



TOMÁS J. ARAGÓN, M.D., Dr.PH  
Director and State Public Health Officer

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



GAVIN NEWSOM  
Governor

July 28, 2023

Michael Sequeira, MD  
Health Officer  
San Bernardino County Department of Public Health  
351 North Mountain View Avenue, Room 303  
San Bernardino, CA 92415

Dear Dr. Sequeira:

**LETTER OF AWARD:  
ENHANCED PREVENTION AND CONTROL Award Number: EPCF3623  
FUNDING PERIOD: July 1, 2023 through June 30, 2024**

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) is providing additional federal funds for fiscal year (FY) 2023-2024 to enhance the capabilities of tuberculosis (TB) prevention and control activities in local public health jurisdictions. The purpose of this letter is to provide information on the acceptance and use of these funds. **This letter does not affect the amount of any awards previously issued for FY 2023-2024.**

**ENHANCED PREVENTION AND CONTROL AWARD**

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) is awarding to the San Bernardino County Department of Public Health an Enhanced Prevention and Control Award of up to \$10,000, comprised of federal funds only.

These funds are being awarded with the understanding that your staff will work with CDPH TBCB staff in carrying out your program's TB prevention and control efforts.

**MANAGING YOUR ENHANCED PREVENTION AND CONTROL AWARD**

Requirements for the use of these funds are listed in Part 1 of the FY 2023-2024 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual, available at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx>. Reimbursement of your expenditures is contingent upon compliance with these standards and procedures.

\* Federal funds fiscal information: Project Grants and Cooperative Agreements for Tuberculosis Control Programs; CFDA number: 93.116; FAIN number: NU52PS910219

California Department of Public Health • Tuberculosis Control Branch  
850 Marina Bay Parkway • Building P, 2<sup>nd</sup> Floor • Richmond, CA 94804-6403  
(510) 620-3000 • (510) 620-3034 FAX  
Internet Address: <https://cdph.ca.gov/tbcb>



Enhanced Prevention and Control funds are meant to enhance the capabilities of local health jurisdictions by increasing the ability to conduct additional TB prevention and control activities and cannot replace existing funding or support ongoing activities. Funds can be used for travel and TB-related trainings, program supplies, subcontracts, equipment, and food, shelter, incentives and enablers (FSIE). Funds may also support new personnel activities. **These Enhanced Prevention and Control Federal funds cannot be used for medication.**

*CDPH TBCB Enhanced Prevention and Control funds may not be used to supplant existing federal, state, or local health department funds. The use of TB local assistance funds is intended to enhance local health jurisdiction capacity in addressing TB control needs, not to displace funds that have been locally appropriated for the same purposes.*

*If local health jurisdictions received federal, state, or local funding for TB control activities, electing to save federal, state, or local funding by substituting CDPH TBCB local assistance augmentation funds for those TB control activities is considered supplanting and is not allowed by the federal government.*

For more information on allowable expenditures, please refer to page 10 of the FY 2023-2024 Tuberculosis Control Local Assistance Fund Standards and Procedures Manual.

## **ENHANCED PREVENTION AND CONTROL AWARD BUDGET**

**An approved budget is not required to implement this award.**

## **INVOICING ENHANCED PREVENTION AND CONTROL AWARD EXPENDITURES**

- Please invoice separately for the Enhanced Prevention and Control Award funds; do not include in your Base Award/RTA invoice. The invoice should be titled “**EPCF3623**” with a beginning balance equal to the amount of this letter.
- When invoicing for approved expenditures, please:
  - Refer to the FY 2023-2024 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual and invoice templates (link above)
  - Bill to: California Department of Public Health, Tuberculosis Control Branch
  - Submit on your organization’s letterhead, signed electronically or in blue ink
- If an invoice will not be emailed by the quarterly due date, please contact your CDPH TBCB Fiscal Analyst to request an extension.
- Invoices for FY 2023-2024 will not be processed until:
  - All outstanding invoices from the previous year have been submitted,
  - Signed copies of the certifications listed below have been received, and
  - CDPH TBCB has received a signed “Acceptance of Award” form.

Michael Sequeira, MD  
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**ACCEPTING YOUR ENHANCED PREVENTION AND CONTROL AWARD**

To acknowledge acceptance of this award and the conditions, please return the "Acceptance of Award" form with an authorized signature (electronic or in blue ink).

Please submit all documents in electronic form or as a color scanned PDF by email only to [TBCB.Awards@cdph.ca.gov](mailto:TBCB.Awards@cdph.ca.gov)

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

Sincerely,



Juanita Crosby  
Assistant Chief



TOMÁS J. ARAGÓN, M.D., Dr.PH  
Director and State Public Health Officer

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



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# ACCEPTANCE OF AWARD

## San Bernardino County Department of Public Health

**ENHANCED PREVENTION AND CONTROL Award Number: EPCF3623**

**FUNDING PERIOD: July 1, 2023 through June 30, 2024**

**Funding: \$10,000**

I hereby accept this award. By accepting this award, I agree to the requirements as described in the FY 2023-2024 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

\_\_\_\_\_  
Authorized Signature

Dawn Rowe

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Chair, Board of Supervisors

\_\_\_\_\_  
Title

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