

## **Exhibit A**

### **Scope of Work**

#### **1. Service Overview**

The Grantee will implement public health activities related to monitoring, prevention, testing, and linkage to and retention in care activities for the most vulnerable and underserved individuals living with, or at high risk for, hepatitis C virus (HCV) infection in collaboration with community-based organizations (CBOs)<sup>1</sup> within the local health jurisdiction (LHJ). California Health and Safety Code (H&SC) Section 122420 requires the Director of Health Services to develop and implement a public education and outreach program to raise hepatitis C awareness in high-risk groups, physician's offices, among health care workers, and in health care facilities by including hepatitis C counseling, education, and testing, as appropriate, into local state-funded programs including those addressing HIV, tuberculosis, sexually transmitted diseases (STDs), and all other appropriate programs approved by the director. H&SC Section 122440 requires the department to allocate funds to local health jurisdictions (LHJs) to provide HCV activities, including, but not limited to, monitoring, prevention, testing, and linkage to and retention in care activities for the most vulnerable and underserved individuals living with, or at high risk for, HCV infection. Local health jurisdictions should use these funds to enhance activities already provided for HCV prevention and control, and should not replace existing activities.

H&SC Section 122440 also requires that no less than 50 percent of the funds allocated to LHJs shall be provided to community-based organizations (CBOs) for purposes consistent with this section, provided that there are CBOs in the jurisdiction that are able to provide these activities and demonstrate expertise, history, and credibility working successfully in engaging the most vulnerable and underserved individuals living with, or at high risk for, HCV infection.

California Department of Public Health (CDPH) HCV surveillance data indicate that over the past five years, there were continued increases in the rate of newly reported hepatitis C infections among young people 15-29 years of age, which is likely due to ongoing transmission related to injection drug use. Perinatal hepatitis C is also of particular concern.

Key strategic targets for HCV prevention and control are: enhancement of surveillance and case follow up for acute hepatitis C cases and other priority populations; testing, linkages to care, care coordination, and assurance of treatment for vulnerable and underserved clients at high risk for hepatitis C infection; partnerships to identify and address systemic barriers; and implementation of community-based services through partnerships between LHJs and CBOs.

#### **2. Service Location**

The services shall be performed at applicable facilities in the County of San Bernardino.

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<sup>1</sup> A CBO is defined as a private entity that is a nonprofit corporation [Int. Rev Code Section 501(c)] operating at the local level with extensive experience serving persons living with or at risk for hepatitis C infection. CBOs may include community health centers, syringe service programs, and non-profit drug treatment programs.

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**3. Service Hours**

The services shall be primarily provided Monday through Friday, from 8:00 a.m. to 5:00 p.m. and may include evenings, weekends, and holidays as needed.

**4. Services to be Performed: Collaboration with CBOs to implement core HCV prevention and control**

**Part I: Core HCV Public Health Services – Surveillance and Case Follow Up**

LHJs are required to participate in activities A and B, as well as at least one of the optional activities listed (C through I). Place a checkmark in the box for the optional activit(ies) in which you plan to participate. LHJs may propose and describe other innovative and impactful activity for review and approval by CDPH in the SOW Narrative box. All program activities, including innovative projects, should support the outcome measures of increased HCV monitoring, screening, testing, linkage to care, and treatment.

Please complete the final section to indicate which activities (by letter) will be carried out by the LHJ and which will be subcontracted to one or more CBOs.

Activities	Performance Indicators/Deliverables	Timeline
A. Establish a local protocol for conducting case follow up of acute hepatitis C cases. (REQUIRED)	<ul style="list-style-type: none"> <li>Acute hepatitis C case follow-up protocol submitted to CDPH within 90 days of award.</li> </ul>	7/1/2019 – 6/30/2020
B. Ensure timely investigation of all acute hepatitis C cases according to local protocol and CDPH recommendations. (REQUIRED)	<ul style="list-style-type: none"> <li>Number and percent of suspect acute hepatitis C cases investigated to determine whether they meet the U.S. Centers for Disease Control and Prevention (CDC) surveillance case definition.</li> <li>Number and percent of acute hepatitis C cases for which an <a href="#">Acute Hepatitis B and Hepatitis C Case Report Form (CDPH 8703)</a> or electronic equivalent has been completed and submitted to CDPH within 45 days of initial case report. <ul style="list-style-type: none"> <li>Target: 85%</li> </ul> </li> </ul>	7/1/2019 – 6/30/2024

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Activities	Performance Indicators/Deliverables	Timeline
<b>OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity.</b>  <input checked="" type="checkbox"/> C. Conduct case follow up for suspect cases of perinatal hepatitis C (e.g., infants 2-36 months of age with positive HCV antibody or HCV RNA results)	<ul style="list-style-type: none"> <li>Number and percent of infants less than 3 years of age with a positive HCV RNA test result who have a completed <a href="#">Perinatal Hepatitis C Case Report Form (CDPH 8704)</a> or electronic equivalent submitted to CDPH               <ul style="list-style-type: none"> <li>Target: 85%</li> </ul> </li> </ul>	7/1/2019 – 6/30/2024
<b>OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity.</b>  <input type="checkbox"/> D. Conduct case follow up among newly reported chronic hepatitis C cases among people 15-29 years of age to assure linkage to hepatitis C care and treatment	<ul style="list-style-type: none"> <li>Number of persons 15-29 years of age with positive HCV antibody</li> <li>Number of persons 15-29 years of age tested for HCV RNA (if known)</li> <li>Number of persons 15-29 years of age who tested HCV RNA positive</li> <li>Number of HCV RNA positive persons 15-29 years of age with evidence of linkage to care<sup>2</sup></li> <li>Number of HCV RNA positive persons 15-29 years of age who started HCV treatment</li> <li>Number of HCV RNA positive persons 15-29 years of age who completed HCV treatment (if known)               <ul style="list-style-type: none"> <li>Target: 25% of newly reported HCV cases among persons 15-29 years of age receive case follow up</li> </ul> </li> </ul>	7/1/2019 – 6/30/2024
<b>OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity.</b>  <input type="checkbox"/> E. Conduct case follow up for people with HIV/HCV coinfection	<ul style="list-style-type: none"> <li>Number and percent of people with HIV/HCV coinfection with completed data for the following variables on the STD/HIV Field Investigation Incident (SHFII):               <ul style="list-style-type: none"> <li>HCV test indicating infection</li> <li>If chronically infected, HCV linkage to care</li> <li>If chronically infected, HCV treatment verification</li> <li>Target: 50%</li> </ul> </li> </ul>	7/1/2019 – 6/30/2024

<sup>2</sup> Evidence of linkage to care may be indicated by 1) confirmation of medical appointment attendance by the health care provider or patient navigator; 2) HCV genotype testing; 3), liver ultrasound, aspartate aminotransferase (AST), or platelets testing (used to calculate AST to Platelet Ratio Index (APRI) or Fibrosis-4 Score), FibroSure, Fibroscan, liver biopsy, etc.; and/or 4) HCV direct-acting antiviral drug resistance associated substitutions testing.

