

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

Gavin Newsom
Governor

ACCEPTANCE OF AWARD

Tuberculosis Control Local Assistance Funds

San Bernardino County Department of Public Health

FUNDING SOURCE	FEDERAL BASE	STATE BASE
AWARD NUMBER:	2536BASE-F	2536BASE-S
AWARD AMOUNT:	\$183,393	\$183,346
FUNDING PERIOD:	7/1/2025-6/30/2026	

I hereby accept this award. By accepting this award, I agree to the requirements as described in the FY 2025 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

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

Authorized Signature

Date

Dawn Rowe

Chair, Board of Supervisors

Print Name

Title

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



General Terms and Conditions for Non-Research Grants and Cooperative Agreements

Incorporation: The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in the Notice of Funding Opportunity (NOFO), their Notice of Award (NOA), grants policy contained in applicable HHS Grants Policy Statements, 45 CFR Part 75, requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout these general terms and conditions of award and includes cooperative agreements.

Note: In the event that any requirement in the NOA, the NOFO, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Applicability of 2 CFR 200 Provisions Beginning October 1, 2024

This award is subject to the requirements in 45 CFR Part 75, except as amended by the following provisions of 2 CFR Part 200, which apply to new, continuation, and supplemental awards made on or after October 1, 2024.

- 2 CFR § 200.1. Definitions, "*Modified Total Direct Cost*", "*Equipment*", and "*Supplies*"
- 2 CFR § 200.313(e). Equipment, *Disposition*
- 2 CFR § 200.314(a). Supplies
- 2 CFR § 200.320. Procurement methods
- 2 CFR § 200.333. Fixed amount subawards
- 2 CFR § 200.344. Closeout
- 2 CFR § 200.414(f). Indirect costs, *De Minimis Rate*
- 2 CFR § 200.501. Audit requirements

2 CFR 200 citation	Replaces 45 CFR 75 citation
2 CFR § 200.1. Definitions, " <i>Modified Total Direct Cost</i> "	45 CFR § 75.2. Definitions, " <i>Modified Total Direct Cost</i> "
2 CFR § 200.1. Definitions, " <i>Equipment</i> "	45 CFR § 75.2. Definitions, " <i>Equipment</i> "
2 CFR § 200.1. Definitions, " <i>Supplies</i> "	45 CFR § 75.2. Definitions, " <i>Supplies</i> "
2 CFR § 200.313(e). Equipment, <i>Disposition</i>	45 CFR § 75.320(e). Equipment, <i>Disposition</i>
2 CFR § 200.314(a). Supplies	45 CFR § 75.321(a). Supplies
2 CFR § 200.320. Procurement methods	45 CFR § 75.329. Procurement procedures
2 CFR § 200.333. Fixed amount subawards	45 CFR § 75.353. Fixed amount subawards
2 CFR § 200.344. Closeout	45 CFR § 75.381. Closeout
2 CFR § 200.414(f). Indirect costs, <i>De Minimis Rate</i>	45 CFR § 75.414(f). Indirect (F&A) costs, <i>De Minimis Rate</i>
2 CFR § 200.501. Audit requirements	45 CFR § 75.501. Audit requirements

FEDERAL REGULATIONS AND POLICIES

2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Referenced where indicated.

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1>

45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.

<https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75&rgn=div5>

HHS Grants Policy and Regulations

<https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html>

HHS Grants Policy Statement (effective for new, continuation, and supplemental awards made on or after October 1, 2024) <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-october-2024.pdf>

HHS Grants Policy Statement (January 2007 version applies to awards issued before October 1, 2024) <https://public3.pagefreezer.com/browse/HHS.gov/27-09-2024T06:59/https://www.hhs.gov/sites/default/files/grants/grants-policies-regulations/hhsgps107.pdf>

Federal Funding Accountability and Transparency Act (FFATA)

<https://www.fsrs.gov/> Refer to the section below on Reporting Requirements for more details.

Trafficking In Persons: Consistent with 2 CFR 175, awards are subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-I/part-175>

CDC Additional Requirements (AR) may apply. The NOFO will detail which specific ARs apply to resulting awards. Links to full texts can be found at:

<https://www.cdc.gov/grants/additional-requirements/index.html>.

FUNDING RESTRICTIONS AND LIMITATIONS

Cost Limitations as stated in Appropriations Acts. Recipients must follow applicable fiscal year appropriations law in effect at the time of award and consistent with the specific funds provided under that award. See AR-32 Appropriations Act, General Requirements: <https://www.cdc.gov/grants/additional-requirements/ar-32.html>.

Though Recipients are required to comply with all applicable appropriations restrictions, please find below specific ones of note. CDC notes that the cited section for each below provision may change annually.

- A. Cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS award or order; it merely limits the portion of that salary that may be paid with federal funds. The HHS Grants Policy Statement further explains the application of this salary rate limitation.

- B. Gun Control Prohibition (Div. H, Title II, Sec. 210): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control. For additional information, see <https://www.cdc.gov/grants/additional-requirements/ar-13.html>.

- C. Lobbying Restrictions (Div. H, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive- legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- 503(b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see <https://www.cdc.gov/grants/additional-requirements/ar-12.html>.

- D. Blocking access to pornography (Div. H, Title V, Sec. 520): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.
- E. Needle Exchange (Div. H, Title V, Sec. 526): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

Prohibition on certain telecommunications and video surveillance services or equipment ([2 CFR 200.216](#)): For all new, non-competing continuation, renewal or supplemental awards issued on or after August 13, 2020, recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:

1. Procure or obtain,
2. Extend or renew a contract to procure or obtain; or
3. Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in [2 CFR 200.216](#), covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
 - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under [2 CFR 200.216](#) until September 30, 2028. During the exemption period, PEPFAR recipients are expected to work toward implementation of [2 CFR 200.216](#). The exemption may only be applied when there is no available alternative eligible source for these services.

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following: On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted no later than 90 days after the end of the budget period in the Payment Management System.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

If more frequent reporting is required, the Notice of Award terms and conditions will explicitly state the reporting requirement.

Annual Performance Progress and Monitoring Reporting: The Annual Performance Progress and Monitoring Report (PPMR) is due no later than 120 days prior to the end of the budget period and serves as the continuation application for the follow-on budget period. Submission instructions, due date, and format will be included in the guidance from the assigned GMO/GMS via www.grantsolutions.gov.

Any change to the existing information collection noted in the award terms and conditions will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Data Collection and Sharing Under Award: Consistent with strategies and activities expected and anticipated under this award, Recipient, either directly or indirectly, may be expected to collect or generate data for public health purposes. For purposes of this award, data for public health purposes may be administrative data or data commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation, but does not include preliminary analyses, drafts of scientific papers, plans for future research communications with colleagues, or physical objects, such as laboratory notebooks or laboratory specimens unless otherwise specified in the award.

45 C.F.R. 75.322(d) states that the federal government has the right to: 1) obtain, reproduce, publish, or otherwise use the data produced under a federal award; and 2) authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes. In furtherance of various United States Government-wide initiatives and policies, the federal government seeks to make federally funded publications and data underlying them more readily available, and to make public health data more readily accessible within the federal government and to the public.

Consistent with grant regulations, CDC may legally obtain a copy of any data collected or generated under this award. Where CDC has determined that data collected or generated under this award must be shared with CDC, such direction will be further addressed in your Notice of Funding Opportunity, your Notice of Grant Award, or other specific grant guidance. Acceptance of funds under this award is an acknowledgement of this regulatory provision and its application to this award.

Data Management Plan: CDC requires recipients for projects that involve the collection or generation of data with federal funds to develop, submit, and comply with a Data Management Plan (DMP) for each collection or generation of public health data undertaken as part of the award. The DMP should take into consideration sharing data with CDC including: 1) the specific

data that will be shared under the award, 2) the process and timing planned for such sharing, 3) and any legal limitations that the Recipient asserts would hinder CDC access to, or use of, the data collected or generated under the award. In addition, the DMP should address broader access to and archiving/long-term preservation of collected or generated data. Additional information on the Data Management and Access requirements can be found at <https://www.cdc.gov/grants/additional-requirements/ar-25.html>.

Audit Requirement Domestic Organizations (*including US-based organizations implementing projects with foreign components*): An organization that expends \$1,000,000 or more in a fiscal year in federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 2 CFR 200.501. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System Electronic Submission:
[https://harvester.census.gov/facides/\(S\(0vkw1zaelyzjibnahocga5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocga5i0))/account/login.aspx)

AND

Office of Financial Resources, Office of Risk Management and Internal Controls, Audit Resolution Team (ART), ORMIC.Audit.Resolution@cdc.gov.

Audit Requirement Foreign Organizations: A foreign organization that expends \$300,000 or more in a fiscal year on its federal awards must have a single or program-specific audit conducted for that year. The audit period is an organization's fiscal year. The auditor shall be a U.S.-based Certified Public Accountant firm, the foreign government's Supreme Audit Institution or equivalent, or an audit firm endorsed by the U.S. Agency for International Development's Office of Inspector General. The audit must be completed in English and in US dollars and submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to the Office of Financial Resources, Office of Risk Management and Internal Controls, Audit Resolution Team (ART) at ORMIC.Audit.Resolution@cdc.gov. After receipt of the audit report, CDC will resolve findings by issuing Final Management Determination Letters.

Domestic and Foreign organizations: Audit requirements for Subrecipients to whom 45 CFR 75 Subpart F applies: The recipient must ensure that the subrecipients receiving CDC funds also meet these requirements. The recipient must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable federal law and regulations (45 CFR 75 Subpart F and HHS Grants Policy Statement). The recipient may consider whether subrecipient audits necessitate adjustment of the recipient's own accounting records. If a subrecipient is not required to have a program-specific audit, the recipient is still required to perform adequate monitoring of subrecipient activities. The recipient shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The recipient must include this requirement in all subrecipient contracts.

Federal Funding Accountability and Transparency Act (FFATA)

In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation Information, Prime Recipients awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime recipient awards any sub-grant equal to or greater than \$30,000. Refer to 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation Information at [eCFR :: 2 CFR Part 170 -- Reporting Subaward and Executive Compensation Information](#) and <https://www.fsr.gov/> for reporting requirements and guidance.

Unique Entity Identifier (UEI)

The UEI is the official identifier for doing business with the U.S. Government as of April 4, 2022. The UEI is generated and assigned by the System for Award Management at SAM.gov. In accordance with [2 CFR part 25, Appendix A](#), a recipient must maintain current information in SAM.gov, through at least annual review, until it submits the final required financial report or receives the final payment, whichever is later.

Required Disclosures for Responsibility and Qualification (R/Q) (SAM.gov): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the assigned GMS/GMO identified in the NOA, and to the HHS OIG by email at grantdisclosures@oig.hhs.gov or by mail to the following address:

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance include suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated Responsibilities and Qualifications (R/Q) accessible through SAM (45 CFR 75.372(b)). CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award (45 CFR 75.373(b)).

1. General Reporting Requirement

If the total value of currently active grants, cooperative agreements, and procurement

contracts from all federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this federal award, the recipient must maintain the currency of information reported to the System for Award Management (SAM) and made available in the designated integrity and performance system (currently the Responsibility/Qualification (R/Q) through SAM.gov) about civil, criminal, or administrative proceedings described in section 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for federal procurement contracts, will be publicly available.

2. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

- a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the federal government;
- b. Reached its final disposition during the most recent five-year period; and
- c. If one of the following:
 - (1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
 - (2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
 - (3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
 - (4) Any other criminal, civil, or administrative proceeding if:
 - (i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;
 - (ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and
 - (iii) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

3. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in section 2 of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under federal procurement contracts that you were awarded.

4. Reporting Frequency

During any period of time when you are subject to this requirement in section 1 of this award

term and condition, you must report proceedings information through SAM for the most recent five-year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

5. Definitions

For purposes of this award term and condition:

- a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (*e.g.*, Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the federal and state level but only in connection with performance of a federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.
- b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of *nolo contendere*.
- c. Total value of currently active grants, cooperative agreements, and procurement contracts includes—
 - (1) Only the federal share of the funding under any federal award with a recipient cost share or match;
 - (2) The value of all expected funding increments under a federal award and options, even if not yet exercised.

GENERAL REQUIREMENTS

You will administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, and age, and comply with applicable conscience protections. You will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See information for providers of health care and social services at www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and the HHS Non-Discrimination Notice at www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html. As a condition of the award, all HHS recipients are required to submit a signed HHS-690 form regarding nondiscrimination compliance.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities to limited English proficient individuals, see a fact sheet at www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and providing

effective communication, see <https://www.hhs.gov/civil-rights/for-individuals/disability/index.html>.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/title-ix-education-amendments/index.html>.
- For information on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <http://www.hhs.gov/conscience/conscience-protections/index.html> and www.hhs.gov/conscience/religious-freedom/index.html.

Termination (45 CFR Part 75.372) applies to this award and states, in part, the following:

(a) This award may be terminated in whole or in part:

(1) By the HHS awarding agency or pass-through entity, if a non-Federal entity fails to comply with the terms and conditions of a Federal award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated;

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the Federal awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are allowable when the travel will provide a direct benefit to the project or program. To prevent disallowance of cost, the recipient is responsible for ensuring travel costs are clearly stated in their budget narrative and are applied in accordance with their organization's established travel policies and procedures. The recipient's established travel policies and procedures must also meet the requirements of 45 CFR Part 75.474.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies. See <https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-food/index.html>. In addition, costs must be clearly stated in the budget narrative and be consistent with organization approved policies. Recipients must make a determination of reasonableness and organization approved policies must meet the requirements of 45 CFR Part 75.432.

Prior Approval: All requests which require prior approval, must bear the signature (or electronic authorization) of the authorized organization representative. The recipient should submit these requests no later than 120 days prior to the budget period's end date to ensure ample time

remains to process and carry-out the request. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests are examples of actions that require prior approval, unless an expanded authority, or conversely a high-risk condition, is explicitly indicated in the NOA.

- Use of unobligated funds from prior budget period (Carryover)
- Lift funding restriction
- Significant redirection of funds (i.e., cumulative changes of 25% of total award)
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Extensions to period of performance

Templates for prior approval requests can be found at:

<https://www.cdc.gov/grants/already-have-grant/PriorApprovalRequests.html>.

Additional information on the electronic grants administration system CDC non-research awards utilize, GrantSolutions, can be found at: <https://www.cdc.gov/grants/grantsolutions/index.html>.

