

Director

Date:

State of California—Health and Human Services Agency

California Department of Public Health



To: California Local Health Jurisdictions (LHJs)

August 15, 2024

From: California Department of Public Health (CDPH)

Subject: Future of Public Health Funding (FoPH), FY 2024-25

I. Purpose

This memo provides LHJs with revised Future of Public Health (FoPH) funding allocations for fiscal years FY 2024-25, FY 2025-26, and FY 2026-27.

II. Background

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

The 2024 Budget Act (Chapter 35, Statutes of 2024) authorized a 7.95 percent reduction to FoPH funding beginning in fiscal year 2024-25 and ongoing. As a result of the reduction and CDPH planned increases to local assistance, the net loss of funding for local assistance is \$12,200,000 (roughly 6 percent) statewide. These funds are considered ongoing funds and part of the ongoing baseline state budget, which must be approved in the annual state budget process. Local assistance amount is pending annual budget approval for each upcoming state fiscal years. Below are anticipated total funding amounts over the next three fiscal years:

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

III. Funding Reduction Methodology



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

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

IV. Rationale

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

- Prioritizing the retention of current staff in LHJs that were successful in filling positions proposed on the FY 23/24 Spend Plan.
- o Promoting effective spending to preserve FoPH funding in a challenging budget climate.
- Ensuring LHJs experiencing significant reductions are still afforded the opportunity to increase capacity beyond FY 2023-24 through access to redistributed funding and through alternate capacity building support mechanisms.
- Providing LHJs with stability in funding over the next three fiscal years for planning purposes.

V. Allocations

This letter provides FoPH submission requirements for the period of **July 1, 2024 to June 30, 2025**. Funding allocations are provided in Attachment I and are available for expenditure through June 30, 2025, to support local health jurisdictions and strengthen local infrastructure.

VI. Funding Redistribution Process

For FoPH FY 24/25, CDPH will be actively monitoring invoices and expenditure rates submitted by LHJs to ensure that FoPH funds are being spent effectively (see section IX of this memo for more information on reporting requirements). CDPH will work to initiate a Funding Redistribution Process as early as at the end of quarter 1, dependent upon LHJ expenditure rates. If LHJs voluntarily identify anticipated unspent funds, those funds may be redistributed to other LHJs. Priority for receiving such funding would go to LHJs experiencing significant reductions based on the funding reduction methodology.

VII. Funding Requirements

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



Non-Supplantation

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

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

Required Use of Funding

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

Workplan/Spend Plan Requirements

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

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

Redirection of Funding for Regional Capacity

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

VIII. Updates to Spend Plans

Timeline

CDPH anticipates issuing FY 24/25 FoPH allocation packages to LHJs on **August 14th**, **2024**. Spend Plan templates and other required documents will be provided for LHJs to complete and return to CDPH. CDPH has transitioned FoPH funding management to the newly launched CDPH Future Track System; therefore, LHJs will be asked to submit FY 24/25 Spend Plans through the CDPH Future Track system. This funding memo, the 24/25 Spend Plans templates, and additional related documents will be located on the LHJ SharePoint.



