aging and Adult Services
 - o Sheriff's Department
 - o Probation Department
 - o Human Services
 - o Department of Behavioral Health
 - o Various Public Health Programs
 - o Housing Authority of San Bernardino County
 - o Department of Economic Development
 - o First 5, San Bernardino
 - The diverse 24 cities and towns that makeup the county
- Educational Institutions or Oversight Entities
 - o San Bernardino County Superintendent of Schools
 - o San Bernardino Valley College
 - o Crafton Hills College
 - o Individual Schools and School Districts (Kindergarten through 12th grade)
 - San Manuel Gateway College
 - California State University, San Bernardino (CSUSB)
 - The entire Community College District
- Catholic Diocese
- Santa Claus Inc.
- Family Services Association
- El Sol Neighborhood Education Center
- Young Visionaries
- San Bernardino County Medical Society
- Healthcare Plans
 - Inland Empire Health Plan (IEHP)
 - o Molina Health
- Hospital Association of Southern California (HASC)
 - o Affiliated Hospitals within San Bernardino County
- Community Health Association Inland Southern Region (CHAISR)
- Inland Coalition for Immigration Justice
- The Hope Team
- Second Chance High Desert Food Collaborative
- Council on America Islamic Relation (CAIR)
- Children's Network

- Transitional Age Youth
- Catholic Charities
- Inland Empire Job Corps
- Operation New Hope
- United States Army
- Victor Community Support Services
- YMCA
- Opportunity Youth
- Public Health Alliance of Southern California
- The Blessing Center
- Inland Harvest
- Near or Neighboring City/County Health Departments
 - o Imperial
 - o Los Angeles
 - o Orange
 - Riverside
 - Santa Barbara
 - o San Diego
 - o Ventura
 - Long Beach
 - Pasadena

2. Target Populations and Health Disparities

Specific target populations under this grant will include African American, Hispanic, Asian American, Pacific Islander, Native American, and/or other racial and ethnic minority groups or people living in both rural and urban communities impacted by COVID-19.

Other target populations will include those experiencing homelessness, persons with disabilities, Non-US born persons, religious minorities, the LGBTQ community, and those live in the most rural areas of the county.

As a department, we have a long history of working with underserved populations and funds will be used to address COVID-19 and advance health equity in racial and ethnic minority groups. We will work to address the pandemic in both urban and rural communities throughout the entire county. It should be noted that San Bernardino County is the largest county in the contiguous United States, in excess of 20,000 square miles.

And while this vast size presents unique challenges, it also provides for unique opportunities.

We will also rely on a robust disease surveillance system and a recently conducted Community Health Assessment to further inform decisions on target populations and need.

c. Application Evaluation and Performance Measures Plan

As per the guidance, we will be provided with performance measures within approximately 45 days of award and we will report quarterly on defined performance measures and participate in evaluation and performance management activities.

We also understand that these reports will be made available to the public.

Project Narrative

County of San Bernardino, Department of Public Health COVID-19 Response Through Community Collaboration

d. Organizational Capacity

As per the guidance, our organizational capacity is illustrated below and on the following pages, in the form of a narrative, Letter From our Director (a), Department Organizational Chart (b), Incident Management Structure Organizational Chart (c), and Key Personnel Positions (d).

The County of San Bernardino, Department of Public Health, has a long history of working with underserved and diverse populations. From the Ryan White Program, to the Black Infant Health Program, and from the Reentry Program, to the Healthy Communities Program, the Department of Public Health has vast experience and capacity to serve the community. The department serves those in need, regardless of beliefs and affiliations.

While we serve all county residents, we serve individuals in both urban and rural areas, those with substance abuse disorders, those experiencing homelessness, religious minorities, those who are non-US born, regardless of immigration status, the recently incarcerated/released, the LGBTQ community, and those with disabilities.

We are a welcoming and inclusive organization, with a mission of:

Working in partnership to promote and improve health, wellness, safety and quality of life in San Bernardino County.

And values that include:

Collaboration, Diversity, Equity, Innovation, and Transparency

During the COVID-19 pandemic, more than ever, services for all groups are critical to the long-term success of our testing and vaccine efforts, as well as the long-term wellbeing of all county residents.

From our Countywide Vision:

We envision a complete county that capitalizes on the diversity of its people, its geography, and its economy to create a broad range of choices for its residents in how they live, work, and play.

We envision a vibrant economy with a skilled workforce that attracts employers who seize the opportunities presented by the county's unique advantages and provide the jobs that create countywide prosperity.

We envision a sustainable system of high-quality education, community health, public safety, housing, retail, recreation, arts and culture, and infrastructure, in which development complements our natural resources and environment.

We envision a model community which is governed in an open and ethical manner, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach shared goals.

From our valleys, across our mountains, and into our deserts, we envision a county that is a destination for visitors and a home for anyone seeking a sense of community and the best life has to offer.

a. Letter from Director

This letter is located on the following page.





Public Health Administration

Andrew Goldfrach, FACHE Interim Director

Joshua Dugas, MBA,REHS Assistant Director

Michael A. Sequeira, M.D. Health Officer

April 14, 2021

Department of Health and Human Services Centers for Disease Control and Prevention Center for State, Tribal, Local, and Territorial Support Division of Program and Partnership Services 1825 Century Center Blvd., Mailstop V18-1 Atlanta, GA 30345

RE: CDC-RFA-OT21-2103, National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

The County of San Bernardino, Department of Public Health (Department), is fully capable of fulfilling the scope of services (Work Plan) as outlined within our grant application.

The Department has a long history of working with underserved populations, and specific to the COVID-19 pandemic, the Department appreciates the opportunity to apply for funds to:

- Reduce COVID-19 related health disparities
- Increase testing and contact tracing in underserved populations
- Increase Department capacity to prevent and control COVID-19

Further, funds will be used to address COVID-19 and advance health equity in racial and ethnic minority groups and rural communities throughout the county (the largest county in the contiguous United States and in excess of 20,000 square miles).

If awarded, the Department looks forward to working with the Centers for Disease Control and Prevention, as well as the many community partners we seek to further partner with.