Recipient Contractual/Consultant Cost Agreements: In accordance with §2 CFR 200.325, all supporting documentation related to the elements outlined in the [Budget Preparation Guidelines](#) must be maintained by the recipient and available upon request. Recipients may submit supporting documentation via GrantSolutions Grants Management Services (GSGMS) Grant Notes to the assigned Grants Management Specialist.

Key Personnel: In accordance with 45 CFR Part 75.308, CDC recipients must obtain prior approval from CDC for (1) change in the project director/principal investigator, authorized organizational representative, business official, financial director, or other key persons specified in the NOFO, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Inventions: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR Part 401.14.

Acknowledgment of Federal Funding: When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as toolkits, resource guides, websites, and presentations (hereafter "statements") --describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1. the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
2. the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [**project/publication/program/website, etc.**] [**is/was**] supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **\$XX** with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

If the HHS Grant or Cooperative Agreement IS partially funded with other non-governmental sources:

This [**project/publication/program/website, etc.**] [**is/was**] supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **\$XX** with **XX** percentage funded by CDC/HHS and **\$XX** amount and **XX** percentage funded by non- government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

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The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted article reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications

subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

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Equipment and Products: To the greatest extent practical, all equipment and products purchased with CDC funds should be American made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$10,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The recipient may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 45 CFR Part 75.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard

also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC recipients only when recipients collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the recipient retains the original data and intellectual property, and is responsible for the security of these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a recipient is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website: <https://www.govinfo.gov/content/pkg/PLAW-107publ347/pdf/PLAW-107publ347.pdf>.

Whistleblower Protections: As a recipient of this award, you must comply with the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, 41 U.S.C. § 4712) "Enhancement of contractor protection from reprisal for disclosure of certain information," and 48 CFR part 3 subpart 3.9, "Whistleblower Protections for Contractor Employees." For more information see: <https://oig.hhs.gov/fraud/whistleblower/>.

PAYMENT INFORMATION

Fraud Waste or Abuse: The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted online at <https://tips.oig.hhs.gov/> or by mail to U.S. Department of Health and Human Services, Office of the Inspector General, Attn: OIG HOTLINE OPERATIONS, P.O. Box 23489 Washington DC 20026. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. For additional information, see: <https://oig.hhs.gov/fraud/report-fraud/>.

Automatic Drawdown (Direct/Advance Payments): Payments under CDC awards will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS), under automatic drawdown, unless specified otherwise in the NOA. Recipients must comply with requirements imposed by the PMS on-line system. Questions concerning award payments or audit inquiries should be directed to the payment management services office.

PMS Website: <https://pms.psc.gov/> PMS
Phone Support: +1(877)614-5533
PMS Email Support: PMSSupport@psc.gov

Payment Management System Subaccount: Funds awarded in support of approved activities will be obligated in an established subaccount in the PMS. Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked

and reported separately.

Exchange Rate: All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will generally not compensate foreign recipients for currency exchange fluctuations through the issuance of supplemental awards.

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from PMS, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of the NOA.

Certification Statement: By drawing down funds, the recipient certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer federal awards and funds drawn down. Recipients must comply with all terms and conditions in the NOFO, outlined in their NOA, grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable, as well as any regulations or limitations in any applicable appropriations acts.

CLOSEOUT REQUIREMENTS

In accordance with 2 CFR 200.344, recipients must submit all closeout reports identified in this section within 120 days of the period of performance end date. The reporting timeframe is the full period of performance. If the recipient does not submit all reports in accordance with this section and the terms and conditions of the Federal Award, CDC may proceed to close out with the information available within one year of the period of performance end date unless otherwise directed by authorizing statutes. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI). If recipients do not submit all closeout reports identified in this section within one year of the period of performance end date, then CDC must report recipients' material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system (currently Responsibility/Qualification section of [SAM.gov](https://www.sam.gov)). CDC may also pursue other enforcement actions per 45 CFR 75.371.

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO and is submitted upon solicitation from the GMS/GMO via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims;
- Description of results (positive or negative) considered significant; and
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds

authorized and expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 120 days after the period of performance end date through recipient online accounts in the Payment Management System. The final FFR will consolidate data reporting responsibilities to one entry point within PMS which will assist with the reconciliation of expenditures and disbursements to support the timely close-out of grants.

The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Every recipient should already have a PMS account to allow access to complete the SF-425.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$10,000 or more. Electronic versions of the forms can be downloaded by visiting: <https://www.grants.gov/forms/forms-repository/post-award-reporting-forms>.

If no equipment was acquired under an award, a negative report is required. The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$10,000 that is no longer to be used in projects or programs currently or previously sponsored by the federal government may be retained, sold, or otherwise disposed of, with no further obligation to the federal government (see 2 CFR 200.313(e)(1)).

CDC STAFF RESPONSIBILITIES

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program Officials (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. Award specific terms and conditions will include contact information for the PO/GMO/GMS.

Program Official: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and NOFOs to meet the CDC's mission;
- Providing technical assistance to applicants in developing their applications, e.g., explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources;
- Providing technical assistance to recipients in the performance of their project; and
- Post-award monitoring of recipient performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS.

For Cooperative Agreements, substantial involvement is required from CDC. The PO is the federal official responsible for the collaboration or participation in carrying out the effort under the award. Substantial involvement will be detailed in the NOFO and award specific terms and conditions and may include, but is not limited to:

- Review and approval of one stage of work before work can begin on a subsequent stage;
- Review and approval of substantive programmatic provisions of proposed subawards or contracts (beyond existing federal review of procurement or sole source policies);
- Involvement in the selection of key relevant personnel;
- CDC and recipient collaboration or joint participation; and
- Implementing highly prescriptive requirements prior to award limiting recipient discretion with respect to scope of services, organizational structure, staffing, mode of operation, and other management processes.

Grants Management Officer: The GMO is the only official authorized to obligate federal funds and is responsible for signing the NOA, including revisions to the NOA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization. The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e., grant or cooperative agreement;
- Determining if an application meets the requirements of the NOFO;
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy;
- Ensuring recipient compliance with applicable laws, regulations, and policies;
- Negotiating awards, including budgets;
- Responding to recipient inquiries regarding the business and administrative aspects of an award;
- Providing recipients with guidance on the closeout process and administering the closeout of grants;
- Receiving and processing reports and prior approval requests such as changes in funding, budget redirection, or changes to the terms and conditions of an award; and
- Maintaining the official grant file and program book.

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described in the GMO section are performed by the GMS, on behalf of the GMO.

California Department of Public Health
Tuberculosis Control Branch

**Tuberculosis Control Local Assistance Funds
Standards and Procedures Manual
FY 2025**

Base Award

Additional Food, Shelter, Incentives and Enablers Funds

Special Needs Funds

Civil Detention Funds

April 2025

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Part 1 - Standards and General Terms and Conditions

1. Overview

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

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

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

2. Authority

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

3. Allocation of Local Assistance Funds

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

Allocations are calculated every two years using five years of surveillance data. Data from 2018-2022 was used to determine FY 2024 and FY 2025 allocations. FY 2025 allocations reflect a decrease across all jurisdictions, to align with available resources while maintaining equitable support across the state.

Tuberculosis Local Assistance Allocation Formula FY 2025

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

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

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

4.1. Tuberculosis Control Branch Priorities

The CDPH TBCB priorities include national priorities and strategies established by CDC. Two of the strategies in the CDC Division of Tuberculosis Elimination Strategic Plan for 2021-2025 to reduce TB morbidity in the United States are:

Strategy 1

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

Strategy 2

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

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

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

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

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

5. Local Health Jurisdiction Responsibilities

LHJs agree to:

- Direct activities toward achieving the program objectives set forth by the CDPH TBCB

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

5.1. Reporting Requirements

A. Case Reports

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

LHJs will submit complete TB case data within two weeks of case confirmation, participate in RVCT trainings, and conduct quality control procedures, including

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

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

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

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

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

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

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

reconciliation of case counts. LHJs will participate in other activities as needed to ensure accurate reporting on the revised RVCT and MDR forms.

When the diagnosis and/or care of a patient with TB is shared between jurisdictions because of multiple residences or movement between jurisdictions, LHJs shall communicate with each other to agree on the jurisdiction with appropriate case count authority, according to CDC case counting guidelines. When a decision cannot be reached between LHJs, CDPH TBCB will work with involved LHJs to assign a counting jurisdiction. Case counting guidelines are outlined in the CDC Report of Verified Case of Tuberculosis Instruction Manual.¹

B. Electronic Reporting

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

C. Data Security and Confidentiality

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

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

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

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

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

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

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

In 2020, the CDC reintroduced the ARPE-TT as a required annual report. The requirement of LHJs to report to CDPH TBCB is being phased in by LHJ morbidity level over the next few years. For FY 2025, LHJs reporting more than 14 TB cases per year, based on 2023-2025 average, shall submit the ARPE-TT to CDPH TBCB, by March 13, 2026, for 2024 (Final) and 2025 (Preliminary) data as available. ARPE-TT forms and instructions can be found on the CDC DTBE ARPE webpage.¹ Each year by mid February, TBCB will email to all LHJs: 1) Instructions and MS Word version of the form; 2) invitation to instructional webinars in February.

F. Protocols for People Who Move

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

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

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

G. Outbreak Reporting

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

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

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

² CDC CureTB (https://www.cdc.gov/migration-border-health/php/cure-tb/?CDC_AAref_Val=https://www.cdc.gov/usmexicohealth/curetb.html)

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

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

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

H. Immigrants, Refugees, Parolees and Immigration Status Adjusters

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

LHJs are strongly encouraged to work with civil surgeons in their jurisdiction to communicate reporting requirements and referral recommendations for immigration status adjustment applicants testing positive for LTBI, or with findings concerning for TB disease. All civil surgeons are now required to use eMedical to report status adjusters with LTBI. Data from eMedical will be transferred into the EDN system, and LHJs with EDN access will receive notifications of LTBI in EDN. LHJs are encouraged to refer or provide status adjusters with LTBI treatment, and report outcomes using the Follow-up Worksheet in EDN, or other state system once available. Please contact TBCB for questions and updates on reporting systems, and for access to EDN.

5.2. Program Evaluation and Program Improvement

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

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

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

A. Local Health Jurisdictions Reporting 100 or More TB Cases Annually (Very High Morbidity Category)

LHJs reporting an average of 100 or more cases annually are expected to meet with CDPH TBCB staff on an annual basis to review their program performance summary data (provided by TBCB) and discuss opportunities for program improvement.

B. Local Health Jurisdictions Reporting 55 – 99 TB Cases Annually (High Morbidity Category)

LHJs reporting an average of 55-99 cases annually are expected to meet with CDPH TBCB staff every two years to review their program performance summary data (provided by TBCB) and discuss opportunities for program improvement.

C. Local Health Jurisdictions Reporting 15 – 54 TB Cases Annually (Medium Morbidity Category)

LHJs reporting an average of 15-54 cases annually are expected to conduct internal review of their program performance summary data (provided by CDPH TBCB) each year and consider opportunities for program improvement. TBCB staff are available upon request to provide consultation and technical assistance for program improvement.

D. Local Health Jurisdictions Reporting Fewer Than 15 TB Cases Annually (Low and Very Low Morbidity Categories)

LHJs reporting fewer than 15 TB cases annually are encouraged to review their TB data in the most recent "Report on Tuberculosis in California,"¹ and any other CDPH TBCB provided data reports. TBCB staff are available upon request to provide consultation and technical assistance for program improvement.

For consultation regarding program evaluation and program improvement, or to check which morbidity category your LHJ falls under, please contact your assigned CDPH TBCB Program Liaison and/or Epidemiology Liaison (see [Part 1 Section 5.8](#)).

5.3. Rights of the Tuberculosis Control Branch

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

5.4. Cancellation/Termination

- It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this agreement does not appropriate sufficient funds for the program, this agreement shall be of no further force and effect. In this event, CDPH shall

¹ CDPH TBCB. Report on Tuberculosis in California, 2021. Can be found on the [Tuberculosis Disease Data and Publications](https://cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx) (cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx) webpage under Annual TB Reports.

have no liability to pay any funds whatsoever to the LHJ or to furnish any other considerations under this agreement and LHJ shall not be obligated to fulfill any provisions of this agreement.

- If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, CDPH shall have the option to either cancel this agreement with no liability occurring to CDPH or offer an agreement amendment to the LHJ to reflect the reduced amount.
- CDPH TBCB reserves the right to cancel or terminate this agreement immediately for cause.* The LHJ may submit a written request to terminate a TB local assistance award only if the TBCB substantially fails to perform its responsibilities.

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

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

5.5. Avoidance of Conflicts of Interest by Local Health Jurisdiction

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

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

5.6. Indemnification

The LHJ agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all LHJs, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the project, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be

injured or damaged by the LHJ in the performance of any activities related to a TB local assistance award.

5.7. Other

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

5.8. Communicating with the Tuberculosis Control Branch

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

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

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

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

Part 2 - Guidelines on Use of TB Local Assistance Funds

1. Use of Base Award Funds

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

1.1. Allowable Expenditures FY 2025

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

Equipment

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

Fixed Assets

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

Food, Shelter, Incentives & Enablers

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

Indirect Costs (Optional)

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

Laboratory (TB-related)

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

Medications (anti-TB only)

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

Personnel (conducting TB prevention and control activities)

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

Supplies

- Laboratory supplies
- Medical clinic supplies
- Office supplies

Travel

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

Training (TB-related)

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

Vehicle Leasing Fees**Other**

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

1.2. Non-Allowable Expenditures FY 2025

The following expenditures will not be approved:

Facility Leasing or Rental Fees

- Building or office space

Furniture

- Desks
- File cabinets
- Modular furniture
- Tables

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

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

TB Clinic Renovations**Travel**

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

1.3. State TB Mandates

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

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

A. Local Detention

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

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

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

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

B. Local Health Officer or Designee

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

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

C. Counsel to Nonindigent Patients with Tuberculosis

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

1.4. Equipment and Services for Electronic Directly Observed Therapy

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

1.5. TB Medication Expenditures

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

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

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

1.6. Expense Allowability and Fiscal Documentation

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

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

1.7. Payment and Recovery of Overpayments

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

2. Additional Guidance for Base Award Use

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

2.1. Purpose of Housing Personnel Funds

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

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

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

FSIE funding is to be used to improve adherence and motivate patients to successfully complete treatment. Incentives are tailored rewards that encourage or acknowledge patient treatment adherence (e.g. gas, grocery, or restaurant gift cards, movie tickets, or a small toy for a child). Enablers are practical items that facilitate patient treatment adherence by overcoming barriers (e.g., assistance with transportation to a treatment or clinic appointment, social service referrals, or housing support; in addition to gas, grocery, or restaurant gift cards).

