

TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
 (Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY
Rec'd _____
By _____

DEPARTMENT	NAME OF CONTACT	PHONE NUMBER	BUDGET UNIT
Tehama County Health Services Agency: Public Health Division	Michelle Schmidt	(530) 567-8442	

TITLE OF GRANT: Tuberculosis Control Program

GRANTOR AGENCY: California Department of Public Health Tuberculosis Control Branch

GRANT OBJECTIVES: Conduct TB preventative health service programs to assist in carrying out TB control activities designed to prevent transmission of infection and disease.

GRANT I.D. NO. _____ Federal Catalog No. _____
 (If Applicable)

GRANT PERIOD: FROM: 07/01/2026 TO: 06/30/2027 Applicable Code and/or Legislative Reference: _____

DATE APPLICATION APPROVED BY BOARD: _____ DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: _____

IS GRANT RENEWABLE? (Check all applicable)

Yes	No	Annually	Indefinite	Specific No. of Years
x		x		

GRANT FUNDING	FISCAL YEAR: 26/27	FISCAL YEAR:
FEDERAL	\$2,633.00	
STATE	\$3,119.00	
OTHER	\$0.00	
1. TOTAL GRANT FUNDS	\$5,752.00	

COUNTY FUNDING	FISCAL YEAR: 26/27	FISCAL YEAR:
HARD MATCH (dollars)	\$0.00	
SOFT MATCH (In-kind)	\$0.00	
2. TOTAL COUNTY MATCH		

USE OF FUNDS	FISCAL YEAR: 26/27	FISCAL YEAR:
PERSONNEL (attach detail)	\$0.00	
SERVICES/SUPPLIES	\$2794.00	
EQUIPMENT	\$0.00	
OTHER CHARGES	\$2,958.00	
TOTAL FUNDS (must also= 1+2 above)	\$5,752.00	

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE:
N/A

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? YES NO x

METHOD OF PAYMENT OF GRANT FUNDS: REIMBURSE: x ADVANCE: _____

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS:
07/01/2026

EXPENDITURE DEADLINE:
06/30/2027

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? YES NO x

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER YES NO x

COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) _____ Using existing staff and existing office space and equipment. _____

Jayne Bottke

6-2-26

DEPARTMENT HEAD SIGNATURE

DATE

Form A-135 (Rev 8-21-07)



Erica Pan, MD, MPH
Director and State Public Health Officer

Gavin Newsom
Governor

ACCEPTANCE OF AWARD

Tuberculosis Control Local Assistance Funds

COUNTY OF TEHAMA

FUNDING SOURCE	FEDERAL BASE	STATE BASE
AWARD NUMBER:	2652BASE-F	2652BASE-S
AWARD AMOUNT:	\$2,633	\$3,119
FUNDING PERIOD:	7/1/2026-12/31/2026	7/1/2026-6/30/2027

I hereby accept this award. By accepting this award, I agree to the requirements as described in the FY 2026-2027 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

This award is contingent upon the availability of funds appropriated by the State of California and the federal government. The CDPH TBCB reserves the right to reduce, amend, or withdraw funding, in whole or in part, should funding from the state or federal government be reduced, delayed, or otherwise adjusted.

Michelle D. Schmidt
Authorized Signature

6/10/26
Date

Michelle D. Schmidt
Print Name

Interim Executive Director
Title

* Federal funds fiscal information: Project Grants and Cooperative Agreements for Tuberculosis Control Programs; ALN number: 93.116; FAIN number: NU52PS910282



**COUNTY OF TEHAMA,
CALIFORNIA**

**SINGLE AUDIT REPORT
AND SUPPLEMENTAL SCHEDULES**

YEAR ENDED JUNE 30, 2023



CPAs | CONSULTANTS | WEALTH ADVISORS

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**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED
IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

Board of Supervisors
County of Tehama
Red Bluff, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, each major fund and the aggregate remaining fund information of the County of Tehama (County) as of and for the year ended June 30, 2023, and the related notes to the financial statements, which collectively comprise County's basic financial statements, and have issued our report thereon dated March 27, 2024.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered County of Tehama's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of County of Tehama's internal control. Accordingly, we do not express an opinion on the effectiveness of County of Tehama's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We identified certain deficiencies in internal control, described in the accompanying schedule of findings and questioned costs as items 2023-001, 2023-002, and 2023-003 that we consider to be material weaknesses.

Report on Compliance and Other Matters

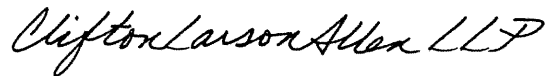
As part of obtaining reasonable assurance about whether County's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

County of Tehama's Response to Findings

Government Auditing Standards requires the auditor to perform limited procedures on the County of Tehama's response to the findings identified in our audit and described in the accompanying schedule of findings and questioned costs. County of Tehama's response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



CliftonLarsonAllen LLP

Roseville, California
March 27, 2024



**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR
FEDERAL PROGRAM, REPORT ON INTERNAL CONTROL OVER COMPLIANCE,
AND REPORT ON THE SCHEDULE OF EXPENDITURES OF FEDERAL
AWARDS REQUIRED BY THE UNIFORM GUIDANCE**

Board of Supervisors
County of Tehama
Red Bluff, California

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited the County of Tehama, California's (County) compliance with the types of compliance requirements described in the OMB Compliance Supplement that could have a direct and material effect on each of the County's major federal programs for the year ended June 30, 2023. The County's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, the County complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of County of Tehama and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the County's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the County's federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the County's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the County's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding County of Tehama's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the County's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the County's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of the governmental activities, the business-type activities, each major fund, and the aggregate remaining fund information of the County as of and for the year ended June 30, 2023, and the related notes to the financial statements, which collectively comprise the County's basic financial statements. We issued our report thereon dated March 27, 2024, which contained unmodified opinions on those financial statements. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the basic financial statements as a whole.

Other Information

Management is responsible for the other information included in the annual report. The other information comprises Supplementary Schedules of the Department of Community Services and Development and the California Department of Aging but does not include the basic financial statements and our auditors' report thereon. Our opinions on the basic financial statements do not cover the other information, and we do not express an opinion or any form of assurance thereon.

