

# TEHAMA COUNTY HEALTH SERVICES AGENCY



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## STI Prevention and Collaboration Allocations Allocation Funding Period: July 1, 2026 – June 30, 2031

Attn: Vivian Wong, [Vivian.wong@cdph.ca.gov](mailto:Vivian.wong@cdph.ca.gov)  
[STDHJContracts@cdph.ca.gov](mailto:STDHJContracts@cdph.ca.gov)

**Agency Name:** Tehama County Health Services Agency

**Local Health Jurisdiction:** Tehama County

**Director Name:** Jayme Bottke

**Email:** [jayme.bottke@tchsa.net](mailto:jayme.bottke@tchsa.net)

**Phone:** 530-528-3216

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Please accept this as our letter of intent to apply for the funds from the California Department of Public Health (CDPH) Sexually Transmitted Diseases Control Branch (STDCB) for **STI Prevention and Collaboration** with an allocation funding period of July 1, 2026 through June 30, 2031.

Sincerely,

Jayme S. Bottke  
Executive Director

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

<b>ORGANIZATION</b>	This is the information that will appear on your allocation cover page.		
	Federal Tax Identification Number	94-6000543	
	Legal Name of the Organization	Tehama County Health Services Agency - Public Health	
	Mailing Address	PO Box 400, Red Bluff, CA 96080	
	Street Address (If Different)	1860 Walnut Street, Suite C, Red Bluff, CA 96080	
	County	Tehama County	
	Telephone Number	530-527-6824	Fax Number

<b>ACCEPTANCE OF AWARD LETTER SIGNATORY</b>	The Acceptance of Award Letter Signatory is the individual who has the authority to sign and accept the funds.			
	Name	Jayme Bottke		
	Title	Executive Director		
	Mailing Address	PO Box 400, Red Bluff, CA 96080		
	Street Address (If Different)	818 Main Street, Red Bluff, CA 96080		
	Telephone Number	530-527-8491	Fax Number	530-527-0240
	Email	jayne.bottke@tchsa.net		

<b>AWARD REPRESENTATIVE</b>	The Award Representative is the individual who is responsible for the oversight of the award and is responsible for the day-to-day activities of the award and for seeing that all award 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 award and will be responsible for the proper dissemination of program information.			
	Name	Kelly Burton		
	Title	Supervising Public Health Nurse		
	Mailing Address	PO Box 400, Red Bluff, CA 96080		
	Street Address (If Different)	1860 Walnut Street, Suite C, Red Bluff, CA 96080		
	Telephone Number	530-527-6824	Fax Number	530-527-0362
	Email	kelly.burton@tchsa.net		

<b>AWARD DIRECTOR</b>	The Award Director is the individual who has overall authority of this grant and will be the second point of contact after the Award Representative.	
	Name	<u>Minnie Sagar</u>
	Title	<u>Public Health Director</u>
	Mailing Address	<u>PO Box 400, Red Bluff, CA 96080</u>
	Street Address (If Different)	<u>1860 Walnut Street, Suite C, Red Bluff, CA 96080</u>
	Telephone Number	<u>530-527-6824</u>
	Fax Number	<u>530-527-0362</u>
Email	<u>minnie.sagar@tchsa.net</u>	

<b>CASHIER/FISCAL REPRESENTATIVE</b>	The Cashier/Fiscal Representative is the individual who is responsible for submitting invoices and receiving the invoice payments. The remittance address is where the payments will be mailed.	
	Name	<u>Glenda Shoemaker</u>
	Title	<u>Accountant II</u>
	Remittance Address	<u>PO Box 400, Red Bluff, CA 96080</u>
	Street Address (If Different)	<u>1860 Walnut Street, Suite C, Red Bluff, CA 96080</u>
	Telephone Number	<u>530-527-8491 ext 3831</u>
	Fax Number	<u>530-527-0240</u>
Email	<u>Glenda.Shoemaker@tchsa.net</u>	

## Sexually Transmitted Infection (STI) Prevention & Collaboration Allocations Annual Workplan

Jurisdiction: Tehama County  
 Name : \_\_\_\_\_  
 Funding Period 2026-2027

The STI Prevention and Collaboration workplan reflects the allowable activities for the STI Prevention and Collaboration allocations. Chosen activities should be based on funding allocated to each Local Health Jurisdiction (LHJ) as well as local needs, capacity, and infrastructure.

The STI Prevention and Collaboration allocations are intended for the implementation of 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, sexually transmitted infections (STIs) in collaboration with community-based organizations (CBOs) within the local health jurisdiction (LHJ). For the purposes of this allocation, STIs are defined as chlamydia, gonorrhea, syphilis, congenital syphilis, and mpox. Upon California Department of Public Health (CDPH) approval, other communicable diseases transmitted by sexual contact may be included as allowable activities.

The following funding requirements should be implemented as authorized by HSC 120511:

- No less than 50 percent of the funds allocated to LHJs based on HSC 120511 (40% of total awards) shall be provided to, or used to support activities in partnership with, CBOs or nonprofit health care providers, provided that there are CBOs or nonprofit health care providers in the jurisdiction that can conduct the activities and provide these services consistent with HSC 120511.
- LHJ and CBO activities may include integrated services for viral hepatitis, human immunodeficiency virus (HIV) infection, STIs, and drug overdose to the extent they improve health outcomes for the most vulnerable and underserved individuals living with, or at high risk for, STIs.
- LHJ support for local CBO partners may include, but is not limited to, direct funding through subcontracts or staffing, supplies, and other forms of in-kind support.
- LHJs and CBOs may also use funds to provide material support, including, but not limited to, sleeping bags, tarps, shelter, clothing items, and hygiene kits, to people living with, or at risk for, STIs for purposes consistent with HSC 120511.
- LHJs shall use a portion of funds to facilitate expanded access to STI clinical services for LBGTQ+ populations, including those who face confidentiality barriers in using their health coverage to receive STI testing, treatment, and related care.

Priority populations for this award are people living with or at high risk for STIs, which may include but is not limited to a) people experiencing homelessness or unstable housing; b) people detained in a local jail; c) people who use drugs, including methamphetamine; d) people who are or can become pregnant and their partners; e) trans women; f) men who have sex with men (MSM); g) sexually active youth; h) Black/African American people who are disproportionately affected by STIs in California.