FSIE funds may be used to provide food, incentives and enablers for patients with confirmed TB and their contacts and for patients suspected of having TB. Funds may also be used to provide shelter for patients with confirmed TB and for patients suspected of having TB who are experiencing homelessness or at risk of experiencing homelessness (See [Part 2 Section 2.2.B.](#) for the definition of homeless).

For more information on strategies to help promote patient treatment adherence, please contact your assigned CDPH TBCB Program Liaison (see [Part 1 Section 5.8](#)).

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

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

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

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

B. Definition of Persons Experiencing Homelessness

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

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

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

A person experiencing homelessness may be a person who lacks customary and regular access to a conventional dwelling or residence. Included as homeless are persons who live on streets or in nonresidential buildings. Also included are residents of homeless shelters and shelters for battered women. Residents of welfare hotels and single room occupancy (SRO) hotels could also be considered to be experiencing homelessness. In the rural setting, where there are usually few shelters, a person experiencing homelessness may live in non-residential structures, or substandard housing, or with relatives. Persons who are in a correctional setting are not considered to be experiencing homelessness.

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

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

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

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

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

The CDPH TBCB may approve the use of FSIE funds for hospitalization when the following criteria are met:

- The patient is unhoused at the time of hospital admission.
- The patient is infectious or too ill to place in any other available housing. This must be clearly documented by the local health department in the patient's chart.
- All other payer sources have been explored and found inadequate or unavailable.
- The patient is not eligible for Medi-Cal because of higher income:
 - Some patients may have incomes just over the Medi-Cal eligibility threshold and may not have other insurance. Note that immigrants without appropriate immigration status do not qualify to purchase insurance through CoveredCA.
 - As of January 2024, all California residents, low income immigrants of all ages are eligible for full-scope Medi-Cal regardless of immigration status.
- The patient is not under an order of detention as stated in H&SC Section 121365(d)**Error! Bookmark not defined.**, (e)¹. CDPH TBCB has a separate request and reimbursement process for Civil Detention funding (see Part 2 Section 5). Each proposed detention should be discussed with your assigned CDPH TBCB Program Liaison and/or Civil Detention Coordinator (see Part 1 Section 5.8) as soon as the need for detention arises. While both H&SC Section 121365(d)**Error! Bookmark not defined.** and (g) require the isolation of the patient, H&SC Section 121365(g) does not require that the patient be detained.

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

3. Additional Food, Shelter, Incentives and Enablers Funds Awards

Additional FSIE Funds are intended for LHJs that have not received FSIE funding, have expended their full FSIE funding, or project to do so before the end of the fiscal year.

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

Additional FSIE Funds may be requested by and awarded to LHJs in accordance with the following criteria:

- CDPH TBCB is the funding source of last resort for additional FSIE expenditures. LHJs should attempt to find resources that will allow the local TB control program to provide the necessary services to the patient with TB.
- Requests for Additional FSIE Funds should be primarily for the purpose of providing housing for patients with confirmed TB or for patients suspected of having TB. Circumstances warranting exceptions to this will be considered and approval will be made on a case-by-case basis. Exceptions may be in accordance with the prescribed use of these funds as described in Part 2 Section 2 of this manual.

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

LHJs may request Additional FSIE Funds as soon as the need has been identified. Requests will be reviewed and if approved, a letter of award will be issued. Instructions for submitting requests and invoicing for reimbursement are located in Part 3 Section 2. For additional information, please contact your assigned CDPH TBCB Fiscal Analyst.

4. Special Needs Funds Awards

Special Needs Funds are made available when possible to LHJs that need resources to support acute and non-enduring TB control activities such as outbreaks, extended CIs, and cases of multidrug-resistant (MDR) TB. The amount available varies each year. Available funds may be federal or state. Allowable expenditures will be based on state and federal guidelines.

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

- CDPH TBCB is the funding source of last resort for special needs expenditures. The LHJ should attempt to find resources that will allow the local TB control program to provide the necessary services to the patient with TB.
- Eligible expenditures include support for additional personnel, benefits, travel, translation services, laboratory testing, supplies and services such as a portable X-ray van to conduct on-site screening of contacts for active TB disease and/or other allowable expenditures needed to assist with TB control activities. Use of Special Needs Funds for anti-TB medications is restricted to state funds only.
- Ineligible expenditures include in-patient care, support for routine, on-going TB control activities, “not allowed” expenses under Part 2 Section 1.2 and any expenditure that can be covered by another source of funds.
- LHJs that receive federal funds directly from CDC through a Tuberculosis Cooperative Agreement with CDC are only eligible for state funds, when available.

LHJs may request Special Needs Funds as soon as the need has been identified. Requests will be reviewed and if approved, a letter of award will be issued. Instructions for submitting requests and invoicing for reimbursement are located in Part 3 Section 3. For additional information, please contact your assigned CDPH TBCB Fiscal Analyst.

5. Civil Detention Funds Awards

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

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

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

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

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

5.1. Allowable Civil Detention Expenditures

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

- Room Accommodation
 - Including access to toileting and bathing, meals, housekeeping, laundry, provision of nursing care for administration of TB medication by DOT and visitation procedures.
- Health or Other Treatment Facility
 - Acute Care Hospital (up to \$285 per day)
 - Skilled Nursing Facility (up to \$285 per day)
 - Alcohol and Drug Rehabilitation Facility (\$50 per day)
 - Mental Health Rehabilitation Center (up to \$285 per day)

- Other Health Care/Treatment Facility (up to \$285 per day)
- Motel with elopement prevention measures (up to \$285 per day)
- Other Expenditures
- Additional Patient Services
 - Provision of TB clinical services for medical evaluation, monitoring, and follow-up
 - Mental health, substance use and spiritual counseling
 - Counsel for a nonindigent patient with TB, upon request of the patient who is subject to an order of civil detention issued by the local health officer. Services provided by counsel include representation of the patient with TB at any court review of the order of detention required by H&SC Section 121451.
 - Recreation
 - Elopement prevention
 - May include: 24-hour security, security guard, closed circuit television, electronic monitoring, alarm on doors, and electronic keypad for entry and exit
- Medication
 - The most cost-efficient method of purchasing TB medication must be utilized (i.e., third-party payer, or a discounted drug purchasing program).
- Transportation
 - Ground transportation to and from a regional civil detention site on a pre-approved case-by-case basis.

5.2 Non-Allowable Civil Detention Expenditures

These expenditures will not be approved for reimbursement:

- Detention in a correctional facility
- Personal monitoring devices (unless court-ordered)
- Detention in a private residence
- Air transportation within the state of California

6. Local Assistance Award Reimbursement

- CDPH TBCB reimburses the LHJ in arrears for actual expenditures in accordance with an approved and accepted award
- Reimbursement is contingent upon CDPH TBCB approval of LHJ expenditures submitted by invoice
- Reimbursement will be withheld if CDPH TBCB determines that the LHJ is not adhering to the terms and conditions described in the Standards and Procedures Manual
- It is mutually agreed that if the State of California Budget Act of the current year or the federal budget covered under these TB local assistance awards does not appropriate sufficient funds for the TB program, the awards shall be of no further force and effect. In this event, CDPH TBCB has no liability to pay any funds whatsoever to LHJs or to furnish any other considerations under this agreement and LHJs are not obligated to perform any provisions of TB local assistance awards.

- If state or federal funding for any fiscal year is reduced or deleted for purposes of this program, CDPH TBCB has the option to either cancel this agreement with no liability occurring to the State, or offer an amendment to the LHJ to reflect a reduced amount.
- Total reimbursement will not exceed the sum specified in the letter of award for Base Award, Additional FSIE Funds Award, Special Needs Funds Award or Civil Detention Funds Award
- Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927
- LHJs experiencing events that necessitate acute and non-enduring TB control activities for which no other funds are available, such as extended CIs, cases of MDR TB, and outbreaks may request Special Needs Funds (see Part 2 Section 4). Reimbursement for Base Award, Additional FSIE Funds Award, Special Needs Funds Award and Civil Detention Funds Award will not be made more frequently than quarterly unless noted in the Letter of Award.
- A final undisputed invoice will be submitted for payment no more than 60 calendar days following the expiration or termination date of a TB local assistance award, unless a later or alternate deadline is agreed to in writing by your assigned CDPH TBCB Fiscal Analyst. Said invoice will be clearly marked "Final Invoice," indicating that all payment obligations of TBCB under this agreement have ceased and that no further payments are due or outstanding. CDPH TBCB may, at its discretion, choose not to honor any delinquent final invoice if the LHJ fails to obtain prior written approval of an alternate final invoice deadline.

Part 3 - Procedures

1. Process for Requesting and Invoicing Base Award Funds

1.1. Submitting Award Requirements

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

- TB Subrecipient Eligibility form, signed (if applicable)
- Active SAM registration screenshot, signed (if applicable)
- Most recent Single Audit Report, signed (if applicable)
- Established eDOT Policy and Procedures certification, signed (if applicable)
- TB Base Award Budget workbook, in Excel format (submit with the following file naming convention: **LHJ-TB_Award-Budget-25**)
 - Program Contacts
 - Federal Detail Budget with Line Item Justifications (if applicable)
 - State Detail Budget with Line Item Justifications
 - Funding Matrix
 - Summary Budget
- TB Base Award Budget summary page, signed
 - Copy of any subcontract (if applicable)
 - Official documentation of rate $\geq 53\%$ and benefits breakdown (if applicable)
- Allocation of Personnel Matrix (submit in Excel format)
- LHJ TB Control Program organizational chart
- Acceptance of Award, signed

The TB Subrecipient Eligibility form, Established eDOT Policy and Procedures certification, TB Base Award Budget workbook, Allocation of Personnel Matrix, and Acceptance of Award are included with the Email of Intent. All forms (if applicable) require an authorized original signature (electronic or in blue ink).

Submit your package of all required documents electronically to TBCB.Awards@cdph.ca.gov, using the following naming convention to facilitate identification and tracking: **LHJ-TB_Award-25**

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

1.2. Completing Your Base Award Budget

A. Salary Savings and the Local Health Jurisdiction Initial Budget

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

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

The use of directly observed therapy (DOT) as a strategy for improving completion of therapy and reducing adverse treatment outcomes is the standard of care. To the extent

possible, DOT/eDOT services for Medi-Cal eligible patients should be reimbursed by Medi-Cal on a fee-for-service basis of \$19.23 per encounter.

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

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

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

Suggested options for structuring your budget:

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

C. Federal Executive Level II Salary Cap

TB funding that consists of a combination of state and federal funds is subject to the Federal Executive Level II salary cap. The cap amount can be found at the [Salary Cap Summary \(FY 1990 - Present\) | Grants & Funding](#) (grants.nih.gov/policy-and-compliance/policy-topics/nih-fiscal-policies/salary-cap-summary) webpage. On a federally funded award, LHJs may budget and invoice up to the salary cap amount. Any overage must be charged to a non-federal source such as local funds.

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

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

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

Example Base Award Detail Budget

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

Invoicing for the Capped Total Salary Amount each quarter

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

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

D. Personnel Costs (Benefited and Non-Benefited)

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

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

List and consecutively number each benefited position as a separate line item (see Example Personnel Costs Detail Budget below). For each position, enter:

- Position title and name
- Indicate if the position is new or continuing
- Housing Personnel (HP checkbox if applicable)
- Annual salary
- Full time equivalent (FTE)
- MonthsTotal Line Item Amount

Example Personnel Costs Detail Budget

Personnel - Benefited

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

Benefits (rate, actual salary)

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

Personnel – Non-Benefited

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

TOTAL PERSONNEL SERVICES \$210,500

• Line Item Justification

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

- Position title
- Name(s) of the individual(s) filling the position. State “vacant” if position(s) is/are not filled
- Brief summary of the duties for the position; describe how the position contributes to conducting Strategy One and/or Strategy Two activities (see Part 1 Section 4)

- Identify personnel salaried above the Federal Executive Level II salary cap
- Identify personnel funded with Housing Personnel funds, their activities, and the amount of FTE that match the criteria for the use of these dollars
- Identify personnel fulfilling the duties of a Correctional Liaison (see [Part 3 Section 1.2 O](#))
- Identify personnel fulfilling the duties of a Linkage to Care Liaison for civil surgeon referrals (see [Part 3 Section 1.2 P](#))

Example Line Item Justification

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

E. Benefits

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

- Detail Budget – Benefits line item category
Enter the benefit rate, actual salary and the amount of benefits budgeted for each position listed in the Personnel (Benefit) category (see [Example Personnel Costs Detail Budget](#) on page 24)

Benefit rates greater than 53% may be justified by submitting official documentation of the rate as well as a breakdown of the benefits.

F. Personnel Non-Benefited

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

- Detail Budget – Personnel (Non-Benefited) line item category

List any miscellaneous personnel line items as separate line items (see [Example Personnel Costs Detail Budget](#) on page 24)

- **Line Item Justification**

For each miscellaneous personnel item listed in the Detail Budget, include the following information in the Line Item Justification:

- Name of the line item
- A brief justification describing how line items assist staff in meeting identified program needs

Example Personnel (Non-Benefited) Justification

Bilingual Bonus

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

G. Travel and Per Diem

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

- **Mileage**

Use mileage rate applicable to the period of travel. LHJs must maintain a travel log that includes traveler’s name, purpose of the trip (e.g., DOT visit), date(s) of travel, and the total mileage for the trip.

- **Lodging Rates**

Reimbursement is made for actual receipted expenditures not exceeding the applicable federal rate established by the U.S. General Services Administration for the travel destination, available on the [GSA Per Diem Rates](http://gsa.gov/travel/plan-book/per-diem-rates) (gsa.gov/travel/plan-book/per-diem-rates) webpage. Lodging without a receipt will not be reimbursed.

- **Meal and incidental Expenses**

Actual meal and incidental (M&I) expenses incurred while on travel status will be reimbursed in accordance with the maximum rates and time frame requirements outlined below:

- For each full 24 hours of travel: Up to the federal standard rate for M&I expenses established by the U.S. General Services Administration.
- On the first and last day of travel: Up to 75 percent of the federal standard rate for M&I expenses established by the General Services Administration.