Submission Requirements

- 1. Workplans: LHJs are not required to submit updated workplans for FY 24/25; however, they may submit a revision to their previously approved three-year Workplan at any time.
- 2. Spend Plans: LHJs are required to submit updated Spend Plans for FY 24/25 by **September 13th, 2024.**
 - o If the 24/25 Spend Plan submissions represent less than a 25% change from previous 23/24 allocations, please assume Spend Plans are approved and proceed with initiating spending. There is no need to request approval for changes to personnel or for revisions totaling 25% or less of an LHJ's allocation. If such revisions are made, the LHJ should report changes at the next available reporting opportunity (i.e., expenditure report, quarterly progress report).
 - CDPH will be collecting Spend Plan submissions through the CDPH Future Track system. All FoPH recipients have identified LHJ Admin Users and have been granted access. If your LHJ still needs assistance with system access, please email FoPHfunding@cdph.ca.gov.
 - CDPH will provide Spend Plan Office Hours in August and September to provide technical assistance on Spend Plan submissions through the CDPH Future Track system.
 - CDPH will also accept Spend Plans through email attachments using the FY 24/25 templates if that is preferred. Please email <u>FoPHfunding@cdph.ca.gov</u> to request attachment templates for completion and submission
- 3. As a reminder, your Agency should consider the following when developing your Spend Plan:
 - While not required, CDPH recommends that your agency may fund an administrative position to ensure fiscal accountability and reporting requirements of the various FoPH funding. At least 70% of your Agency funds must go towards the hiring, including benefits and training, of permanent city or county staff.
 - Your Agency may dedicate up to 30% of the allocated funding to support equipment, supplies, and other administrative purposes such as, facility space, furnishings, and travel.
 - While not required, CDPH encourages your Agency to recruit and give hiring preference to unemployed workers, underemployed workers, and a diversity of applicants from local communities who are qualified to perform the work. In addition, you are encouraged to work with applicants from your community.
 - While not required, CDPH encourages your Agency to explore transitioning limitedterm or contracted staff/positions previously funded through limited term federal funding into permanent positions for the city; county; or city and county.
 - If your Agency will be dedicating a portion of your funds to another LHJ to increase regional capacity, your Agency shall submit a letter of support from the LHJ receiving those funds. Adjustments shall be reflected in the Spend Plan that is submitted to CDPH for review and approval. The letter shall be sent as an attachment to the FoPHfunding@cdph.ca.gov



- 4. As a reminder, your Agency must maintain the following minimum requirements for the FoPH funding and include descriptions in your Agency's Workplan:
 - o A description of how your Agency will achieve 24/7 Health Officer's coverage.
 - A description of how these funds will assist your Agency in meeting your CHA/CHIP and/or local Strategic Plan goals. Please either attach a copy or provide links to your CHA, CHIP, and/or Strategic Plan and/or a date when these will become available. In addition, provide a description of how your agency will measure/evaluate the impact of the FoPH funding.
 - A description of how your Agency will use FoPH funding to meet your LHJ equity goals.
 - A description of how your Agency will use FoPH funding to become or sustain capacity as a learning organization, including continuous quality improvement and Results-Based Accountability/evaluation.
 - Commit to Health Officer and Health Director's participation in Regional Public Health
 Office monthly or quarterly meetings as determined by the Region and CDPH.
- 5. In advance of the Spend Plan due date, your Agency should respond to CDPH acknowledging that you accept the allocation funds outlined in the Acknowledgement of Allocation letter by **August 30th, 2024**. The Acknowledgement of Allocation Letter can be signed by any individual(s) in your jurisdiction designated to review and sign these types of forms.

IX. Reporting Requirements

As a condition of the funding, each Local Health Jurisdiction shall, by December 30, 2023, as required by statute, and by July 1 every three years thereafter, be required to submit a public health plan to CDPH pursuant to the requirements. For your convenience, your CDPH point of contact will issue reminders as these dates get closer.

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

- 1. Submit quarterly progress reports on the status of timelines, goals, and objectives outlined in your Workplan to CDPH following the schedule below. Note, if your Workplan is under review by CDPH and has not been approved by the progress report due date, you are still required to submit your progress report to CDPH. All quarterly progress reports will be submitted through the CDPH Future Track system starting in FY 24/25.
- 2. Submit quarterly expenditure reports on hiring progress and expenditures to CDPH following the schedule below. Note, if your Spend Plan is under review by CDPH and has not been approved by the expenditure report due date, you are still required to submit your expenditure report to CDPH. All quarterly expenditure reports will be submitted through the CDPH Future Track system starting in FY 24/25. While not required, it is also highly encouraged and recommended by CDPH that LHJs submit monthly expenditure information in the CDPH Future Track system to allow for close monitoring of spending.