Respectfully,

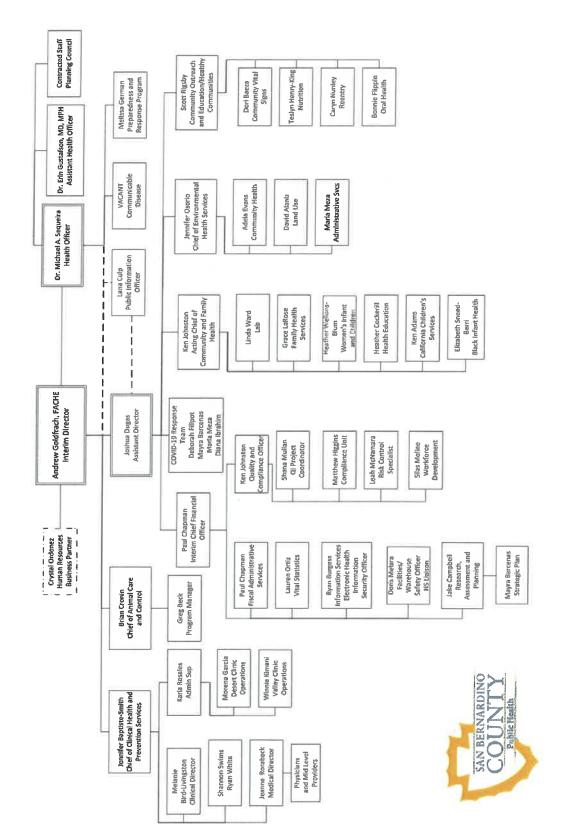
Andrew Goldfrach, FACHE

Interim Director, Department of Public Health Chief Operating Officer, Arrowhead Regional Medical

BOARD OF SUPERVISORS

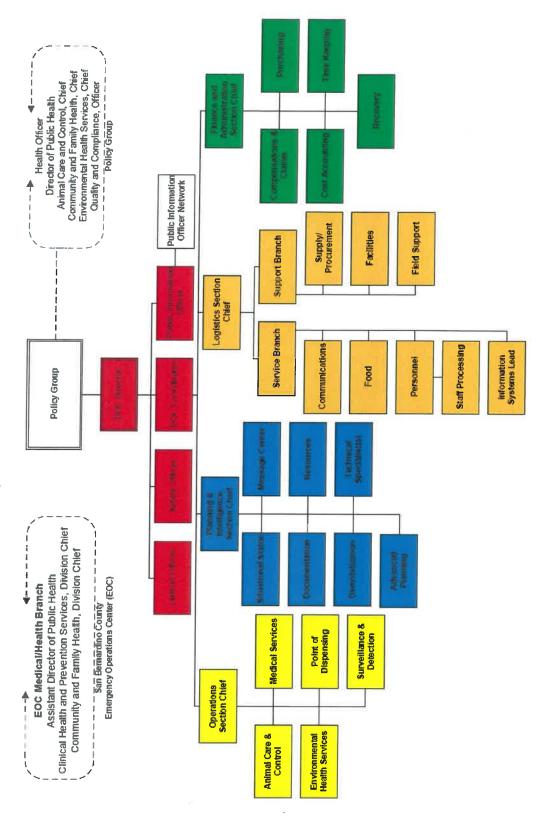
COL PAUL COOK (RET.) JANICE RUTHERFORD DAWN ROWE

JOE BACA, JR.



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c. Incident Management Structure Organizational Chart



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e. Key Personnel Positions

Key Personnel Position 1 - Public Health Program Manager

Description

This position will manage awarded funding and personnel associated with the grant. They will also be responsible for grant oversight, high-level administrative tasks, and reporting. This position may be contract, temporary, extra-help, or include fractions of multiple positions.

Key Personnel Position 2 - Public Health Program Coordinator

Description

This position will assist the Program Manager with grant oversight and coordination, while also working with external partners. This position will also oversee procurement and programmatic reporting. This position may be contract, temporary, extra-help, or include fractions of multiple positions.

Key Personnel Position 3 – Staff Analyst II/Accountant II/III

Description

This position will be responsible for procurement, oversight of contractors, tracking program expenditures, billing/invoicing, and financial reporting. This position may also include Human Services staff of the same classification. This position may be contract, temporary, extra-help, or include fractions of multiple positions.

Other Key Personnel

The positions listed above are not detailed on the two Organizational Charts provided (b and c), as the department positioning of this grant has not yet been determined.

However, other key personnel such as the Director, Assistant Director, Health Officer, and Chief Financial Officer, are shown. These positions will be critical to the grant and its administration, however, they are not detailed above, as they will not be coding time directly to the grant.

f. County of San Bernardino, Work Plan

Strategy Description	1 Evaporation and an analysis and analysis and an analysis ana		
nondineed (Ramano	1. Expans existing anoxo develop frew mingation and prevention resources and services to reduce COVID-19 related dispartites among populations at higher risk and that are underserved.	ices to reduce COVID-19 related disparities ar	mong populations at higher risk and that are underserved.
NOFO Outcome(s) Addressed (Select all that apply)	Reduced COVID-19-related health disparities		
Other Outcome(s) (as Identified by applicant)	Improved and increased testing and contact tracing among populations at higher risk	and that are underserved, including racial and	ng and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities.
Data Source(s) Used to Identify Population(s) of Focus	Local surveillance data and a recently conducted community health assessment		
Estimated Amount of Funding Allocated to Strategy (% of Total Funding and Dollar Amount)	16% or \$4.6@0,000	Amount of <u>Strategy</u> Funding Allocated for Rural Activities (% and \$ Amount) (If applicable)	8% or \$2,000,000
Technical Assistance Needs	No	If Yes, please describe.	h i A