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<p><b>OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity.</b></p> <p><input type="checkbox"/> F. Conduct data management, deduplication, and quality assurance for local hepatitis C surveillance data</p>	<ul style="list-style-type: none"> <li>Description of local hepatitis C data management activities and outcomes</li> </ul>	7/1/2019 – 6/30/2024
<p><b>OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity.</b></p> <p><input type="checkbox"/> G. Develop and disseminate fact sheets, maps, and/or reports using local HCV surveillance and other data to describe local HCV epidemiology and trends</p>	<ul style="list-style-type: none"> <li>Local hepatitis C fact sheets, maps, reports, etc. submitted to CDPH</li> </ul>	7/1/2019 – 6/30/2024
<p><b>OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity.</b></p> <p><input type="checkbox"/> H. Develop and disseminate reports and dashboards using local HCV surveillance, clinical data, and other sources to assess the local HCV care cascade and inform quality improvement efforts</p>	<ul style="list-style-type: none"> <li>Summary of the local hepatitis C care cascade submitted to CDPH</li> <li>Description of how local hepatitis C care cascade findings will be used to inform clinical and program quality improvement submitted to CDPH</li> </ul>	7/1/2019 – 6/30/2024
<p><b>OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity.</b></p> <p><input type="checkbox"/> I. Additional innovative and impactful activity you plan to undertake. (Please describe below in SOW narrative.)</p>	<p>Describe the specific methods and approaches, deliverables, and a projected timeline.</p> <p>Name of subcontractor(s) (if applicable):</p>	7/1/2019 – 6/30/2024

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<p><b>Optional:</b></p> <p><input type="checkbox"/> J. Place a checkmark in the box if Grantee plans to subcontract any activities from Part I.</p> <p><b>SOW Narrative:</b> Place a checkmark in the box for the appropriate activity to specify which of the activities and deliverables listed above under Part I will be conducted by the LHJ and which will be conducted via subcontracts with one or more CBOs. Check all boxes that apply.</p> <p>Provide the name of the subcontractor(s) if known; otherwise indicate "TBD" for the name of the subcontractor(s).</p>		
<input checked="" type="checkbox"/> A. Local protocol for case follow up on acute hepatitis C cases (REQUIRED)  <input checked="" type="checkbox"/> LHJ will conduct this activity  <input type="checkbox"/> CBO will conduct this activity	<p>Brief description of activity: <b>LHJ's Communicable Disease Section (CDS) will prepare an updated protocol for the investigation and follow-up of reported acute HCV cases.</b></p> <p>Name of subcontractor(s) (if applicable):</p>	<p><b>7/1/2019 – 6/30/2024</b></p>
<input checked="" type="checkbox"/> B. Investigation of acute Hepatitis C cases (REQUIRED)  <input checked="" type="checkbox"/> LHJ will conduct this activity  <input type="checkbox"/> CBO will conduct this activity	<p>Brief description of activity: <b>CDS will ensure the proper follow-up of reported acute HCV cases within 45 days of initial case report.</b></p> <p>Name of subcontractor(s) (if applicable):</p>	<p><b>7/1/2019 – 6/30/2024</b></p>
<input checked="" type="checkbox"/> C. Perinatal hepatitis C case follow up (OPTIONAL)  <input type="checkbox"/> Activity will not be conducted <input checked="" type="checkbox"/> LHJ will conduct this activity <input type="checkbox"/> CBO will conduct this activity	<p>Brief description of activity: <b>Cases of perinatal hepatitis C will be investigated by CDS staff and followed-up by the Perinatal Hepatitis Prevention Program (PHPP) staff housed within CDS.</b></p> <p>Name of subcontractor(s) (if applicable):</p>	<p><b>7/1/2019 – 6/30/2024</b></p>

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<input type="checkbox"/> D. Hepatitis C case follow up among persons 15 – 29 years of age (OPTIONAL)  <input checked="" type="checkbox"/> Activity will not be conducted  <input type="checkbox"/> LHJ will conduct this activity  <input type="checkbox"/> CBO will conduct this activity	Brief description of activity:          Name of subcontractor(s) (if applicable):	
<input type="checkbox"/> E. Case follow up for people with HIV/HCV coinfection (OPTIONAL)  <input checked="" type="checkbox"/> Activity will not be conducted  <input type="checkbox"/> LHJ will conduct this activity  <input type="checkbox"/> CBO will conduct this activity	Brief description of activity:          Name of subcontractor(s) (if applicable):	
<input type="checkbox"/> F. Local HCV surveillance data management, deduplication, and quality assurance (OPTIONAL)  <input checked="" type="checkbox"/> Activity will not be conducted  <input type="checkbox"/> LHJ will conduct this activity  <input type="checkbox"/> CBO will conduct this activity	Brief description of activity:          Name of subcontractor(s) (if applicable):	
<input type="checkbox"/> G. Develop and disseminate fact sheets, maps, and/or reports to describe local HCV epidemiology and trends (OPTIONAL)  <input checked="" type="checkbox"/> Activity will not be conducted  <input type="checkbox"/> LHJ will conduct this activity  <input type="checkbox"/> CBO will conduct this activity	Brief description of activity:          Name of subcontractor(s) (if applicable):	

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<input type="checkbox"/> H. Develop and disseminate reports and dashboards to assess the local HCV care cascade and inform quality improvement efforts (OPTIONAL)  <input checked="" type="checkbox"/> Activity will not be conducted  <input type="checkbox"/> LHJ will conduct this activity  <input type="checkbox"/> CBO will conduct this activity	Brief description of activity:          Name of subcontractor(s) (if applicable):	
<input type="checkbox"/> I. Additional innovative and impactful activity (OPTIONAL)  <input checked="" type="checkbox"/> Activity will not be conducted  <input type="checkbox"/> LHJ will conduct this activity  <input type="checkbox"/> CBO will conduct this activity	Brief description of activity, performance indicators, and timeline:          Name of subcontractor(s) (if applicable):	

**Part II: HCV testing, navigation,<sup>3</sup> linkages to care, care coordination, and treatment, among vulnerable and underserved clients at high risk for HCV,<sup>4</sup> with an emphasis on priority settings<sup>5</sup>**

LHJs are required to participate in a minimum of one of the optional activities listed (A through D). Place a checkmark in the box for the optional activity in which you plan to participate. LHJs that select Activity A must also select Activity B and Activity C—clients tested for HCV antibody must also be offered HCV RNA testing and, if HCV RNA positive, linked to care. However, LHJs and their subcontracted CBOs may

<sup>3</sup> Patient navigation include, but is not limited to, helping clients with obtaining identification, enrolling in health coverage and benefits, offering transportation and accompaniment to appointments (such as with bus tokens, taxi or ride-sharing, transportation assistance through the client's health plan or paratransit), offering pay-as-you go phones, hygiene kits, appointment reminders, and other supports. It also includes linkages and referrals to other services, such as primary care and other health services, housing, drug treatment, naloxone, etc.

<sup>4</sup> People living with or at high risk for hepatitis C who are likely vulnerable and underserved include a) people who have ever injected drugs (PWID); b) people experiencing homelessness or unstable housing; c) people engaged in drug treatment or detained in a local jail; d) people who use non-injection drugs, such as methamphetamine, cocaine, crack, etc.; e) transgender women; and f) sex partners of PWID. Demographic populations disproportionately affected by hepatitis C in California include Blacks/African Americans and American Indian/Alaska Natives as well as people experiencing homelessness or incarceration.

<sup>5</sup> High priority settings include drug treatment programs, syringe exchange programs, jails, health care for the homeless clinics and mobile health vans, street-based outreach programs, and other locations serving a high number and percent of persons at high risk for HCV who are likely vulnerable and medically underserved.

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also choose to focus primarily on care coordination (Activity D) for people diagnosed with hepatitis C who have not yet been treated and cured of their infection. LHJs may also propose and describe other innovative and impactful activity for review and approval by CDPH in the SOW Narrative box (Optional Activity E). All program activities, including innovative projects, should support the outcome measures of increased HCV monitoring, screening, testing, linkage to care, and treatment.

Please complete the final section to indicate which activities (by letter) will be carried out by the LHJ and which will be subcontracted to one or more CBOs.