Board of Supervisors
County of Tehama

In connection with our audit of the basic financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the basic financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Roseville, California
March 27, 2024

COUNTY OF TEHAMA
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
YEAR ENDED JUNE 30, 2023

Federal Program/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Total Federal Expenditures	Passed Through to Subrecipients
U.S. Department of Agriculture				
Passed through State Department of Food and Agriculture:				
Plant and Animal Disease, Pest Control, and Animal Care	10.025	AP21PPQFO000C411	\$ 522	\$ -
Plant and Animal Disease, Pest Control, and Animal Care	10.025	AP22PPQFO000C061	6,788	-
Plant and Animal Disease, Pest Control, and Animal Care	10.025	AP22PPQFO000C414	3,598	-
Plant and Animal Disease, Pest Control, and Animal Care	10.025	AP23PPQFO000C414	309	-
Plant and Animal Disease, Pest Control, and Animal Care	10.025	AP22PPQFO000C397	3,785	-
Plant and Animal Disease, Pest Control, and Animal Care	10.025	AP23PPQFO000C378	12,488	-
Plant and Animal Disease, Pest Control, and Animal Care	10.025	AP22PPQFO000C001	19,171	-
Plant and Animal Disease, Pest Control, and Animal Care	10.025	AP2399QFO000C001	7,850	-
Subtotal 10.025			<u>54,511</u>	-
Passed through State Department of Education:				
School Breakfast Program	10.553	02951-SN-52-R	26,028	-
National School Lunch Program	10.555	02951-SN-52-R	31,298	-
Total Child Nutrition Cluster			<u>57,326</u>	-
Passed through State Department of Health Services:				
WIC - Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	15-10122 WIC	836,509	-
Subtotal 10.557			<u>836,509</u>	-
Passed through State Department of Social Services:				
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561		2,319,192	-
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561		1,774	-
State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	10.561	215-2012 NEOP	129,725	-
Total SNAP Cluster			<u>2,450,691</u>	-
Passed through State Controller's Office:				
Cooperative Forestry Assistance	10.698	7GF22322	20,000	-
USDA, Forest Srvc Mendocino Natl Forest	10.667	21-LE-11051360-009	32,000	-
Schools and Road - Grants to Counties	10.666	10-Unknown	473,109	-
Total Forest Service Schools and Roads Cluster			<u>525,109</u>	-
Total U.S. Department of Agriculture			3,924,146	-
U.S. Department of Housing and Urban Development				
Passed through State Emergency Management Agency:				
COVID-19 Corona Virus , Relief and Economic Security/CDBG CV-1	14.228	CDBG-CV1-00033	335,182	335,182
COVID-19 Corona Virus , Relief and Economic Security/CDBG CV2/3	14.228	18-CDBG-12935	1,565,752	1,559,645
CDBG-Non Housing - Compen (2018)	14.228	18-CDBG-12936	2,601	-
Subtotal 14.228			<u>1,903,535</u>	<u>1,894,827</u>
Total U.S. Department of Housing and Urban Development			1,903,535	1,894,827
U.S. Department of the Interior				
Direct Program:				
Payments in Lieu of Taxes	15.226		938,731	-
Total U.S. Department of the Interior			938,731	-

See accompanying Notes to Schedule of Expenditures of Federal Awards.

COUNTY OF TEHAMA
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (CONTINUED)
YEAR ENDED JUNE 30, 2023

Federal Program/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Total Federal Expenditures	Passed Through to Subrecipients
U.S. Department of Justice				
Direct Program:				
Bulletproof Vest Partnership	16.607		\$ 7,375	\$ -
Passed through Drug Enforcement Administration:				
Domestic Cannabis Eradication/Suppression Program	16.022	2023-51	557	-
Domestic Cannabis Eradication/Suppression Program	16.022	2022-51	16,514	-
Subtotal 16.022			<u>17,071</u>	-
Passed through Board of State and Community Corrections:				
Edward Byrne Memorial Justice Assistance	16.738	BSCC 5229	47,040	-
Edward Byrne Memorial Justice Assistance	16.738	BSCC 641-19	135,351	-
Subtotal 16.738			<u>182,391</u>	-
Passed through State Emergency Management Agency:				
Crime Victim Assistance	16.575	VW 2227 0520	192,262	-
Crime Victim Assistance	16.575	VW 2126 0520	27,524	-
Crime Victim Assistance	16.575	UV 2106 0520	95,361	-
Subtotal 16.575			<u>315,147</u>	-
Total U.S. Department of Justice			521,984	-
U.S. Department of Transportation				
Passed through State Department of Transportation:				
Highway Planning and Construction	20.205	SRTSL-5908(092)	28,299	-
Highway Planning and Construction	20.205	RPSTPL-5908(102)	13,790	-
Highway Planning and Construction	20.205	RPSTPL-5908(100)	445,834	-
Highway Planning and Construction	20.205	HSIPL-5908(104)	8,782	-
Highway Planning and Construction	20.205	HSIPL-5908(105)	4,425	-
Highway Planning and Construction	20.205	HSIPL-5908(106)	10,057	-
Highway Planning and Construction	20.205	BRKKS-5908(029)	3,715	-
Highway Planning and Construction	20.205	BRLOZB-5908(025)	2,870,348	-
Highway Planning and Construction	20.205	BRLSZD-5908(031)	3,281,335	-
Highway Planning and Construction	20.205	BRLO-5908(056)	85,511	-
Highway Planning and Construction	20.205	BRLO-5908(057)	112,750	-
Subtotal 20.205			<u>6,864,846</u>	-
Passed through State Department of Transportation:				
CRRSAA (Seniors & Individuals with Disabilities)	20.509		37,674	-
COVID-19 CARES Act (Rural Area Formula)	20.509		128,184	-
Subtotal 20.509			<u>165,858</u>	-
Passed through State Office of Traffic Safety:				
Federal Highway Safety Program	20.600	402EM-22	37,542	-
Total Highway Safety Cluster			<u>37,542</u>	-
Total U.S. Department of Transportation			7,068,246	-
U.S. Department of the Treasury				
Passed through State Department of Finance:				
COVID-19 Coronavirus State & Local Fiscal Recovery Funds	21.027		3,842,965	-
COVID-19 LATCF Local Asst and Tribal Consistency Fund	21.032		109,293	-
Federal Asset Seizure	21.016		3,131	-
Total U.S. Department of the Treasury			3,955,389	-

See accompanying Notes to Schedule of Expenditures of Federal Awards.

COUNTY OF TEHAMA
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (CONTINUED)
YEAR ENDED JUNE 30, 2023

Federal Program/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Total Federal Expenditures	Passed Through to Subrecipients
U.S. Department of Health and Human Services				
Passed through State Department of Social Services:				
Guardianship Assistance	93.090		\$ 7,961	\$ -
Guardianship Assistance	93.090		11,033	-
Subtotal 93.090			<u>18,994</u>	-
Promoting Safe and Stable Families	93.556		49,744	-
Temporary Assistance for Needy Families	93.558		11,489,243	-
Community-Based Child Abuse Prevention Grants	93.590		26,498	-
Adoption Incentive Payments	93.603		24,000	-
Stephanie Tubbs Jones Child Welfare Services Program	93.645		39,783	-
Foster Care - Title IV-E	93.658		2,478,305	-
Adoption Assistance	93.659		5,072,660	-
Social Services Block Grant	93.667		149,424	-
John H. Chafee Foster Care Program for Successful Transition to Adulthood	93.674		50,319	-
Passed through State Child Support Department:				
Child Support Enforcement	93.563		1,296,990	-
Passed through State Department of Aging:				
Special Programs for the Aging, Title III, Part C, Nutrition Services	93.045	IIC-080-15	128,004	-
Nutrition Services Incentive Program	93.053	IIC-080-15	22,247	-
Total Aging Cluster			<u>150,251</u>	-
Passed through State Department of Mental Health Services:				
Behavioral Health Court Co-Occurring Drug Court Substance Abuse and Mental Health Services	93.243		396,081	-
Projects of Regional and National Significance	93.243		259,150	-
Subtotal 93.243			<u>655,231</u>	-
Passed through State Department of Alcohol and Drug Programs:				
Block Grants for Community Mental Health Services	93.959		642,254	-
Passed through State Department of Health Services:				
Public Health Emergency Preparedness	93.069		53,581	-
Childhood Lead Poisoning Prevention Projects - State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	18-10211	23,393	-
Immunization Cooperative Agreements	93.268	17-10072	217,166	-
COVID-19 APS/ARPA	93.747		3,161	-
APS/CSBG	93.747	APS Covid	14,316	-
Subtotal 93.747			<u>17,477</u>	-
Medical Assistance Program	93.778		2,445,712	-
Total Medicaid Cluster			<u>2,445,712</u>	-
Healthy Families America Home Visiting Program	93.872		386,744	-
Hospital Preparedness Program (HPP)	93.889		140,001	-
Maternal and Child Health Services Block Grant to the States	93.994		103,504	-
Passed through State Department of Community Services and Development:				
Community Services Block Grant	93.569	23F-4049	101,203	-
Community Services Block Grant	93.569	22F-5049	203,542	-
Community Services Block Grant	93.569	22F-5049	31,000	-
Subtotal 93.569			<u>335,745</u>	-