**Workplan Instructions:**

Provide a brief description (fewer than 100 words) of how each activity will be implemented in the LHJ. Include how CBOs will help implement activities, which may be conducted through direct funding and/or in-kind support. If the LHJ is not planning to implement an activity, indicate "Not Applicable (N/A)" in the briefly describe column. LHJs may propose and describe other innovative and impactful activities for approval by the California Department of Public Health (CDPH). All program activities, including innovative projects, should support the goals described in California Health and Safety Code (HSC) 120511.

**Part I: Core STI Public Health Services – Surveillance and Disease Investigation**

Where possible, CDPH will calculate Part I Metrics using data available in CalREDIE and other state data systems.

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted enter "N/A"
<p><b>A.</b> Conduct core surveillance activities for STIs, ensuring completeness and accuracy of key data variables.</p>	<ul style="list-style-type: none"> <li>• For all STIs: Percent of cases with data reported for the following: sex assigned at birth; gender; sexual orientation, when reported by provider or through case investigation; race; ethnicity, percent of female syphilis cases (all stages) with data reported for the following: Pregnancy status (females ages 12-44 years); Estimated date of delivery (EDD), if pregnant; Treatment date and medication/dosage/regimen; HIV status; HIV PrEP referral or use among HIV-negative cases, where available</li> <li>• Percent of pregnant syphilis cases with documented birth outcome</li> <li>• Percent of male primary and secondary syphilis cases with complete data for the following: treatment date; treatment medication/dosage/regimen; HIV status; HIV PrEP referral or use among HIV-negative cases; gender of sex partners.</li> </ul>	<p>Epidemiologist will help update existing CD data tracking system to include additional demographic elements and pregnancy status as indicated. CD system is monitored quarterly by both the Epi and PHN III and reported out to the PH Director and Health Officer for determination of additional action as needed.</p>

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted enter "N/A"
<p><b>B.</b> Conduct disease investigation and partner services for priority STI cases per CDC/CDPH prioritization guidelines.</p>	<ul style="list-style-type: none"> <li>• Proportion of congenital syphilis cases (probable or confirmed) treated with 10 days of IV Penicillin.</li> <li>• Percent of all early syphilis cases with at least one partner treated within 30 days before or after date of index client specimen collection.</li> <li>• Percent of pregnant syphilis cases (all stages) with at least one partner treated within 30 days before or after date of index client specimen collection.</li> <li>• Percent of all early syphilis cases that were treated appropriately within 7 days of initial case report to the health department</li> <li>• Percent of all early syphilis cases completed CDC/CDPH-recommended treatment appropriate for syphilis stage.</li> <li>• Percent of pregnant syphilis cases who initiated treatment within 7 days of initial case report</li> <li>• Percent of pregnant syphilis cases completed CDC/CDPH-recommended treatment appropriate for syphilis stage.</li> <li>• Percent of mpox cases that were interviewed and offered partner services.</li> <li>• Percent of DGI cases that are treated with a third-generation cephalosporin for at least 7 days</li> <li>• Percent of GC treatment failures that were interviewed and offered partner services</li> </ul>	<p>Epidemiologist, PHN III and CBO to work together to investigate and provide partner services for STI cases.</p>
<p><b>C.</b> As needed, coordinate and participate in cluster and outbreak detection and response activities</p>	<ul style="list-style-type: none"> <li>• Description of outbreak response efforts and investigation outcomes (e.g., number of infections identified in the outbreak, number of cases given medical counter measures for prevention, number of cases interviewed, number of cases treated, number of contacts</li> </ul>	<p>Epidemiologist and PHN III to identify clusters and/or outbreaks and coordinate public health staff to respond.</p>

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted enter "N/A"
related to syphilis clusters, mpox transmitted via sexual or intimate contact, suspected gonorrhea treatment failure or report of reduced drug susceptibility, DGI, and other emerging infections upon approval from CDPH.	identified, number of contacts receiving prevention, number of contacts receiving treatment) as needed.	
<b>D.</b> Analyze local surveillance data and disseminate findings	<ul style="list-style-type: none"> <li>• Publication of fact sheets, maps, dashboards, reports, etc. describing local sexual health epidemiology, trends, and gaps, including racial and/or health disparities</li> <li>• Publication of fact sheets and reports characterizing the syndemic of HIV, HCV, STIs, and/or other issues affecting priority populations</li> </ul>	Epidemiologist will help track local surveillance data and work with the health educator to develop audience appropriate materials for the dissemination of findings.
<b>E.</b> Conduct morbidity and mortality reviews of congenital syphilis cases, prioritizing as needed based on morbidity.	<ul style="list-style-type: none"> <li>• Report of line-listed cases reviewed and outcomes using template provided by CDPH</li> <li>• Description of staff in attendance, meeting frequency, and key action items identified to prevent future cases of CS</li> <li>• Description of collaboration with local obstetric/gynecologic, pediatric and/or family medicine providers, MCAH, and other partners program on congenital syphilis case reviews</li> </ul>	PHN III will conduct reviews as needed.
<b>F.</b> Within a year of the launch of CalCONNECT for STIs, use CalCONNECT for congenital syphilis and other priority	<ul style="list-style-type: none"> <li>• Use of CalCONNECT for congenital syphilis cases</li> <li>• Use of CalCONNECT for other priority STIs</li> </ul>	N/A. Our county is still using CalREDIE for congenital syphilis case management.

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted enter "N/A"
STIs as available for case management.		
<b>G.</b> Additional innovative and impactful activity consistent with HSC 120511 that the LHJ plans to undertake for surveillance and/or disease intervention activities.	<ul style="list-style-type: none"> <li>Description of the specific methods and approaches, deliverables, and a projected timeline submitted to CDPH.</li> </ul>	LHJ is partnering with non profit tribal community health clinic to increase prevention education, screening and if needed treatment for STI's among the population the clinic serves as well as the clients of the organization the clinic provides contractual services to. In this case that organization is Empower Tehama a domestic violence prevention organization. STD self test kits will be provided to clients of both organizations. Progress and outcomes from this intervention will be reported to CDPH in alignment with the designated reporting cycle for this grant.