Activities	Performance Indicators/Deliverables <sup>6</sup>	Timeline
<b>OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity.</b>  <input checked="" type="checkbox"/> A. Conduct or ensure the provision of HCV antibody testing for persons at high risk for HCV infection, with an emphasis on high priority settings	<ul style="list-style-type: none"> <li>• Description of priority populations and settings selected for HCV antibody testing submitted to CDPH</li> <li>• Number of people tested for HCV antibody</li> <li>• Number and percent of people tested for HCV antibody with a reactive result             <ul style="list-style-type: none"> <li>○ Target: 10 percent</li> </ul> </li> </ul>	7/1/2019 – 6/30/2024
<b>OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity.</b>  <input checked="" type="checkbox"/> B. Conduct or ensure the provision of HCV ribonucleic acid (RNA) testing (needed to diagnose current hepatitis C infection) <sup>7</sup>	<ul style="list-style-type: none"> <li>• Description of activities to ensure people with a positive HCV antibody test result receive follow up HCV RNA testing submitted to CDPH</li> <li>• Number and percent of people with a reactive HCV antibody test result who receive follow up HCV RNA testing             <ul style="list-style-type: none"> <li>○ Target: 65 percent</li> </ul> </li> <li>• Number of people tested for HCV RNA</li> <li>• Number and percent of people tested for HCV RNA who test HCV RNA positive</li> </ul>	7/1/2019 – 6/30/2024

<sup>6</sup> CDPH will provide LHJs and CBOs with a Microsoft Excel template for use collecting and reporting HCV testing, linkage to care, and treatment performance indicators/deliverables. Sites will be expected to use the Excel template for quarterly aggregated data reporting to CDPH, but use of the tool for client-level data collection is optional.

<sup>7</sup> It is a best practice to follow an HCV antibody reactive result with same-day HCV RNA testing, through either a reflex testing on the same blood sample or, if conducting rapid HCV antibody testing, through a blood draw.



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<b>OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity.</b>  <input checked="" type="checkbox"/> C. Conduct or ensure the provision of HCV navigation and linkages to care for people with a positive HCV RNA test or who were previously diagnosed with HCV	<ul style="list-style-type: none"> <li>• Description of HCV linkage to care activities submitted to CDPH</li> <li>• Number and percent of clients with a positive HCV RNA result with evidence of linkage to care             <ul style="list-style-type: none"> <li>○ Target: 65 percent</li> </ul> </li> <li>• Number of clients with evidence of linkage to care</li> </ul>	7/1/2019 – 6/30/2024
<b>OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity.</b>  <input type="checkbox"/> D. Conduct or ensure the provision of hepatitis C care coordination and treatment among people with hepatitis C	<ul style="list-style-type: none"> <li>• Description of HCV care coordination activities submitted to CDPH</li> <li>• Number of people who start hepatitis C treatment</li> <li>• Number and percent of people who started hepatitis C treatment known to have completed hepatitis C treatment</li> </ul>	7/1/2019 – 6/30/2024
<b>OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity.</b>  <input type="checkbox"/> E. Additional innovative and impactful activity you plan to undertake. (Please describe below in SOW narrative.)	Describe the specific methods and approaches, deliverables, and a projected timeline.  Name of subcontractor(s) (if applicable):	7/1/2019 – 6/30/2024
<b>Optional:</b>  <input checked="" type="checkbox"/> F. Place a checkmark in the box if Grantee plans to subcontract any activities from Part II.  <b>SOW Narrative:</b> Place a checkmark in the box for the appropriate activity to specify which of the activities and deliverables listed above under Part II will be conducted by the LHJ and which will be conducted via subcontracts with one or more CBOs. Check all boxes that apply.  Provide the name of the subcontractor(s) if known; otherwise indicate “TBD” for the name of the subcontractor(s).		

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<input checked="" type="checkbox"/> A. HCV antibody testing for people at high risk HCV infection (OPTIONAL)  <input type="checkbox"/> Activity will not be conducted  <input type="checkbox"/> LHJ will conduct this activity  <input checked="" type="checkbox"/> CBO will conduct this activity	Brief description of activity: <b>The CBO will offer and conduct rapid HCV antibody testing to clients who are assessed as high risk for HCV infection, including people living with HIV, and/or their partners. The CBO will record all test clients' demographics and results, and will report the data back to the LHJ liaison.</b>  Name of subcontractor(s) (if applicable): <b>TBD</b>	<b>7/1/2019 – 6/30/2024</b>
<input checked="" type="checkbox"/> B. HCV RNA testing (OPTIONAL)  <input type="checkbox"/> Activity will not be conducted  <input type="checkbox"/> LHJ will conduct this activity  <input checked="" type="checkbox"/> CBO will conduct this activity	Brief description of activity: <b>The CBO will refer clients with reactive HCV results to a primary care/clinical provider for RNA testing, if CBO is unable to conduct the test onsite. If referred, client may self-report their medical labs to confirm completion of a RNA test or CBO may obtain surveillance data from CDS. The CBO will record the clients' confirmed RNA test and results, and will report the data back to the LHJ liaison.</b>  Name of subcontractor(s) (if applicable): <b>TBD</b>	<b>7/1/2019 – 6/30/2024</b>
<input checked="" type="checkbox"/> C. HCV navigation and linkages to care for people (OPTIONAL)  <input type="checkbox"/> Activity will not be conducted  <input type="checkbox"/> LHJ will conduct this activity  <input checked="" type="checkbox"/> CBO will conduct this activity	Brief description of activity: <b>The CBO will navigate clients with positive HCV RNA results to primary care and other services necessary to aid in the linkage and retention to care. The CBO will record the navigation services offered to and accepted by clients and any confirmation of linkage to care, and will report the data back to the LHJ liaison.</b>  Name of subcontractor(s) (if applicable): <b>TBD</b>	<b>7/1/2019 – 6/30/2024</b>

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<input type="checkbox"/> D. Provision of hepatitis C care coordination and assurance of treatment (OPTIONAL)  <input checked="" type="checkbox"/> Activity will not be conducted  <input type="checkbox"/> LHJ will conduct this activity  <input type="checkbox"/> CBO will conduct this activity	Brief description of activity:    Name of subcontractor(s) (if applicable):	
<input type="checkbox"/> E. Additional innovative and impactful activity (OPTIONAL)  <input checked="" type="checkbox"/> Activity will not be conducted  <input type="checkbox"/> LHJ will conduct this activity  <input type="checkbox"/> CBO will conduct this activity	Describe the specific methods and approaches, deliverables, and a projected timeline.    Name of subcontractor(s) (if applicable):	

**Part III: Partnerships: Increase community-level capacity to deliver HCV testing, navigation, linkages to care, care coordination, and treatment for vulnerable and underserved people at high risk for HCV**

LHJs are required to participate in all required activities (A and B). LHJs may propose and describe other innovative and impactful activity for review and approval by CDPH in the SOW Narrative box provided below. All program activities, including innovative projects and partnerships, should support the outcome measures of increased monitoring, screening, testing, linkage to care, and treatment.

Please complete the final section to indicate which activities (by letter) will be carried out by the LHJ and which will be subcontracted to one or more CBOs.

Activities	Performance Indicators/Deliverables	Timeline
A. Develop and/or strengthen local (and, where relevant, regional) collective impact partnerships to assess barriers and develop and implement strategies for improving the accessibility of HCV monitoring, prevention, screening, testing, diagnosis, linkages to care, and treatment for vulnerable and underserved individuals living with	<ul style="list-style-type: none"> <li>Summary of partnership members, goals, and activities</li> <li>Summary of barriers identified and strategies developed and implemented through new and existing partnerships and outcome of those partnerships</li> </ul>	7/1/2019 – 6/30/2024