Activity 1 Title	Expand Testing Capacity							
Activity Focus (Select all that apply)	Testing Contact tracing and case investigation Vaccine administration support.							
Other Activity Focus (if applicable)								
	Alaska Native American Indian				The County of San Bernardino has a diverse and varied population.	a diverse and var	ried populatio	
Racial and Ethnic Population(s) of Focus (Select all that apply)	Asian Black o African American Hispanic, Latino or Latinx Native Hawaijan and Pacific Islanders		Describe the Racial and Ethnic Population(s) (if applicable)	thnic e)				
Other Population(s) of Focus (Select all that apply)	People living in rural areas Nort-U.S. born persons Nort-U.S. born persons Lesbiacus minority Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons People experiencing homelessness		Describe the Rural Community Served (if applicable)		The County of San Bernardino has a diverse and varied population living in both rural and urban areas of the county.	a diverse and var	ried populatio	living in
Other Population (if applicable)								
Estimated Reach of Population(s) of Focus	100,000+ per race/ethnicity							
Geographic Area (Select one)	Both							
Setting (Selectione)	Local health department							
Other Setting (if applicable)								
Ac	Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type	Key Contracts & Consultants	Key Deliverables/	Start Date	End Date
Expand testing capacity by purchasing Take-Home test kits, sharps, PPE, and	ome test kits, sharps, PPE, and ancillary supplies.	Health Department	Local governmental agencies and community leaders		Local and regional suppliers	Purchae of supplies	7/1/2021	6/30/2023
		Other County Departments	Governmental organizations focused on non-health services					
		Other Healthcare Providers	Health-related organizations (e.g., pharmacies, testing centers, community centers)					-
		Suppliers	Business, corporation, or industry					

Strategy Description	3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved	ontrol among populations that are at higher risk and underserved
NOFO Outcome(s) Addressed (Select all that apply)	Reduced COVID-19-related health disparities	
Other Outcome(s) (as identified by applicant)	Improved and increased testing and contact tracing among populations at higher risk	Improved and increased testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities
Data Source(s) Used to Identify Population(s) of Focus	Local surveillance data and a recently conducted community health assessment	
Estimated Amount of Funding Allocated to Strategy (% of Total Funding and Dollar Amount)	6% or \$1,500,000	Amount of <u>Strategy</u> Funding Allocated (3% or \$750,000 for Rural Activities (% and \$ Amount) (if applicable)
Technical Assistance Needs	No	H Voc places discretion his

Activity 1 Title	Community Engagement							
Activity Focus (Select all that apply)	Testing Vaccine administration support Evidence-based policies, systems, and environmental strategies to address COVID-19	gies to address COVID-19						
Other Activity Focus (if applicable)								
Racial and Ethnic Population(s) of Focus (Select all that apply)	Activity does not address racial and ethnic minority populations	suo	Describe the Racial and Ethnic Population(s) (if applicable)	d Ethnic sable)	Activity does not directly impact a specific race or ethnicity but will indirectly impact multiple or the entire county population	specific race or ethy	nicity but will	indirectly
Other Population(s) of Focus (Select all that apply)			Describe the Rural Community Served (if applicable)	mmunity Served				
Other Population (if applicable)								
Estimated Reach of Population(s) of Focus	Over 2,000,000 or the entire county population							
Geographic Area (Select one)	Both							
Setting (Select one)	Other - please specify							
Other Setting (If applicable)	Multiple community sites, including community based organizations, faith based organizations, and web based	zations, faith based organia	zations, and web based					
Ac	Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type (if applicable)	Key Contracts & Consultants	Key Deliverables/	Start Date	End Date
Assistance with Community Health Improvemen Hesitancy, etc.), Town Halls, and Focus Groups	Assistance with Community Health Improvement Plan (CHIP), Community Surveys (Vaccine/Testing Hestrancy, etc.), Town Halls, and Focus Groups	TBD Consultant 1	Other - please specify	Outside	TBD via procurement	Completion of	7/1/2021	6/30/2023
		TBD Consultant 2	Other - please specify	Outside		6/30/2022,		
		TBD Consultant 3	Other - please specify	Outside Consultant		Conducting of surveys by 6/30/2023,		
						Conducting of town halls or		
						focus groups by		
						0/30/2023		

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Activity 2 Title	Department Capacity Building							
Activity Focus (Select all that apply)	Testing Contact tracing and case investigation							
Other Activity Focus (if applicable)								
Racial and Ethnic Population(s) of Focus (Select all that apply)	Activity does not address racial and ethnic minority populations	Suc	Describe the Racial and Ethnic Population(s) (if applicable)		Activity does not directly impact a specific race or ethnicity but will indirectly impact multiple or the entire county population	pecific race or eth population	nicity but will	ndirectly
Other Population(s) of Focus (Select all that apply)			Describe the Rural Community Served	mmunity Served				
Other Population (if applicable)			I'm apprincable)					
Estimated Reach of Population(s) of Focus	Over 2,000,000 or the entire county population							
Geographic Area (Select one)	Both							
Setting (Select one)	Local health department							
Other Setting (if applicable)								
Ac	Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type	Key Contracts & Consultants	Key Deliverables/ Start Date	Start Date	End Date
Department Capacity Building via Training, Pro	Department Capacity Building via Training, Program Funding, and Health Equity Committee Involvement	Health Department	Other - please specify	Local Health Department	TBD via procurement	Training and events	7/1/2021	6/30/2023
					5 = C			
					V			
					200			

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Strategy Description	4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved	of health as they relate to COVID-19 health disparities amo	ong populations at higher risk and that are underserved
NOFO Outcome(s) Addressed (Select all that apply)	Reduced COVID-19-related health disparities		
Other Outcome(s) (as identified by applicant)	Improved and increased testing and contact tracing among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities	s underserved, including racial and ethnic minority groups a	and people living in rural communities
Data Source(s) Used to Identify Population(s) of Focus	Local surveillance data and a recently conducted community health assessment		
Estimated Amount of Funding Allocated to Strategy (% of Total Funding and Dollar Amount)	73% or \$18,250,000	Amount of Strategy Funding Altocated 37% or \$9,125,000 for Rural Activities (% and \$ Amount) (if applicable)	\$9.125,000
Technical Assistance Needs	No	If Vac places describes	