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

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

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

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

Example Travel Justification using Housing Personnel Funds

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

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

H. Equipment

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

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

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

- Approval to purchase equipment is contingent upon LHJ’s ability to demonstrate that the purchase is a cost-effective means to meet a need related to the control and prevention of TB, best accomplished by clearly stating the purpose of the equipment.
- The LHJ will contact Fiscal Analyst prior to any purchase of \$2,500 or more for equipment and services related to such equipment. The LHJ must provide in its request for approval all particulars necessary for evaluating the justification of incurring such costs.
- All equipment and products purchased should be American-made, to the greatest extent possible
- LHJs using CDPH TBCB local assistance award funds to purchase video or other electronic equipment or services for electronic directly observed therapy are expected to have an eDOT policy and procedures in place and submit a signed “Certification of Established Electronic Observed Therapy (eDOT) Policy and Procedures” prior to

equipment purchase. An eDOT certification is included with the Email of Intent and is also available upon request.

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

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

I. Supplies

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

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

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

Example Supplies Detail Budget

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

J. Anti-TB Medication

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

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

- Detail Budget – Anti-TB Medication line item category

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

Example Anti-TB Medication Detail Budget

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

K. Subcontracts

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

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

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

Briefly describe the following:

 - Purpose of the subcontract
 - Scope of work: Describe in outcome terms the specific services to be performed. Deliverables should be clearly defined.
 - Method of selection: State whether the contact is sole-source or competitively bid. If the organization is the sole source for the contact, include an explanation as to why this institution is the only one able to perform the service.
 - Method of Accountability: Describe how the progress and performance of the contractor will be monitored throughout the contract period. Identify who will be responsible for supervising the contract. Include a schedule and description of the types and quantity of the services and/or product(s) to be delivered.
 - If applicable, identify the dollar amount of Housing Personnel funds and how the subcontract meets the criteria for the use of these funds (see Part 2 Section 2.1 for guidance on the use of Housing Personnel funds).

L. Other Line Items

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

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

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

M. Food, Shelter, Incentives and Enablers

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

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

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

N. Indirect Cost

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

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

Reduced Indirect Costs

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

O. Designation of a Correctional Liaison

Ensuring continuity of care for patients with TB who transfer between correctional facilities and/or detention facilities and the community is an important TB prevention and control activity. Each jurisdiction should identify its needs and determine those duties that are most

appropriate for their Correctional Liaison. The NTCA Public Health TB Corrections Liaison Model Duty Statement and Core Competencies¹ may be useful in determining these duties. The designee should be your jurisdiction's Correctional Liaison identified in the CTCA Directory² unless a recent change is not yet reflected.

To identify the designee in your submission package:

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

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

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

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

To identify the designee in your submission package:

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

1.3. Receiving Your Base Award

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

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

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

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

1.4. Managing Your Base Award

A. Submitting Base Award Invoices

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

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

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

1. Guidance for Submitting Base Award Invoices by Funding Source

To facilitate timely reimbursement, use the current Base Award invoice templates by funding source.

Include the following information:

- Invoice number
- Billing period
- Award number by funding source (see Letter of Award)
- Amount to be reimbursed by line item category
 - For Personnel, include title, name, salary and benefit detail
 - Reimbursement for allowable travel and per diem expenses (in-state only) will be reimbursed using state rates. See Part 3 Section 1.2 G for details.
 - For Equipment, include item detail (type and cost for each). For equipment expenditures, CDPH TBCB reserves the right to request evidence of payment purchase, e.g., official county purchase order, and a brief description of the item(s) purchased including make and model number.
 - Under Supplies, include office, medical and laboratory supplies
 - Anti-TB medications should be included as a separate line item. Request for reimbursement must not exceed the State Base Award.
 - Provide detail regarding amount to be reimbursed under Other, including local detention activities (as described in Health and Safety Code Section 121451)
 - Food, Shelter, Incentives and Enablers: Amount to be reimbursed by line item and the following detail:
 - For shelter include: the TB case RVCT or CaIREDIE number or the local TB suspect ID number, name of lodging location, cost per day, number of days, and total cost. Please do not submit any patient identifiers, such as name, address, or birth date.
 - For patients receiving housing assistance and/or shelter: verify and indicate that treatment was administered via DOT during the time housing was provided.

- For food items, meals, incentives, enablers: itemize and cross-foot (e.g., 20 personal hygiene kits @ \$3.50, total \$70; 100 bus vouchers @ \$1.00, total \$100; 50 food coupons @ \$3.00, total \$150)
- It is not necessary to submit evidence of FSIE expenditures. However, LHJs are required to maintain this documentation. Please contact your assigned CDPH TBCB Fiscal Analyst for more information regarding record retention requirements.
- CDPH TBCB will review the balance of unexpended FSIE funds and redistribute these funds to LHJs that have requested additional funds. By failing to contact TBCB to request a submission extension for second or fourth quarter invoices, LHJs risk not receiving full payment for the invoiced amount if submitted past the deadline. For information about requesting Additional FSIE Funds, see Part 3 Section 2.

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

- Remit to address

Please note that no invoices for the new fiscal year can be processed if there are outstanding invoices from the previous year or if there are unresolved stipulations from the Letter of Award.

2. Award Invoice Due Dates and Requests for Extensions

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

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

B. Budget Revision Process

1. General Standards

- Submit an email request to TBCB.Awards@cdph.ca.gov to propose a budget revision.

- A budget revision is required when adding or changing new personnel positions, equipment, or contractual line items not previously included in the approved budget.
- For all other line items, budget revision requests are required when changes shift more than \$10,000 or 25 percent of the total approved budget in the budget period.
- Budget revision requests are to be made four weeks prior to anticipated expenditures.
- The assigned CDPH TBCB Fiscal Analyst will confirm in writing approval of modified budget requests. No reimbursements can be made for revised budget expenses until approval has been granted.
- TBCB does not give verbal approval for budget revisions.

2. Requesting a Budget Revision

- Completing the Budget Revision Request
 - Complete the Budget Revision Section of the Budget Template, and include the item justification.
 - Before preparing the budget revision, review the list of Allowable Expenditures (see [Part 2 Section 1.1](#)).
 - If the Budget Revision Request includes the addition of new staff positions, revise the Allocation of Personnel Matrix.
 - Sign and date the Summary Budget with authorized signature and save as a PDF.
 - Submit an email and include the Revised Budget Template and PDF copy of the summary budget to TBCB.Awards@cdph.ca.gov for approval.

3. Notification of Action Taken on a Budget Revision Request

A copy of the approved or disapproved request will be emailed to the contact person listed on the budget revision form, or on the cover letter accompanying the request, if different from the contact person listed on the form.

1.5. Additional Required Forms

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

2. Process for Requesting and Invoicing Additional Food, Shelter, Incentives and Enablers Funds

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

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

- LHJs should provide a description and the outcome of attempts made to request funding from local or other sources (i.e., realignment funds). CDPH TBCB should be the payor of last resort for additional FSIE expenses.
- To facilitate timely reimbursement, use the current Additional FSIE Funds invoice template. Calculations for previous expenditures and remaining balance should be based on the approved Additional FSIE Funds Award only, not the FSIE amount included with the State Base Award. The invoice must include the authorized original signature(s) electronically or in blue ink.
- Invoices for Additional FSIE Funds expenditures should be submitted on the same quarterly schedule and format as described in Part 3 Section 2 of this manual. Expenditures invoiced must have occurred within the scheduled time period.
- Fourth quarter invoices for Additional FSIE Funds expenditures must be submitted by August 15 following the award period (e.g., August 15, 2026 for the award period of July 1, 2025 – June 30, 2026). Invoices submitted after August 31 may not be considered for reimbursement.

3. Process for Requesting and Invoicing Special Needs Funds

- As soon as the need for Special Needs Funds has been identified, contact your assigned CDPH TBCB Fiscal Analyst for assistance. Requests must be in accordance with the use of these funds as described in Part 2 Section 4.
- If the request is approved, the LHJ will receive a Special Needs Funds letter of award. As an official acknowledgement of receipt of the award, the Acceptance of Award must be returned to CDPH TBCB with an authorized signature electronically or in blue ink. By signing the Acceptance of Award, the LHJ agrees to the conditions of the award as set forth by TBCB. Invoices for Special Needs Funds will not be processed until the signed Acceptance of Award has been received.
- LHJs should provide a description and the outcome of attempts made to request funding from local or other sources (i.e., realignment funds). CDPH TBCB should be the payor of last resort for special needs expenses.
- To facilitate timely reimbursement, use the current Special Needs Funds invoice template. The invoice must include the authorized original signature(s) electronically or in blue ink.
- Invoices for Special Needs Funds expenditures should be submitted on the same quarterly schedule and format as described in Part 3 Section 4 of this manual. Expenditures invoiced must have occurred within the scheduled time period.
- Fourth quarter invoices for Special Needs Funds expenditures must be submitted by August 15 following the award period (e.g., August 15, 2026 for the award period of July 1, 2025 – June 30, 2026). Invoices submitted after August 31 may not be considered for reimbursement.

4. Process for Requesting and Invoicing Civil Detention Funds

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

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

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

- LHJs should provide a description and the outcome of attempts made to request funding from local or other sources (i.e., application for health benefits). CDPH TBCB should be the payor of last resort for civil detention expenses.
- To facilitate timely reimbursement, use the current Civil Detention Funds invoice template. The invoice must include the authorized original signature(s) electronically or in blue ink.
- Invoices for Civil Detention Funds expenditures should be submitted on the same quarterly schedule and format as described in [Part 3 Section 4](#) of this manual. Expenditures invoiced must have occurred within the scheduled time period.
- Fourth quarter invoices for Civil Detention Funds expenditures must be submitted by August 15 following the award period (e.g., August 15, 2026 for the award period of July 1, 2025 – June 30, 2026). Invoices submitted after August 31 may not be considered for reimbursement.

4.3. Detention Release Date Information

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

¹ CDPH-CTCA. (2011) [Joint Guidelines for the Civil Detention of Persistently Non-Adherent Tuberculosis Patients in California](#)

(ctca.org/wp-content/uploads/2018/11/FINLCivil_Detention092311_.pdf)

5. Declining a Tuberculosis Local Assistance Award

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

Appendix**Table 1. List of Abbreviations**

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

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

Jurisdiction: San Bernardino County

Local Assistance Subvention Award

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

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

Authorized Signature

Date

Dawn Rowe

Print Name

Chair, Board of Supervisors

Title

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

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

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

As a condition of the grant, the Notice of Award (NOA) and the General Terms and Conditions are attached for your records and reference. The Category of Federal Domestic Assistance (CFDA) number is 93.116 - Project Grants and Cooperative Agreements for Tuberculosis Control Programs. You can obtain general information about the grant by searching the CFDA number on <https://beta.sam.gov/>. The Notice of Award Number for Federal Fiscal Year 2025 is 1 NU52PS910282-01-00.

Subrecipient's Name:	San Bernardino County	
Digital signature of person agreeing to NOA T&C:		
Printed Name/Date Signed:	Dawn Rowe, Chair, Board of Supervisors	
Funding Source(s):	Project Grants and Cooperative Agreements for Tuberculosis Control Programs	

Please answer the following questions below:

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

(Check one) Yes No

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

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

UEI: PD18A8XKE7B6

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

(Check one) Yes No

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

(Check one) Yes No

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

Terms and Definitions:

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

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

SAM aka CCR = Central Contractor Registration

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

Requirement for SAM

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

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

Tuberculosis Local Assistance Base Award Requirements Guidance

Purpose:

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

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

Instructions:

This document provides instructions for the submission of documents required for receiving TB Local Assistance funding. Additional guidance is outlined in the 2025 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual (Email of Intent attachment **1b**).

The TB Local Assistance Award Orientation webinar on **April 24, 2025** (12:30 to 2:00pm) will provide an overview of the Local Assistance funding background, allocation methodology and goals, information about requirements and submission timelines. The presentation will be followed by a question-and-answer period. A recording of the webinar will be sent out to those unable to attend.

Step 1: Standards and Procedures Manual Review

- Part 1 – “Standards and General Terms and Conditions”
- Part 2 – “Guidelines on Use of TB Local Assistance Funds”
- Part 3 – “Procedures”

Step 2: Forms and Certifications

- LHJs receiving federal funds shall complete and sign the following:
 - TB Subrecipient Eligibility form (Email of Intent attachment **2a**)
 - SAM screenshot confirming your active status in SAM
 - Most current Single Audit; or financial and performance evaluations because your agency is exempt from the Single Audit Requirement
- LHJs receiving TB local assistance funding shall complete and sign the following (if applicable):
 - Established Electronic Directly Observed Therapy (eDOT) Policy and Procedures (Email of Intent attachment **2d**)

Step 3: Local Assistance Base Award Budget

Complete the Tuberculosis Local Assistance Base Award Budget workbook (Email of Intent attachment [3a](#)).

Guidance for completing for jurisdiction's budget is provided within the Tuberculosis Local Assistance Base Award Budget Guidance document (Email of Intent attachment [3b](#)).

Step 4: Allocation of Personnel Matrix

Review and update your LHJ's fiscal year (FY) 2024 Allocation of Personnel Matrix (Email of Intent attachment [4](#)) to reflect your FY 2025 budget year (July 1, 2025 through June 30, 2026).

Capture any staffing changes (new positions, vacancies, reclassifications), providing functions, major TB activities, and Full Time Equivalent (FTE) information. Guidance for completing your jurisdiction's personnel matrix is provided within the Allocation of Personnel Matrix.

Step 5: Acceptance of Award

- LHJs receiving TB local assistance funding shall complete and sign the Acceptance of Award form (Email of Intent attachment [5](#)).

By signing the Acceptance of Award, the LJJ agrees to all the conditions of the award as set forth by TBCB. A signed agreement is a prerequisite for reimbursement of invoices.