See accompanying Notes to Schedule of Expenditures of Federal Awards.

**COUNTY OF TEHAMA
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (CONTINUED)
YEAR ENDED JUNE 30, 2023**

Federal Program/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Total Federal Expenditures	Passed Through to Subrecipients
U.S. Department of Health and Human Services				
Passed through State Department of Mental Health Services:				
Projects for Assistance in Transition from Homelessness (PATH)	93.150		\$ 21,752	\$ -
Block Grants for Community Mental Health Services	93.958		279,513	-
COVID 19 - Epidemiology and Laboratory Capacity for COVID-19 Coronavirus Aid, Relief and Economic Security Act (CARES) 2020 Epidemiology and Laboratory Capacity (ELC)	93.323	ELC Cares	1,027,141	-
	93.323	ELC EPI	234,891	-
Subtotal 93.323			<u>1,262,032</u>	<u>-</u>
Total U.S. Department of Health and Human Services			27,430,316	-
Department of Homeland Security				
Passed through State Emergency Management Agency:				
Emergency Management Performance Grants	97.042	2020-0095 RR2	39,894	-
Emergency Management Performance Grants	97.042	2020-0095 RR3	19,144	-
Emergency Management Performance Grants	97.042	2020-0095 RR4	19,645	-
Emergency Management Performance Grants	97.042	2021-0015 RR2	15,866	-
Emergency Management Performance Grants	97.042	2021-0015 RR3	10,221	-
Emergency Management Performance Grants	97.042	2021-0014 RR3	10,349	-
Emergency Management Performance Grants	97.042	2021-0014 RR2	12,384	-
Subtotal 97.042			<u>127,503</u>	<u>-</u>
Hazard Mitigation Grant Program	97.039		<u>81,469</u>	<u>-</u>
Total Department of Homeland Security			<u>208,972</u>	<u>-</u>
Total			<u>\$ 45,951,319</u>	<u>\$ 1,894,827</u>

See accompanying Notes to Schedule of Expenditures of Federal Awards.

COUNTY OF TEHAMA
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
JUNE 30, 2023

NOTE 1 REPORTING ENTITY

The accompanying schedule of expenditures of federal awards presents the activity of all federal financial assistance programs of the County of Tehama, California (the County). The County reporting entity is defined in Note 1 to the County's basic financial statements. All federal awards received directly from federal agencies as well as federal awards passed through other government agencies are included in the schedule of expenditures of federal awards. The information from the schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the schedule presents only a selected portion of the operations of the County, it is not intended to and does not present the financial position, changes in net position, or cash flows of the County.

NOTE 2 BASIS OF ACCOUNTING

Basis of accounting refers to when revenues and expenditures or expenses are recognized in the accounts and reported in the financial statements, regardless of the measurement focus applied. The accompanying schedule of expenditures of federal awards, is presented using the modified accrual basis of accounting for grants accounted for in the governmental fund types and the accrual basis of accounting for grants accounted for in the proprietary fund types, as described in the notes to the County financial statements. Such expenditures are recognized following the cost principles contained in the Uniform Guidance wherein certain types of expenditures are not allowed or are limited as to reimbursements.

NOTE 3 INDIRECT COST RATE

The County has elected not to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance.

NOTE 4 PASS-THROUGH ENTITIES' IDENTIFYING NUMBER

When federal awards were received from a pass-through entity, the schedule of expenditures of federal awards shows, if available, the identifying number assigned by the pass-through entity. When no identifying number is shown, the County determined that no identifying number is assigned for the program or the County was unable to obtain an identifying number from the pass-through entity and the identifying number is shown as unknown.

**COUNTY OF TEHAMA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
YEAR ENDED JUNE 30, 2023**

Section I – Summary of the Auditors' Results

Basic Financial Statements

1. Type of auditors' report issued: Unmodified
2. Internal control over financial reporting:
- Material weakness(es) identified? x yes no
 - Significant deficiency(ies) identified? yes x none reported
3. Noncompliance material to basic financial statements noted? yes x no

Federal Awards

1. Internal control over major federal programs:
- Material weakness(es) identified? yes x no
 - Significant deficiency(ies) identified? yes x none reported
2. Type of auditors' report issued on compliance for major federal programs: Unmodified
3. Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? yes x no

Identification of Major Federal Programs

Federal Assistance Listing Numbers	Name of Federal Program or Cluster
14.228	Community Development Block Grants / Entitlement Grants
21.027	COVID-19 Coronavirus State & Local Fiscal Recovery Funds
93.558	Temporary Assistance for Needy Families
93.563	Child Support Enforcement
93.658	Foster Care Title IV-E
93.659	Adoptions Assistance

Dollar threshold used to distinguish between Type A and Type B programs:

\$ 1,378,539

Auditee qualified as low-risk auditee? yes x no

**COUNTY OF TEHAMA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)
YEAR ENDED JUNE 30, 2023**

Section II – Financial Statement Findings

2023-001

Material Weakness in Internal Control over Financial Reporting

Condition

The County improperly reported the PARS Pension 115 Trust as a custodial fund in the prior year financial statements.

Criteria

GASB Statement No. 84, Fiduciary Activities requires that governments report fiduciary activities in the fiduciary fund financial statements of the basic financial statements. The PARS Pension 115 Trust does not meet the criteria for a fiduciary activity because it is made up of the County's own-source revenue, and the County does not have control of the assets in the trust.

Cause

During the implementation of GASB Statement No. 84, Fiduciary Activities for the year ended June 30, 2021, the County classified the trust as a fiduciary activity, rather than as part of the General Fund.

Repeat Finding

This is not a repeat finding.

Effect

A prior period adjustment, increasing cash with fiscal agents & beginning fund balance in the General Fund by \$567,116 and decreasing beginning net position and cash with fiscal agents in the Custodial Funds by \$567,116 was recorded.