Activity 1 Title	Community Partner Contracts							
Activity Focus (Select all that apply)	Testing Contact tracing and case investigation Vaccine administration support							
Other Activity Focus (if applicable)	Build community capacity to reach disproportionately affected populations with effective culturally and linguistically tailored programs and practices	n effective culturally and lin	nguistically tailored progran	ns and practices				
Racial and Ethnic Population(a) of Focus (Select all that apply)	Ataska Native American Indian Asian Black or African American Black or African American Native Hawalian and Paolift Islanders		Describe the Racial and Ethnic Population(s) (if applicable)		The County of San Bernardino has a diverse and varied population.	a diverse and va	iried populati	Ju.
Other Population(s) of Focus (Select all that apply)	People living in rural areas People living in rural areas People with disabilities Non-U.S. born persons Refigious minority Lessiban, jags, bisexual, transgender, and queer (LCBTQ+) persons		Describe the Rural Community Served (if applicable)		The County of 8an Bernardino has a diverse and varied population living in both rural and urban areas of the county.	a diverse and va ounty.	iried populati	on living in
Other Population (if applicable)								
Estimated Reach of Population(s) of Focus	100,000+ per race/ethnicity							
Geographic Area (Select one)	Both							
Setting Selections	Other - please specify							
Other Setting (if applicable)	Via Community Based Organizations (CBOs), Faith Based Organizations (FBOs), Community Partners, educational institutions, and at other countly departments)s), Community Partners,	educational institutions, an	d at other count	departments			
	Activity Description	Contributing Partners	Partner Type (Select one)	Other Partner Type	Key Contracts & Consultants	Key Deliverables/	Start Date	End Date
Community Based Organizations (CBO), Faith	Community Based Organizations (CBO), Faith Based Organizations (FBO), Community Partners, staff, educational	TBD	Academic institutions	The state of the s	A list of over 50 potential	Procurement	71419004	RISAMOSS
institutions, and other county departments will be engaged	l be engaged		Asian American and Pacific Islander Serving Institution		community partners is located within the application narrative. Also via procurement.	and entering of confracts throughout the		630/2029
			civic organizations			award term		
		TBO	Faith-based					
		TBD	Governmental					
			organizations focused on non-health services					
		TBD	Healthcare providers					
			Health-related organizations (e.g.,					
			pharmacies, testing					
			centers, community					
		TBD 1	Local governmental					
			agencies and community leaders					
		TBD	Schools/school					
		TBD	Social Service					
			Providers					

Activity 2 Title	Advertising and Promotion							
Activity Focus	Testing Contact tracing and case investigation							
(Select all that apply)	Vaccine administration support							
Other Activity Focus (if applicable)	Build community capacity to reach disproportionately affected populations with effective culturally and inguistically tailored programs and practices	fective culturally and li	nguistically tailored pro-	mams and practices				
Racial and Ethnic Population(s) of Focus (Select all that apply)	Alaska Native American Indian Asian Black or African American Hispenic, Lathro or Latiro Native Hawailian and Pedifit Islanders	•	Describe the Racial and Ethnic Population(s) (if applicable)	d Ethnic able)	The County of San Bernardino has a diverse and varied population.	a diverse and var	ied population	ė
Other Population(s) of Focus (Select all that apply)	People living in rural areas People experiencing homelessness People with deabilities Non-U.S. born persons Religious minority Eachan set Niskerual framesiender and inseed I GRTO-A-Inservace		Describe the Rural Community Served (if applicable)	mmunity Served	The County of San Bernardino has a diverse and varied population living in both rural and urban areas of the county.	a diverse and variounty.	ied population	n living in
Other Population (if applicable)								
Estimated Reach of Population(s) of Focus	100,000+ per race/effmicity or population							
Geographic Area (Select one)	Both							
Setting Selectione	Other - please specify							
Other Setting (if applicable)	Radio, TV, web, print, and mobile							
	ш	Contributing Partners	Partner Type (Select one)	Other Partner Type	Key Contracts & Consultants	Key Deliverables/	Start Date	End Date
Advertising via all available media sources and in all available languag	Sa	Local Media - Radio	Other - please specify	Business, corporation, or	Local media entities and community partners	Development	7/1/2021	6/30/2023
	3 3	Local Media - Print	Other - please specify	Business, corporation, or industry		of advertising and promotion		
	9	Local Media - TV	Other - please specify	Business, corporation, or industry				
	9	Local Medical - Web	Other - please specify	Business, corporation, or industra				
	9	Local Media - Mobile	Other - please specify	Business, corporation, or industry				
	<u>a.</u>	Partner Media	Community-based and Internal media civic organizations	Internal media				

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Project Abstract Summary

Funding Opportunity Number:

CDC-RFA-OT21-2103

CFDA(s):

93.391

Applicant Name:

County of San Bernardino, Department of Public Health

Descriptive Title of Applicant's Project:

COVID-19 Response Through Community Collaboration

Project Abstract:

The County of San Bernardino, Department of Public Health (Department), has a long history of working with underserved populations, and seeks to address the COVID-19 pandemic, through community collaboration. Funds will be used to address COVID-19 and advance health equity in racial and ethnic minority groups and rural communities throughout the county (the largest county in the contiguous United States and in excess of 20,000 square miles).

The Department further seeks to reduce COVID-19 related health disparities, increase testing and contact tracing in underserved populations, and increase Department capacity to prevent and control COVID-19. If awarded, the Department looks forward to working with the Centers for Disease Control and Preventions, as well as the many local and regional community partners.

Budget Narrative

County of San Bernardino, Department of Public Health

Salaries

1.0 FTE Public Health Program Manager @ \$116,638 Annually for 24 Months

\$ 233,276

This position will manage awarded funding and personnel associated with the grant. They will also be responsible for grant oversight, high-level administrative tasks, and reporting. May include contract, temporary, extra-help, existing, or fractions of multiple positions equaling the total.

1.0 FTE Public Health Program Coordinator @ 91,972 Annually for 24 Months

183,944

This position will assist the Program Manager with grant oversight and coordination, while also working with external partners. This position will also oversee procurement and programmatic reporting. May include contract, temporary, extra-help, existing, or fractions of multiple positions equaling the total.

1.0 FTE Staff Analyst II/Accountant II/III @ 72,103 Annually for 24 Months

144,206

This position will be responsible for procurement, oversight of contractors, tracking program expenditures, billing/invoicing, and financial reporting. The position may also include Human Services staff of the same classification. May include contract, temporary, extra-help, existing, or fractions of multiple positions equaling the total.