Step 6: Checklist Requirements Submission by [May 30, 2025](#)

Submit the below listed documents electronically to tcb.awards@cdph.ca.gov (with subject line format **LJJ-TB_Award-25** to facilitate identification and tracking):

- TB Subrecipient Eligibility form, signed (if applicable)
 - Active SAM registration screenshot, signed (if applicable)
 - Most recent Single Audit Report, signed (if applicable)
- Established eDOT Policy and Procedures certification, signed (if applicable)
- TB Base Award Budget workbook, in Excel format
- TB Base Award Budget summary page, signed
 - Copy of any subcontract (if applicable)
 - Official documentation of rate $\geq 53\%$ and benefits breakdown (if applicable)
- Allocation of Personnel Matrix, in Excel format
 - LJJ TB Control Program organizational chart
- Acceptance of Award, signed

All forms (if applicable) require an authorized original signature (electronic or in blue ink).

CDPH TBCB will follow up on incomplete requirements and issue a Letter of Award including the approved summary budget upon approval of the submission package.

LOCAL HEALTH JURISDICTION TB CONTROL CONTACT INFORMATION

ORGANIZATION

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

GRANT SIGNATORY

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

PROJECT REPRESENTATIVE

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

CORRECTIONAL LIAISON

The Correctional Liaison is the individual responsible for ensuring continuity of care for TB patients who transfer between correctional facilities and the community, which is an important TB prevention and control activity.	
Name	Jenny Hernandez
Title	Supervising Public Health Nurse
Telephone Number	909-387-6864
Email Address	jhernandez@dph.sbcounty.gov

LINKAGE TO CARE LIAISON

The Linkage to Care Liaison is the individual responsible for responding to inquiries from civil surgeons and helping status adjusters become linked to treatment for LTBI. The sites of care for LTBI treatment may include health department clinics, community clinics, primary care providers, or other providers designated by your program.	
Name	Jenny Hernandez
Title	Supervising Public Health Nurse
Telephone Number	909-387-6864
Email Address	jhernandez@dph.sbcounty.gov

FISCAL REPRESENTATIVE

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

TB Local Assistance Base Award Funding Matrix

Instructions for Completing the Funding Matrix

The purpose of the Funding Matrix is to provide your total projected TB program budget for fiscal year 2025-2026.

For each Funding Source, provide the total amount received or projected by Budget Category.

Funding Source:

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

Example:

Budget Category	1) TBCB		2) Direct Federal		3) Local		4) Other Funding Source			Total
	Amount	%	Amount	%	Amount	%	Amount	%	Source	
Personnel	\$ 366,739	25%			\$ 1,089,644	73%	\$ 30,000	2%	Medi-Cal	\$ 1,486,383

Budget	Funding Source									Total Amount
Category	1) TBCB	TBCB %	2) Direct Federal	Direct Federal %	3) Local	Local %	4) Other Funding Source	Other Funding Source %	Other Funding Source Description	Tuberculosis Control Program Funding
Personnel	\$ 197,882	22%	\$ -	0%	\$ 714,254	78%				\$ 912,136
Benefits	\$ 90,727	22%	\$ -	0%	\$ 331,128	78%	\$ -	0%		\$ 421,855
Personnel (Non-benefit)	\$ -		\$ -		\$ -		\$ -			\$ -
Travel	\$ 5,813	32%	\$ -	0%	\$ 12,187	68%	\$ -	0%		\$ 18,000
Equipment	\$ -		\$ -		\$ -		\$ -			\$ -
Supplies	\$ -	0%	\$ -	0%	\$ 32,075	100%	\$ -	0%		\$ 32,075
Anti-TB Medications	\$ -		\$ -		\$ -		\$ -			\$ -
Subcontracts	\$ -		\$ -		\$ -		\$ -			\$ -
Other	\$ -	0%	\$ -	0%	\$ -	0%	\$ 30,000	100%	Medi-Cal	\$ 30,000
FSIE	\$ 21,481	100%	\$ -	0%	\$ -	0%	\$ -	0%		\$ 21,481
Indirect Costs	\$ 50,836	100%	\$ -	0%	\$ -	0%	\$ -	0%		\$ 50,836
Total	\$ 366,739	24.67%	\$ -	0.00%	\$ 1,089,644	73.31%	\$ 30,000	2.02%		\$ 1,486,383

TB LOCAL ASSISTANCE SUMMARY BUDGET

LOCAL HEALTH JURISDICTION NAME:	San Bernardino County	
AWARD NUMBER:	2536BASE-F	2536BASE-S

CATEGORY	FEDERAL 7/1/2025 - 6/30/2026	STATE 7/1/2025 - 6/30/2026
PERSONNEL (BENEFITED)	\$ 105,632	\$ 92,250
BENEFITS	\$ 48,971	\$ 41,756
PERSONNEL (NON-BENEFITED)	\$ -	\$ -
TRAVEL	\$ 1,558	\$ 4,255
EQUIPMENT	\$ -	\$ -
SUPPLIES	\$ -	\$ -
ANTI-TB MEDICATION (STATE ONLY)	\$ -	\$ -
SUBCONTRACTS	\$ -	\$ -
OTHER	\$ -	\$ -
FOOD, SHELTER, INCENTIVES, AND ENABLERS	\$ -	\$ 21,481
INDIRECT COSTS	\$ 27,232	\$ 23,604
TOTAL	\$ 183,393	\$ 183,346

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

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

CERTIFICATION:

I certify the budget submitted for FY 2025 will provide assistance to our local TB program to augment local support for TB prevention and control activities.

Lizveth Varela

AUTHORIZED SIGNER'S NAME

DATE SIGNED



AUTHORIZED SIGNATURE

909-387-6769

TELEPHONE NUMBER

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

Include this Summary Budget page with an authorized original signature (electronic or in wet ink) as part of the jurisdiction's submission. Include the final Base Award Budget workbook in Excel format with the following file naming convention: LHM-TB_Award-Budget-25.

Local Assistance Base Award Allocation of Personnel Matrix Fiscal Year 2025

Jurisdiction **San Bernardino**

Please see the Legend and Examples tabs for information and instructions for completing the LHJ Allocation of Personnel Matrix. Each position listed in this matrix should have some portion of Full Time Equivalent (FTE) listed under TB Activities, and any Non-TB Activity FTE (if applicable). For all positions, please list additional responsibilities performed by each person in the "Additional TB Duties..." column.

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

Name and Title	FTE TB Controller Activities	FTE other TB Activities (e.g., if also fills role of program manager)	FTE Non-TB Activities	Total FTE	Additional TB Duties Beyond Stated Definition Above (e.g., if also fills role of program manager, TB clinician in clinic, etc., then describe below)	Funding Source Mark X all that apply		CDPH use only: Verified
Dr. Sharon Wang, DO	0.20		0.80	1.00	This position serves as the health officer and TB Controller.		TBCB	
							Direct Federal	
						X	Local	
							Medi-Cal	
							Other	

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

Name and Title	FTE TB Program Manager Activities	FTE other TB Activities (e.g., if also fills role of supervising PHN)	FTE Non-TB Activities	Total FTE	Additional TB Duties Beyond Stated Definition Above (e.g., if also fills role of epidemiologist, supervising PHN, etc., then describe below)	Funding Source Mark X all that apply		CDPH use only: Verified
Diana Ibrahim	0.10		0.90	1.00			TBCB	
							Direct Federal	
						X	Local	
							Medi-Cal	
							Other	
	0.00	0.00	0.00	0.00			TBCB	
							Direct Federal	
							Local	
							Medi-Cal	
							Other	

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.

Name and Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Major Duties Mark X all that apply		Site Mark X all that apply (if strictly office based or other, don't check any)	Additional TB Duties Beyond Stated Definition Above and Major Duties (e.g., discharge coordinator, civil surgeon/B waiver outreach)	Funding Source Mark X all that apply		CDPH use only: Verified
Jenny Hernandez, Supervising Public Health Nurse	1.00	0.00	1.00	X	Supervision	Clinic	Provides oversight of the TB program, applies public health laws for TB control, oversees policies; oversees management and evaluation of the TB program, ensures required reporting, funding, and budget preparation	X	TBCB	
					Case management				Direct Federal	
					Contact investigation	Field			Local	
					DOT				Medi-Cal	
					Supervision	Clinic		X	Other	
							X	TBCB		

Communicable Disease Investigators (CDIs): Perform contact investigation, field investigation, patient locating; serve legal orders.

Name and Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Major Duties Mark X all that apply		Additional TB Duties Beyond Stated Definition Above (e.g., civil surgeon/B waiver outreach)	Funding Source Mark X all that apply		CDPH use only: Verified
Jennifer Rosales, CDI II	0.50	0.50	1.00		Supervision	Hospital discharge coordination, LTBI follow up of contacts		TBCB	
					Case Management			Direct Federal	
				X	Contact Investigation		X	Local	
					DOT			Medi-Cal	
Rachel Ngo, CDI I	1.00	0.00	1.00		Supervision	Hospital discharge coordination, LTBI follow up of contacts		TBCB	
					Case Management			Direct Federal	
				X	Contact Investigation		X	Local	
					DOT			Medi-Cal	
Perla Reyes, CDI I	1.00	0.00	1.00		Supervision			TBCB	
					Case Management			Direct Federal	
					Contact Investigation			Local	
					DOT			Medi-Cal	
	0.00	0.00	0.00		Supervision			TBCB	
					Case Management			Direct Federal	
					Contact Investigation			Local	
					DOT			Medi-Cal	
	0.00	0.00	0.00		Supervision			TBCB	
					Case Management			Direct Federal	
					Contact Investigation			Local	
					DOT			Medi-Cal	

Directly Observed Therapy (DOT) Workers: Facilitate adherence to TB treatment by performing directly observed therapy.

Name and Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Major Duties Mark X all that apply		Site Mark X all that apply		Additional TB Duties Beyond Stated Definition Above (e.g., field phlebotomy, transportation)	Funding Source Mark X all that apply		CDPH use only: Verified
Denise Ramirez, Supervising Health Services Assistant	0.50	0.50	1.00	X	Supervision		Clinic DOT (EDOT)	supervision of DOT field staff, development of procedures for field DOT staff	X	TBCB	
					Case Management					Direct Federal	
					Contact investigation	X	Field DOT			Local	
				X	DOT				X	Other	
					Supervision		Clinic DOT (EDOT)	DOT Billing	X	TBCB	
					Case Management				Direct Federal		

Name and Title	FTE	0.00	1.00	Activities		Funding Source	CDPH use only: Verified
				Supervision	Case Management		
Department of Public Health Brooke Effinger, Health Service Assistant I	1.00	0.00	1.00	<input checked="" type="checkbox"/>	Contact investigation	Field DOT	Local
				<input checked="" type="checkbox"/>	DOT		Medi-Cal
				<input checked="" type="checkbox"/>	DOT		Other
Karen Chi, Health Service Assistant I	1.00	0.00	1.00	<input type="checkbox"/>	Supervision	Clinic DOT (EDOT)	TBCB
				<input type="checkbox"/>	Case Management		Direct Federal
				<input type="checkbox"/>	Contact investigation	Field DOT	Local
				<input checked="" type="checkbox"/>	DOT		Medi-Cal
Samantha Gahol, Health Service Assistant I	1.00	0.00	1.00	<input type="checkbox"/>	Supervision	Clinic DOT (EDOT)	TBCB
				<input type="checkbox"/>	Case Management		Direct Federal
				<input type="checkbox"/>	Contact investigation	Field DOT	Local
				<input checked="" type="checkbox"/>	DOT		Medi-Cal
Linda Ward, Health Service Assistant I	0.00	0.00	0.00	<input type="checkbox"/>	Supervision	Clinic DOT (EDOT)	TBCB
				<input type="checkbox"/>	Case Management		Direct Federal
				<input type="checkbox"/>	Contact investigation	Field DOT	Local
				<input checked="" type="checkbox"/>	DOT		Medi-Cal

Epidemiologist: Coordinates the collection and analysis of TB-related data.

Name and Title	FTE TB Epi-related Activities	FTE TB Non-Epi Activities (e.g. case management/CI)	FTE Non-TB Activities	Total FTE	Additional TB Duties Beyond Stated Definition Above (e.g., contact investigation, case management, B notification tracking, managing EDN)	Funding Source Mark X all that apply	CDPH use only: Verified
Jocelyn Campbell, MPH	0.25	0.50	0.00	0.75	This position is assigned to a different program and codes to TB related duties surrounding data analysis.	<input checked="" type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input checked="" type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other	

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

Name and Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Briefly describe duties (e.g. supervision, data entry, interpretation)	Funding Source Mark X all that apply	CDPH use only: Verified
Toni Nigro, Office Specialist	0.10	0.90	1.00	Epidemiology, HIV, COVID, STD, Immunizations	<input checked="" type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input checked="" type="checkbox"/> Local <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other	
Ryan McCallick, Office Assistant II	0.10	0.90	1.00	Epidemiology, HIV, COVID, STD, Immunizations	<input checked="" type="checkbox"/> TBCB <input type="checkbox"/> Direct Federal <input checked="" type="checkbox"/> Local <input type="checkbox"/> Medi-Cal	

Department of Public Health						Other	Tuberculosis Control Branch
	0.10	0.90	1.00	Epidemiology, HIV, COVID, STD, Immunizations	X	TBCB	
						Direct Federal	
					X	Local	
						Medi-Cal	
						Other	
	0.10	0.90	1.00	Epidemiology, HIV, COVID, STD, Immunizations	X	TBCB	
						Direct Federal	
					X	Local	
						Medi-Cal	
						Other	
	0.10	0.90	1.00			TBCB	
						Direct Federal	
						Local	
						Medi-Cal	
						Other	

Clinic Staff (if applicable for programs that have a clinic; list only staff not listed above): Perform activities to facilitate the efficient functioning of the TB clinic. Examples may include clinic physicians, nurse practitioners, physician assistants, pharmacist. Clinic nurses should be entered in the "Nurses" section above.