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and at risk for hepatitis C infection <sup>8</sup> (REQUIRED)		
B. Attend a regional or statewide meeting with other LHJs to discuss successes, challenges, and lessons learned (REQUIRED)	<ul style="list-style-type: none"> <li>In-state travel funds included in budget and budget justification</li> <li>Meeting attendance of at least one LHJ and one CBO representative</li> </ul>	
<b>OPTIONAL ACTIVITY: Place a checkmark in the box only if Grantee plans to participate in this activity.</b>  <input type="checkbox"/> C. Additional innovative and impactful activity you plan to undertake. (Please describe below in SOW narrative.)	<ul style="list-style-type: none"> <li>Description of the specific methods and approaches, deliverables, and a projected timeline.</li> </ul>	7/1/2019 – 6/30/2024
<b>Optional:</b>  <input checked="" type="checkbox"/> D. Place a checkmark in the box if Grantee plans to subcontract any activities from Part III.  <b>SOW Narrative:</b> Place a checkmark in the box for the appropriate activity to specify which of the activities and deliverables listed above under Part III will be conducted by the LHJ and which will be conducted via subcontracts with one or more CBOs. Check all boxes that apply.  Provide the name of the subcontractor(s) if known; otherwise indicate “TBD” for the name of the subcontractor(s).		
<input checked="" type="checkbox"/> A. Develop and/or strengthen local collective impact partnerships with stakeholders (REQUIRED)  <input checked="" type="checkbox"/> LHJ will conduct this activity  <input checked="" type="checkbox"/> CBO will conduct this activity	Brief description of activity: <b>LHJ and CBO representatives will participate in or conduct collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships.</b>  Name of subcontractor(s) (if applicable): <b>TBD</b>	7/1/2019 – 6/30/2024

<sup>8</sup> Recommended partners include, but are not limited to, people living with and at risk for hepatitis C (and those who have been successfully treated and cured), syringe service programs, drug treatment programs, emergency departments, opioid safety coalitions, HIV prevention and care programs and providers, public and private health plans, federally qualified health centers (FQHCs) and FQHC look-alikes, health center controlled networks, rural health clinics, Indian health organizations, hospitals, labor and delivery, prenatal, and family planning settings, laboratories, pharmacies, housing and homelessness services programs, and other stakeholders.

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<input checked="" type="checkbox"/> B. Attend regional or statewide meeting (REQUIRED)  <input checked="" type="checkbox"/> LHJ will conduct this activity  <input checked="" type="checkbox"/> CBO will conduct this activity	Brief description of activity: <b>LHJ and CBO representatives will attend at least one regional or statewide meeting covering HCV prevention and control efforts, updates, or trending care methods. Attendance to a related national conference will be optional if no regional or statewide meeting is identified.</b>  Name of subcontractor(s) (if applicable): <b>TBD</b>	<b>7/1/2019 – 6/30/2024</b>
<input type="checkbox"/> C. Additional innovative and impactful activity (OPTIONAL)  <input checked="" type="checkbox"/> Activity will not be conducted  <input type="checkbox"/> LHJ will conduct this activity  <input type="checkbox"/> CBO will conduct this activity	Describe the specific methods and approaches, deliverables, and a projected timeline.  Name of subcontractor(s) (if applicable):	

**Part IV: Fund Community-Based Organizations for HCV Activities**

LHJs are required to participate in activities A and B.

Activities	Performance Indicators/Deliverables	Timeline
A. Develop a fair and equitable mechanism for selecting and funding CBO(s) able to provide HCV testing, navigation, linkages to care, care coordination, and/or treatment and to demonstrate expertise, history, and credibility working successfully in engaging the most vulnerable and underserved individuals living with, or at high risk for, HCV infection (REQUIRED)	<ul style="list-style-type: none"> <li>Selection method submitted to CDPH. If a qualified CBO could not be identified, documentation of good faith effort to identify a qualified CBO submitted to CDPH along with description of plans for conducting required and selected optional activities</li> </ul> <b>LHJ will develop a competitive procurement in accordance with County Policy 11-01 (procurement) and select one or more subcontractor(s) that best meet the needs of the LHJ.</b>	<b>7/1/2019 – 6/30/2020</b>

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B. Monitor CBO performance and provide technical assistance as needed. (CDPH may be available to provide technical assistance to CBOs and other LHJ partners upon request.) (REQUIRED)	<ul style="list-style-type: none"><li>Summary of proposed methods for monitoring CBO performance and provide technical assistance as needed submitted to CDPH</li></ul> <p><b>LHJ will have an assigned liaison as the point of contact with the CBO. The CBO will report any collected data to the LHJ liaison for review and submission. LHJ will provide training for rapid HCV testing and technical assistance if needed.</b></p>	7/1/2019 – 6/30/2020

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**5. Summary of Required Reports and Data**

<b>Frequency</b>	<b>Timeframe</b>	<b>Deadline</b>	<b>Activities</b>	<b>Report Recipient</b>
Semi-Annual (Narrative summary reports)	Fiscal Year 1 07/01/19 – 12/31/19 01/01/20 – 06/30/20	Fiscal Year 1 07/31/20	Part I – IV	<a href="mailto:STDHJContracts@cdph.ca.gov">STDHJContracts@cdph.ca.gov</a>
	Fiscal Year 2 07/01/20 – 12/31/20 01/01/21 – 06/30/21	Fiscal Year 2 01/31/21 07/31/21		
	Fiscal Year 3 07/01/21 – 12/31/21 01/01/22 – 06/30/22	Fiscal Year 3 01/31/22 07/31/22		
	Fiscal Year 4 07/01/22 – 12/31/22 01/01/23 – 06/30/23	Fiscal Year 4 01/31/23 07/31/23		
	Fiscal Year 5 07/01/23 – 12/31/23 01/01/24 – 06/30/24	Fiscal Year 5 01/31/24 6/30/24		
Quarterly (Aggregate client services data reports)	Year 1 03/01/20 – 06/30/20	Year 1 07/31/20	Part II	Secure file transfer protocol; CalREDIE
	Year 2 07/01/20 – 09/30/20 10/01/20 – 12/31/20 01/01/21 – 03/31/21 04/01/21 – 06/30/21	Year 2 10/31/20 01/31/21 04/30/21 07/31/21		
	Year 3 07/01/21 – 09/30/21 10/01/21 – 12/31/21 01/01/22 – 03/31/22 04/01/22 – 06/30/22	Year 3 10/31/21 12/31/21 04/15/22 07/31/22		
	Year 4 07/01/22 – 09/30/22 10/01/22 – 12/31/22 01/01/23 – 03/31/23 04/01/23 – 06/30/23	Year 4 10/31/22 12/31/22 04/15/23 07/31/23		
	Year 5 07/01/23 – 09/30/23 10/01/23 – 12/31/23 01/01/24 – 03/31/24 04/01/24 – 06/30/24	Year 5 10/31/23 12/31/23 04/15/24 06/30/24		

**Exhibit B, Attachment I  
Budget  
Year 1  
July 1, 2019 – June 30, 2020**

**PERSONNEL**

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Budget</u>
Health Education Specialist II	\$3,000	20%	12	\$7,200
Office Assistant II	\$4,336	20%	12	\$10,406
Supervising Health Education Specialist	\$4,806	10%	12	\$5,767
Public Health Program Coordinator	\$7,913	10%	12	\$9,496
Program Manager	\$9,134	5%	12	\$5,480
<b>Total Personnel</b>				<b>\$38,349</b>
Fringe Benefits @	51.51%			\$19,754
<b>Total Personnel &amp; Benefits</b>				<b>\$58,103</b>

**OPERATING EXPENSES**

General Office Expense (paper, pens, pencils)	\$600
Lab Services (\$XX/test x approximately XXX tests = \$X,XXX)	\$0
Duplication/Printing (educational materials)	\$0
Rent (\$0.25/sq. ft. x 320 sq. ft.)	\$0
Minor Equipment (printers, software licenses)	\$0
<b>Total Operating Expenses</b>	<b>\$600</b>

**MAJOR EQUIPMENT** (If >\$50K, please itemize) **\$0**

**TRAVEL** (conferences, meetings, site visits) **\$5,755**

**SUBCONTRACTORS**

Subcontractor (TBD) will perform Activities A,B,C in Part II of SOW **\$150,000**

**Total Subcontractors** **\$150,000**

**OTHER COSTS** **\$0**

**INDIRECT COSTS (14.628% OF PERSONNEL AND BENEFITS)** 14.628% **\$8,499**

**BUDGET GRAND TOTAL** **\$222,957**



**Exhibit B Attachment I - Schedule 1**  
**Subcontractor Budget**  
**Year 1**  
**July 1, 2019 - June 30, 2020**

**Name of Subcontractor:****Expense Category**

Personnel

General Expense

Travel

Subcontracts

Indirect Costs (XX% of Personnel)