3. Submit quarterly Invoices for expenditures reported on the expenditure report to CDPH following the schedule below. CDPH will continue to accept invoices on a flow basis should your LHJ want to submit invoices prior to the quarterly due date. All invoices to CDPH for final expenditures at the close of the fiscal period on June 30th are due within 60 days after the end of the fiscal year (FY). For FY 24/25 Allocation – final invoices due to CDPH by COB August 29th, 2025. All invoices will be submitted through the CDPH Future Track system starting in FY 24/25, using Attachment 3 – 2024-25 Invoice Template.

State Fiscal Year 2024-25

State Fiscal Year 2024-25						
Quarter	Due Date					
Q1	July 1, 2024 - September 30, 2024	October 30, 2024				
Q2	October 1, 2024 - December 31, 2024	January 30, 2025				
Q3	January 1, 2025 - March 31, 2025	April 30, 2025				
Q4	April 1, 2025 - June 30, 2025	July 30, 2025				

Annual Presentation to the Governing Board

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

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

X. Questions

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



Attachment I

Jurisdiction	2024-25 Allocation	Funding Service Period
Alameda HD	\$4,094,898	July 1, 2024 - June 30, 2025
Alpine	\$331,828	July 1, 2024 - June 30, 2025
Amador	\$454,970	July 1, 2024 - June 30, 2025
Berkeley	\$875,091	July 1, 2024 - June 30, 2025
Butte	\$1,209,475	July 1, 2024 - June 30,
		2025
Calaveras	\$328,898	July 1, 2024 - June 30, 2025
Colusa	\$320,134	July 1, 2024 - June 30, 2025
Contra Costa	\$3,898,385	July 1, 2024 - June 30, 2025
Del Norte	\$262,881	July 1, 2024 - June 30, 2025
El Dorado	\$983,344	July 1, 2024 - June 30, 2025
Fresno	\$6,013,085	July 1, 2024 - June 30, 2025
Glenn	\$441,073	July 1, 2024 - June 30, 2025
Humboldt	\$926,744	July 1, 2024 - June 30, 2025
Imperial	\$1,458,303	July 1, 2024 - June 30, 2025
Inyo	\$418,463	July 1, 2024 - June 30, 2025
Kern	\$3,403,679	July 1, 2024 - June 30, 2025
Kings	\$884,785	July 1, 2024 - June 30, 2025
Lake	\$565,655	July 1, 2024 - June 30, 2025
Lassen	\$278,359	July 1, 2024 - June 30, 2025
Long Beach	\$2,571,592	July 1, 2024 - June 30, 2025
Los Angeles HD	\$46,752,078	July 1, 2024 - June 30, 2025
Madera	\$1,203,146	July 1, 2024 - June 30, 2025
Marin	\$1,028,236	July 1, 2024 - June 30, 2025
Mariposa	\$394,193	July 1, 2024 - June 30, 2025
Mendocino	\$715,080	July 1, 2024 - June 30, 2025
Merced	\$1,859,196	July 1, 2024 - June 30, 2025
Modoc	\$389,325	July 1, 2024 - June 30, 2025
Mono	\$398,714	July 1, 2024 - June 30, 2025
Monterey	\$2,532,265	July 1, 2024 - June 30, 2025
Napa	\$885,695	July 1, 2024 - June 30, 2025
Nevada	\$611,459	July 1, 2024 - June 30, 2025
Orange	\$12,799,117	July 1, 2024 - June 30, 2025
Pasadena	\$830,778	July 1, 2024 - June 30, 2025
Placer	\$1,279,963	July 1, 2024 - June 30, 2025
Plumas	\$226,598	July 1, 2024 - June 30, 2025
Riverside	\$11,638,607	July 1, 2024 - June 30, 2025
Sacramento	\$6,960,081	July 1, 2024 - June 30, 2025
San Benito	\$590,310	July 1, 2024 - June 30, 2025
San Bernardino	\$11,019,581	July 1, 2024 - June 30, 2025