Benefits (51.66 Percent)

290,032

This line item represents the two year benefits associated with the positions above.

Salaries and Benefits

851,458

This line item represents the two year salaries and benefits associated with the positions above.

Consultants 500,000

This line item represents the two year consultant cost in relation to community engagement, completion of the Community Health Improvement Plan, community surveys, town hall facilitation, and training specific to the department and its community partners. Each of these items will have a direct impact on positive COVID-19 recovery outcomes for underserved populations.

Equipment 77,325

This line represents the two year cost associated with equipment, including computers or other technology options necessary to assist the department and community with equitable COVID-19 response activities and outcomes.

Supplies 4,000,000

This line item represents the two year cost associated with supplies needed for testing and vaccine expansion, including Take-Home Test Kits, Personal Protective Equipment (PPE), sharps, and other necessary ancillary supplies.

Travel \$10,000

This line represents the two year cost associated with staff traveling to testing and vaccine sites throughout the county, which is over 20,000 square miles. This line item also includes transportation costs not captured in the category below, in relation to client transportation, vaccine transport, testing supply transport, and other activities necessary to reach remote and/or rural populations.

Other

Department Capacity Building

1,000,000

This line item represents the two year cost associated with department capacity building, including support for the department Health Equity Committee, staff training, and program-specific funding for those programs with the ability to positively impact the department's testing and vaccine strategy through promotion other than direct advertising. Capacity building activities may also include client transportation assistance or incentives, nutrition assistance for venerable populations impacted by COVID-19, addressing food insecurity related to COVID-19, school outbreak response activities, and other items directly related to positive COVID-19 recovery outcomes within the diverse populations served.

Advertising 250,000

This line item represents the two year cost associated with department advertising in relation to COVID-19 response activities (testing and vaccine distribution). This may include radio advertisements, billboards, posters, banners, print, visual, audio, and bus shelter advertisements, each presented in a culturally and linguistically appropriate medium.

Other Total 1,250,000

Contractual 18,000,000

This line item represents the two year cost associated with contracting with many community partners, including community based organizations, government partners, healthcare systems, schools, faith based organizations, and others. A detailed list of these potential partners is located within the application narrative. Individual contracts may range from small (less than \$50,000) to large (well over \$1,000,000). This will also include contracted Community Health Works, via small individual contacts, or large institution-specific contracts. This may also include school or district-specific contracts to assist with testing and vaccine promotion.

Direct Costs 24,688,783

Indirect (18.261) 155,485

An approved indirect cost rate agreement is attached.

Total \$ 24,844,268

OMB Number: 4040-0004 Expiration Date: 12/31/2022

Application for	Federal Assista	ance SF	-424				
* 1. Type of Submiss Preapplication Application Changed/Corr		Ne	e of Application: w ntinuation vision		sion, select appropria	ate letter(s):	
* 3. Date Received: Completed by Grants.go	v upon submission.	4. Applic	ant Identifier:				
5a. Federal Entity Ide	entifier:			5b. F	ederal Award Identi	fier:	1
State Use Only:							
6. Date Received by	State:		7. State Application	Identifie	r: Choose Stat	e	
8. APPLICANT INFO	ORMATION:						
* a. Legal Name:	ounty of San B	ernardi:	no, Department	of P	ıblic Health		
* b. Employer/Taxpay	yer Identification Num	nber (EIN/	TIN):	1	rganizationał DUNS	::	
d. Address:							
* Street1: Street2: * City:	351 N. Mt. Vie						
County/Parish:							
* State: Province:	CA: California	a					
* Country:	USA: UNITED ST	TATES					
* Zip / Postal Code:	92415-0010						
e. Organizational U Department Name:	nit:			Division	on Name:		_
f. Name and contac	t information of pe	rson to b	e contacted on ma	itters in	volving this appli	cation:	
Prefix: Middle Name: * Last Name:			* First Name	: Jo	shua		
* Last Name: Duga Suffix:	as						
Title: Assistant	Director						
Organizational Affiliati	ion:						
* Telephone Number:	(909) 387-622	:2			Fax Number:		
* Email: jdugas@dj	ph.sbcounty.go	v					

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
B: County Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
Centers for Disease Control - OSTLTS
11. Catalog of Federal Domestic Assistance Number:
93.391
CFDA Title:
Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthc
* 12. Funding Opportunity Number:
CDC-RFA-OT21-2103
* Title:
National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities
13. Competition Identification Number:
CDC-RFA-OT21-2103
Title:
National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
COVID-19 Response Through Community Collaboration
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant CA-035 * b. Program/Project CA-008	
Attach an additional list of Program/Project Congressional Districts if needed.	
Add Attachment Delete Attachment View Attachment	
17. Proposed Project:	
* a. Start Date: 07/01/2021 * b. End Date: 06/30/2023	
18. Estimated Funding (\$):	
* a. Federal 24 , 844 , 268 . 00	
* b. Applicant 0.00	
* c. State 0 . 00	
* d. Local 0 . 0 0	
* e. Other 0.00	
* f. Program Income 0.00	
* g. TOTAL 24,844,268.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
a. This application was made available to the State under the Executive Order 12372 Process for review on	Ì.
b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
c. Program is not covered by E.O. 12372.	
20. le the Applicant Delinquent On Any Endered Deht? (If "Vee " provide explanation in attachment.)	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
Yes No	
Yes No If "Yes", provide explanation and attach	
Yes No	
Yes No If "Yes", provide explanation and attach	o
Yes No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements need are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	o V
Yes No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements rerein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE * The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency	o V
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If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements rerein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE * The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: * First Name: Leonard	o V
Yes No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements berein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE * The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: * First Name: Leonard Aiddle Name: X.	o V
Yes No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements received are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) *** I AGREE * The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: * First Name: Leonard Aiddle Name: ** ** ** ** ** ** ** ** **	o V
Yes No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements recein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** I AGREE * The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: * First Name: Leonard Aiddle Name: X. Last Name: Hernandez Suffix:	o V
Yes No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment Add Attachment Delete Attachment View Attachment Add Attachment Delete Attachment View Attachment Provide explanation, I certify (1) to the statements contained in the list of certifications** and (2) that the statements are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE * The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: * First Name: Leonard Middle Name: Leonard Leonard	o V

