

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



June 24, 2022

Karen Relucio, MD Health Officer Napa County Public Health Department 2751 Napa Valley Corporate Drive, Building B Napa, CA 94559

Dear Dr. Relucio:

LETTER OF AWARD:

Real-time Allotment Number: 2228R-TA00

Data Universal Numbering System (DUNS) Number: 071688188

FUNDING PERIOD: July 1, 2022 through June 30, 2023

This letter is confirmation of your local assistance award to support tuberculosis (TB) prevention and control activities in fiscal year (FY) 2022-2023.

REAL-TIME ALLOTMENT

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) is awarding to the Napa County Public Health Department an initial Real-time Allotment of \$6,935, with the understanding that your staff will work with CDPH TBCB staff in carrying out your program's TB control efforts. This initial installment is comprised of \$3,269 state and \$3,666 federal funds¹.

The amount is based on the number of TB cases and case characteristics reported by your jurisdiction between January 1 and May 31, 2022 and the number of completed B1-notification evaluations for immigrants with a TB B-1 classification arriving in your jurisdiction reported between December 1, 2021 and May 31, 2022. A revised and/or final Real-time installment may be sent to your jurisdiction if additional TB cases, case characteristics and/or completed B1-notification evaluations are reported after May 31, 2022. Funds are issued for up to five TB cases and/or case characteristics per calendar year; completed B1-notification evaluations are not limited.

This award is valid and enforceable only if the enacted State of California FY 2022-2023 budget and the 2022 and 2023 Federal budgets make sufficient funds available for the purposes of this program.

¹ Federal funds fiscal information: Project Grants and Cooperative Agreements for Tuberculosis Control Programs; CFDA number: 93.116; FAIN number: NU52PS910219



Real-time Allotment Summary for FY 2022-2023 Napa County Public Health Department					
Real-time Allotment Awarded	State Funds	Federal Funds	Total		
Initial installment - June	\$3,269	\$3,666	\$6,935		
Total Real-time Allotment	\$3,269	\$3,666	\$6,935		

MANAGING YOUR REAL-TIME ALLOTMENT

The allotment can be used for allowable expenditures listed on page 12 of the FY 2022-2023 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. To comply with federal restrictions on fund use, reimbursement of medication expenditures is limited to the amount of the state fund portion of the award.

Approximately 6% of Real-time Allotments are derived from funds intended to be used to enhance treatment adherence, prevent homelessness, and/or promote least restrictive alternatives that decrease or obviate the need for detention. Allotment recipients may use the funds awarded, as needed, for food, shelter, incentives and enablers (FSIE) for TB patients, contacts to TB patients and patients who are suspected of having TB.

INVOICING REAL-TIME ALLOTMENT EXPENDITURES

- When invoicing for approved expenditures, please:
 - Refer to the FY 2022-2023 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual and invoice templates available at the link above
 - Bill to: California Department of Public Health, Tuberculosis Control Branch
 - Submit on your organization's letterhead, signed electronically or in blue ink
- The amount in the "Total" line of Column "A" (Allotment Amount) should reflect the total amount of state and federal funds awarded to date ("Total Real-time Allotment") in the above table.
- > Real-time Allotment invoices are due on:

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

- If an invoice will not be emailed by the quarterly due date, please contact the CDPH TBCB Fiscal Analyst to request an extension.
- Invoices for FY 2022-2023 will not be processed until:
 - Signed copies of the certifications listed below have been received, and
 - The CDPH TBCB has received a signed "Acceptance of Award" form.

ACCEPTING YOUR REAL-TIME ALLOTMENT

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).

The following forms also require an authorized signature:

- Darfur Contracting Act
- Special Terms and Conditions
- Contractor Certification Clauses
- Certification of Established Electronic Directly Observed Therapy (eDOT)
 Policies and Procedures (if applicable)

Please submit all documents in electronic form or as a color scanned PDF by <u>email only</u> to <u>TBCB.Awards@cdph.ca.gov</u>.

REQUESTING FUNDS FOR ADDITIONAL FSIE EXPENDITURES

Should you need FSIE funds in excess of your Real-time Allotment, a request for additional FSIE funds can be made anytime before May 31, 2023. Requests will be approved if unexpended funds are available. For complete information regarding requests for additional funds, please refer to Part 2, Section 3 of the FY 2022-2023 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual.

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



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



ACCEPTANCE OF AWARD

Napa County Public Health Department

Real-time Allotment Number: 2228R-TA00

Data Universal Numbering System (DUNS) Number: 071688188

Funding Period: July 1, 2022 through June 30, 2023

Funding: \$6,935

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the FY 2022-2023 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	Date					
Print Name	Title					

I hereby accept this award. By accepting this award, I agree to the requirements as described in

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