Recommendation

As part of its financial reporting process, the County should review the nature of its trusts, and determine whether the balances are correctly reflected as fiduciary activities or part of the primary government.

Views of responsible officials and planned corrective actions

There is no disagreement with this finding.

**COUNTY OF TEHAMA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)
YEAR ENDED JUNE 30, 2023**

Section II – Financial Statement Findings (Continued)

2023-002

Material Weakness in Internal Control over Financial Reporting

Condition

The County did not record depreciation expense in the Tehama County Sanitation District Fund in the prior year.

Criteria

Per the County's Summary of Significant Accounting Policies, Capital assets used in operations should be depreciated or amortized using the straight-line method over the assets' estimated useful lives.

Cause

Capital asset activity for the financial statements is compiled manually by inputting information from system generated reports into an Excel workbook. Depreciation expense for the Tehama County Sanitation District fund was not included in the workbook for the prior year.

Repeat Finding

This is not a repeat finding.

Effect

A prior period adjustment, increasing accumulated depreciation and decreasing beginning net position by \$39,220 in the Tehama County Sanitation District Fund was recorded.

Recommendation

As part of its financial reporting process, the County should review all capital asset activity to determine that depreciation expense has been properly recognized in the financial statements.

Views of responsible officials and planned corrective actions

There is no disagreement with this finding.

**COUNTY OF TEHAMA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)
YEAR ENDED JUNE 30, 2023**

Section II – Financial Statement Findings (Continued)

2023-003

Material Weakness in Internal Control over Financial Reporting

Condition

The County did not include expenditures related to the Coronavirus State & Local Fiscal Recovery Funds on the Schedule of Expenditures of Federal Awards for the year ended June 30, 2023.

Criteria

The auditee's responsibility per the Uniform Guidance, Section 200.508 Part B, is to "prepare appropriate financial statements, including the Schedule of Expenditures of Federal Awards."

The SEFA, while not part of the Basic Financial Statements, is audited in relation to the basic financial statements, in accordance with the requirements of the Uniform Guidance. The Uniform Guidance requires auditors to determine major programs and perform risk assessments based on information reported on the SEFA.

Cause

Expenditures related to the program were not included on the SEFA through the County's process of compiling the SEFA.

Repeat Finding

This is not a repeat finding.

Effect

By not including these expenditures, the total SEFA amount was under reported by \$3,842,965. This also impacted our major program determination process and led to the program being determined as not major prior to the reporting of expenses. Once expenditures were properly reported, the program was determined to be a major program.

Recommendation

We recommend that the County perform procedures to ensure that all relevant programs are properly reported on the SEFA.

Views of responsible officials and planned corrective actions

There is no disagreement with this finding.

**COUNTY OF TEHAMA
SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)
YEAR ENDED JUNE 30, 2023**

Section III – Federal Award Findings and Questioned Costs

Our audit did not disclose any matters required to be reported in accordance with 2 CFR 200.516(a).

SUPPLEMENTAL SCHEDULES

**COUNTY OF TEHAMA
SUPPLEMENTAL SCHEDULE
CALIFORNIA DEPARTMENT OF AGING (CDA)
YEAR ENDED JUNE 30, 2023**

A reconciliation of accrual basis expenditures as reported on the Financial Closeout Report to cash basis expenditures confirmed as of June 30, 2023, follows:

Program	Federal CFDA Number	Total Expenditures	Accrual Adjustments	Confirmed Amount
IIC-1 Congregate	93.045	\$ 128,004	\$ -	\$ -
IIC-1 Congregate Nutrition Services Incentive Program	93.053	22,247	-	-
Total Expenditures of CDA Federal Awards		<u>\$ 150,251</u>	<u>\$ -</u>	<u>\$ -</u>

The terms and conditions of contracts with CDA require agencies to display state-funded expenditures discretely along with the related federal expenditures. The following schedule is presented to comply with these requirements.

Federal CFDA No.	Federal Expenditures	State Expenditures	Total
93.045	\$ 128,004	\$ -	\$ 128,004
93.053	22,247	-	22,247
Total	<u>\$ 150,251</u>	<u>\$ -</u>	<u>\$ 150,251</u>

**COUNTY OF TEHAMA
SUPPLEMENTAL SCHEDULE
CALIFORNIA COMMUNITY SERVICES AND DEVELOPMENT
CSD CONTRACT NO. 23F-4049 (CSBG)
FOR THE PERIOD JANUARY 1, 2023 THROUGH MAY 31, 2024**

	January 1, 2023 through June 30, 2023	Total Audited Costs	Total Reported Costs	Total Budget
REVENUE				
Grant Revenue	\$ 101,203	\$ 101,203		\$ 331,306
Interest Income	313	313		-
Total Revenue	<u>\$ 101,516</u>	<u>\$ 101,516</u>		<u>\$ 331,306</u>
EXPENDITURES				
Administrative Costs:				
Operating Expenses	\$ 2,879	\$ 2,879	\$ 2,879	\$ 2,879
Contract and Consultant Services	12,294	12,294	12,294	12,294
Total Administrative Costs	15,173	15,173	15,173	15,173
Program Costs:				
Salaries and Wages	25,939	25,939	25,939	25,939
Fringe Benefits	6,968	6,968	6,968	6,968
Operating Expenses	25,504	25,504	25,504	25,504
Subcontractor and Consultant Services	27,619	27,619	27,619	27,619
Total Program Costs	<u>86,030</u>	<u>86,030</u>	<u>86,030</u>	<u>86,030</u>
Total Expenses	<u>\$ 101,203</u>	<u>\$ 101,203</u>	<u>\$ 101,203</u>	<u>\$ 101,203</u>

**COUNTY OF TEHAMA
SUPPLEMENTAL SCHEDULE
CALIFORNIA COMMUNITY SERVICES AND DEVELOPMENT
CSD CONTRACT NO. 22F-5049 (CSBG)
FOR THE PERIOD JANUARY 1, 2022 THROUGH MAY 31, 2023**

	January 1, 2022 through June 30, 2022	July 1, 2022 through May 31, 2023	Total Audited Costs	Total Reported Costs	Total Budget
REVENUE					
Grant Revenue	\$ 96,764	\$ 203,542	\$ 300,306		\$ 300,306
Interest Income	71	234	305		-
Total Revenue	<u>\$ 96,835</u>	<u>\$ 203,776</u>	<u>\$ 300,611</u>		<u>\$ 300,306</u>
EXPENDITURES					
Administrative Costs:					
Operating Expenses	\$ 1,500	\$ 50,293	\$ 51,793	\$ 51,793	\$ 51,793
Contract and Consultant Services	16,673	16,620	33,293	33,293	33,293
Total Administrative Costs	<u>18,173</u>	<u>66,913</u>	<u>85,086</u>	<u>85,086</u>	<u>85,086</u>
Program Costs:					
Salaries and Wages	27,460	37,413	64,873	64,873	64,873
Fringe Benefits	11,797	14,267	26,064	26,064	26,064
Operating Expenses	14,374	54,849	69,223	69,223	69,223
Subcontractor and Consultant Services	<u>24,960</u>	<u>30,100</u>	<u>55,060</u>	<u>55,060</u>	<u>55,060</u>
Total Program Costs	<u>78,591</u>	<u>136,629</u>	<u>215,220</u>	<u>215,220</u>	<u>215,220</u>
Total Expenses	<u>\$ 96,764</u>	<u>\$ 203,542</u>	<u>\$ 300,306</u>	<u>\$ 300,306</u>	<u>\$ 300,306</u>