Name and Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Additional TB Duties Beyond Stated Definition Above (e.g.)	Funding Source Mark X all that apply					CDPH use only: Verified
	0.00	0.00	0.00			TBCB				
						Direct Federal				
						Local				
						Medi-Cal				
						Other				
	0.00	0.00	0.00			TBCB				
						Direct Federal				
						Local				
						Medi-Cal				
						Other				
	0.00	0.00	0.00			TBCB				
						Direct Federal				
						Local				
						Medi-Cal				
						Other				
						TBCB				

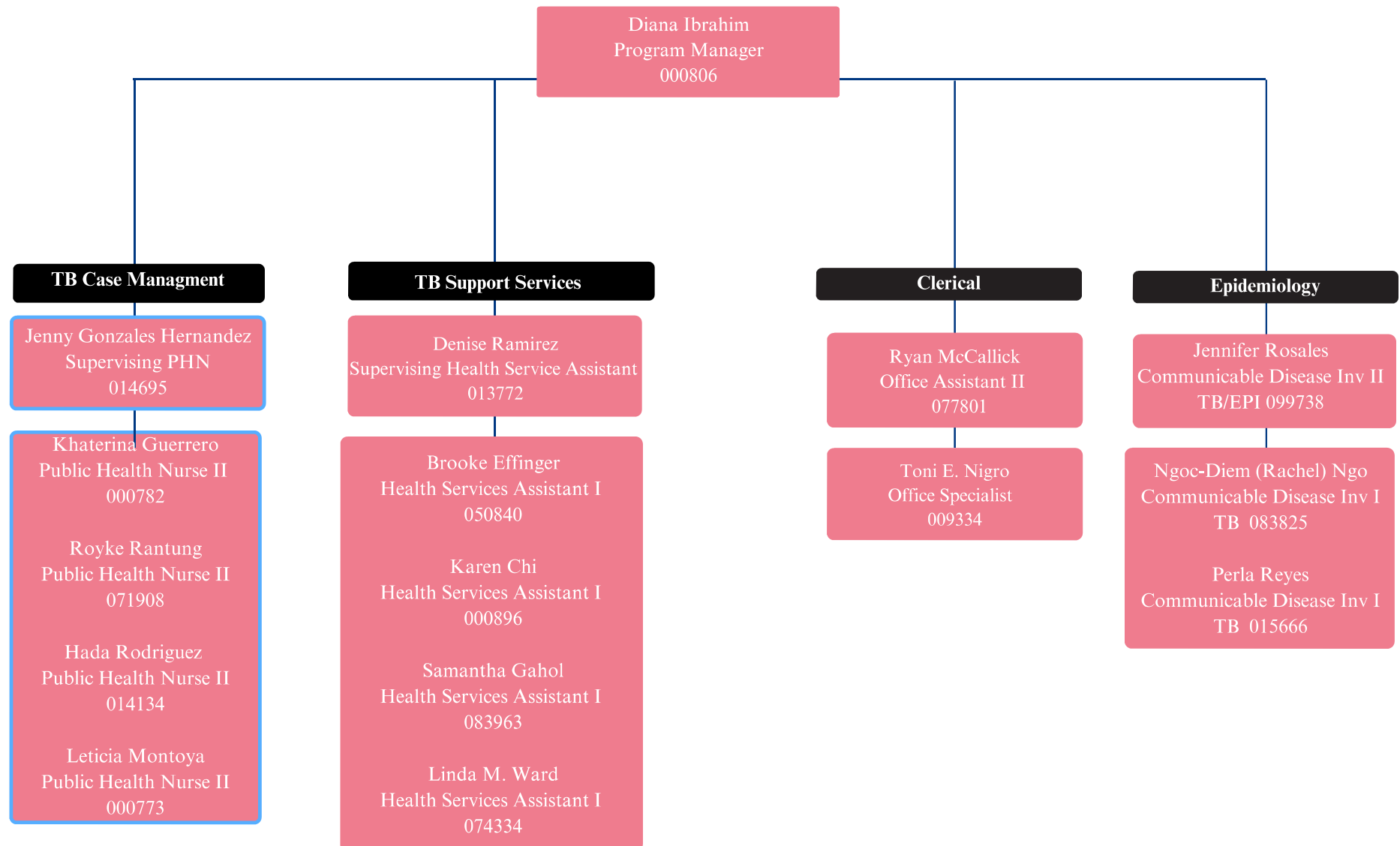
Department of Public Health	0.00	0.00	0.00		Direct Federal	Tuberculosis Control Branch
					Local	
					Medi-Cal	
					Other	

Other Staff (list only staff not listed above. Examples may include social workers, health educators, eligibility workers, etc.)

Name and Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Briefly describe duties	Funding Source Mark X all that apply				CDPH use only: Verified
						TBCB	Direct Federal	Local	
	0.00	0.00	0.00						

TB Organizational Chart

(Revised 4/23/2024)





Subaward Reporting is live on SAM.gov [Show Details](#)
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Entity Registration
Core Data
Business Information
Entity Types
Financial Information
Points of Contact
Assertions
Reps and Certs (FAR/DFARS)
Reps and Certs (Financial Assistance)
Exclusions
Responsibility / Qualification

Entity Information

Active Registration

SAN BERNARDINO PUBLIC HEALTH

Unique Entity ID CAGE/NCAGE
PD18A8XKE7B6 3P9F4

Expiration Date

Mar 10, 2026

Physical Address

**451 E Vanderbilt WAY STE 200
San Bernardino, California
92408-3614, United States**

Mailing Address

**451 E Vanderbilt WAY STE 200
San Bernardino, California
92408-3614, United States**

Purpose of Registration

All Awards

Version

Current Record

BUSINESS INFORMATION

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

Registration Dates

Activation Date Mar 12, 2025	Initial Registration Date Jan 23, 2004
Submission Date Mar 10, 2025	

Owner	CAGE	Legal Business Name
-------	------	------------------------

Immediate Owner	(blank) (blank)
Highest Level Owner	(blank) (blank)

Entity Dates

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

Executive Compensation

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

SAM SEARCH AUTHORIZATION

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

Yes

ENTITY TYPES

Business Types

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

Socio-Economic Types

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

Government Types

U.S. Local Government, County

FINANCIAL INFORMATION

Payments

Accepts Credit Card Payments

No

Debt Subject To Offset [?](#)

No

ACCOUNT DETAILS

EFT Indicator **0000**

CAGE Code **3P9F4**

POINTS OF CONTACT

Electronic Business

Primary Point of Contact

Lizveth Varela, Administrative Manager

Address

451 E Vanderbilt WAY

Suite 200

San Bernardino, California 92415-0012

United States

Alternate Point of Contact

PAUL CHAPMAN, Chief Financial Officer

Address

451 E Vanderbilt WAY

San Bernardino, California 92415-0010

United States

Government Business

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San Bernardino County

San Bernardino, California

Single Audit and Independent Auditors' Reports

For the Year Ended June 30, 2024



San Bernardino County
Single Audit and Independent Auditors' Reports
For the Year Ended June 30, 2024

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

Independent Auditors' Report

Honorable Board of Supervisors
San Bernardino County, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, the discretely presented component unit, each major fund, and the aggregate remaining fund information of San Bernardino County, California (the "County") as of and for the year ended June 30, 2024, and the related notes to the financial statements, which collectively comprise the County's basic financial statements, and have issued our report thereon dated January 24, 2025. Our report included a reference to other auditors who audited the financial statements of the San Bernardino County Flood Control District, the San Bernardino County Redevelopment Successor Agency Private-Purpose Trust Fund, the First 5 San Bernardino Children and Families Commission, or the San Bernardino County Employees' Retirement Association, as described in our report on the County's financial statements. This report does not include the results of the other auditors' testing of internal control over financial reporting or compliance and other matters that are reported on separately by those auditors.

Report on Internal Control Over Financial Reporting

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

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

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

Report on Compliance and Other Matters

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

Purpose of This Report

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

The PwC Group, LLP

Santa Ana, California
January 24, 2025



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

Independent Auditors' Report

Honorable Board of Supervisors
San Bernardino County, California

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited San Bernardino County, California's (the "County") compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of the County's major federal programs for the year ended June 30, 2024. The County's major federal programs are identified in the summary of auditor's results section of the accompanying Schedule of Findings and Questioned Costs.

In our opinion, the County complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2024.

Basis for Opinion on Each Major Federal Program

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

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

Responsibilities of Management for Compliance

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

Auditors' Responsibilities for the Audit of Compliance

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

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

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

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

Report on Internal Control Over Compliance

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

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

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

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

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

We have audited the financial statements of the governmental activities, the business-type activities, the discretely presented component unit, each major fund, and the aggregate remaining fund information of the County, as of and for the year ended June 30, 2024, and the related notes to the financial statements, which collectively comprise the County's basic financial statements. Other auditors audited the financial statements the San Bernardino County Flood Control District, the San Bernardino County Redevelopment Successor Agency Private-Purpose Trust Fund, the First 5 San Bernardino Children and Families Commission, or the San Bernardino County Employees' Retirement Association, as described in our report on the County's financial statements. We issued our report thereon dated January 24, 2025, which contained unmodified opinions on those financial statements. Our audit was performed for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the basic financial statements as a whole.

Other Information

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

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



Santa Ana, California
January 24, 2025

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San Bernardino County
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2024

Federal Grantor/Pass-Through Grantor/Program/Cluster Title	Federal Assistance Listing Number	Grant Identification Number	Federal Award Expenditures	Pass-Through Award to Subrecipients
U.S. Department of Agriculture:				
<i>Passed through the California Department of Food and Agriculture:</i>				
Plant and Animal Disease, Pest Control, and Animal Care - Pierce's Disease Control Program	10.025	21-0517-036-SF	\$ 40,096	\$ -
Plant and Animal Disease, Pest Control, and Animal Care - Detection Trapping	10.025	22-1694-028-SF	1,220,330	-
Plant and Animal Disease, Pest Control, and Animal Care - Asian Citrus Psyllid Bulk Citrus Regulatory	10.025	23-0026-032-SF	10,062	-
Plant and Animal Disease, Pest Control, and Animal Care - Dog Detector Team	10.025	23-0411-006-SF	105,127	-
Subtotal Assistance Listing Number 10.025			<u>1,375,615</u>	<u>-</u>
<i>Passed through the California Department of Public Health:</i>				
WIC Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	22-10281	12,514,933	-
<i>Passed through the California Department of Social Services:</i>				
Child and Adult Care Food Program	10.558	223600	1,141,370	-
Supplemental Nutrition Assistance Program (SNAP) Cluster:				
<i>Passed through the California Department of Aging:</i>				
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program - Education CalFresh Expansion	10.561	CF-2223-20	23,251	17,746
<i>Passed through the California Department of Public Health:</i>				
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program - Education	10.561	23-10339	2,846,052	917,034
<i>Passed through the California Department of Social Services:</i>				
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program - Administration	10.561	1946001347-A7	63,769,486	-
Total SNAP Cluster			<u>66,638,789</u>	<u>934,780</u>
Forest Service Schools and Roads Cluster:				
<i>Passed through the State Controller's Office:</i>				
Schools and Roads - Grants to States	10.665	99003012	412,185	-
Total Forest Service Schools and Roads Cluster			<u>412,185</u>	<u>-</u>
<i>Direct Programs:</i>				
Emergency Watershed Protection Program	10.923	N/A	229,063	-
Emergency Watershed Protection Program - Debris Removal Phase I	10.923	N/A	1,328,855	-
Emergency Watershed Protection Program - Debris Removal Phase II	10.923	N/A	287,430	-
Subtotal Assistance Listing Number 10.923			<u>1,845,348</u>	<u>-</u>
Total U.S. Department of Agriculture			<u>83,928,240</u>	<u>934,780</u>
U.S. Department of Housing and Urban Development:				
Community Development Block Grant (CDBG) - Entitlement Grants Cluster:				
<i>Passed through the City of Chino Hills:</i>				
Community Development Block Grants/Entitlement Grants	14.218	0711008883190	14,878	-
<i>Direct Programs:</i>				
Community Development Block Grants/Entitlement Grants	14.218	N/A	6,624,257	2,163,255
Community Development Block Grants/Entitlement Grants - Neighborhood Stabilization Program Grant #1	14.218	N/A	17,558	-
Community Development Block Grants/Entitlement Grants - Neighborhood Stabilization Program Grant #3	14.218	N/A	7,106	-
COVID-19 - Community Development Block Grants/Entitlement Grants	14.218	N/A	519,057	485,960
Total CDBG - Entitlement Grants Cluster			<u>7,182,856</u>	<u>2,649,215</u>
Emergency Solutions Grant Program	14.231	N/A	552,153	496,204
COVID-19 - Emergency Solutions Grant Program Coronavirus (ESG-CV)	14.231	N/A	823,016	818,977
<i>Passed through the California Department of Housing and Community Development:</i>				
Emergency Solutions Grant Program (ESG) - State Program	14.231	N/A	320,144	311,883
COVID-19 - Emergency Solutions Grant Program Coronavirus (ESG-CV)	14.231	N/A	373,779	373,779
Subtotal Assistance Listing Number 14.231			<u>2,069,092</u>	<u>2,000,843</u>
<i>Direct Programs:</i>				
HOME Investment Partnerships Program	14.239	N/A	2,283,404	-
COVID-19 - HOME Investment Partnerships Program - American Rescue Plan (ARP)	14.239	N/A	9,197	-
Subtotal Assistance Listing Number 14.239			<u>2,292,601</u>	<u>-</u>
Economic Development Initiative, Community Project Funding, and Miscellaneous Grants	14.251	N/A	891,659	87,278
Continuum of Care Program - Planning	14.267	CA2183L9D092200	237,157	-
Continuum of Care Program - Planning	14.267	CA2057L9D092100	192,767	-
Continuum of Care Program - Homeless Management Information System	14.267	CA0939L9D092213	176,098	-
Subtotal Assistance Listing Number 14.267			<u>606,022</u>	<u>-</u>
Total U.S. Department of Housing and Urban Development			<u>13,042,230</u>	<u>4,737,336</u>