PREVIEW Date: Apr 19, 2021

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006 Expiration Date: 02/28/2022

SECTION A - BUDGET SUMMARY

Controlled of Self-self-self-self-self-self-self-self-s							
Colored Non-Federal Non-Federal Non-Federal Federal Fede	Function or	Catalog of Federal Domestic Assistance	Estimated Unobli	gated Funds		New or Revised Budget	
S	Activity (a)	Number (b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal	Total
Totals	1. National Initiative to Address COVID-: Health Disparities	93.391			24,844,268.00		
Totals Totals Totals Totals	7						
Totals							
Totals							
					24,844,268.00		

Standard Form 424A (Rev. 7- 97) Prescribed by OMB (Circular A -102) Page 1

6. Object Class Categories		GRANT PROGRAM, F	GRANT PROGRAM, FUNCTION OR ACTIVITY		IctoT
•	(1)	(2)		(4)	(5)
	National Initiative to Address COVID-19 Health Disparities				
a. Personnel	\$ 561,426.00	8	· •	\$ \$	561,426.00
b. Fringe Benefits	290,032.00				290,032.00
c. Travel	10,000.00				10,000.00
d. Equipment	77,325.00				77,325.00
e. Supplies	4,000,000.00				4,000,000.00
f. Contractual	18,000,000.00				18,000,000.00
g. Construction	0.00				0.00
h. Other	1,750,000.00				1,750,000.00
i. Total Direct Charges (sum of 6a-6h)	24,688,783.00			6	24,688,783.00
j. Indirect Charges	155,485.00			6	155,485.00
k. TOTALS (sum of 6i and 6j)	\$ 24,844,268.00	9	\$	\$	24,844,268.00
7. Program Income	00.00	\$	S	49 49	00.00

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Standard Form 424A (Rev. 7-97) Prescribed by OMB (Circular A -102) Page 1A

Authorized for Local Reproduction

Standard Form 424A (Rev. 7- 97) Prescribed by OMB (Circular A -102) Page 2 Form Approved OMB Control Number 0920-1132 Expiration Date: 10/31/2022

Attachment G PERFORMANCE PROGRESS and MONITORING REPORT OFR Risk Questionnaire



Risk Questionnaire

Instructions: Prior to making an award, the Centers for Disease Control (CDC) evaluates the degree of risk posed by an applicant.

In filling out the Risk Questionnaire, each question should be answered as completely as possible, using extra pages if necessary. Please return your completed questionnaire to [Name of Contact].

General Info	omiation	
Legal Name of	Organization	County of San Bernardino, Department of Public Health
	ry (or countries) does your organization propose to operate for this list all separated by commas.	United States of America
In which countr	y is the headquarters or general office of your organization located?	United States of America
Please identify institution, other	what type of organization you are (non-profit, for-profit, educational	Government agency
Is your organiza	ation incorporated or legally registered?	Yes If not, please explain:
Operational	Risk	
	Does your organization have a President/Director/Chief Executive Officer and Chief Financial Officer?	Yes If not, please explain:
Personnel	Does your organization have written human resource (HR) policies and procedures?	Yes, enclosed If not, please explain: http://countyline.sbcounty.gov/cao/policy/
	List the number of employees within your organization.	Full Time Employees: 752 Part-time Employees: 43
Programmatic Performance	Has your organization managed U.S. Government grants or cooperative agreements within the last 36 months?	Volunteers: Received CDC grant within the last 3 years
inancial Ri	sk	
777	Does your organization have written accounting policies and procedures?	Yes, enclosed Explanation: http://countyline.sbcounty.gov/cao/policy/
Accounting System	Can your accounting records separate the receipts and payments of a federal grant from the receipts and payments of your organization's other activities?	Yes
	Can your accounting records summarize expenditures from a federal grant according to different budget categories such as salaries, rent, supplies and equipment?	Yes
	Does your organization have systems, policies, and procedures for tracking and approving hours worked by employees, contractors, and volunteers?	Yes
Internal	Does your organization have internal controls and anti-corruption ethics codes that are emphasized by leadership?	Yes
Controls	Does your organization have written project management policies, procedures, and systems?	Yes If no, please provide an explanation:
	Is your organization familiar with U.S. government regulations concerning costs which can be charged to U.S. grants (Title 2, U.S. Code of Federal Regulations, Part 200, Subpart E)?	Yes
Cash Wanagement	Does your organization have a bank account registered in its name and that is capable of segregating grant funds from other funds?	Yes If not, please explain how you plan to manage funds from a potential award?
	What percent of your organization's capital is from federal funding? (percentage = total federal funding in previous FY/ organization's annual gross revenue in previous FY)	39%
Going	What is the dollar amount of your total current assets? (i.e. cash and other assets that are expected to be converted to cash within the next twelve months)	
Concern	What is the dollar amount of your total current liabilities? (i.e. amounts due to be paid to creditors within the next twelve months)	
	What is the dollar amount of your total debt? What is the dollar amount of your total assets? (e.g. cash, fixed	
ompliance	assets, accounts receivable, etc.)	
ompliance	Does your organization have regular independent audits that you	Vee
	contract and pay for?	Yes
Audit	If yes, who performs the audit?	Eide Bailly, LLP for FY 2019
	What was the date of the most recent audit and what was the result?	Date: Opinion: 12/20/2019 "the County complied, in all material respects"