**COUNTY OF TEHAMA
 SUPPLEMENTAL SCHEDULE
 CALIFORNIA COMMUNITY SERVICES AND DEVELOPMENT
 CSD CONTRACT NO. 22F-5049 (DISCRETIONARY CSBG)
 FOR THE PERIOD JANUARY 1, 2022 THROUGH MAY 31, 2023**

	July 1, 2022 through May 31, 2023	Total Audited Costs	Total Reported Costs	Total Budget
REVENUE				
Grant Revenue	\$ 31,000	\$ 31,000		\$ 31,000
Total Revenue	<u>\$ 31,000</u>	<u>\$ 31,000</u>		<u>\$ 31,000</u>
EXPENDITURES				
Program Costs:				
Subcontractor and Consultant Services	\$ 31,000	\$ 31,000	\$ 31,000	\$ 31,000
Total Program Costs	<u>31,000</u>	<u>31,000</u>	<u>31,000</u>	<u>31,000</u>
Total Expenses	<u>\$ 31,000</u>	<u>\$ 31,000</u>	<u>\$ 31,000</u>	<u>\$ 31,000</u>



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COUNTY OF TEHAMA

Unique Entity ID HWMBGUYSF3N5	CAGE / NCAGE 5AX47	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date Apr 7, 2027	
Physical Address 818 Main ST Red Bluff, California 96080-2759 United States	Mailing Address P.O. Box 400 Red Bluff, California 96080-0400 United States	

Business Information

Doing Business as (blank)	Division Name Tehama County Health Services Agency	Division Number (blank)
Congressional District California 01	State / Country of Incorporation (blank) / (blank)	URL (blank)

Registration Dates

Activation Date Apr 9, 2026	Submission Date Apr 7, 2026	Initial Registration Date Jan 27, 2009
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Entity Dates

Entity Start Date Apr 9, 1856	Fiscal Year End Close Date Jun 30
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Immediate Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

No

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Not Selected

Proceedings Questions

Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

No

Does your business or organization, as represented by the Unique Entity ID on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

Not Selected

Within the last five years, had the business or organization (represented by the Unique Entity ID on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault?

Not Selected

Exclusion Summary

Active Exclusions Records?

N

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure U.S. Government Entity	Entity Type US Local Government	Organization Factors (blank)
Profit Structure (blank)		

Socio-Economic Types

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Government Types

U.S. Local Government
County

Financial Information

Accepts Credit Card Payments Yes	Debt Subject To Offset No
--	-------------------------------------

EFT Indicator 0000	CAGE Code 5AX47
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Electronic Funds Transfer

Account Type Checking	Routing Number *****76	Lock Box Number (blank)
Financial Institution US BANK NA	Account Number *****68	

Automated Clearing House

Phone (U.S.) 5305278491	Email Jayme.Bottke@tchsa.net	Phone (non-U.S.) (blank)
Fax 5305270240		

Remittance Address

Jayme Bottke
P.O. Box 400
Red Bluff, California 96080
United States

Taxpayer Information

EIN *****0543	Type of Tax Applicable Federal Tax	Taxpayer Name TEHAMA COUNTY OF
Tax Year (Most Recent Tax Year) 2025	Name/Title of Individual Executing Consent Tehama County Health Services Agency, Executive Director	TIN Consent Date Apr 7, 2026
Address 727 Oak Street Red Bluff, California 96080	Signature Jayme Bottke	

Points of Contact

Accounts Receivable POC



**Rosa I Cumpston, Assistant Executive Director,
Administration**
Rosa.Cumpston@tchsa.net
5305278491

Electronic Business



**Michelle Schmidt, Assistant Executive Director,
Program**
Michelle.Schmidt@tchsa.net
5305278491

P.O. Box 400
Red Bluff, California 96080
United States

Rosa I Cumpston, Assistant Executive Director,
Administration
Rosa.Cumpston@tchsa.net
5305278491

P.O. Box 400
Red Bluff, California 96080
United States

Government Business



Jayme S Bottke, Executive Director
Jayme.Bottke@tchsa.net
5305278491

P.O. Box 400
Red Bluff, California 96080
United States

Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	621420	Outpatient Mental Health And Substance Abuse Centers
	621330	Offices Of Mental Health Practitioners (Except Physicians)
	621399	Offices Of All Other Miscellaneous Health Practitioners

Size Metrics

IGT Size Metrics

Annual Revenue (from all IGTs)
(blank)

Worldwide

Annual Receipts (in accordance with 13 CFR 121)	Number of Employees (in accordance with 13 CFR 121)
\$216,751,036.00	785

Location

Annual Receipts (in accordance with 13 CFR 121)	Number of Employees (in accordance with 13 CFR 121)
(blank)	(blank)

Industry-Specific

Barrels Capacity	Megawatt Hours	Total Assets
(blank)	(blank)	(blank)

Electronic Data Interchange (EDI) Information

This entity did not enter the EDI information

Disaster Response

This entity does not appear in the disaster response registry.

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
Tuberculosis Control Branch (TBCB)**

Thank you for your interest in being a subawardee and working with us to provide services under the **Project Grants and Cooperative Agreements for Tuberculosis Control Programs** administered by the Centers for Disease Control and Prevention. Subrecipients will assist State, local health agencies, political subdivisions, and other government entities to conduct tuberculosis (TB) preventive health service programs to assist in carrying out TB control activities designed to prevent transmission of infection and disease.

As a condition of the grant, the Notice of Award (NOA) and the General Terms and Conditions are attached for your records and reference. The Assistance Listing Number (ALN) for Project Grants and Cooperative Agreements for Tuberculosis Control Programs is 93.116. You can obtain general information about the grant by searching <https://sam.gov/assistance-listings> for the ALN. The Notice of Award Number for Budget Period 7/1/2026 - 12/31/2026 is 5 NU52PS910282-02-00.

Subrecipient's Name:	County of Tehama	
Digital signature of person agreeing to NOA T&C:		
Printed Name/Date Signed:	Jayme Bottke	
Funding Source(s):	Project Grants and Cooperative Agreements for Tuberculosis Control Programs	

Please answer the following questions below:

1. Is your agency registered in the System for Award Management (SAM)?

(Check one) Yes No

If so, please attach a SAM screenshot confirming your active status in SAM.

2. What is your agency's Unique Entity Identifier (UEI) number?

HWMBGUYSF3N5

3. I have read the attached Notice of Award and the General Terms and Conditions. I agree to adhere to the General Terms and Conditions.