**Part II: STI prevention, testing, navigation, linkages to care, care coordination, and treatment, among vulnerable and underserved clients at high risk for STI, with an emphasis on priority settings and populations**

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted, enter "N/A"
<b>A.</b> Conduct or ensure the provision of STI outreach, STI and pregnancy testing, patient and partner treatment, prevention, patient navigation, linkages to care, and/or care coordination, for persons at high risk for STI infection in at least one high priority setting. Per HSC 120511, at least one clinical activity must	<ul style="list-style-type: none"> <li>Description of priority populations and settings and STI activities conducted</li> <li><b>For CT and GC testing/treatment supported by this allocation</b></li> <li>Number of people tested, by STI and organization</li> <li>Number and percent of people tested with a reactive/positive test result, by STI and organization (Target: provide services in organizations with at least 2% positivity for any STI)</li> <li>Number and percent of people with reactive/positive test result who received CDC/CDPH recommended treatment, by STI and organization (Target: at least 90%)</li> <li>Where applicable, number of EPT doses dispensed, by STI and organization</li> </ul>	Please select one (or more) of the boxes below, and briefly describe how the LHJ and/or CBO partner will implement this activity. Check all that apply. <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Adult Jail Screening</li> <li><input type="checkbox"/> Juvenile Hall Screening</li> <li><input type="checkbox"/> Emergency Department Screening</li> <li><input checked="" type="checkbox"/> Homeless Encampment Screening</li> <li><input checked="" type="checkbox"/> Community Based Screening</li> <li><input type="checkbox"/> Other _____</li> </ul> LHJ assists with Adult Jail screenings, provides screenings at homeless shelter, and LHJ & CBO to provide community based screenings.

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted, enter "N/A"
focus on LGBTQ+ populations.	<p><b>For syphilis testing/treatment supported by this allocation</b></p> <ul style="list-style-type: none"> <li>• Number of people receiving any initial syphilis test (RPR or treponemal), by organization</li> <li>• Number of people with a positive/reactive initial syphilis test, by organization</li> <li>• Number of people receiving both an RPR and treponemal (FTA-ABS, TP-PA, EIA) tests, by organization</li> <li>• Number and percent of people who were newly diagnosed with syphilis among those who received any initial syphilis test, by syphilis stage (early or late/unknown duration) and organization (Target: at least 2%)</li> <li>• Number and percent of people diagnosed with syphilis (any stage) who initiated CDC/CDPH recommended treatment, by syphilis stage (early or late/unknown duration) and organization (Target: at least 90%)</li> <li>• Number of people diagnosed with syphilis (all stages) who required navigation to care or treatment services</li> <li>• Number and percent of people diagnosed with syphilis (all stages) who required navigation to care or treatment services that were successfully linked to care</li> <li>• Where applicable, number of people provided/prescribed doxy PEP among those tested for an STI, by organization</li> <li>• Where applicable, number of people provided/prescribed HIV PrEP among those who test negative for HIV, by organization</li> </ul> <p><b>For other services supported by this allocation</b></p> <ul style="list-style-type: none"> <li>• Number of people provided other approved clinical services (e.g., HIV testing, linkage to HIV care, HCV testing, mpox vaccine, meningococcal vaccine serogroup B (MenB-4C) vaccine), by organization</li> </ul>	<p>Please describe how this activity will reach LGBTQ+ populations:</p> <p>Our enhanced surveillance efforts will help us to better understand the LGBTQ population within our county. Through this we will be able to work more specifically with community partners to reach the LGBTQ population in order to promote STI screening and treatment.</p>

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted, enter "N/A"
<p><b>B.</b> Provide, link or refer clients to supportive services for persons receiving STI services in selected priority settings and populations. Note: Supportive services are client-directed and offered as needed throughout the duration of STI outreach, testing, care, and treatment.</p>	<ul style="list-style-type: none"> <li>• Description of supportive services provided in selected priority populations and settings submitted to CDPH</li> <li>• Electronic tracking sheets for incentives and material supports to ensure appropriate utilization of items, as needed per CDPH guidelines</li> </ul>	<p>Health Educator and PHN III will assist clients with being linked to supportive services on an as needed basis.</p>
<p><b>C.</b> Increase low-barrier access to syphilis treatment and/or prevention (e.g., doxy-PEP) among priority populations, such as through non-340b-purchased medication to reduce administrative restrictions on providers (e.g., Bicillin L-A delivery to providers, correctional facilities, emergency departments, and other settings; administration of syphilis treatment in the field; provision of doxy-PEP).</p>	<ul style="list-style-type: none"> <li>• Number of Bicillin L-A doses delivered to providers</li> <li>• Number of Bicillin L-A doses delivered/administered in the field</li> <li>• Median number of days between early syphilis diagnosis and treatment, Percent of all late/unknown duration syphilis cases who initiated treatment within 7 days of initial case report to the health department and completed CDC/CDPH-recommended treatment appropriate for syphilis stage.,</li> </ul>	<p>LHJ has existing relationships established with local providers and correctional facilities and will continue to assist in providing access to Bicillin L-A doses as needed and as supply allows.</p>

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted, enter "N/A"
<p><b>D.</b> Integrate STI into outreach, prevention, testing, patient navigation, care coordination, treatment services, and/or outbreak response for HIV, mpox, viral hepatitis, drug overdose and/or other communicable diseases transmitted via sexual contact or injection drug use.</p>	<ul style="list-style-type: none"> <li>Description of integrated activities and outcomes submitted to CDPH</li> </ul>	<p>CBO, health educator and PHN III will be providing STI outreach to include testing, treatment, and care coordination at outreach events, including local homeless shelter, provider office lobby events, and Empower Tehama (local provider for victims of sexual assault, domestic violence and human trafficking).</p>
<p><b>E.</b> Pilot innovative preventive and clinical technologies and interventions for the most vulnerable and underserved individuals at risk for, STIs, such as through over the counter tests, at-home testing, dried blood spot testing, and rapid treatment in the field and/or telemedicine/telehealth.</p>	<ul style="list-style-type: none"> <li>Description of innovative activities and outcomes submitted to CDPH</li> </ul>	<p>Please select one (or more) of the boxes below and briefly describe below how the LHJ and/or CBO partner will implement this activity. Check all that apply.</p> <p><input checked="" type="checkbox"/> At Home Testing Over the counter tests <input type="checkbox"/> Dried Blood Spot Testing Rapid treatment (in the field) <input type="checkbox"/> Telemedicine/Telehealth <input type="checkbox"/> Other: _____</p> <p>CBO will be providing at home test kits through lobby and outreach events including to clients of Empower Tehama (local provider for victims of sexual assault, domestic violence and human trafficking).</p>
<p><b>F.</b> Additional innovative and impactful activity consistent with HSC 120511 that LHJ plans to undertake for individuals at risk for STIs.</p>	<ul style="list-style-type: none"> <li>Description of the specific methods and approaches, deliverables, and a projected timeline submitted to CDPH.</li> </ul>	<p>N/A</p>

