



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

March 25, 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:**

**Special Needs Funds Award Number: 2128SPND00**

**Data Universal Numbering System (DUNS) Number: 071688188**

**FUNDING PERIOD: March 18, 2022 through June 30, 2022**

This letter of award is in response to the request for additional funds to support tuberculosis (TB) prevention and control activities submitted by March 18, 2022 by the Napa County Public Health Department. The California Department of Public Health (CDPH) TB Control Branch (TBCB) has approved your request.

**SPECIAL NEEDS FUNDS AWARD**

The Napa County Public Health Department will receive up to \$3,705 from the CDPH TBCB to assist with travel costs for three travelers to attend the 2022 NTCA-CTCA Joint Conference. This award must be used for expenditures listed in the approved “Application for Funding to Attend the 2022 NTC Conference” form submitted to the California TB Controllers Association, observing any corrections issued.

This award is valid and enforceable only if the enacted State of California FY 2021-2022 budget makes sufficient funds available for the purposes of this program.

**MANAGING YOUR SPECIAL NEEDS FUNDS AWARD**

Requirements for the use of these funds are listed in Part 1 of the FY 2021-2022 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>. Expenditure reimbursement is contingent upon compliance with these standards and procedures.



### **SUBMITTING SPECIAL NEEDS FUNDS AWARD INVOICES**

When invoicing for approved expenditures, please refer to the award as “Tuberculosis Special Needs Funds Award – 2128SPND00.”

- The invoice(s) submitted for this award shall include only actual expenditures for the approved line items.
  - Special Needs Funds award invoices should be submitted on the same quarterly schedule and format as described in Part 3, Section 1.6, B of the FY 2021-2022 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual. Expenditures invoiced must have occurred within the scheduled time period.
- Invoices for this award cannot be processed until the CDPH TBCB has received a signed “Acceptance of Award” form.

### **ACCEPTING YOUR SPECIAL NEEDS FUNDS 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).

Submit your signed “Acceptance of Award” form either as a color scanned PDF via email or hard copy by mail to:

California Department of Public Health  
Tuberculosis Control Branch  
850 Marina Bay Parkway, Building P, 2<sup>nd</sup> Floor  
Richmond, CA 94804-6403  
Attn: Laura Molieri, Fiscal Analyst

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

Sincerely,



Juanita Crosby

## Tuberculosis Special Needs Funds Application Summary Budget FY 2021-2022

Jurisdiction: Napa

Submission Date: 3/18/2022

LINE ITEM CATEGORY	AMOUNT
Personnel (With Benefits)	
Benefits	
Personnel (Non-Benefit)	
Travel	\$3,705.00
Equipment	
Supplies	
Anti-TB Medications	
Subcontracts	
Other	
<b>TOTAL DIRECT COSTS</b>	
Indirect Costs	
<b>TOTAL BUDGET</b>	<b>\$3,705.00</b>



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# ACCEPTANCE OF AWARD

## Napa County Public Health Department

**Special Needs Funds Award Number: 2128SPND00**  
**Data Universal Numbering System (DUNS) Number: 071688188**  
**FUNDING PERIOD: March 18, 2022 through June 30, 2022**  
**AWARD: \$3,705**

I hereby accept this award. By accepting this award, I agree to the requirements as described in the FY 2021-2022 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

Approved as to form:  
Napa County Counsel  
Dated: 4/21/2022

/S/ COREY S. UTSUROGI  
Corey S. Utsurogi, Deputy