San Diego	\$14,181,313	July 1, 2024 - June 30, 2025
San Francisco	\$3,580,916	July 1, 2024 - June 30, 2025
San Joaquin	\$3,487,043	July 1, 2024 - June 30, 2025
San Luis Obispo	\$1,441,838	July 1, 2024 - June 30, 2025
San Mateo	\$3,103,401	July 1, 2024 - June 30, 2025
Santa Barbara	\$2,378,848	July 1, 2024 - June 30, 2025
Santa Clara	\$7,207,488	July 1, 2024 - June 30, 2025
Santa Cruz	\$1,450,111	July 1, 2024 - June 30, 2025
Shasta	\$793,013	July 1, 2024 - June 30, 2025
Sierra	\$263,410	July 1, 2024 - June 30, 2025
Siskiyou	\$521,666	July 1, 2024 - June 30, 2025
Solano	\$2,093,154	July 1, 2024 - June 30, 2025
Sonoma	\$2,064,864	July 1, 2024 - June 30, 2025
Stanislaus	\$2,924,350	July 1, 2024 - June 30, 2025
Sutter	\$778,333	July 1, 2024 - June 30, 2025
Tehama	\$278,095	July 1, 2024 - June 30, 2025
Trinity	\$400,320	July 1, 2024 - June 30, 2025
Tulare	\$3,047,108	July 1, 2024 - June 30, 2025
Tuolumne	\$478,546	July 1, 2024 - June 30, 2025
Ventura	\$3,810,304	July 1, 2024 - June 30, 2025
Yolo	\$1,380,639	July 1, 2024 - June 30, 2025
Yuba	\$699,175	July 1, 2024 - June 30, 2025





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



FUTURE OF PUBLIC HEALTH FUNDING ANNUAL CERTIFICATION

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

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

Designee authorized to comn	it the Local Health	Jurisdiction to this	Agreement
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Name (Print)	Title	
Signature	Date	
Local Health Jurisdiction Name		
Agreement Number		



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

Instructions: Please check one statement below, sign, and return to

FoPHfunding@cdph.ca.gov

□	acknowledges receipt of the Future of Public
Healt	h funding memo for Fiscal Year 2024-25 through Fiscal Year 2025-26 and accepts
the fu	unds to be used as outlined under the Submission Requirements section.
	acknowledges receipt of the Future of Public
	th funding memo for Fiscal Year 2024-25 through Fiscal Year 2025-26 and does
	ccept the fundsunderstands that these funds Enter Name of Local Health Jurisdiction ot be delegated to another Agency and CDPH will redistribute funds.
Name	of Local Health Jurisdiction designated signee(s):
Title/R	ole:
Signat	ure of Local Health Jurisdiction designee:
Date:_	