(Check one) Yes No

4. I have attached my agency's most current Single Audit; or financial and performance evaluations because my agency is exempt from the Single Audit Requirement.

(Check one) Yes No

The following Terms and Definitions are for use by the TBCB and Subrecipients.

Terms and Definitions:

- 1) **Assistance Listing Number (ALN)** identifies the federal assistance program and provides general information about the grant, such as the program objectives. This **must** be shared with potential subrecipients prior to entering into contract negotiations (2 CFR § 200.331).

- 2) **System for Award Management (SAM) and Unique Entity Identifier (UEI) Requirements** (2 CFR 25.200(b)):
 - The potential subrecipient that applies (1) must be registered in SAM prior to submitting an application of plan.
 - The subrecipient (2) must also maintain an active SAM registration with current information at all times during which it has an active Federal award or an application or plan under consideration by an agency.
 - The subrecipient (3) must provide its **UEI** number in each application or plan.

SAM aka CCR = Central Contractor Registration

SAM is the Federal repository into which a subrecipient must provide information required for the conduct of business as a subrecipient. Registration information is available at the SAM Website <https://www.sam.gov/>.

Requirement for SAM

Unless exempted from this requirement under 2 CFR § 25.110*, the subrecipient **must maintain their current information** in the SAM. This requires that the subrecipient review and update their information at least annually after the initial registration, and more frequently if required by changes in their information or another award term. (*2 CFR § 25.110 (b) and (c) **exempts individuals and Federal agencies**. See statute for more information.)

UEI is the 12-digit alphanumeric number issued to business entities registered in SAM; <https://sam.gov/> (works best with Internet Explorer).

Certification of Established Electronic Directly Observed Therapy (eDOT) Policy and Procedures

Jurisdiction: Tehama County

Local Assistance Subvention Award

The Local Health Jurisdiction named above hereby certifies that a policy and procedures document has been established for the use of electronic directly observed therapy (eDOT) that includes the minimum requirements listed in the California Department of Public Health-California Tuberculosis Controllers Association joint guidelines, "[Guidelines for Electronic Directly Observed Therapy \(eDOT\) Program Protocols in California 2016](#)."

Please sign and return this form with your funding request for equipment and services for use with eDOT.

Jayne S. Bottke
Authorized Signature

6-2-26
Date

JAYME S. BOTTKE
Print Name

Executive Director Tehama County Health Services Agency
Title

Guidelines for eDOT Program Protocols in California 2016 can be found on the CTCA website at: https://ctca.org/wp-content/uploads/2018/11/CDPH_CTCA-eDOT-Guidelines-Cleared-081116.pdf

LOCAL HEALTH JURISDICTION TB CONTROL CONTACT INFORMATION

ORGANIZATION

This is the information of your Local Health Jurisdiction.	
Federal Tax Identification Number	<u>94-60000543</u>
Legal Name of the Organization	<u>Tehama County Health Services Agency Public Health</u>
Mailing Address	<u>PO Box 400 Red Bluff, CA 96080</u>
Street Address (if different)	<u>818 Main Street Red Bluff, CA 96080</u>
County	<u>Tehama</u>
Telephone Number (main) <u>530-527-8491</u>	Secure TB Reporting Fax Number <u>530-527-0362</u>

AWARD SIGNATORY

The Award Signatory is the individual authorized to accept the award, at the discretion of the Local Health Jurisdiction. <input type="checkbox"/>	
Name	<u>Jayme Bottke</u>
Title	<u>Executive Director Tehama County Health Services Agency</u>
Telephone Number	<u>530-527-8491x3166</u>
Email Address	<u>Jayme.bottke@tchsa.net</u>

PROJECT REPRESENTATIVE

The Project Representative is the individual responsible for the oversight of the grant, day-to-day activities of the project, and seeing that all grant requirements are met. This person will be in contact with State TB Control Branch staff and receive all programmatic, budget, and accounting documents for the project and will be responsible for the proper dissemination of program information.	
Name	<u>Kelly Burton</u>
Title	<u>Supervising Public Health Nurse</u>
Telephone Number	<u>530-966-9927</u>
Email Address	<u>kelly.burton@tchsa.net</u>

CORRECTIONAL LIAISON

The Correctional Liaison is the individual responsible for ensuring continuity of care for TB patients who transfer between correctional facilities and the community, which is an important TB prevention and control activity.	
Name	<u>Kelly Burton</u>
Title	<u>Supervising Public Health Nurse</u>
Telephone Number	<u>530-966-9927</u>
Email Address	<u>kelly.burton@tchsa.net</u>

LINKAGE TO CARE LIAISON

The Linkage to Care Liaison is the individual responsible for responding to inquiries from civil surgeons and helping status adjusters become linked to treatment for LTBI. The sites of care for LTBI treatment may include health department clinics, community clinics, primary care providers, or other providers designated by your program.	
Name	<u>Kelly Burton</u>
Title	<u>Supervising Public Health Nurse</u>
Telephone Number	<u>530-966-9927</u>
Email Address	<u>kelly.burton@tchsa.net</u>

FISCAL REPRESENTATIVE

The Fiscal Representative is the individual 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</u>
Remittance Address	<u>P.O. Box 400 Red Bluff, CA 96080</u>
Street Address (if different)	<u></u>
Telephone Number	<u>530-528-3210</u>
Email Address	<u>glenda.shoemaker@tchsa.net</u>

TB Local Assistance Base Federal Detail Budget Funding Period: 7/1/2026–12/31/2026

Laboratory Supplies (Itemize)	Units	Cost per Unit	Lab Supplies Amount
1.	0	\$ -	\$ -
2.	0	\$ -	\$ -
3.	0	\$ -	\$ -
4.	0	\$ -	\$ -
Total Supplies	\$ 200		

Subcontracts			
Name of Contractor	Start Date	End Date	Subcontracts Amount
1.			\$ -
2.			\$ -
3.			\$ -
4.			\$ -
Total Subcontracts	\$ -		

Other			
Other Budget Item	Number of Units	Cost per Unit	Other Amount
1. Tubercol	5	\$ 100	\$ 500
2.	0	\$ -	\$ -
3.	0	\$ -	\$ -
4.	0	\$ -	\$ -
Total Other	\$ 500		

Food, Shelter, Incentives and Enablers (FSIE)	
Category	Budget Amount
Food, Shelter, Incentives and Enablers	\$ 880
TOTAL DIRECT COSTS	\$ 2,633

Indirect Costs (State approved rate is based upon application submitted by Jurisdiction. Not to exceed 15% of total direct costs or 25% of total personnel costs.)			
Indirect Cost Rate Base	Base Amount	Indirect Cost Rate (%)	Indirect Costs Amount
Personnel Services	\$ -	25.000%	\$ -
Total Direct Costs	\$ 2,633	0.000%	\$ -
TOTAL INDIRECT COSTS	\$ -		
TOTAL BUDGET	\$ 2,633		

postage meter and postage and is budgeted based on actual usage from the previous FY.
Subcontracts (Submit a copy of contract with application) (No more than 5 sentences per budget line item to explain the costs and units) N/A
Other Budget Items (No more than 5 sentences per budget line item to explain the costs and units) Cost of testing materials for TB testings and x-ray fees for individuals without insurance.
Food, Shelter, Incentives and Enablers (FSIE) (No more than 5 sentences per budget line item to explain the costs and units) These funds are in place for anyone that might need to be isolated outside their home, or to assist with them staying home if they are able to isolate at home for active TB.