**Totals**

\$

\$

\$

\$

\$

**Total Costs****\$0****Name of Subcontractor:****Expense Category**

Personnel

General Expense

Travel

Subcontracts

Indirect Costs (XX% of Personnel)

**Totals**

\$

\$

\$

\$

\$

**Total Costs****\$0**

**Exhibit B, Attachment I  
Subcontractor Budget  
Name of Subcontractor (TBD)  
Year 1  
July 1, 2019 – June 30, 2020**

**PERSONNEL**

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months</u>	<u>Budget</u>
Position Title/Classification	\$0	0.00	12	\$0
Position Title/Classification	\$0	0.00	12	\$0
Position Title/Classification	\$0	0.00	12	\$0
<b>Total Personnel</b>				<b>\$0</b>
Fringe Benefits @	0%			\$0
<b>Total Personnel &amp; Benefits</b>				<b>\$0</b>

**OPERATING EXPENSES**

General Office Expense	\$0
[Insert Line Item Name]	\$0
[Insert Line Item Name]	\$0
[Insert Line Item Name]	\$0
<b>Total Operating Expenses</b>	<b>\$0</b>

**EQUIPMENT** (If >\$50K, please itemize) **\$0**

**TRAVEL** **\$0**

**SUBCONTRACTORS** (If >\$50K, itemize on subcontractor budget template)

Name of subcontractor \$0  
Name of subcontractor \$0

**Total Subcontractors** **\$0**

**OTHER COSTS** **\$0**

**INDIRECT COSTS (XX% OF PERSONNEL AND BENEFITS)** **\$0**

**BUDGET GRAND TOTAL** **\$0**

**Exhibit B, Attachment I  
Budget  
Year 2  
July 1, 2020 – June 30, 2021**

**PERSONNEL**

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Budget</u>
Health Education Specialist II	\$3,000	20%	12	\$7,200
Office Assistant II	\$4,336	20%	12	\$10,406
Supervising Health Education Specialist	\$4,806	10%	12	\$5,767
Public Health Program Coordinator	\$7,913	10%	12	\$9,496
Program Manager	\$9,134	5%	12	\$5,480
<b>Total Personnel</b>				<b>\$38,349</b>
Fringe Benefits @	51.51%			\$19,754
<b>Total Personnel &amp; Benefits</b>				<b>\$58,103</b>

**OPERATING EXPENSES**

General Office Expense (paper, pens, pencils)	\$600
Lab Services (\$XX/test x approximately XXX tests = \$X,XXX)	\$0
Duplication/Printing (educational materials)	\$0
Rent (\$0.25/sq. ft. x 320 sq. ft.)	\$0
Minor Equipment (printers, software licenses)	\$0
<b>Total Operating Expenses</b>	<b>\$600</b>

**MAJOR EQUIPMENT** (If >\$50K, please itemize) **\$0**

**TRAVEL** (conferences, meetings, site visits) **\$5,755**

**SUBCONTRACTORS**

Subcontractor (TBD) will perform Activities A,B,C in Part II of SOW	<b>\$150,000</b>
<b>Total Subcontractors</b>	<b>\$150,000</b>

**OTHER COSTS** **\$0**

**INDIRECT COSTS (14.628% OF PERSONNEL AND BENEFITS)** 14.628% **\$8,499**

**BUDGET GRAND TOTAL**

**\$222,957**

**Exhibit B, Attachment I  
Budget  
Year 3  
July 1, 2021 – June 30, 2022**

**PERSONNEL**

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Budget</u>
Health Education Specialist II	\$3,000	20%	12	\$7,200
Office Assistant II	\$4,336	20%	12	\$10,406
Supervising Health Education Specialist	\$4,806	10%	12	\$5,767
Public Health Program Coordinator	\$7,913	10%	12	\$9,496
Program Manager	\$9,134	5%	12	\$5,480
<b>Total Personnel</b>				<b>\$38,349</b>
Fringe Benefits @	51.51%			\$19,754
<b>Total Personnel &amp; Benefits</b>				<b>\$58,103</b>

**OPERATING EXPENSES**

General Office Expense (paper, pens, pencils)	\$600
Lab Services (\$XX/test x approximately XXX tests = \$X,XXX)	\$0
Duplication/Printing (educational materials)	\$0
Rent (\$0.25/sq. ft. x 320 sq. ft.)	\$0
Minor Equipment (printers, software licenses)	\$0
<b>Total Operating Expenses</b>	<b>\$600</b>

**MAJOR EQUIPMENT** (If >\$50K, please itemize) **\$0**

**TRAVEL** (conferences, meetings, site visits) **\$5,755**

**SUBCONTRACTORS**

Subcontractor (TBD) will perform Activities A,B,C in Part II of SOW	<b>\$150,000</b>
<b>Total Subcontractors</b>	<b>\$150,000</b>

**OTHER COSTS** **\$0**

**INDIRECT COSTS (14.628% OF PERSONNEL AND BENEFITS)** 14.628% **\$8,499**

**BUDGET GRAND TOTAL**

**\$222,957**

**Exhibit B, Attachment I**  
**Budget**  
**Year 4**  
**July 1, 2022 – June 30, 2023**

**PERSONNEL**

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Budget</u>
Health Education Specialist II	\$3,000	20%	12	\$7,200
Office Assistant II	\$4,336	20%	12	\$10,406
Supervising Health Education Specialist	\$4,806	10%	12	\$5,767
Public Health Program Coordinator	\$7,913	10%	12	\$9,496
Program Manager	\$9,134	5%	12	\$5,480
<b>Total Personnel</b>				<b>\$38,349</b>
Fringe Benefits @	51.51%			\$19,754
<b>Total Personnel &amp; Benefits</b>				<b>\$58,103</b>

**OPERATING EXPENSES**

General Office Expense (paper, pens, pencils)	\$600
Lab Services (\$XX/test x approximately XXX tests = \$X,XXX)	\$0
Duplication/Printing (educational materials)	\$0
Rent (\$0.25/sq. ft. x 320 sq. ft.)	\$0
Minor Equipment (printers, software licenses)	\$0
<b>Total Operating Expenses</b>	<b>\$600</b>

**MAJOR EQUIPMENT** (If >\$50K, please itemize) **\$0**

**TRAVEL** (conferences, meetings, site visits) **\$5,755**

**SUBCONTRACTORS**

Subcontractor (TBD) will perform Activities A,B,C in Part II of SOW	\$150,000
<b>Total Subcontractors</b>	<b>\$150,000</b>

**OTHER COSTS** **\$0**

**INDIRECT COSTS (14.628% OF PERSONNEL AND BENEFITS)** 14.628% **\$8,499**

**BUDGET GRAND TOTAL**

**\$222,957**



**Exhibit B, Attachment I  
Budget  
Year 5  
July 1, 2023 – June 30, 2024**

**PERSONNEL**

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Budget</u>
Health Education Specialist II	\$3,000	20%	12	\$7,200
Office Assistant II	\$4,336	20%	12	\$10,406
Supervising Health Education Specialist	\$4,806	10%	12	\$5,767
Public Health Program Coordinator	\$7,913	10%	12	\$9,496
Program Manager	\$9,134	5%	12	\$5,480
<b>Total Personnel</b>				<b>\$38,349</b>
Fringe Benefits @	51.51%			\$19,754
<b>Total Personnel &amp; Benefits</b>				<b>\$58,103</b>

**OPERATING EXPENSES**

General Office Expense (paper, pens, pencils)	\$600
Lab Services (\$XX/test x approximately XXX tests = \$X,XXX)	\$0
Duplication/Printing (educational materials)	\$0
Rent (\$0.25/sq. ft. x 320 sq. ft.)	\$0
Minor Equipment (printers, software licenses)	\$0
<b>Total Operating Expenses</b>	<b>\$600</b>