See accompanying Notes to the Schedule of Expenditures of Federal Awards

San Bernardino County
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2024

Federal Grantor/Pass-Through Grantor/Program/Cluster Title	Federal Assistance Listing Number	Grant Identification Number	Federal Award Expenditures	Pass-Through Award to Subrecipients
<u>U.S. Department of Justice:</u>				
<i>Direct Programs:</i>				
2023 Domestic Cannabis Eradication/Suppression Program	16.U01	N/A	298,423	-
2024 Domestic Cannabis Eradication/Suppression Program	16.U01	N/A	112,051	-
Subtotal Assistance Listing Number 16.U01			410,474	-
Internet Crimes Against Children Task Force - FY 23-24	16.U02	N/A	91,221	-
Law Enforcement Assistance Narcotics and Dangerous Drugs Training - Drug Enforcement Administration - FY 22-23	16.004	N/A	6,826	-
Law Enforcement Assistance Narcotics and Dangerous Drugs Training - Drug Enforcement Administration - FY 23-24	16.004	N/A	50,098	-
Subtotal Assistance Listing Number 16.004			56,924	-
<i>Passed through the California Governor's Office of Emergency Services:</i>				
Crime Victim Assistance - County Victim Services Program	16.575	071-00000	868,127	375,203
Crime Victim Assistance - Victim Witness Assistance Program	16.575	071-00000	3,187,855	-
Subtotal Assistance Listing Number 16.575			4,055,982	375,203
<i>Direct Programs:</i>				
Edward Byrne Memorial Justice Assistance Grant Program - JAG 2018	16.738	N/A	60,753	-
Edward Byrne Memorial Justice Assistance Grant Program - JAG 2019	16.738	N/A	54,375	-
Edward Byrne Memorial Justice Assistance Grant Program - JAG 2020	16.738	N/A	564,475	514,689
Edward Byrne Memorial Justice Assistance Grant Program - JAG 2021	16.738	N/A	669,979	623,266
Edward Byrne Memorial Justice Assistance Grant Program - JAG 2022	16.738	N/A	799,117	693,911
Subtotal Assistance Listing Number 16.738			2,148,699	1,831,866
DNA Backlog Reduction Program - FY 20-21	16.741	N/A	368,921	-
DNA Backlog Reduction Program - FY 21-22	16.741	N/A	213,199	-
Subtotal Assistance Listing Number 16.741			582,120	-
<i>Passed through the California Governor's Office of Emergency Services:</i>				
Paul Coverdell Forensic Sciences Improvement Grant Program - FY 21-22	16.742	CQ22160360	56,615	-
<i>Direct Programs:</i>				
Equitable Sharing Program - Narcotics	16.922	N/A	1,057,676	-
Total U.S. Department of Justice			8,459,711	2,207,069
<u>U.S. Department of Labor:</u>				
<i>Passed through the California Department of Aging:</i>				
Senior Community Service Employment Program	17.235	TV-2124-20	289,934	-
Workforce Innovation and Opportunity Act (WIOA) Cluster:				
<i>Passed through the California Employment Development Department:</i>				
WIOA Adult Program	17.258	07154900	5,920,578	-
WIOA Youth Activities	17.259	07154900	7,102,736	2,855,399
WIOA Dislocated Worker Formula Grants	17.278	07154900	5,735,861	-
Total WIOA Cluster			18,759,175	2,855,399
Total U.S. Department of Labor			19,049,109	2,855,399
<u>U.S. Department of Transportation:</u>				
<i>Direct Programs:</i>				
COVID-19 - Airport Improvement Program, COVID-19 Airports Programs, and Infrastructure Investment and Jobs Act Programs	20.106	N/A	147,633	-
<i>Passed through the California Department of Transportation:</i>				
Highway Planning and Construction	20.205	85954	2,938,864	-
Highway Safety Cluster:				
<i>Passed through California Office of Traffic Safety:</i>				
State and Community Highway Safety - FY 22-23	20.600	PT23164	131,380	-
State and Community Highway Safety - FY 23-24	20.600	PT24168	135,303	-
Subtotal Assistance Listing Number 20.600			266,683	-

See accompanying Notes to the Schedule of Expenditures of Federal Awards

San Bernardino County
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2024

Federal Grantor/Pass-Through Grantor/Program/Cluster Title	Federal Assistance Listing Number	Grant Identification Number	Federal Award Expenditures	Pass-Through Award to Subrecipients
National Priority Safety Programs - Alcohol and Drug Impaired Driver Vertical Prosecution Program	20.616	69A3752130000405DCAM	825,989	-
Total Highway Safety Cluster			1,092,672	-
<i>Passed through California Office of Traffic Safety:</i>				
Minimum Penalties for Repeat Offenders for Driving While Intoxicated	20.608	PT23164	358,036	-
Minimum Penalties for Repeat Offenders for Driving While Intoxicated	20.608	PT24168	443,978	-
Minimum Penalties for Repeat Offenders for Driving While Intoxicated - Intensive Probation Supervision for High Risk Felony and Repeat DUI offenders	20.608	N/A	482,218	-
Subtotal Assistance Listing Number 20.608			1,284,232	-
Total U.S. Department of Transportation			5,463,401	-
<u>U.S. Department of Treasury:</u>				
<i>Direct Program:</i>				
Equitable Sharing	21.016	N/A	51,274	-
<i>Passed through the State of California Department of Housing and Community Development:</i>				
COVID-19 - Emergency Rental Assistance Program - State Rental Assistance Program	21.023	N/A	5,914	-
<i>Direct Program:</i>				
COVID-19 - Emergency Rental Assistance Program	21.023	N/A	280	-
Subtotal Assistance Listing Number 21.023			6,194	-
COVID-19 - Coronavirus State & Local Fiscal Recovery Funds	21.027	N/A	141,000,292	2,271,550
<i>Passed through the State of California Department of Community Services and Development:</i>				
COVID-19 - Coronavirus State & Local Fiscal Recovery Funds	21.027	N/A	133,368	-
Subtotal Assistance Listing Number 21.027			141,133,660	2,271,550
Total U.S. Department of Treasury			141,191,128	2,271,550
<u>Election Assistance Commission:</u>				
<i>Passed through the California Secretary of State:</i>				
Help America Vote Act (HAVA) Election Security Grants	90.404	N/A	138,021	-
Total Election Assistance Commission			138,021	-
<u>U.S. Department of Health and Human Services:</u>				
<i>Passed through California Department of Aging:</i>				
Special Programs for the Aging, Title VII, Chapter 3, Programs for Prevention of Elder Abuse, Neglect, and Exploitation	93.041	AP-2324-20	22,476	22,476
COVID-19 - Special Programs for the Aging, Title VII, Chapter 2, Long Term Care Ombudsman Services for Older Individuals	93.042	AP-2122-20	20,297	20,297
Special Programs for the Aging, Title VII, Chapter 2, Long Term Care Ombudsman Services for Older Individuals	93.042	AP-2324-20	69,928	69,928
Subtotal Assistance Listing Number 93.042			90,225	90,225
Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services	93.043	AP-2324-20	98,505	98,505
Aging Cluster:				
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers COVID-19 - Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	AP-2324-20	1,944,949	503,515
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers - Public Health Workforce	93.044	PH-2223-20	108,708	-
Subtotal Assistance Listing Number 93.044			2,943,262	1,224,588
COVID-19 - Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	AP-2122-20	89,155	89,155
Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	AP-2324-20	4,732,713	4,732,713
Subtotal Assistance Listing Number 93.045			4,821,868	4,821,868
Nutrition Services Incentive Program	93.053	AP-2324-20	500,852	500,852
Total Aging Cluster			8,265,982	6,547,308
COVID-19 - National Family Caregiver Support, Title III, Part E	93.052	AP-2122-20	115,718	115,718
National Family Caregiver Support, Title III, Part E	93.052	AP-2324-20	1,005,360	634,322
Subtotal Assistance Listing Number 93.052			1,121,078	750,040
Medicare Enrollment Assistance Program - Medicare Improvements for Patients and Providers Act (MIPPA)	93.071	MI-2223-20	113,466	110,020
Medicare Enrollment Assistance Program - Medicare Improvements for Patients and Providers Act (MIPPA)	93.071	MI-2324-20	91,209	80,807
Subtotal Assistance Listing Number 93.071			204,675	190,827
<i>Passed through the California Department of Public Health:</i>				
Public Health Emergency Preparedness	93.069	22-10675	2,052,254	-

See accompanying Notes to the Schedule of Expenditures of Federal Awards

San Bernardino County
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2024

Federal Grantor/Pass-Through Grantor/Program/Cluster Title	Federal Assistance Listing Number	Grant Identification Number	Federal Award Expenditures	Pass-Through Award to Subrecipients
<i>Direct Programs:</i>				
Healthy Marriage Promotion and Responsible Fatherhood Grants - Comprehensive Fatherhood Program	93.086	90ZJ0037-04-00	269,628	-
<i>Passed through the California Department of Social Services:</i>				
Guardianship Assistance - Administration	93.090	1946001347-A7	441,996	-
Guardianship Assistance - Assistance Payments	93.090	1946001347-A7	10,938,539	-
COVID-19 - Guardianship Assistance - Assistance Payments	93.090	1946001347-A7	212,406	-
Subtotal Assistance Listing Number 93.090			11,592,941	-
<i>Passed through the California Department of Health Care Services:</i>				
Projects for Assistance in Transition from Homelessness (PATH)	93.150	N/A	526,611	-
<i>Passed through the California Department of Public Health:</i>				
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	NU52PS910219	220,157	-
Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead levels in Children	93.197	20-10541	171,222	-
<i>Passed through Essential Access Health:</i>				
Family Planning Services	93.217	454-5320-2456-200-23.5-24-25	174,650	-
Health Center Program Cluster:				
<i>Direct Programs:</i>				
COVID-19 - Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224	N/A	718,628	-
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224	N/A	1,403,573	-
Grants for New and Expanded Services under the Health Center Program	93.224	N/A	954,934	-
Subtotal Assistance Listing Number 93.224			3,077,135	-
Grants for New and Expanded Services under the Health Center Program - School Based Service Sites (SBSS)	93.527	N/A	150,614	-
COVID-19 - Grants for New and Expanded Services under the Health Center Program - Expanding COVID-19 Vaccination	93.527	N/A	56,499	-
COVID-19 - Grants for New and Expanded Services under the Health Center Program - Bridge Access Program	93.527	N/A	49,450	-
Subtotal Assistance Listing Number 93.527			256,563	-
Total Health Center Program Cluster			3,333,698	-
<i>Passed through the California Department of Public Health:</i>				
Immunization Cooperative Agreements	93.268	22-10537	502,613	-
COVID 19 - Immunization Cooperative Agreements	93.268	22-10537	2,873,828	-
Subtotal Assistance Listing Number 93.268			3,376,441	-
Viral Hepatitis Prevention and Control	93.270	19-10935	89,262	-
<i>Passed through the California Department of Public Health:</i>				
COVID-19 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Paycheck Protection Program and Health Care Enhancement Act	93.323	COVID-19-36	354,145	-
COVID-19 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Enhancing Detection Expansion	93.323	COVID-19ELC94	2,671,475	-
COVID-19 - Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Strengthening Hospital Acquired Infections/Antimicrobial Resistance Program (SHARP)	93.323	N/A	14,524	-
Subtotal Assistance Listing Number 93.323			3,040,144	-
COVID-19 - Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response - Workforce Safe Schools	93.354	N/A	581,046	-
COVID-19 - Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response - Public Health Workforce Supplemental Funding	93.354	N/A	2,121,164	169,863
COVID-19 - Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response - Nursing Home and Long-Term Care Infrastructure and Preparedness Funds	93.354	22-11265	716,785	-
Subtotal Assistance Listing Number 93.354			3,418,995	169,863

See accompanying Notes to the Schedule of Expenditures of Federal Awards

San Bernardino County
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2024

Federal Grantor/Pass-Through Grantor/Program/Cluster Title	Federal Assistance Listing Number	Grant Identification Number	Federal Award Expenditures	Pass-Through Award to Subrecipients
<i>Passed through the California Department of Aging:</i>				
State Health Insurance Assistance Program - Health Insurance Counseling and Advocacy Program (HICAP) FY23-24	93.324	HI-2324-20	54,174	48,781
State Health Insurance Assistance Program - Health Insurance Counseling and Advocacy Program (HICAP) FY24-25	93.324	HI-2425-20	63,560	47,869
Subtotal Assistance Listing Number 93.324			<u>117,734</u>	<u>96,650</u>
<i>Direct Programs:</i>				
COVID-19 - Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	N/A	7,183,928	2,288,662
COVID-19 - Grants for Capital Development in Health Centers	93.526	N/A	5,820	-
<i>Passed through the California Department of Community Services and Development:</i>				
COVID-19 - Low Income Household Water Assistance Program	93.499	342	39,180	-
<i>Passed through the California Department of Social Services:</i>				
MaryLee Allen Promoting Safe and Stable Families Program	93.556	1946001347-A7	2,031,779	1,267,820
Temporary Assistance for Needy Families - Administration	93.558	1946001347-A7	127,113,854	6,531,549
Temporary Assistance for Needy Families - Assistance Payments	93.558	1946001347-A7	76,555,137	-
Subtotal Assistance Listing Number 93.558			<u>203,668,991</u>	<u>6,531,549</u>
<i>Passed through the California Department of Child Support Services:</i>				
Child Support Enforcement	93.563	2301CACSES	37,958,840	-
COVID-19 - Child Support Enforcement	93.563	2301CACSES	193,501	-
Subtotal Assistance Listing Number 93.563			<u>38,152,341</u>	<u>-</u>
<i>Passed through the California Department of Social Services:</i>				
Refugee and Entrant Assistance State/Replacement Designee Administered Programs - Assistance Payments	93.566	1946001347-A7	461,413	-
Refugee and Entrant Assistance -State/Replacement Designee Administered Programs - Administration	93.566	1946001347-A7	32,261	-
<i>Direct Programs:</i>				
Refugee and Entrant Assistance -State/Replacement Designee Administered Programs	93.566	N/A	119,293	-
Subtotal Assistance Listing Number 93.566			<u>612,967</u>	<u>-</u>
Head Start Cluster:				
Head Start - Early Head Start	93.600	09CH011719-04-01	45,144,939	4,716,081
Total Head Start Cluster			<u>45,144,939</u>	<u>4,716,081</u>
<i>Passed through the California Department of Social Services:</i>				
Adoption and Legal Guardianship Incentive Payments	93.603	1946001347-A7	796,075	-
Stephanie Tubbs Jones Child Welfare Services Program - Administration	93.645	1946001347-A7	1,350,815	-
COVID-19 - Foster Care Title IV-E - Transitional Assistance Department - Assistance Payments	93.658	1946001347-A7	814,701	328,638
Foster Care Title IV-E - Transitional Assistance Department - Assistance Payments	93.658	1946001347-A7	53,360,267	44,208,633
Foster Care Title IV-E - Transitional Assistance Department - Administration	93.658	1946001347-A7	3,017,823	-
Foster Care Title IV-E - Children & Family Services - Administration	93.658	1946001347-A7	47,728,738	355,374
Foster Care Title IV-E - Probation	93.658	TAD 006852425 DCS 136498818	1,244,325	-
Subtotal Assistance Listing Number 93.658			<u>106,165,854</u>	<u>44,892,645</u>
COVID-19 - Adoption Assistance - Transitional Assistance Department - Assistance Payments	93.659	1946001347-A7	1,257,786	-
Adoption Assistance - Transitional Assistance Department - Assistance Payments	93.659	1946001347-A7	64,502,143	-
Adoption Assistance - Transitional Assistance Department - Administration	93.659	1946001347-A7	528,422	-
Adoption Assistance - Children & Family Services - Administration	93.659	1946001347-A7	2,971,959	-
Subtotal Assistance Listing Number 93.659			<u>69,260,310</u>	<u>-</u>
Social Services Block Grant - Title XX - Administration	93.667	1946001347-A7	7,451,995	-
John H. Chafee Foster Care Program for Successful Transition to Adulthood	93.674	1946001347-A7	828,827	276,474