TB Local Assistance Base State Detail Budget
Budget Period: 7/1/2026–6/30/2027

Jurisdiction Name: Tehama County

Personnel (Benefited)					
Title / Name	New/Cont	Annual	FTE	Months	Salary Amount
1.		\$ -	0%	0	\$ -
2.		\$ -	0%	0	\$ -
3.		\$ -	0%	0	\$ -
4.		\$ -	0%	0	\$ -
5.		\$ -	0%	0	\$ -
6.		\$ -	0%	0	\$ -
7.		\$ -	0%	0	\$ -
8.		\$ -	0%	0	\$ -
Total Personnel (Benefited)	\$ -				
Benefits					
Title / Name	Rate (%)	Salary	Benefits Amount		
1.	0%	\$ -	\$ -		
2.	0%	\$ -	\$ -		
3.	0%	\$ -	\$ -		
4.	0%	\$ -	\$ -		
5.	0%	\$ -	\$ -		
6.	0%	\$ -	\$ -		
7.	0%	\$ -	\$ -		
8.	0%	\$ -	\$ -		
Total Benefits	\$ -				
Personnel (Non-Benefited)					
Title / Name	New/Cont	Annual	FTE	Months	Personnel (Non-Ben.) Amount
1.		\$ -	0%	0	\$ -
2.		\$ -	0%	0	\$ -
3.		\$ -	0%	0	\$ -
4.		\$ -	0%	0	\$ -
5.		\$ -	0%	0	\$ -
6.		\$ -	0%	0	\$ -
Total Personnel (Non-Benefited)	\$ -				
TOTAL - PERSONNEL SERVICES	\$ -				
Travel Within Jurisdiction (Provide miles x mileage rate applicable to travel period)					
Category	Miles	Rate	Within LHJ Amount		
Miles Within Jurisdiction:	0	\$ 0.725	\$ -		
Travel Out-of-Jurisdiction (Provide miles x mileage rate applicable to travel period)					
Category	Miles/Days	Rate/Amount per Day	Out-of-LHJ Amount		
Miles Out-of-Jurisdiction:	0	\$ 0.725	\$ -		
Days of Per Diem:	0	\$ -	\$ -		
Days of Lodging:	0	\$ -	\$ -		
Airfare	0	\$ -	\$ -		
Total Travel	\$ -				
Equipment (Itemize each piece of equipment)					
Description (Make and Model)	Units	Cost per Unit	Equipment Amount		
1.	0	\$ -	\$ -		
2.	0	\$ -	\$ -		
3.	0	\$ -	\$ -		
4.	0	\$ -	\$ -		
Total Equipment	\$ -				
Supplies (Provide total amounts for office and clinic supplies. Itemize laboratory supplies)					
Supplies Type	Supplies Amount				
Office Supplies	\$ -				

Justification
Personnel (Benefited) (No more than 5 sentences per budget line item to explain the costs and units)
Covered by local funds
Duties and Responsibilities:
Duties and Responsibilities:
Duties and Responsibilities:
Duties and Responsibilities:
Duties and Responsibilities:
Duties and Responsibilities:
Benefits (≥53% submit official documentation of the rate and a breakdown of the benefits) (No more than 5 sentences per budget line item to explain the costs and units)
Covered by local funds
Personnel (Non-Benefited) (No more than 5 sentences per budget line item to explain the costs and units)
Covered by local funds
Travel (No more than 5 sentences per budget line item to explain the costs and units)
On Federal
Equipment (No more than 5 sentences per budget line item to explain the costs and units)
No equipment needed at this time.
Supplies (No more than 5 sentences per budget line item to explain the costs and units)

TB Local Assistance Base State Detail Budget
Budget Period: 7/1/2026–6/30/2027

Clinic Supplies	\$ -		
Laboratory Supplies (Itemize)	Units	Cost per Unit	Lab Supplies Amount
1. Quest-Quantiferon	6	\$ 70.00	\$ 420
2. Butte County Lab-sputum	6	\$ 154.00	\$ 924
3.	0	\$ -	\$ -
4.	0	\$ -	\$ -
Total Supplies	\$ 1,344		
Anti-TB Medication (Itemize)			
Medication	Units	Cost per unit	Anti-TB Meds Amount
1. Isoniazid 300 mg 100 ct	3	\$ 118	\$ 354
2. Ethambutol 400 mg 100 ct	0	\$ -	\$ -
3. Pyrazinamide 500 mg 60 ct	0	\$ -	\$ -
4.	0	\$ -	\$ -
Total Anti-TB Medication	\$ 354		
Subcontracts			
Name of Contractor	Start Date	End Date	Contract Amount
1.			\$ -
2.			\$ -
3.			\$ -
4.			\$ -
Total Subcontracts	\$ -		
Other			
Other Budget Item	Number of Units	Cost per Unit	Other Amount
1. X-Ray	3	\$ 250.00	\$ 750
2.	0	\$ -	\$ -
3.	0	\$ -	\$ -
4.	0	\$ -	\$ -
Total Other	\$ 750		
Food, Shelter, Incentives and Enablers (FSIE)			
Category	Budget Amount		
Food, Shelter, Incentives and Enablers	\$ 671		
TOTAL DIRECT COSTS	\$ 3,119		
Indirect Costs (State approved rate is based upon application submitted by Jurisdiction. Not to exceed 15% of total direct costs or 25% of total personnel costs.)			
Indirect Cost Rate Base	Base Amount	Indirect Cost Rate (%)	Indirect Costs Amount
Personnel Services	\$ -	0.000%	\$ -
Total Direct Costs	\$ 3,119	0.000%	\$ -
TOTAL INDIRECT COSTS	\$ -		
TOTAL BUDGET	\$ 3,119		

Anti-TB Medications (No more than 5 sentences per budget line item to explain the costs and units)
Subcontracts (Submit a copy of contract with application) (No more than 5 sentences per budget line item to explain the costs and units)
Other Budget Items (No more than 5 sentences per budget line item to explain the costs and units)
Food, Shelter, Incentives and Enablers (FSIE) (No more than 5 sentences per budget line item to explain the costs and units)

TB Local Assistance Base Award Funding Matrix FY 2026-2027

Instructions for Completing the Funding Matrix

The purpose of the Funding Matrix is to provide your total projected TB program budget for FY 2026-2027.

For each Funding Source, provide the total amount received or projected by Budget Category.

Funding Source:

- 1) California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) (received from the TBCB)
- 2) Direct Federal (received directly from the federal government for TB control activities)
- 3) Local (received from the local jurisdiction for tuberculosis control)
- 4) Other (received from sources other than above list). Note: specify funding source in the Other Funding Source Description field (J21 - J30) (e.g., research grant, temporary funding, Medi-Cal DOT reimbursement, MAA, TCM or other).