Position Title*	Annual Salary	Budgeted Months	FTE % (Percentage only)		Total Salary ojected across budgeted months)	Benefit Rate	Total Benefits (projected across budgeted months)		(projected ross budgeted months) Benefits (projected across budgeted months)		Annual Salary and Benefits	
Senior Accountant, Quezada, Victor M.	\$ 91,819.00	12.00	100%	\$	91,819.00	46.36%	\$	42,567.29			134,386.29	
Senior Accountant, Tadros, Pierre Amin Sobhy	\$ 91,878.00	12.00	100%	\$	91,878.00	46.36%	\$	42,594.64			134,472.64	
Automated Systems Analyst I, Vargas, Jassier C	\$ 62,145.00	12.00	100%	\$	62,145.00	46.36%	\$	28,810.42		\$	90,955.42	
Automated Systems Analyst II, Cruz, Dennis	\$ 79,184.00	12.00	100%	\$	79,184.00	46.36%	\$	36,709.70		_	115,893.70	
Automated Systems Technician, Kang, Michael	\$ 52,397.00	12.00	100%	\$	52,397.00	46.36%	\$	24,291.25		-	76,688.25	
Business Systems Analyst II, Fierros, Jose J.	\$ 89,592.00	12.00	100%	\$	89,592.00	46.36%	\$	41,534.85	\$ 131,126.85	\$	131,126.85	
Business Systems Analyst II, Ong, Serene	\$ 117,307.00	12.00	100%	\$	117,307.00	46.36%	\$	54,383.53	\$ 171,690.53	_	171,690.53	
Contracts & Compliance Officer, Mulhall-Daudell, Jennifer	\$ 154,303.00	12.00	100%	\$	154,303.00	46.36%	\$	71,534.87	\$ 225,837.87	\$	225,837.87	
Health Education Specialist II, Jefferis-Kipp, Meghan C	\$ 59,184.00	12.00	100%	\$	59,184.00	46.36%	\$	27,437.70		-	86,621.70	
Health Education Specialist II, Granados,Rochelle Joana	\$ 66,817.00	12.00	100%	\$	66,817.00	46.36%	\$	30,976.36	\$ 97,793.36	_	97,793.36	
Information Services Deputy Chief, Burgess,Ryan	\$ 146,972.00	12.00	100%	\$	146,972.00	46.36%	\$	68,136.22		\$	215,108.22	
Laboratory Technician, Tom, Carolynn See-Mun	\$ 47,581.00	12.00	100%	\$	47,581.00	46.36%	\$	22,058.55	\$ 69,639.55	_	69,639.55	
Media Specialist II, Caldera, Michelle	\$ 77,307.00	12.00	100%	\$	77,307.00	46.36%	\$	35,839.53		_	113,146.53	
Office Assistant III, Corrigan, Brenna	\$ 45,972.00	12.00	100%	\$	45,972.00	46.36%	\$	21,312.62	\$ 67,284.62	\$	67,284.62	
Office Assistant III, Botero, Alba	\$ 53,227.00	12.00	100%	\$	53,227.00	46.36%	\$	24,676.04	\$ 77,903.04		77,903.04	
Office Specialist, Vasquez, Jennifer	\$ 57,777.00	12.00	100%	\$	57,777.00	46.36%	\$				84,562.42	
Program Specialist I, Parker-Tucker, Kennedy J	\$ 66,819.00	12.00	100%	\$	66,819.00	46.36%	\$	30,977.29		\$	97,796.29	
Program Specialist I, Garibay, Josefina M /Vacant	\$ 65,297.00	10.00	100%	\$	54,414.17	46.36%	\$	25,226.41	· · · · · ·	\$	95,568.69	
Program Specialist I, Blake, Victoria Lynn	\$ 71,905.00	12.00	100%	\$	71,905.00	46.36%	\$	33,335.16		_	105,240.16	
Program Specialist I, Quiroz Luarte, Gabriel Andres	\$ 63,674.00	12.00	100%	\$	63,674.00	46.36%	\$	•		\$	93,193.27	
Program Specialist II, Olague, Yesenia	\$ 85,347.00	12.00	100%	\$	85,347.00	46.36%	\$	39,566.87	\$ 124,913.87	\$	124,913.87	
Program Specialist II, Walker-Valencia, Rene M.	\$ 70,204.00	12.00	100%	\$	70,204.00	46.36%	\$	32,546.57		_	102,750.57	
Programmer Analyst II, Millan, Juan	\$ 86,858.00	12.00	100%	\$	86,858.00	46.36%	\$	40,267.37	\$ 127,125.37	\$	127,125.37	
Public Health Assistant Director, Patel, Janki Naik	\$ 154,266.00	12.00	100%	\$	154,266.00	46.36%	\$	71,517.72	\$ 225,783.72	\$	225,783.72	
Public Health Division Chief, Ibrahim, Diana Jennine , Evans, Adela	\$ 131,628.75	11.00	100%	\$	120,659.69	46.36%	\$	55,937.83		-	192,651.84	
Public Health Epidemiologist, Lu, Jessica	\$ 65,488.66	12.00	100%	\$	65,488.66	46.36%	\$	30,360.54	\$ 95,849.20	_	95,849.20	