**MAJOR EQUIPMENT** (If >\$50K, please itemize) **\$0**

**TRAVEL** (conferences, meetings, site visits) **\$5,755**

**SUBCONTRACTORS**

Subcontractor (TBD) will perform Activities A,B,C in Part II of SOW	\$150,000
<b>Total Subcontractors</b>	<b>\$150,000</b>

**OTHER COSTS** **\$0**

**INDIRECT COSTS (14.628% OF PERSONNEL AND BENEFITS)** 14.628% **\$8,499**

**BUDGET GRAND TOTAL**

**\$222,957**

**California Department of Public Health  
STD Control Branch  
Fiscal Year: 2019/2020**

Local Health Jurisdiction:

County of San Bernardino

<b>PERSONNEL</b>							<b>DESCRIPTION OF EXPENSE</b>
<b>Classification</b>	<b>Monthly Salary</b>	<b>Percent of Time</b>	<b>Months</b>	<b>Budget</b>			
Health Education Specialist II	\$ 3,000	20%	12	\$ 7,200			<b>Duties and Responsibilities:</b> Liaison between the program and CBO subcontractor. Reviews and submits collected data received from the CBO subcontractor. Provides CBO subcontractor training for rapid HCV testing and technical assistance if needed. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships.
Office Assistant II	\$ 4,336	20%	12	\$ 10,406			<b>Duties and Responsibilities:</b> Provides clerical support, including scheduling, copying, answering phones, data entry, ordering supplies, inventory.
Supervising Health Education Specialist	\$ 4,806	10%	12	\$ 5,767			<b>Duties and Responsibilities:</b> Overall supervision of staff and LHJ liaison. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships.
Public Health Program Coordinator	\$ 7,913	10%	12	\$ 9,496			<b>Duties and Responsibilities:</b> Develops and/or strengthens local collective impact partnerships to assess barriers and develops and implements strategies for improving the accessibility of HCV monitoring, prevention, screening, testing, diagnosis, linkages to care, and treatment for vulnerable and underserved individuals living with and at risk for Hepatitis C infection. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships.
Program Manager	\$ 9,134	5%	12	\$ 5,480			<b>Duties and Responsibilities:</b> Provides managerial support to program activities. Coordinates award reporting. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships.
<b>BENEFITS</b>		<b>Total Personnel</b>		<b>\$ 38,349</b>			
Benefits		51.51%		<b>\$ 19,754</b>			Local health jurisdiction benefit rate. Benefit rate of 51.51% is comprised of following: Retirement - County match 32.513%, Survivor's Benefits 0.06%, Retirement - employee portion 0.04%, SDI/Short Term Disability 1.131%, Medicare 1.338%, Workers Compensation 4.069%, Vision Care 0.115%, Group Health - county portion 10.77%, Life Insurance 0.7%, Dental Ins. 0.314%, Cafeteria Plan 0.46%
<b>OPERATING EXPENSES</b>							
General Office Expense				\$ 600			Program's share of office expenses (paper, envelopes, pencils, copy services, etc.) (\$10/person x 5 staff x 12 months = \$600) Include minor equipment items that have a unit cost that is under \$5,000 each.
<b>EQUIPMENT</b>		<b>Total Operating</b>		<b>\$ 600</b>			

Revised 3/11/2020





**Local Health Jurisdiction:**

## OPERATING EXPENSES

General Office Expense					\$ 600	Program's share of office expenses (paper, envelopes, pencils, copy services, etc.) (\$10/person x 5 staff x 12 months = \$600) Include minor equipment items that have a unit cost that is under \$5,000 each.
<b>EQUIPMENT</b>				<b>Total Operating</b>	<b>\$ 600</b>	
Equipment					\$ -	Please itemize equipment purchases with a unit cost that exceeds \$5,000 and provide a justification for need of the equipment. Include the unit cost, the number of units, and the extended cost.
<b>TRAVEL</b>						
Mileage					\$ 175	Cost of mileage at 58 cents per mile. Mileage for staff to attend meetings and conferences approximately 300 miles annually.
Airfare					\$ 1,900	Airfare for 2 LHJ Representatives to attend 2 conferences (\$475 x 2 x 2 = \$1,900).
Lodging					\$ 540	Lodging for 2 LHJ Representatives to attend 2 conferences (\$135 x 2 x 2 = \$540).
Conference Fees					\$ 3,140	\$785 registration fee for 2 LHJ Representatives for 2 conferences (\$785 x 2 x 2 = \$3,140).
				<b>Total Travel</b>	<b>\$ 5,755</b>	
<b>SUBCONTRACTORS</b>						
Subcontractor (TBD)					\$ 150,000	The activities in the SOW which the subcontractor will be responsible for include: A. Conduct or ensure the provision of HCV antibody testing for persons at high risk for HCV infection, with an emphasis on high priority settings. B. Conduct or ensure the provision of HCV ribonucleic acid (RNA) testing (needed to diagnose current hepatitis C infection) C. Conduct or ensure the provision of HCV navigation and linkages to care for people with a positive HCV RNA test or who were previously diagnosed with HCV. Participates in or conduct collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships. Will attend at least one regional or statewide meeting covering HCV prevention and control efforts, updates, or trending care methods.
				<b>Total Subcontractor</b>	<b>\$ 150,000</b>	
<b>OTHER COSTS</b>					\$ -	
<b>INDIRECT COSTS</b>						
Indirect Cost			14.628%		\$ 8,499	Approved negotiated rate for the LHJ for the fiscal year.
<b>Budget Total</b>					<b>\$ 222,957</b>	

**California Department of Public Health  
STD Control Branch  
Fiscal Year: 2021/2022**

Local Health Jurisdiction: County of San Bernardino

<b>PERSONNEL</b>							<b>DESCRIPTION OF EXPENSE</b>
Classification	Monthly Salary	Percent of Time	Months	Budget			
Health Education Specialist II	\$ 3,000	20%	12	\$ 7,200			<b>Duties and Responsibilities:</b> Liaison between the program and CBO subcontractor. Reviews and submits collected data received from the CBO subcontractor. Provides CBO subcontractor training for rapid HCV testing and technical assistance if needed. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships
Office Assistant II	\$ 4,336	20%	12	\$ 10,406			<b>Duties and Responsibilities:</b> Provides clerical support, including scheduling, copying, answering phones, data entry, ordering supplies, inventory
Supervising Health Education Specialist	\$ 4,806	10%	12	\$ 5,767			<b>Duties and Responsibilities:</b> Overall supervision of staff and LHJ liaison. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships
Public Health Program Coordinator	\$ 7,913	10%	12	\$ 9,496			<b>Duties and Responsibilities:</b> Develops and/or strengthens local collective impact partnerships to assess barriers and develops and implements strategies for improving the accessibility of HCV monitoring, prevention, screening, testing, diagnosis, linkages to care, and treatment for vulnerable and underserved individuals living with and at risk for Hepatitis C infection. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships
Program Manager	\$ 9,134	5%	12	\$ 5,480			<b>Duties and Responsibilities:</b> Provides managerial support to program activities. Coordinates award reporting. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships
<b>BENEFITS</b>		<b>Total Personnel</b>		<b>\$ 38,349</b>			
Benefits		51.51%		\$ 19,754			Local health jurisdiction benefit rate. Benefit rate of 51.51% is comprised of following: Retirement - County match 32.513%, Survivor's Benefits 0.06%, Retirement - employee portion 0.04%, SDI/Short Term Disability 1.131%, Medicare 1.338%, Workers Compensation 4.069%, Vision Care 0.115%, Group Health - county portion 10.77%, Life Insurance 0.7%, Dental Ins. 0.314%, Cafeteria Plan 0.46%
<b>OPERATING EXPENSES</b>							