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

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted, enter "N/A"
A. Engage with affected communities to inform STI activities, promote racial and health equity, and reduce stigma	<ul style="list-style-type: none"> <li>Description of communities engaged, engagement activities, and outcomes of engagement</li> </ul>	Health Educator would develop educational materials for targeted outreach
B. Build, maintain, and/or integrate STIs into local and/or regional coalitions to assess barriers and develop and implement strategies to improve the accessibility of STI prevention, testing, care, and treatment services	<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</li> </ul>	NA
C. Assess STI, HIV, HCV and other relevant clinical services available in the LHJ.	<ul style="list-style-type: none"> <li>Description of services by setting in progress reports and/or surveys sent by CDPH.</li> </ul>	Our LHJ provides direct clinical services for STI testing and treatment, TB testing and pregnancy testing. We will assess the feasibility of conducting a client services survey during this grant cycle.
D. Attend virtual or in-person meetings with other LHJs (and CBOs) conducting STI activities to discuss and share successes, challenges, and lessons learned. This includes attendance at statewide meetings/trainings, DIS Community of Practice, California STD/HIV Controllers Association, and monthly Local Capacity Building Webinars.	<ul style="list-style-type: none"> <li>In-state travel funds included in budget and budget justification as needed</li> <li>Meeting attendance of at least one LHJ representative</li> <li>Meeting attendance of at least one CBO representative (where relevant/as appropriate)</li> </ul>	Our PHN IIII currently attends the STI and HCV local capacity building monthly webinar and we are happy to attend additional meetings for this grant and to share that with our tribal partner.
E. Engage with local health care and service providers to increase access and increase capacity to provide to	<ul style="list-style-type: none"> <li>Description of provider engagement activities and outcomes submitted to CDPH.</li> </ul>	The subcontract for this grant is with a tribal health clinic who will be conducting direct STI outreach testing events to their clients as well

Activities	Performance Indicators	Briefly describe how this activity will be implemented. If the activity will not be conducted, enter "N/A"
STI prevention, testing, diagnosis, care, and treatment services, with an emphasis on primary care and priority settings.		as the clients of Empower Tehama whom they serve.
<b>F.</b> Promote medically accurate, non-stigmatizing health information for members of the public, people living with or at risk for STIs, and non-clinical service providers.	<ul style="list-style-type: none"> <li>• Description of health promotion and or social media campaigns, and/or activities and outcomes submitted to CDPH.</li> <li>• For social media campaigns number of views and click thrus</li> <li>• For printed materials, number printed and distributed</li> </ul>	Health Educator will look for best practice messaging, develop locally appropriate print materials and distribute.
<b>G.</b> Provide technical assistance, resources (e.g., condoms) or training to school districts and other school-based partners regarding confidential sexual health services and education in accordance with state regulations.	<ul style="list-style-type: none"> <li>• Description of activities, including number of collaborator sites, trainings facilitated or hosted, technical assistance activities, and other relevant program outcomes.</li> </ul>	LHJ Health Educator will participate in the CBO events to provide additional STI education and prevention materials.
<b>H.</b> Additional innovative and impactful community-level activity consistent with HSC 120511 that increases capacity to deliver STI prevention, testing, navigation, linkages to care, care coordination, and treatment for vulnerable and underserved people at high risk for STIs the LHJ plans to undertake .	<ul style="list-style-type: none"> <li>• Description of the specific methods and approaches, deliverables, and a projected timeline submitted to CDPH.</li> </ul>	NA-already discussed