Public Health Epidemiologist, Campbell, Jocelyn M.	\$ 63,813.00	12.00	100%	\$	63,813.00	46.36%	\$	29,583.71			93,396.71	
Public Health Medical Director, Wang, Sharon	\$ 279,386.00	12.00	100%	\$	279,386.00	46.36%	\$	· · · · · · · · · · · · · · · · · · ·			408,909.35	
Public Health Microbiologist II, Villagran, Cindy	\$ 73,891.00	12.00	100%	\$	73,891.00	46.36%	\$	•	\$ 108,146.87	\$	108,146.87	
Public Health Microbiologist II, Reddick, Alexander A.	\$ 79,564.00	12.00	100%	\$	79,564.00	46.36%	\$	•	\$ 116,449.87	\$	116,449.87	
Public Health Nurse II, Zeeb, Elissa M	\$ 87,942.00	12.00	100%	\$	87,942.00	46.36%	\$	•		\$	128,711.91	
Public Health Program Coordinator, Rosales, Karla	\$ 99,078.00	12.00	100%	\$	99,078.00	46.36%	\$	45,932.56		_	145,010.56	
Public Health Program Coordinator, Parr,Chelsea	\$ 96,596.00	12.00	100%	\$	96,596.00	46.36%	\$	44,781.91	\$ 141,377.91	\$	141,377.91	
Public Health Project Coordinator, Roark, Laura R.	\$ 81,184.00	12.00	100%	\$	81,184.00	46.36%	\$	37,636.90			118,820.90	
Public Health Program Coordinator, Arvizu, Richard	\$ 109,244.00 \$ 126.867.00	12.00	100%	\$	109,244.00	46.36%	\$	50,645.52 58,815.54	\$ 159,889.52	\$	159,889.52	
Public Health Program Manager, Davis, Stacey	,	12.00	100%	\$	126,867.00	46.36%	\$	· · · · · · · · · · · · · · · · · · ·		-	185,682.54	
Public Health Program Manager, Higgins, Matthew	\$ 112,006.00 \$ 79,184.00	12.00	100%	\$	112,006.00	46.36%	\$	51,925.98		_	163,931.98	
Public Health Project Coordntr, Caldwell, Alia Staff Analyst II, Saucedo, Rebecca	\$ 79,184.00 \$ 91,819.00	12.00 12.00	100% 100%	\$	79,184.00	46.36% 46.36%	\$	36,709.70 42,567.29		\$	115,893.70	
Staff Analyst II, Saucedo, Rebecca Staff Analyst II, Mitchell, Latanya R/ Vacant				<u> </u>	91,819.00		ç	26,879.64			134,386.29	
	\$ 77,307.00 \$ 66,817.00	9.00 12.00	100% 100%	\$	57,980.25 66,817.00	46.36% 46.36%	\$	30,976.36		_	113,146.53 97,793.36	
Staff Analyst II, Padilla,Samantha Statistical Analyst, Cardenas,Genesis A	\$ 73,102.00	12.00	100%	\$	73,102.00	46.36%	\$	33,890.09		_	106,992.09	
Statistical Analyst, Caldenas, Genesis A Statistical Analyst, Gutierrez, Veronica/Vacant	\$ 73,102.00	12.00	100%	\$	71,429.00	46.36%	\$	33,114.48	· · · · · ·	-	104,543.48	
Strategy & Business Development Officer, Bailey, Shannon	\$ 146,972.00	12.00	100%	\$	146,972.00	46.36%	\$	68,136.22		_	215,108.22	
Strategy & Business Development Officer, Fillpot, Deborah N.	\$ 143,493.00	12.00	100%	\$	143,493.00	46.36%	\$	66,523.35		_	210,016.35	
Supervising Health Education Specialist, Ahmad, Sharfaa	\$ 75,597.00	12.00	100%	\$	75,597.00	46.36%	ς ς	35,046.77			110,643.77	
Supervising Health Education Specialist, Allinau, Shariaa Supervising Health Education Specialist, Ballesteros, Adalid	\$ 65,434.00	12.00	100%	\$	65,434.00	46.36%	\$	30,335.20		_	95,769.20	
Supervising Treatti Education Specialist, Ballesteros, Adalid Supervising Laboratory Assistant, Elias, Genevieve	\$ 51,216.00	12.00	100%	\$	51,216.00	46.36%	\$	23,743.74		_	74,959.74	
Supervising Program Specialist, Witcher, Charmane	\$ 98,996.00	12.00	100%	\$	98,996.00	46.36%	\$	45,894.55		-	144,890.55	
Supervising Program specialist, Witcher, Charmane Supervising Public Health Nurse, Holguin, Maria M.	\$ 106,049.00	12.00	100%	\$	106,049.00	46.36%	\$	49,164.32		_	155,213.32	
Supervising Lubile Health Marse, Holgalii, Maria M.	7 100,043.00		otal Personnel		4,470,756.76	70.30/0	_	2,072,642.83		_	6,603,668.66	