General Office Expense					\$ 600	Program's share of office expenses (paper, envelopes, pencils, copy services, etc.) (\$10/person x 5 staff x 12 months = \$600) Include minor equipment items that have a unit cost that is under \$5,000 each.
<b>EQUIPMENT</b>				<b>Total Operating</b>	<b>\$ 600</b>	
Equipment					\$ -	Please itemize equipment purchases with a unit cost that exceeds \$5,000 and provide a justification for need of the equipment. Include the unit cost, the number of units, and the extended cost.
<b>TRAVEL</b>						
Mileage					\$ 175	Cost of mileage at 58 cents per mile. Mileage for staff to attend meetings and conferences approximately 300 miles annually.
Airfare					\$ 1,900	Airfare for 2 LHJ Representatives to attend 2 conferences (\$475 x 2 x 2 = \$1,900).
Lodging					\$ 540	Lodging for 2 LHJ Representatives to attend 2 conferences (\$135 x 2 x 2 = \$540).
Conference Fees					\$ 3,140	\$785 registration fee for 2 LHJ Representatives for 2 conferences (\$785 x 2 x 2 = \$3,140).
				<b>Total Travel</b>	<b>\$ 5,755</b>	
<b>SUBCONTRACTORS</b>						
Subcontractor (TBD)					\$ 150,000	The activities in the SOW which the subcontractor will be responsible for include: A. Conduct or ensure the provision of HCV antibody testing for persons at high risk for HCV infection, with an emphasis on high priority settings. B. Conduct or ensure the provision of HCV ribonucleic acid (RNA) testing (needed to diagnose current hepatitis C infection) C. Conduct or ensure the provision of HCV navigation and linkages to care for people with a positive HCV RNA test or who were previously diagnosed with HCV. Participates in or conduct collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships. Will attend at least one regional or statewide meeting covering HCV prevention and control efforts, updates, or trending care methods.
				<b>Total Subcontractor</b>	<b>\$ 150,000</b>	
<b>OTHER COSTS</b>					\$ -	
<b>INDIRECT COSTS</b>						
Indirect Cost			14.628%		\$ 8,499	Approved negotiated rate for the LHJ for the fiscal year.
<b>Budget Total</b>					<b>\$ 222,957</b>	

**California Department of Public Health  
STD Control Branch  
Fiscal Year: 2022/2023**

Local Health Jurisdiction:

County of San Bernardino

PERSONNEL	Classification	Monthly Salary	Percent of Time	Months	Budget	DESCRIPTION OF EXPENSE
	Health Education Specialist II	\$ 3,000	20%	12	\$ 7,200	<b>Duties and Responsibilities:</b> Liaison between the program and CBO subcontractor. Reviews and submits collected data received from the CBO subcontractor. Provides CBO subcontractor training for rapid HCV testing and technical assistance if needed. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships.
	Office Assistant II	\$ 4,336	20%	12	\$ 10,406	<b>Duties and Responsibilities:</b> Provides clerical support, including scheduling, copying, answering phones, data entry, ordering supplies, inventory.
	Supervising Health Education Specialist	\$ 4,806	10%	12	\$ 5,767	<b>Duties and Responsibilities:</b> Overall supervision of staff and LHJ liaison. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships.
	Public Health Program Coordinator	\$ 7,913	10%	12	\$ 9,496	<b>Duties and Responsibilities:</b> Develops and/or strengthens local collective impact partnerships to assess barriers and develops and implements strategies for improving the accessibility of HCV monitoring, prevention, screening, testing, diagnosis, linkages to care, and treatment for vulnerable and underserved individuals living with and at risk for Hepatitis C infection. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships.
	Program Manager	\$ 9,134	5%	12	\$ 5,480	<b>Duties and Responsibilities:</b> Provides managerial support to program activities. Coordinates award reporting. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships.
<b>BENEFITS</b>			<b>Total Personnel</b>		<b>\$ 38,349</b>	
	Benefits		51.51%		<b>\$ 19,754</b>	Local health jurisdiction benefit rate. Benefit rate of 51.51% is comprised of following: Retirement - County match 32.513%, Survivor's Benefits 0.06%, Retirement - employee portion 0.04%, SDI/Short Term Disability 1.131%, Medicare 1.338%, Workers Compensation 4.069%, Vision Care 0.115%, Group Health - county portion 10.77%, Life Insurance 0.7%, Dental Ins. 0.314%, Cafeteria Plan 0.46%
<b>OPERATING EXPENSES</b>						
	General Office Expense				\$ 600	Program's share of office expenses (paper, envelopes, pencils, copy services, etc.) (\$10/person x 5 staff x 12 months = \$600) Include minor equipment items that have a unit cost that is under \$5,000 each.
			<b>Total Operating</b>		<b>\$ 600</b>	

<b>EQUIPMENT</b>						
Equipment					\$ -	Please itemize equipment purchases with a unit cost that exceeds \$5,000 and provide a justification for need of the equipment. Include the unit cost, the number of units, and the extended cost.
<b>TRAVEL</b>						
Mileage					\$ 175	Cost of mileage at 58 cents per mile. Mileage for staff to attend meetings and conferences approximately 300 miles annually.
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Lodging					\$ 540	Lodging for 2 LHJ Representatives to attend 2 conferences (\$135 x 2 x 2 = \$540).
Conference Fees					\$ 3,140	\$785 registration fee for 2 LHJ Representatives for 2 conferences (\$785 x 2 x 2 = \$3,140).
				<b>Total Travel</b>	<b>\$ 5,755</b>	
<b>SUBCONTRACTORS</b>						
						The activities in the SOW which the subcontractor will be responsible for include: A. Conduct or ensure the provision of HCV antibody testing for persons at high risk for HCV infection, with an emphasis on high priority settings. B. Conduct or ensure the provision of HCV ribonucleic acid (RNA) testing (needed to diagnose current hepatitis C infection) C. Conduct or ensure the provision of HCV navigation and linkages to care for people with a positive HCV RNA test or who were previously diagnosed with HCV. Participates in or conduct collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships. Will attend at least one regional or statewide meeting covering HCV prevention and control efforts, updates, or trending care methods.
Subcontractor (TBD)					\$ 150,000	
				<b>Total Subcontractor</b>	<b>\$ 150,000</b>	
<b>OTHER COSTS</b>						
					\$ -	
<b>INDIRECT COSTS</b>						
Indirect Cost				14.628%	\$ 8,499	Approved negotiated rate for the LHJ for the fiscal year.
<b>Budget Total</b>					<b>\$ 222,957</b>	

**California Department of Public Health  
STD Control Branch  
Fiscal Year: 2023/2024**

Local Health Jurisdiction: County of San Bernardino

<b>PERSONNEL</b>							<b>DESCRIPTION OF EXPENSE</b>
Classification	Monthly Salary	Percent of Time	Months	Budget			
Health Education Specialist II	\$ 3,000	20%	12	\$ 7,200			<b>Duties and Responsibilities:</b> Liaison between the program and CBO subcontractor. Reviews and submits collected data received from the CBO subcontractor. Provides CBO subcontractor training for rapid HCV testing and technical assistance if needed. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships.
Office Assistant II	\$ 4,336	20%	12	\$ 10,406			<b>Duties and Responsibilities:</b> Provides clerical support, including scheduling, copying, answering phones, data entry, ordering supplies, inventory.
Supervising Health Education Specialist	\$ 4,806	10%	12	\$ 5,767			<b>Duties and Responsibilities:</b> Overall supervision of staff and LHJ liaison. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships.
Public Health Program Coordinator	\$ 7,913	10%	12	\$ 9,496			<b>Duties and Responsibilities:</b> Develops and/or strengthens local collective impact partnerships to assess barriers and develops and implements strategies for improving the accessibility of HCV monitoring, prevention, screening, testing, diagnosis, linkages to care, and treatment for vulnerable and underserved individuals living with and at risk for Hepatitis C infection. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships.
Program Manager	\$ 9,134	5%	12	\$ 5,480			<b>Duties and Responsibilities:</b> Provides managerial support to program activities. Coordinates award reporting. Participates in or conducts collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships.
<b>BENEFITS</b>		<b>Total Personnel</b>		<b>\$ 38,349</b>			
Benefits		51.51%		<b>\$ 19,754</b>			Local health jurisdiction benefit rate. Benefit rate of 51.51% is comprised of the following: Retirement - County match 32.513%, Survivor's Benefits 0.06%, Retirement - employee portion 0.04%, SDI/Short Term Disability 1.131%, Medicare 1.338%, Workers Compensation 4.069%, Vision Care 0.115%, Group Health - county portion 10.77%, Life Insurance 0.7%, Dental Ins. 0.314%, Cafeteria Plan 0.46%
<b>OPERATING EXPENSES</b>							