	Local Health Jurisdiction	Current Combined Awards (FY 25/26)	STI Core Funds (FY 26/27)	STI Prevention and Collaboration Funds (FY 26/27)	Total Combined STI Prevention and Collaboration Allocation (Beginning FY 26/27)	Total Combined Allocations (FY 26/27-30/31)	Amount of Allocation that Must Support CBOs
1	ALAMEDA HD	\$ 599,359.00	\$ 124,777.00	\$ 465,305.00	\$ 590,082.00	\$ 2,950,410.00	\$ 232,652.50
2	BUTTE	\$ 305,836.00	\$ 60,931.00	\$ 227,218.00	\$ 288,149.00	\$ 1,440,745.00	\$ 113,609.00
3	CALAVERAS	\$ -	\$ 14,364.00	\$ 53,566.00	\$ 67,930.00	\$ 339,650.00	\$ 26,783.00
4	CONTRA COSTA	\$ 492,532.00	\$ 102,118.00	\$ 380,808.00	\$ 482,926.00	\$ 2,414,630.00	\$ 190,404.00
5	DEL NORTE	\$ -	\$ 12,971.00	\$ 48,372.00	\$ 61,343.00	\$ 306,715.00	\$ 24,186.00
6	FRESNO	\$ 712,065.00	\$ 148,920.00	\$ 555,338.00	\$ 704,258.00	\$ 3,521,290.00	\$ 277,669.00
7	GLENN	\$ -	\$ 13,063.00	\$ 48,711.00	\$ 61,774.00	\$ 308,870.00	\$ 24,355.50
8	HUMBOLDT	\$ -	\$ 20,495.00	\$ 76,430.00	\$ 96,925.00	\$ 484,625.00	\$ 38,215.00
9	IMPERIAL	\$ 310,942.00	\$ 61,281.00	\$ 228,523.00	\$ 289,804.00	\$ 1,449,020.00	\$ 114,261.50
10	KERN	\$ 644,154.00	\$ 143,349.00	\$ 534,561.00	\$ 677,910.00	\$ 3,389,550.00	\$ 267,280.50
11	KINGS	\$ 303,832.00	\$ 59,209.00	\$ 220,797.00	\$ 280,006.00	\$ 1,400,030.00	\$ 110,398.50
12	LAKE	\$ -	\$ 19,953.00	\$ 74,408.00	\$ 94,361.00	\$ 471,805.00	\$ 37,204.00
13	LONG BEACH	\$ 429,756.00	\$ 90,145.00	\$ 336,158.00	\$ 426,303.00	\$ 2,131,515.00	\$ 168,079.00
14	LOS ANGELES HD	\$ 2,499,063.00	\$ 560,152.00	\$ 2,088,855.00	\$ 2,649,007.00	\$ 13,245,035.00	\$ 1,044,427.50
15	MENDOCINO	\$ -	\$ 17,468.00	\$ 65,138.00	\$ 82,606.00	\$ 413,030.00	\$ 32,569.00
16	MERCED	\$ 338,423.00	\$ 67,217.00	\$ 250,659.00	\$ 317,876.00	\$ 1,589,380.00	\$ 125,329.50
17	ORANGE	\$ 953,450.00	\$ 201,322.00	\$ 750,746.00	\$ 952,068.00	\$ 4,760,340.00	\$ 375,373.00
18	RIVERSIDE	\$ 874,920.00	\$ 196,108.00	\$ 731,307.00	\$ 927,415.00	\$ 4,637,075.00	\$ 365,653.50
19	SACRAMENTO	\$ 654,742.00	\$ 146,757.00	\$ 547,270.00	\$ 694,027.00	\$ 3,470,135.00	\$ 273,635.00
20	SAN BERNARDINO	\$ 892,529.00	\$ 200,056.00	\$ 746,025.00	\$ 946,081.00	\$ 4,730,405.00	\$ 373,012.50
21	SAN DIEGO	\$ 1,082,319.00	\$ 242,596.00	\$ 904,662.00	\$ 1,147,258.00	\$ 5,736,290.00	\$ 452,331.00
22	SAN FRANCISCO	\$ 638,420.00	\$ 143,098.00	\$ 533,627.00	\$ 676,725.00	\$ 3,383,625.00	\$ 266,813.50
23	SAN JOAQUIN	\$ 548,680.00	\$ 114,725.00	\$ 427,819.00	\$ 542,544.00	\$ 2,712,720.00	\$ 213,909.50
24	SAN MATEO	\$ 394,300.00	\$ 81,002.00	\$ 302,062.00	\$ 383,064.00	\$ 1,915,320.00	\$ 151,031.00
25	SANTA BARBARA	\$ 357,859.00	\$ 74,068.00	\$ 276,206.00	\$ 350,274.00	\$ 1,751,370.00	\$ 138,103.00
26	SANTA CLARA	\$ 649,957.00	\$ 135,775.00	\$ 506,318.00	\$ 642,093.00	\$ 3,210,465.00	\$ 253,159.00
27	SANTA CRUZ	\$ 20,539.00	\$ 27,853.00	\$ 103,868.00	\$ 131,721.00	\$ 658,605.00	\$ 51,934.00
28	SHASTA	\$ 292,586.00	\$ 57,866.00	\$ 215,788.00	\$ 273,654.00	\$ 1,368,270.00	\$ 107,894.00
29	SISKIYOU	\$ -	\$ 15,221.00	\$ 56,759.00	\$ 71,980.00	\$ 359,900.00	\$ 28,379.50
30	SOLANO	\$ 353,426.00	\$ 73,223.00	\$ 273,056.00	\$ 346,279.00	\$ 1,731,395.00	\$ 136,528.00
31	SONOMA	\$ 352,112.00	\$ 72,490.00	\$ 270,320.00	\$ 342,810.00	\$ 1,714,050.00	\$ 135,160.00
32	STANISLAUS	\$ 425,207.00	\$ 91,984.00	\$ 343,015.00	\$ 434,999.00	\$ 2,174,995.00	\$ 171,507.50
33	SUTTER	\$ -	\$ 18,916.00	\$ 70,540.00	\$ 89,456.00	\$ 447,280.00	\$ 35,270.00
34	TEHAMA	\$ -	\$ 15,433.00	\$ 57,553.00	\$ 72,986.00	\$ 364,930.00	\$ 28,776.50
35	TULARE	\$ 394,820.00	\$ 82,446.00	\$ 307,450.00	\$ 389,896.00	\$ 1,949,480.00	\$ 153,725.00
36	VENTURA	\$ 426,879.00	\$ 88,157.00	\$ 328,746.00	\$ 416,903.00	\$ 2,084,515.00	\$ 164,373.00
37	YUBA	\$ 263,080.00	\$ 51,491.00	\$ 192,016.00	\$ 243,507.00	\$ 1,217,535.00	\$ 96,008.00
	<b>TOTAL</b>	<b>\$ 16,211,787.00</b>	<b>\$ 3,647,000.00</b>	<b>\$ 13,600,000.00</b>	<b>\$ 17,247,000.00</b>	<b>\$ 86,235,000.00</b>	<b>\$ 6,800,000.00</b>

\*Alameda Health Department (HD) excludes City of Berkeley. Los Angeles HD excludes Cities of Long Beach and Pasadena

\*Community Based Organization (CBO) support can be provided via funding or in-kind support. Per H&SC Section 120511, 50% of STI Prevention and Collaboration funds must support CBOs.