Position Filled (Yes/No) - Baseline at beginning of fiscal year.	Permanent Position (Yes/No)	Program Area	If Program Area is "Other," Please Specify	Disparate Health Outcome focus (Yes/No)	Job Classification Category	If Job Classification Category "Other," Please Specify	Indirect Cost (Annual)
Yes	Yes	Admin			Business and financial operations	s staff	
Yes	Yes	Admin			Business and financial operations	staff	\$ -
Yes	Yes	IT			Information technology and data	systems staff	
Yes	Yes	IT			Information technology and data	systems staff	1
Yes	Yes	IT			Information technology and data	systems staff	
Yes	Yes	IT			Information technology and data	systems staff	
Yes	Yes	IT			Information technology and data	systems staff	
Yes	Yes	IT			Information technology and data	systems staff	
Yes	Yes	Chronic Diseases/ Community Health		Yes	Community health workers and h	nealth educators	
Yes	Yes	Chronic Diseases/ Community Health		Yes	Community health workers and h	nealth educators	
Yes	Yes	IT			Information technology and data	systems staff	
Yes	Yes	Public Health Lab		Yes	Laboratory workers		
Yes	Yes	Communications		Yes	Public information and public pol	icy staff	
Yes	Yes	Infectious Diseases		Yes	Office and administrative staff		
Yes	Yes	Infectious Diseases		Yes	Office and administrative staff		
Yes	Yes	Infectious Diseases		Yes	Office and administrative staff		
Yes	Yes	Communications			Public information and public pol	icy staff	
No	Yes	Communications			Public information and public pol	icy staff	
Yes	Yes	Communications			Public information and public pol	icy staff	
Yes	Yes	Communications			Public information and public pol	icy staff	
Yes	Yes	Communications			Public information and public pol	icy staff	
Yes	Yes	Communications			Public information and public pol	icy staff	
Yes	Yes	IT			Information technology and data	systems staff	
Yes	Yes	Emergency Preparedness		Yes	Agency leadership and managem	ent	
Yes	Yes	Infectious Diseases		Yes	Agency leadership and managem	ent	
Yes	Yes	Public Health Lab		Yes	Laboratory workers		
Yes	Yes	Public Health Lab		Yes	Laboratory workers		
Yes	Yes	Chronic Diseases/ Community Health		Yes	Agency leadership and managem	ent	
Yes	Yes	Public Health Lab		Yes	Laboratory workers		
Yes	Yes	Public Health Lab		Yes	Laboratory workers		
Yes	Yes	Infectious Diseases		Yes	Public Health physician, nurse, ot	her health care providers	
Yes	Yes	Communications			Public information and public pol	icy staff	
Yes	Yes	Emergency Preparedness		Yes	Preparedness staff		
Yes	Yes	Admin			Business and financial operations	staff	
Yes	Yes	Admin			Business and financial operations	staff	
Yes	Yes	Chronic Diseases/ Community Health		Yes	Community health workers and h	nealth educators	
Yes	Yes	Admin		No	Public information and public po	,	
Yes	Yes	Infectious Diseases		Yes	Business and financial operations	staff	
Yes	Yes	Communications			Public information and public pol	icy staff	
No	Yes	Communications			Public information and public pol	icy staff	
Yes	Yes	Communications			Public information and public pol	icy staff	
Yes	Yes	IT			Epidemiologists, statisticians, dat	a scientists, other data analy	<u>r</u> sts
Yes	Yes	IT			Epidemiologists, statisticians, dat	a scientists, other data analy	<u>ʻ</u> sts
Yes	Yes	Admin			Business and financial operations	staff]
Yes	Yes	Admin			Business and financial operations]
Yes	Yes	Chronic Diseases/ Community Health		Yes	Community health workers and h]
Yes	Yes	Chronic Diseases/ Community Health		Yes	Community health workers and h	nealth educators]
Yes	Yes	Public Health Lab		Yes	Laboratory workers]
Yes	Yes	Communications			Public information and public pol	icy staff]
Yes	Yes	Infectious Diseases		Yes	Public Health physician, nurse, ot	her health care providers	İ