DISCLOSURE OF LOBBYING ACTIVITIES

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

OMB Number: 4040-0013 Expiration Date: 02/28/2022

4 * Tune of Foderal Actions	2. * Status of Fed	and Antions		2 * D	T		
1. * Type of Federal Action:				3. * Repo		12	
a. contract	a. bld/offer/appli	cation		🔀 a.i	nitial filing		
b. grant	b. initial award			b. i	material char	nge	
c. cooperative agreement	c. post-award						
d. loan							
e. Ioan guarantee							
f. Ioan insurance							
4. Name and Address of Reporting	Entity:						
Prime SubAwardee							
* Name County of San Bernardino, Departmen	t of Public Health						
* Street 1 351 N. Mt. View		Street 2					
* City San Bernardino	State CA: California	1			Zi	92 4 15]
Congressional District, if known:							
5. If Reporting Entity in No.4 is Subay	vardee, Enter Name	and Addre	ss of Prim	ne:			
	, , , , , , , , , , , , , , , , , , , ,						
6. * Federal Department/Agency:		7 * Fode	ral Progra	ım Name	Descrin	tion:	
							(-1 (oman)
Centers for Disease Control (CDC)		Health Depar				and Territor n or Healthc	iai (STLT)
		CEDA Numb	er, if applicable.	93.391			
8. Federal Action Number, if known:			Amount,				
6. Federal Action Number, il known.			Amount,	II KIIOWII.			
		\$					
10. a. Name and Address of Lobbying	Registrant:	,					
Prefix * First Name	- Togical and	☐ Middle Name [
Prist Name							
* Last Name Feliz		Suffix					
* Street 1		Street 2					
700 Pennsylvania Ave SE, Suite 320							
* City Washington	State DC: District o	f Columbia			Zip	20003	
h Individual Performing Services		40.3					77)
b. Individual Performing Services (included)	Ding address if different from No					-	
Prefix * First Name Dan		Middle Name					
*Last Name Feliz		Suffix					
* Street 1		Street 2					
700 Pennsylvania Ave SE, Suite 32		300012					
* City Washington	State DC: District o	f Columbia			Zip	20003	
11. Information requested through this form is authorized by	v title 31 LLS C. section, 1352	This disclosure of	lohhving activiti	es is a materia	I representat	tion of fact, upon	which
reliance was placed by the tier above when the transac the Congress semi-annually and will be available for pu \$10,000 and not more than \$100,000 for each such fail	tion was made or entered into. ublic inspection. Any person wh	This disclosure is	required pursua	int to 31 U.S.C	. 1352. This	information will be	e reported to
* Signature: Completed on submission to Grant	s.gov						
*Name: Prefix *First Name	-		Middle Name	x.]
*Last Name Hernandez			Suffix	<u> </u>	7		ı
	Telephone No.:	_		Dato:	100:3	markens I = - 2	
Title: Chief Executive Officer	relephone No.:			Date: Com		submission to	
Federal Use Only:		A PERMI	STREET !		Authorized for Standard For	or Local Reproduct rm - LLL (Rev. 7-97)	ion
Dand-With (



State of California—Health and Human Services Agency

California Department of Public Health



January 29, 2021

Paul Chapman
Interim Chief Financial Officer
San Bernardino County
351 N. Mountain View Avenue
San Bernardino, CA, CA 92415-0010

Dear Paul Chapman:

Thank you for submitting your Indirect Cost Rate (ICR) documentation to the California Department of Public Health (CDPH). CDPH is using a standardized process that allows each Local Health Department (LHD) to use the negotiated ICR for all contracts, unless the ICR is otherwise designated by state or federal statutes, regulations, or specific grant guidelines, with CDPH.

For Fiscal Year 2021-2022, CDPH has accepted the documentation you have provided and, on a one-year basis, will approve your ICR proposal as follows:

18.682% calculated based on Salaries, Wages and Fringe Benefits

Please note, the rate you provided was approved up to the maximum allowed by CDPH policy (up to 25% for ICR calculated based on Salaries, Wages and Fringe Benefits and up to 15% for ICR calculated based on Allowable Total Direct Costs).

We look forward to working with you to document your approved ICR in CDPH contracts with a start date of July 1, 2021 or later.

If you have any questions, contact CDPH at CDPH-ICR-Mailbox@cdph.ca.gov.