General Office Expense					\$ 600	Program's share of office expenses (paper, envelopes, pencils, copy services, etc.) (\$10/person x 5 staff x 12 months = \$600) Include minor equipment items that have a unit cost that is under \$5,000 each.
<b>EQUIPMENT</b>				Total Operating	\$ 600	
Equipment					\$ -	Please itemize equipment purchases with a unit cost that exceeds \$5,000 and provide a justification for need of the equipment. Include the unit cost, the number of units, and the extended cost.
<b>TRAVEL</b>						
Mileage					\$ 175	Cost of mileage at 58 cents per mile. Mileage for staff to attend meetings and conferences approximately 300 miles annually.
Airfare					\$ 1,900	Airfare for 2 LHJ Representatives to attend 2 conferences (\$475 x 2 x 2 = \$1,900).
Lodging					\$ 540	Lodging for 2 LHJ Representatives to attend 2 conferences (\$135 x 2 x 2 = \$540).
Conference Fees					\$ 3,140	\$785 registration fee for 2 LHJ Representatives for 2 conferences (\$785 x 2 x 2 = \$3,140).
				Total Travel	\$ 5,755	
<b>SUBCONTRACTORS</b>						
Subcontractor (TBD)					\$ 150,000	The activities in the SOW which the subcontractor will be responsible for include: A. Conduct or ensure the provision of HCV antibody testing for persons at high risk for HCV infection, with an emphasis on high priority settings. B. Conduct or ensure the provision of HCV ribonucleic acid (RNA) testing (needed to diagnose current hepatitis C infection) C. Conduct or ensure the provision of HCV navigation and linkages to care for people with a positive HCV RNA test or who were previously diagnosed with HCV. Participates in or conduct collaborative meetings with local care, social service, and other teams to support HCV prevention and control efforts and to maintain partnerships. Will attend at least one regional or statewide meeting covering HCV prevention and control efforts, updates, or trending care methods.
<b>OTHER COSTS</b>				Total Subcontractor	\$ 150,000	
					\$ -	
<b>INDIRECT COSTS</b>						
Indirect Cost			14.628%		\$ 8,499	Approved negotiated rate for the LHJ for the fiscal year.
<b>Budget Total</b>					\$ 222,957	

**Subcontractor Budget**  
**July 1, 2019 - June 30, 2020**

**PERSONNEL**

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months</u>	<u>Budget</u>
Position Title/Classification	\$0	0.00	12	\$0
Position Title/Classification	\$0	0.00	12	\$0
Position Title/Classification	\$0	0.00	12	\$0
<b>Total Personnel</b>				<b>\$0</b>
Fringe Benefits @	0%			\$0
<b>Total Personnel &amp; Benefits</b>				<b>\$0</b>

**OPERATING EXPENSES**

General Office Expense	\$0
[Insert Line Item Name]	\$0
[Insert Line Item Name]	\$0
[Insert Line Item Name]	\$0
<b>Total Operating Expenses</b>	<b>\$0</b>

**EQUIPMENT** (If >\$50K, please itemize) **\$0**

**TRAVEL** **\$0**

**SUBCONTRACTORS** (If >\$50K, itemize on subcontractor budget template)

Name of subcontractor \$0  
Name of subcontractor \$0

**Total Subcontractors** **\$0**

**OTHER COSTS** **\$0**

**INDIRECT COSTS (XX% OF PERSONNEL AND BENEFITS)** **\$0**

**BUDGET GRAND TOTAL** **\$0**

**Exhibit B**  
**Subcontractor Budgets, Schedule 1**  
**(Year 1)**  
**July 1, 2019 - June 30, 2020**

**Name of Subcontractor #1:**

**Expense Category**

Personnel

General Expense

Travel

Subcontracts

Indirect Costs

**Total Costs**

**Name of Subcontractor #2:**

**Expense Category**

Personnel

General Expense

Travel

Subcontracts

Indirect Costs

**Total Costs**

**Name of Subcontractor #3:**

**Expense Category**

Personnel

General Expense

Travel

Subcontracts

Indirect Costs

**Total Costs**

Totals

\$	-
\$	-
\$	-
\$	-
\$	-
\$	-

Totals

\$	-
\$	-
\$	-
\$	-
\$	-
\$	-

Totals

\$	-
\$	-
\$	-
\$	-
\$	-
\$	-



**STD CONTROL BRANCH  
LOCAL HEALTH JURISDICTION CONTACT INFORMATION**

<b>ORGANIZATION</b>	This is the information that will appear on your grant cover page.			
	<b>Federal Tax Identification Number</b>	<u>95-6002748</u>		
	<b>Legal Name of the Organization</b>	<u>County of San Bernardino, Department of Public Health</u>		
	<b>Mailing Address</b>	<u>351 N. Mt. View - Suite 303, San Bernardino, CA 92415</u>		
	<b>Street Address (If Different)</b>	<u></u>		
	<b>County</b>	<u>San Bernardino</u>		
	<b>Telephone Number</b>	<u>(909) 387-9146</u>	<b>Fax Number</b>	<u>(909) 387-6228</u>

<b>GRANT SIGNATORY</b>	The Grant Signatory is the individual who has the authority to sign the grant cover page (CDPH 1229).			
	<b>Name</b>	<u>Curt Hagman</u>		
	<b>Title</b>	<u>Chairman, Board of Supervisors</u>		
	<b>Mailing Address</b>	<u>385 N. Arrowhead - 5th Floor, San Bernardino, CA 92415</u>		
	<b>Street Address (If Different)</b>	<u></u>		
	<b>Telephone Number</b>	<u>(909) 387-5417</u>	<b>Fax Number</b>	<u>(909) 387-5430</u>
	<b>Email</b>	<u><a href="mailto:Curt.Hagman@bos.sbcounty.gov">Curt.Hagman@bos.sbcounty.gov</a></u>		

**PROJECT DIRECTOR**

The Project Director is the individual who is responsible for the oversight of the grant and is responsible for the day-to-day activities of the project and for seeing that all grant requirements are met. This person will be in contact with State STD Control Branch staff and will receive all programmatic, budget, and accounting documents for the project and will be responsible for the proper dissemination of program information.

**Name** Scott Rigsby

**Title** Public Health Program Manager

**Mailing Address** 172 W. 3rd Street - 6th Floor, San Bernardino, CA 92415

**Street Address (If Different)** \_\_\_\_\_

**Telephone Number** (909) 387-6408 **Fax Number** (909) 387-6744

**Email** [srigsby@dph.sbcounty.gov](mailto:srigsby@dph.sbcounty.gov)

**CASHIER/FISCAL REPRESENTATIVE**

The Cashier/Fiscal Representative is the individual who is responsible for submitting invoices and receiving the invoice payments. The mailing address is where the payments will be mailed.

**Name** Karina Morales

**Title** Accountant III

**Mailing Address** 172 W. 3rd Street - 6th Floor, San Bernardino, CA 92415

**Street Address (If Different)** \_\_\_\_\_

**Telephone Number** (909) 387-6731 **Fax Number** (909) 387-6886

**Email** [Karina.Morales@dph.sbcounty.gc](mailto:Karina.Morales@dph.sbcounty.gc)