Indirect Cost	Q1 Position Filled	Q2 Position Filled	Q3 Position Filled	Q4 Position Filled
	(Yes/No) - Autofilled	(Yes/No) - Autofilled	(Yes/No) - Autofilled	(Yes/No) - Autofilled
			from Quarterly Report	
	Tab	Tab	Tab	Tab
				12.2
18%	Yes	0	0	0
\$ 1,152,750.71	Yes	0	0	0
	Yes	0	0	0
	Yes	0	0	0
	Yes	0	0	0
	Yes	0	0	0
	Yes	0	0	0
	Yes	0	0	0
	Yes	0	0	0
	Yes	0	0	0
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	Yes Yes	0	0	0
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	Yes	0	0	0
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	Yes	0	0	0
	Yes	0	0	0
	Yes	0	0	0
	Yes	0	0	0
	Yes	0	0	0

Local Health Jurisdiction Name:	Supplies					
San Bernardino	Communication Cost	\$	99,778.70			
		\$	-			
		\$	-			
		\$	-			
		\$	-			
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		\$	-			
	Total Supplies	\$	99,778.70			

Travel (specify in-state or out-of-state)				
Staff Training	\$	15,000.00		
	\$	-		
	\$	-		
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Total Travel		15,000.00		

Equipment	
	\$ -
Total Services	-

Other & Subcontracts 30% (e.g. consulting contracts, facility space, furnishings, etc.)				
451 E Vanderbilt Building Cost	\$	3,205,000.00		
	\$	-		
	\$	-		
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Total Other & Subcontracts 30%	\$	3,205,000.00		

Other & Subcontracts 70% (e.g. stafff training and recruitment expenses for new permanent staff)				
Human Resources Office Assistant	\$	_		
	\$	-		
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Total Oth	ner & Subcontracts 70% \$	-		

Local H	lealth J	lurisdict	ion N	lame
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Total Award

Budge	t						
			1st Quarter				
Budget Category	Budgeted Amou	Budgeted Amount July 2024		August 2024	September 2024		
Salary & Benefits	\$ 6,543,4	00					
Supplies	\$ 99,7	79					
In State Travel or Out-of-							
State Travel	\$ 15,0	00					
Equipment	\$ -						
Other & Subcontracts:							
30% (e.g. consulting							
contracts, facility space,							
furnishings, etc.)	\$ 3,205,0	00					
Other & Subcontracts:							
70% (e.g. staff training and							
recruitment expenses for							
new permanent staff, etc.)							
	\$ -						
		_					
Total Direct Costs	\$ 9,863,1	78 \$	-	\$	- \$ -		
Total Indirect Costs	\$ 1,152,7		-	\$	- \$ -		

	Budget	Expenditures	Balance
Totals \$	11,015,929	\$ -	\$ 11,015,929.00

			2024-25 Quarterly Expendit					
	2nd Quarter							
Q1	Total	October 2024	November 2024	December 2024	Q2 Total	January 2025		
\$	-				\$ -			
\$	-				\$ -			
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Ψ	_				Ψ			
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\$	-	\$ -	\$ -	\$ -	\$ -	\$ -		

3rd Quarter				4th Quarter				
February 2025	March 2025	Q3	Total	April 2025	May 2025	June 2025	Q4 1	Γotal
		\$	-				\$	-
		\$	-				\$	-
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