Sincerely,

Cric Lau

Eric Lau, Accounting Section Chief California Department of Public Health

-				ct Cost Rate I				
				Bernardino (
				tment of Publ	Ann 27-2 1182			
	Ų			se in Fiscal Yea ed Financials fo)	11571	
				Т	otal Cost Compor	nents	Allowable I	irect Cost
		Description of Costs	Total Costs (Based on Actual Costs Incurred)	Total Unallowable Excludable Costs b	Total Allowable Indirect Costs	Total Allowable Direct Costs	Direct Program Costs	All Other
Salaries 8	& Ben	efits:	а		С	d = (a-b-c)	е	f ≃ (d-e)
04141100		Salaries/Wages	45,969,447.13	625,085.39	3,832,164.53	41,512,197.21	41,512,197.21	
		Overtime/Comp. Time	236,391.33			236,391.33	236,391.33	
		Benefits	23,593,607.93	320,822.21	1,966,840.87	21,305,944.85	21,305,944.85	
Total Sala	aries 8	& Benefits	69,799,446.39	945,907.60	5,799,005.40	63,054,533.39	63,054,533.39	
Services	s & S	Supplies:						
00111000	I	приноч.						
	Α	Clothing & Personal Supplies	25,315.20		11.86	25,303.34	25,303.34	
	В	Telecommunication Costs	861,772.26		57,708.02	804,064.24	804,064.24	-
	c	Insurance	1,420,260.97		1,202,378.00	217,882.97	217,882.97	-
	D	Medical, Dental & Lab Supplies	942,733.36		1,800.96	940,932.40	940,932.40	
	E F	Equipment Maintenance, Operations & Re Office Expense	261,484.05 2,162,221.55		23,773.33	237,710.72 1,520,530,88	237,710.72	
	G	Office Expense Postage	2,162,221.55 272,596.16		641,690.67 1,972.73	1,520,530.88 270,623.43	1,520,530.88 270,623.43	-
	Н	Printing & Courier	192,175.57		12,558.79	179,616.78	179,616.78	-
	ï	Memberships	118,016.69		24,306.56	93,710.13	93,710.13	-
	J	Training	16,208.84		6,372.94	9,835.90	9,835.90	
	K	Subscriptions, and Publications	4,351.27		412.78	3,938.49	3,938.49	
	L	Public Relations/ Advertising	71,811.26		775.00	71,036.26	71,036.26	
	M	Utilities	210,242.78	440.007.00	996.99	209,245.79	209,245.79	
	0	Professional Services County Svcs (COWCAP)	19,736,250.65	146,237.26	704,473.22	18,885,540.17	18,885,540.17	-
	P	Information Technology	1,425,048.83		324,820.44	1,100,228.39	1,100,228.39	
	Q	Rental Costs of Buildings and Equipment	4,413,698.54	49,224.00	23,741.51	4,340,733.03	4,340,733.03	
	R	Facilities Maintenance, Operations & Rep.	733,385.88		364,342.50	369,043.38	369,043.38	
	5	Motor Pool	1,156,681.67		1,394.65	1,155,287.02	1,155,287.02	
	Т	Travel	533,201.06		58,239.68	474,961.38	474,961.38	
	U	Audit	22,115.76		-	22,115.76	22,115.76	
	V W	County Counsel	145,973.40		15,386.25	130,587.15	130,587.15	
	X	Other Human Resources	9,702.25 328,905.42		1,705.34 328,905.42	7,996.91	7,996.91	
	z	Reimbursements	520,903.42		028,800.42	-		
		Revenue		3,724.04	(3,724.04)			
		Total Services & Supplies	35,064,153.42	199,185.30	3,794,043.60	31,070,924.52	31,070,924.52	
		itures (Improvement) itures (Fixed Assets)	242 402 50	0.10.100.50			0	
	•	y Expenditures	340,100.53 105,203,700.34	340,100.53 1,485,193.43	9,593,049.00	94,125,457.91	94,125,457.91	
ost Plan	_	· ·	100,200,700.04	1,400,100,40	0,000,040.00	34,120,407.01	54,125,451.51	
	AA	Space Use	314,615.00		314,615.00			
	AA	Computer Software &Equip Use	380,546.00	33,679.00	346,867.00	- 1	-	300
	M	Utilities	436,237.00		436,237.00	-	-	
	EE	Auditor-Controller	421,014.00	62,054.00	358,960.00	*	-	
	BB	County Admin. Office	240,868.00	44,498.00	196,370.00		-	
	U R	County Counsel Facility Management Custodial	21,628.00 (2,197.00)	(1,794.00)	23,422.00 (2,197.00)		-	
	R	Facility Management Grounds	(2,912.00)	1748 22	(2,197.00)		- :	
	R	Facility Management Maintenance	9,899.00	43.00	9,856.00		-	
	w	Human Resources	64,211.00	96,144 00	(31,933.00)	141		
	cc	Purchasing	97,046,00	2.960 00	94,086.00	9	-	
	Q	Real Estate Services	14,079.00		14,079.00	* .	-	
	P	IS Geographical Info System	57,905.00	10,023.00	47,882.00	- 2		
_	DD	Cost Estimation Roll Forward	133 544 00	47.044.00	116 200 00	-		-
	UU	Total Cost Plan	133,544.00 2,186,483.00	17,244.00 264,851.00	116,300.00 1,921,632.00		-	
		e Indirect Costs (AIC)			11,514,681.00			
st. UT All	∟ bas	ed on Salary/Wages			(11,514,681.00)			
tals			107,390,183.34	1,750,044.43		94,125,457.91	94,125,457.91	
				,				
DIRECT		ST RATE (AIC / Total Direct Salarie	s & Benefits):					
	_	nin/Department Overhead	9,593,049.00	15.214%				
		inty Overhead	1,921,632.00	3.048%			23,593,607.93	
		wable Indirect Cost (AIC)	11,514,681.00	18.261%			45,969,447.13	51.32
	IOTA	al Direct Salaries & Benefits	63,054,533.39			-	69,563,055.06	
DIRECT	rec	ST RATE (AIC / Total Allowable Dir	ent Costs)					
2 IVEO		nin/Department Overhead	9,593,049.00	10.192%				
		nty Overhead	1,921,632.00	2.042%				
		wable Indirect Cost (AIC)	11,514,681.00	12.233%				
	Tete	al Allowable Direct Costs	94,125,457.91					



County of San Bernardino **DELEGATED AUTHORITY – DOCUMENT REVIEW FORM**

This form is for use by any department or other entity that has been authorized by Board of Supervisors/Directors action to execute grant applications, awards, amendments or other agreements on their behalf. All documents to be executed under such delegated authority must be routed for County Counsel and County Administrative Office review <u>prior to signature</u> by designee.

Note: This process should NOT be used to execute documents under a master agreement or template, or for construction contract change orders. Contact your County Counsel for instructions related to review of these documents.

Complete and submit this form, along with required documents proposed for signature, via email to the department's County Counsel representative and Finance Analyst. If the documents proposed for signature are within the delegated authority, the department will submit the requisite hard copies for signature to the County Counsel representative. Once County Counsel has signed, the department will submit the signed documents in hard copy, as well as by email, to CAO Special Projects Team for review. If approved, the department will be provided routing instructions as well as direction to submit one set of the executed documents to the Clerk of the Board within 30 days.

For detailed instructions on submission requirements, reference Section 7.3 of the Board Agenda Item Guidelines as the Delegation of Authority <u>does not</u> eliminate the document submission requirements.

Department/Age	ncy/Entity:	Public Health					
Contact Name:	Scott Rigsb	у			Telephone:	(909) 387 - 6408	_
Agreement No.:	TBD	Amendment No.:	NA_	_ Date of Board Item	4/6/21	Board Item No.:	51
Name of Contract	t Entity/Proje	ect Name: Nation	al Initia	tive to Address COVII	D-19 Health D	isparities	
Explanation of red Please see attac	-	l Instructions: tion of request (Attac	hment	A).			
Document contracts r	s proposed not submitte		: For o			andard contract covers	sheet 1
Department Rou to County Couns		ty Counsel Name: n Ebright		The state of the s	Date Sent: 04/30/2021		
Reviewing County Counsel Use Only	Revie	ew Date 04/30/2021 Signatu	re A		Determination X Within So	n: ope of Delegated Autho cope of Delegated Auth	•
CAO-Special Proj Use Only	ects Revie	ew Date	3 20°			air <u>CEO</u> Departr Department for prepara	
# Departure	1. + 10	e le Armically	(Po)	ove antionion			

+ Department to electronically approve application