**SUMMARY BUDGET (Auto Fills, Do Not Enter Data)**

LOCAL HEALTH JURISDICTION NAME:  
 ALLOCATION AWARD NUMBER AND NAME:  
 ALLOCATION AWARD YEAR:

COUNTY OF TEHAMA  
 26-STIXX - STI PREVENTION AND COLLABORATION ALLOCATION  
 2026-2027

SECTIONS	2026-2027
1. PERSONNEL	\$ 41,843
2. OPERATING EXPENSES	\$ 3,143
3. MAJOR EQUIPMENT	\$ -
4. TRAVEL	\$ -
5. SUBCONTRACTORS I	\$ 28,000
6. SUBCONTRACTORS II	\$ -
7. OTHER	\$ -
8. INDIRECT COST RATE	\$ -
<b>9. TOTAL</b>	<b>\$ 72,986</b>

SECTIONS	2026-2027 Revised
1. PERSONNEL	\$ -
2. OPERATING EXPENSES	\$ -
3. MAJOR EQUIPMENT	\$ -
4. TRAVEL	\$ -
5. SUBCONTRACTORS I	\$ -
6. SUBCONTRACTORS II	\$ -
7. OTHER	\$ -
8. INDIRECT COST RATE	\$ -
<b>9. TOTAL</b>	<b>\$ -</b>

LOCAL HEALTH JURISDICTION NAME: COUNTY OF TEHAMA  
 ALLOCATION AWARD NUMBER AND NAME: 26-STDX - STI PREVENTION AND COLLABORATION ALLOCATION  
 FISCAL YEAR: 2026-2027

1 PERSONNEL (Description: An LHJ employee responsible for carrying out one or more activities, including newly funded personnel under this allocation and personnel contributing time in-kind toward activities. For fringe benefit rates exceeding 50%, a justification for the rate must be provided.)

	Position Title/Classification	Monthly Salary	Percent of Time	Months on Project	Fringe Benefit Rate **For benefit rates that exceed 50%, please provide an itemized justification for the rate	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
1.1	Epidemiologist	\$ 7,625	12%	12	47%	\$ 16,141	<input type="checkbox"/> FALSE	Part I: Activities A-D Part III: Activity C	Duties and Responsibilities: Epidemiologist is based on the Monthly Salary for the B Step of the position and plays a key role in the development and monitoring of STD surveillance systems and testing and treatment tracking.
1.2	Health Educator	\$ 5,011	25%	12	59%	\$ 23,902	<input type="checkbox"/> FALSE	Part III - Activities A,C,F and G	Duties and Responsibilities: Health Educator is based on the Monthly Salary for an A step bilingual position and plays a key role in supporting outreach efforts and the development and distribution of materials
1.3	Amy Condie, PHN III	\$ 9,737	1%	12	54%	\$ 1,799	<input type="checkbox"/> FALSE	All Parts I-III and all activities	Duties and Responsibilities: PHN III is based on the Monthly Salary for the E step of the position and plays a key role in quality assurance and oversight of the scope of work implementation.
1.4	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:
1.5	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:
1.6	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:
1.7	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:
1.8	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:
1.9	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:
1.11	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:
1.12	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:
1.13	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:
1.14	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:
1.15	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:
1.16	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:
1.17	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:
1.18	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:
1.19	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:
1.20	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE		Duties and Responsibilities:

1. PERSONNEL SUBTOTAL \$ 41,843

2 OPERATING EXPENSES (Description: Costs incurred by the LHJ to support the completion of one or more activities.)

	Item Name	Cost Per Item	Number of Items	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
2.1	Communications	\$ 422	1	\$ 422	<input type="checkbox"/> FALSE	Parts I-III: all activities	Monthly cost of \$35.17 x 12 months = \$422.04. Phone services to support contact tracing and case management.
2.2	Facilities	\$ 895	1	\$ 895	<input type="checkbox"/> FALSE	Parts I-III: all activities	Rent/lease of structure, maintenance of structure, utilities, janitorial services, disposal services, cleaning supplies. 0.38 FTE x 174 sq. ft. x \$1.128 per sq ft x 12 months = \$895.
2.3	Office Supplies	\$ 840	1	\$ 840	<input type="checkbox"/> FALSE	Parts I-III: all activities	General supplies (i.e. printing, paper, pens, pencils, notebooks, folders, tape, paper clips, toner, etc.). Monthly cost of \$70 x 12 months = \$840.00
2.4	STI home test kits	\$ 500	1	\$ 500	<input type="checkbox"/> FALSE	Part II: Activity A Part III: Activity E	At home STI test kits \$60-189/per kit
2.5	Educational Materials	\$ 486	1	\$ 486	<input type="checkbox"/> FALSE	Part III: Activities A,B,F,G	purchase of educational materials with an emphasis on materials focused on reaching the LGBTQ population, promotion of safer sex practices and STI awareness. Materials would include materials to build condom (male and female) kits-educational pamphlets/brochures and Condoms: Hot Tips pocket Guides \$20-\$60.00/unit
2.6	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
2.7	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
2.8	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
2.9	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
2.10	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
2.11	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
2.12	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
2.13	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
2.14	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
2.15	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
2.16	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
2.17	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
2.18	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
2.19	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
2.20	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		

2. OPERATING EXPENSES SUBTOTAL \$ 3,143

3 MAJOR EQUIPMENT (Description: Any equipment purchase exceeding \$5,000 necessary for the completion of one or more activities)

	Unit Name	Cost Per Unit	Number of Units	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
3.1	Major Equipment Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
3.2	Major Equipment Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
3.3	Major Equipment Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE		

3.4	Major Equipment Name	\$	-	0	\$	-	<input type="checkbox"/>	FALSE
3.5	Major Equipment Name	\$	-	0	\$	-	<input type="checkbox"/>	FALSE
3.6	Major Equipment Name	\$	-	0	\$	-	<input type="checkbox"/>	FALSE
3.7	Major Equipment Name	\$	-	0	\$	-	<input type="checkbox"/>	FALSE
3.8	Major Equipment Name	\$	-	0	\$	-	<input type="checkbox"/>	FALSE
3.9	Major Equipment Name	\$	-	0	\$	-	<input type="checkbox"/>	FALSE
3.10	Major Equipment Name	\$	-	0	\$	-	<input type="checkbox"/>	FALSE

3. MAJOR EQUIPMENT SUBTOTAL \$ -

4 TRAVEL (Description: Travel expenses for trainings or conferences related to one or more activities. Reimbursement for necessary travel, meals, and incidentals will follow the current rates established by the California Department of Human Resources (CalHR).)