See accompanying Notes to the Schedule of Expenditures of Federal Awards

San Bernardino County
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2024

Federal Grantor/Pass-Through Grantor/Program/Cluster Title	Federal Assistance Listing Number	Grant Identification Number	Federal Award Expenditures	Pass-Through Award to Subrecipients
<i>Direct Programs:</i>				
Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B	93.686	N/A	2,255,110	1,897,991
<i>Passed through the California Department of Social Services:</i>				
COVID-19 - Elder Abuse Prevention Interventions Program - ARPA	93.747	MS0809-17	297,126	-
<i>Passed through the California Department of Health Care Services:</i>				
Children's Health Insurance Program - XXI	93.767	4260-111-0001	937,155	-
Medicaid Cluster:				
<i>Passed through the California Department of Aging:</i>				
Medical Assistance Program - (Title XIX, MSSP)	93.778	MS-2324-17	899,132	-
<i>Passed through the California Department of Health Care Services:</i>				
Medical Assistance Program - Caseload Relief	93.778	4260-111-0001	495,997	-
Medical Assistance Program - Children's Health Insurance Program - (Title XIX)	93.778	4260-111-0001	6,521,832	-
Medical Assistance Program - Children's Medical Services Plan (CMS) - CM	93.778	4260-111-0001	66,346	-
Medical Assistance Program - Early Periodic Screening and Treatment	93.778	4260-111-0001	447,239	-
Medical Assistance Program - Family Support Services - Health Care Program for Children in Foster Care (HCPFC)	93.778	4260-111-0001	1,626,334	-
Medical Assistance Program - Family Support Services - Psychotropic Medication Monitoring & Oversight (PMM&O)	93.778	4260-111-0001	241,525	-
Medical Assistance Program - Medi-Cal Assistance Program - Children & Family Services Portion Only	93.778	MS01809-17	16,704,883	-
Medical Assistance Program - Medi-Cal Assistance Program (Alcohol)	93.778	N/A	43,384,193	40,297,543
Medical Assistance Program - Mental Health Administrative Cost	93.778	N/A	9,506,204	-
Medical Assistance Program - Transitional Assistance Department - Administration	93.778	MS01809-17	46,192,176	-
Medical Assistance Program - Providing Access and Transforming Health Support (PATH) Round 2	93.778	N/A	677,019	-
<i>Passed through the California Department of Social Services:</i>				
Medical Assistance Program - In-Home Supportive Services - Public Authority (IHSS-PA)	93.778	N/A	13,490,553	-
Medical Assistance Program - (Title XIX, IHSS)	93.778	MS01809-17	22,231,367	-
Total Medicaid Cluster			162,484,800	40,297,543
<i>Passed through the California Department of Public Health:</i>				
National Bioterrorism Hospital Preparedness Program	93.889	22-10676	661,136	-
National Bioterrorism Hospital Preparedness Program - Local Emergency Medical Services Agency (LEMSA)	93.889	22-10705	35,574	-
Subtotal Assistance Listing Number 93.889			696,710	-
HIV Care Formula Grants	93.917	18-10884 / 23-10978	519,701	460,966
HIV Prevention Activities Health Department Based - Integrated HIV programs for Health Departments to Support Ending the HIV Epidemic in the United States	93.940	20-10751	240,708	-
HIV Prevention Activities Health Department Based	93.940	22-10792	626,573	-
Subtotal Assistance Listing Number 93.940			867,281	-
<i>Passed through the California Department of Health Care Services:</i>				
Block Grants for Community Mental Health Services	93.958	N/A	5,233,073	-
Block Grants for Prevention and Treatment of Substance Abuse	93.959	N/A	9,750,340	6,019,366
<i>Direct Programs:</i>				
HIV Emergency Relief Project Grants	93.914	N/A	7,552,615	5,921,901
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease (Ryan White HIV/AIDS Program Part C)	93.918	N/A	447,951	-
Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health	93.967	N/A	1,532,376	-
<i>Passed through the California Department of Public Health:</i>				
Sexually Transmitted Diseases (STD) Prevention and Control Grants - Strengthening STD Prevention and Control for Health Departments	93.977	21-10580	128,393	-
Sexually Transmitted Diseases (STD) Prevention and Control Grants - Strengthening STD Prevention and Control for Health Departments	93.977	18-10700	104,561	-
Subtotal Assistance Listing Number 93.977			232,954	-
Maternal and Child Health Services Block Grant to the States - Black Infant Health (BIH)	93.994	202336	496,191	-
Maternal and Child Health Services Block Grant to the States - Maternal, Child, and Adolescent Health	93.994	202336	463,600	-
Subtotal Assistance Listing Number 93.994			959,791	-
Total U.S. Department of Health and Human Services			714,647,482	122,536,892

See accompanying Notes to the Schedule of Expenditures of Federal Awards

San Bernardino County
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2024

Federal Grantor/Pass-Through Grantor/Program/Cluster Title	Federal Assistance Listing Number	Grant Identification Number	Federal Award Expenditures	Pass-Through Award to Subrecipients
<u>U.S. Executive Office of the President:</u>				
<i>Direct Programs:</i>				
High Intensity Drug Trafficking Areas Program - High Intensity Drug Trafficking Area (Inland Regional Narcotics Enforcement Team (IRNET), Regional Methamphetamine (RMTF) and Vehicle Interdiction Pipeline Enforcement Resource (VIPER))	95.001	G22LA0001A, GL23LA0001A, G24LA0001A	1,298,325	-
Total U.S. Executive Office of the President			<u>1,298,325</u>	<u>-</u>
<u>U.S. Department of Homeland Security:</u>				
<i>Passed through the California Department of Parks and Recreation:</i>				
Boating Safety Financial Assistance	97.012	C23706000	115,800	-
<i>Direct Programs:</i>				
Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036	071-00000	111,251	-
Assistance to Firefighters Grant - FY 20-21	97.044	N/A	81,214	-
<i>Passed through the California Governor's Office of Emergency Services:</i>				
Hazard Mitigation Grant - Del Rosa Channel	97.039	FEMA-4482-DR-CA, Project #AP00635, FIPS #071-91103	229,826	-
Hazard Mitigation Grant - Devil Creek Channel	97.039	FEMA-4482-DR-CA, Project #AP00532, FIPS #071-91103	20,982	-
Hazard Mitigation Grant - Elder Gulch	97.039	FEMA-4240-DR-CA, Project #PJ0008, FIPS #071-91103	49,221	-
Hazard Mitigation Grant - El Dorado Fire Flood Mitigation	97.039	FEMA-4569-DR-CA, Project #PJ0498, FIPS #071-91103	148,360	-
Hazard Mitigation Grant - Hawker Crawford Storm Drain	97.039	FEMA-4382-DR-CA, Project #PJ0611, FIPS #071-91103	74,021	-
Subtotal Assistance Listing Number 97.039			<u>522,410</u>	<u>-</u>
Emergency Management Performance Grants - FY 20-21	97.042	071-00000	187,607	34,742
COVID-19 - Emergency Management Performance Grants - FY 20-21	97.042	071-00000	51,012	-
COVID-19 - Emergency Management Performance Grants - FY 21-22	97.042	071-00000	490,269	189,994
Subtotal Assistance Listing Number 97.042			<u>728,888</u>	<u>224,736</u>
Homeland Security Grant Program - FY 19-20	97.067	071-00000	946,585	336,174
Homeland Security Grant Program - FY 20-21	97.067	071-00000	735,649	250,193
Homeland Security Grant Program - FY 21-22	97.067	071-00000	91,103	36,609
<i>Passed through the Riverside Urban Area Security Initiative:</i>				
Homeland Security Grant Program - 2021 Urban Areas Security Initiative	97.067	065-62000	85,275	-
Subtotal Assistance Listing Number 97.067			<u>1,858,612</u>	<u>622,976</u>
Total U.S. Department of Homeland Security			<u>3,418,175</u>	<u>847,712</u>
Total Expenditures of Federal Awards			<u>\$ 990,635,822</u>	<u>\$ 136,390,738</u>

See accompanying Notes to the Schedule of Expenditures of Federal Awards

San Bernardino County
Notes to the Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2024

Note 1 – Reporting Entity

The accompanying schedule of expenditures of federal awards (the “Schedule”) includes the federal award activity of San Bernardino County, California (the “County”) under programs of the federal government for the year ended June 30, 2024. The information in this Schedule is presented in accordance with the requirements of *Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the County, it is not intended to and does not present the financial position, changes in net position, or cash flows of the County. The County’s reporting entity is defined in Note 1 to the County's basic financial statements.

Note 2 – Summary of Significant Accounting Policies

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

Note 3 – Federal Assistance Listing Numbers

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

Note 4 – Pass-Through Entities’ Identifying Number

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

Note 5 – Indirect Cost Rate

The County, as a whole, has not elected to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance. Individual departments, or programs, may have a negotiated rate or they may have elected to use the 10 percent de minimis indirect cost rate within their individual grants.

San Bernardino County
Notes to the Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2024

Note 6 – Medicaid Cluster

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

San Bernardino County
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2024

Section I – Summary of Auditors’ Results

Financial Statements

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

Internal control over financial reporting:

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

Noncompliance material to financial statements noted? No

Federal Awards

Internal control over major programs:

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

Type of auditors’ report issued on compliance for major programs Unmodified

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

Identification of major programs:

Federal Assistance Listing Number(s)	Name of Federal Program or Cluster	Federal Expenditures
10.557	WIC Special Supplemental Nutrition Program for Women, Infants, and Children	\$ 12,514,933
10.561	Supplemental Nutrition Assistance Program (SNAP) Cluster	66,638,789
21.027	Coronavirus State and Local Fiscal Recovery Fund	141,133,660
17.258/259/278	Workforce Innovation and Opportunity Act (WIOA) Cluster	18,759,175
93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	3,040,144
93.354	Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	3,418,995
93.600	Head Start Cluster	45,144,939
93.658	Foster Care Title IV-E	106,165,854
	Total Expenditures of All Major Federal Programs	<u>\$ 396,816,489</u>
	Total Expenditures of Federal Awards	<u>\$ 990,635,822</u>
	Percentage of Total Expenditures of Federal Awards	<u>40.06%</u>

Dollar threshold used to distinguish between type A and type B program \$3,000,000

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

San Bernardino County
Schedule of Findings and Questioned Costs (Continued)
For the Year Ended June 30, 2024

Section II – Financial Statement Findings

A. Current Year Findings – Financial Statement Audit

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

B. Prior Year Findings – Financial Statement Audit

No findings were noted on the County’s financial statement audit for the year ended June 30, 2023.

Section III – Federal Award Findings

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

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

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

No findings or questioned costs were noted on the County’s major federal programs for the year ended June 30, 2023.

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San Bernardino County
Supplemental Schedule of Office of California
State Department of Aging Grants (Unaudited)
For the Year Ended June 30, 2024

Federal Grantor / Pass-Through Grantor / Program Title	Federal Assistance Listing Number	Contract Number	Expenditures	
			Federal	State
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program - Education CalFresh Expansion	10.561	CF-2223-20	\$ 23,251	\$ 30,251
Senior Community Service Employment Program	17.235	TV-2124-20	289,934	21,617
Special Programs for the Aging, Title VII, Chapter 3, Programs for Prevention of Elder Abuse, Neglect, and Exploitation	93.041	AP-2324-20	22,476	-
Special Programs for the Aging, Title VII, Chapter 2, Long Term Care Ombudsman Services for Older Individuals	93.042	AP-2324-20	69,928	-
COVID-19 - Special Programs for the Aging, Title VII, Chapter 2, Long Term Care Ombudsman Services for Older Individuals	93.042	AP-2122-20	20,297	-
Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services	93.043	AP-2324-20	98,505	-
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	AP-2324-20	1,944,949	278,261
COVID-19 - Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	AP-2122-20	889,605	-
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers - Public Health Workforce	93.044	PH-2223-20	108,708	-
COVID-19 - Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	AP-2122-20	89,155	-
Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	AP-2324-20	4,732,713	3,070,019
National Family Caregiver Support, Title III, Part E	93.052	AP-2324-20	1,005,360	-
COVID-19 - National Family Caregiver Support, Title III, Part E	93.052	AP-2122-20	115,718	-
Nutrition Services Incentive Program	93.053	AP-2324-20	500,852	-
Medicare Enrollment Assistance Program - Medicare Improvements for Patients and Providers Act (MIPPA)	93.071	MI-2223-20	113,466	-
Medicare Enrollment Assistance Program - Medicare Improvements for Patients and Providers Act (MIPPA)	93.071	MI-2324-20	91,209	-
State Health Insurance Assistance Program - Health Insurance Counseling and Advocacy Program (HICAP) FY23-24	93.324	HI-2324-20	54,174	172,110
State Health Insurance Assistance Program - Health Insurance Counseling and Advocacy Program (HICAP) FY24-25	93.324	HI-2425-20	63,560	13,910
Medical Assistance Program - (Title XIX, MSSP)	93.778	MS-2324-17	899,132	899,132
General Fund Baseline Administration	N/A	AP-2324-20	-	100,000
Ombudsman SHF Citation Penalty Fund (SHFCitPen)	N/A	AP-2122-20	-	47,807
Ombudsman Skilled Nursing Quality & Accountability Fund (SNFQAF)	N/A	AP-2122-20	-	88,050
Ombudsman Public Health L & C Program Fund (PHL&C)	N/A	AP-2122-20	-	17,375
Nutrition Infrastructure Program	N/A	NI-2223-20	-	348,258
Older Californians Nutrition Program And Intergenerational Activities	N/A	IF-2223-20	-	376,332
Senior Legal Services	N/A	IF-2223-20	-	444,834
Family Caregiving Support	N/A	IF-2223-20	-	76,803
Dignity At Home Fall Prevention	N/A	IF-2223-20	-	154,085
Digital Connections	N/A	DC-2223-20	-	56,379
Totals			\$ 11,132,992	\$ 6,195,223

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