Item Name	Rate	Number of People/ Miles/Nights/Days	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
4.1	Mileage	\$ -	0	\$ -	<input type="checkbox"/>	FALSE
4.2	Conference Registration Fees	\$ -	0	\$ -	<input type="checkbox"/>	FALSE
4.3	Airfare Fees	\$ -	0	\$ -	<input type="checkbox"/>	FALSE
4.4	Lodging Fees	\$ -	0	\$ -	<input type="checkbox"/>	FALSE
4.5	Per Diem Fees	\$ -	0	\$ -	<input type="checkbox"/>	FALSE
4.6	Training Fees	\$ -	0	\$ -	<input type="checkbox"/>	FALSE

4. TRAVEL SUBTOTAL \$ -

5 SUBCONTRACTORS I (Description: Any agreement with a 501(c) nonprofit community-based organization or nonprofit healthcare provider (e.g., CBO, community clinic, federally qualified health center [FQHC]) to complete one or more activities. Each subcontractor must complete the subcontractor budget template included in this document. Additionally, a copy of the IRS letter confirming the organization's 501(c) designation must be included with this budget or any future budget revision requests (if not previously submitted).)

Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
5.1	Greenville Rancheria Tribal Health Center	FQHC-501c3	Other (Explain in the Description of Expense)	\$ 28,000	B	We will be subcontracting out to Greenville Rancheria a tribal health clinic partner. They will conduct up to 12 clinic outreach events focused on increased screening and treatment for STI's.
5.2			\$ -			
5.3			\$ -			
5.4			\$ -			
5.5			\$ -			
5.6			\$ -			
5.7			\$ -			
5.8			\$ -			
5.9			\$ -			
5.10			\$ -			
5.11			\$ -			
5.12			\$ -			
5.13			\$ -			
5.14			\$ -			
5.15			\$ -			

5. SUBCONTRACTORS I SUBTOTAL \$ 28,000

6 SUBCONTRACTOR II (Description: Any agreement with a non-501(c) organization (e.g., consultants, for-profit entities, jail medical services contractors, private organizations, etc.) to complete one or more activities for the LHJ or CBO or nonprofit healthcare provider.)

Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
6.1			\$ -	<input type="checkbox"/>	FALSE	
6.2			\$ -	<input type="checkbox"/>	FALSE	
6.3			\$ -	<input type="checkbox"/>	FALSE	
6.4			\$ -	<input type="checkbox"/>	FALSE	
6.5			\$ -	<input type="checkbox"/>	FALSE	
6.6			\$ -	<input type="checkbox"/>	FALSE	
6.7			\$ -	<input type="checkbox"/>	FALSE	
6.8			\$ -	<input type="checkbox"/>	FALSE	
6.9			\$ -	<input type="checkbox"/>	FALSE	
6.10			\$ -	<input type="checkbox"/>	FALSE	

6. SUBCONTRACTORS II SUBTOTAL \$ -

7 OTHER (Description: Expenses not categorized under previous budget sections. The unit of measure will vary based on the item or service.)

Item Name	Cost per Item	Number of Items	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
7.1	\$ -	0	\$ -	<input type="checkbox"/>	FALSE	
7.2	\$ -	0	\$ -	<input type="checkbox"/>	FALSE	
7.3	\$ -	0	\$ -	<input type="checkbox"/>	FALSE	

7.4	\$ -	0	\$ -	<input type="checkbox"/>	FALSE
7.5	\$ -	0	\$ -	<input type="checkbox"/>	FALSE
7.6	\$ -	0	\$ -	<input type="checkbox"/>	FALSE
7.7	\$ -	0	\$ -	<input type="checkbox"/>	FALSE
7.8	\$ -	0	\$ -	<input type="checkbox"/>	FALSE
7.9	\$ -	0	\$ -	<input type="checkbox"/>	FALSE
7.10	\$ -	0	\$ -	<input type="checkbox"/>	FALSE

7. OTHER SUBTOTAL \$ -

8 **INDIRECT COST RATE** (Description: The Indirect Cost Rate (ICR) must not exceed the approved negotiated rate for the LHJ for the fiscal year. The ICR applied to this budget is for total personnel costs. ICR costs associated with in-kind support to CBOs or nonprofit healthcare providers should be documented in Section 8.2.)

	ICR	Total Cost	Activities Reference	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
8.1	0%	\$ -	N/A	Explanation should detail what costs are built into the Indirect Cost Rate.
8.2	0%	\$ -	N/A	Explanation should detail what costs are built into the Indirect Cost Rate.
<b>8. ICR SUBTOTAL</b>		<b>\$ -</b>		

9 **BUDGET GRAND TOTAL** (Description: The sum of direct and indirect costs.)

9.1	<b>TOTAL</b>		\$ 72,986
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Total Amount Allocated to the LHJ	\$ 44,986
Total Amount Allocated to the CBO	\$ 28,000

SUBCONTRACTOR NAME: **Greenville Rancheria Tribal Health Center**  
 ALLOCATION AWARD NUMBER AND NAME: **26-STIXX - STI PREVENTION AND COLLABORATION ALLOCATION**  
 FISCAL YEAR: **2026-2027**

	Position Title/Classification	Monthly Salary	Percent of Time	Months on Project	Fringe Benefit Rate **For benefit rates that exceed 50%, please provide an itemized justification for the rate	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
1.1	Registered Nurse	\$ 15,636	5%	12	34%	\$ 11,984	<input type="checkbox"/> FALSE	Duties and Responsibilities: Conduct up to 12 -8hr outreach events to screen for STI's
1.2	Chief Strategy Project Officer	\$ 12,331	5%	12	34%	\$ 9,849	<input type="checkbox"/> FALSE	Duties and Responsibilities: Conduct up to 12-8hr outreach events to screen for STI's
1.3	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.4	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.5	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.6	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.7	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.8	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.9	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.11	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.12	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.13	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.14	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.15	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.16	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.17	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.18	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.19	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:
1.20	Position Title/Classification	\$ -	0%	0	0%	\$ -	<input type="checkbox"/> FALSE	Duties and Responsibilities:

1. PERSONNEL SUBTOTAL \$ 21,833

2 OPERATING EXPENSES (Description: Costs incurred to support the completion of one or more activities.)

	Item Name	Cost Per Item	Number of Items	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
2.1	Travel Mileage	\$ 1	500	\$ 360	<input type="checkbox"/> FALSE	500 miles estimated @ .72 cents per mile
2.2	Incentive Cards	\$ 25	50	\$ 1,250	<input type="checkbox"/> FALSE	Walmart card incentive for clients agreeing to do the at home test kits
2.3	Printed materials	\$ 559	1	\$ 559	<input type="checkbox"/> FALSE	Cost of printing event promotional and educational materials
2.4	Registration Fees for Outreach Events	\$ 760	1	\$ 760	<input type="checkbox"/> FALSE	Cost to cover registration fees for other partner sponsored outreach events
2.5	Registration Fees for Outreach Events	\$ -	1	\$ -	<input type="checkbox"/> FALSE	
2.6	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
2.7	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
2.8	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
2.9	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
2.10	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
2.11	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
2.12	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
2.13	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
2.14	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
2.15	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
2.16	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
2.17	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
2.18	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
2.19	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
2.20	Line Item Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	

2. OPERATING EXPENSES SUBTOTAL \$ 2,929

3 MAJOR EQUIPMENT (Description: Any equipment purchase exceeding \$5,000 necessary for the completion of one or more activities)

	Unit Name	Cost Per Unit	Number of Units	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
3.1	Major Equipment Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
3.2	Major Equipment Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
3.3	Major Equipment Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
3.4	Major Equipment Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
3.5	Major Equipment Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
3.6	Major Equipment Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
3.7	Major Equipment Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE	

3.8	Major Equipment Name	\$	-	0	\$	-	<input type="checkbox"/>	FALSE
3.9	Major Equipment Name	\$	-	0	\$	-	<input type="checkbox"/>	FALSE
3.10	Major Equipment Name	\$	-	0	\$	-	<input type="checkbox"/>	FALSE

3. MAJOR EQUIPMENT SUBTOTAL \$ -

4 TRAVEL (Description: Travel expenses for trainings or conferences related to one or more activities. Reimbursement for necessary travel, meals, and incidentals will follow the current rates established by the California Department of Human Resources (CalHR).)

Item Name	Rate	Number of People/ Miles/Nights/Days	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
4.1	Mileage	\$ -	0	\$ -	<input type="checkbox"/> FALSE
4.2	Conference Registration Fees	\$ -	0	\$ -	<input type="checkbox"/> FALSE
4.3	Airfare Fees	\$ -	0	\$ -	<input type="checkbox"/> FALSE
4.4	Lodging Fees	\$ -	0	\$ -	<input type="checkbox"/> FALSE
4.5	Per Diem Fees	\$ -	0	\$ -	<input type="checkbox"/> FALSE
4.6	Training Fees	\$ -	0	\$ -	<input type="checkbox"/> FALSE

4. TRAVEL SUBTOTAL \$ -

5 SUBCONTRACTORS I (Description: Any agreement with a 501(c) nonprofit community-based organization or nonprofit healthcare provider (e.g., CBO, community clinic, federally qualified health center [FQHC]) to complete one or more activities. Each subcontractor must complete the subcontractor budget template included in this document. Additionally, a copy of the IRS letter confirming the organization's 501(c) designation must be included with this budget or any future budget revision requests (if not previously submitted).)

Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
5.1			\$ -	
5.2			\$ -	
5.3			\$ -	
5.4			\$ -	
5.5			\$ -	
5.6			\$ -	
5.7			\$ -	
5.8			\$ -	
5.9			\$ -	
5.10			\$ -	
5.11			\$ -	
5.12			\$ -	
5.13			\$ -	
5.14			\$ -	
5.15			\$ -	

5. SUBCONTRACTORS I SUBTOTAL \$ -

6 SUBCONTRACTOR II (Description: Any agreement with a non-501(c) organization (e.g., consultants, for-profit entities, jail medical services contractors, private organizations, etc.) to complete one or more activities for the CBO or nonprofit healthcare provider.)

Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
6.1			\$ -	<input type="checkbox"/> FALSE	
6.2			\$ -	<input type="checkbox"/> FALSE	
6.3			\$ -	<input type="checkbox"/> FALSE	
6.4			\$ -	<input type="checkbox"/> FALSE	
6.5			\$ -	<input type="checkbox"/> FALSE	
6.6			\$ -	<input type="checkbox"/> FALSE	
6.7			\$ -	<input type="checkbox"/> FALSE	
6.8			\$ -	<input type="checkbox"/> FALSE	
6.9			\$ -	<input type="checkbox"/> FALSE	
6.10			\$ -	<input type="checkbox"/> FALSE	

6. SUBCONTRACTORS II SUBTOTAL \$ -

7 OTHER (Description: Expenses not categorized under previous budget sections. The unit of measure will vary based on the item or service.)

Item Name	Cost per Item	Number of Items	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
7.1	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
7.2	\$ -	0	\$ -	<input type="checkbox"/> FALSE	
7.3	\$ -	0	\$ -	<input type="checkbox"/> FALSE	

7.4	\$	-	0	\$	-	<input type="checkbox"/>	FALSE
7.5	\$	-	0	\$	-	<input type="checkbox"/>	FALSE
7.6	\$	-	0	\$	-	<input type="checkbox"/>	FALSE
7.7	\$	-	0	\$	-	<input type="checkbox"/>	FALSE
7.8	\$	-	0	\$	-	<input type="checkbox"/>	FALSE
7.9	\$	-	0	\$	-	<input type="checkbox"/>	FALSE
7.10	\$	-	0	\$	-	<input type="checkbox"/>	FALSE

7. OTHER SUBTOTAL \$ -

8 INDIRECT COST RATE (Description: It is recommended that LHJs negotiate a reasonable rate with their subcontractors, and rates should not exceed 15 percent of personnel and benefits; OR 15 percent of Total Allowable Direct Costs. If using Total Allowable Direct Costs, the LHJ must notify their LAFS to obtain a revised budget template to properly calculate this cost on the budget.)

	ICR	Total Cost	Description of Expense (Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)
8.1	15%	\$ 3,238	Indirect cost rate includes office supplies, rent, utilities, copy machine and other overhead costs.
8. ICR SUBTOTAL		\$ 3,238	

9 BUDGET GRAND TOTAL (Description: The sum of direct and indirect costs.)

	TOTAL
9.1	\$ 28,000