Example:

Budget Category	1) TBCB		2) Direct Federal		3) Local		4) Other Funding Source			Total
	Amount	%	Amount	%	Amount	%	Amount	%	Source	
Personnel	\$ 100,000	40	0	0	\$ 100,000	40	\$ 50,000	20	Medi-Cal	\$ 250,000

Budget Category	Funding Source									Total Amount Tuberculosis Control Program Funding
	1) TBCB	TBCB %	2) Direct Federal	Direct Federal %	3) Local	Local %	4) Other Funding Source	Other Funding Source %	Other Funding Source Description	
Personnel	\$ -	0%	\$ -		\$ 300,225	100%	\$ -			\$ 300,225
Benefits	\$ -		\$ -		\$ -		\$ -			\$ -
Personnel (Non-benefit)	\$ -		\$ -		\$ -		\$ -			\$ -
Travel	\$ 1,053	100%	\$ -	0%	\$ -	0%	\$ -			\$ 1,053
Equipment	\$ -		\$ -		\$ -		\$ -			\$ -
Supplies	\$ 1,544	100%	\$ -	0%	\$ -	0%	\$ -			\$ 1,544
Anti-TB Medications	\$ 354	100%	\$ -	0%	\$ -	0%	\$ -			\$ 354
Subcontracts	\$ -		\$ -		\$ -		\$ -			\$ -
Other	\$ 1,250	100%	\$ -	0%	\$ -	0%	\$ -			\$ 1,250
FSIE	\$ 1,551	100%	\$ -	0%	\$ -	0%	\$ -			\$ 1,551
Indirect Costs	\$ -		\$ -		\$ -		\$ -			\$ -
Total	\$ 5,752	1.88%	\$ -	0.00%	\$ 300,225	98.12%	\$ -	0.00%		\$ 305,977

TB LOCAL ASSISTANCE SUMMARY BUDGET

LOCAL HEALTH JURISDICTION NAME:	Tehama County	
AWARD NUMBER:	26XXBASE-F	26XXBASE-S

CATEGORY AWARD FUNDING PERIOD:	FEDERAL 7/1/2026 - 12/31/2026	STATE 7/1/2026 - 6/30/2027
PERSONNEL (BENEFITED)	\$ -	\$ -
BENEFITS	\$ -	\$ -
PERSONNEL (NON-BENEFITED)	\$ -	\$ -
TRAVEL	\$ 1,053	\$ -
EQUIPMENT	\$ -	\$ -
SUPPLIES	\$ 200	\$ 1,344
ANTI-TB MEDICATION (STATE ONLY)		\$ 354
SUBCONTRACTS	\$ -	\$ -
OTHER	\$ 500	\$ 750
FOOD, SHELTER, INCENTIVES, AND ENABLERS	\$ 880	\$ 671
INDIRECT COSTS	\$ -	\$ -
TOTAL	\$ 2,633	\$ 3,119

Below section is to be used when proposing a budget revision:

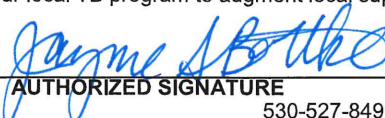
CATEGORY	FEDERAL BUDGET REVISION	STATE BUDGET REVISION
PERSONNEL (BENEFITED)	\$ -	\$ -
BENEFITS	\$ -	\$ -
PERSONNEL (NON-BENEFITED)	\$ -	\$ -
TRAVEL	\$ -	\$ -
EQUIPMENT	\$ -	\$ -
SUPPLIES	\$ -	\$ -
ANTI-TB MEDICATION (STATE ONLY)		\$ -
SUBCONTRACTS	\$ -	\$ -
OTHER	\$ -	\$ -
FOOD, SHELTER, INCENTIVES, AND ENABLERS	\$ -	\$ -
INDIRECT COSTS	\$ -	\$ -
REVISED TOTAL	\$ -	\$ -

CERTIFICATION:

I certify the budget submitted for FY 2026-2027 will provide assistance to our local TB program to augment local support for TB prevention and control activities.

Jayne S. Bottke

AUTHORIZED SIGNER'S NAME



AUTHORIZED SIGNATURE

530-527-8491

DATE SIGNED

6-2-26

TELEPHONE NUMBER

This award is contingent upon the availability of funds appropriated by the State of California and the federal government. The CDPH TBCB reserves the right to reduce, amend, or withdraw funding, in whole or in part, should funding from the state or federal government be reduced, delayed, or otherwise adjusted.

Include this Summary Budget page with an authorized original signature (electronic or in wet ink) as part of the jurisdiction's submission. Include the final Base Award Budget workbook in Excel format with the following file naming convention: [LHJ Name]-TB_Award-Budget-26.



PUBLIC HEALTH Policy Number: 2-03-2018

DATE: May 15, 2025

TO: Public Health Staff

FROM: Minnie Sagar, MPH MPA Public Health Director

ORIGINAL DATE: 5/15/25

REVISION DATE:

TITLE: Active or Latent Tuberculosis (TB) Electronic Directly Observed Therapy

OVERVIEW: Outlines a policy and procedure for conducting electronic directly observed therapy (eDOT) at Tehama County Public Health to ensure a consistent and effective approach for eDOT.

APPLICABLE TO: Public Health Nursing Staff

POLICY: Strict adherence to active or latent tuberculosis treatment regimens is crucial in preventing drug resistant TB. To improve adherence to treatment, Tehama County Public Health may offer the client electronic directly observed therapy.

AUTHORITY: This policy is established as required by the Tuberculosis Control Branch of the California Department of Public Health (CDPH) and follows guidelines set forth in *Guidelines for Electronic Directly Observed Therapy (eDOT) Program Protocols in California*. It is intended to ensure compliance with statewide standards for tuberculosis (TB) control and the appropriate use of electronic directly observed therapy in TB treatment and monitoring. This policy will be reviewed periodically and updated as needed to reflect changes in CDPH guidelines or organizational practices.

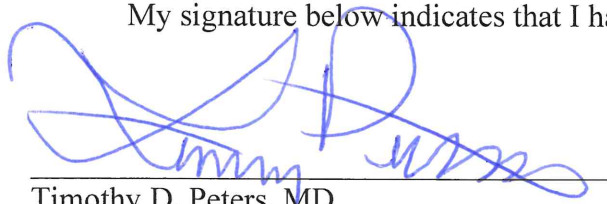
[Rest of page intentionally left blank. Administrative Procedure page to follow on next page]

ADMINISTRATIVE PROCEDURE:

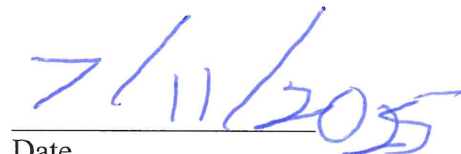
1. The nurse will determine client eligibility for eDOT based on the following:
 - a. Client has successfully completed initial two weeks of in-person DOT with appropriate adherence to plan.
 - b. Client is experiencing no major side effects and is tolerating the medication regimen.
 - c. Client is willing to accept and follow eDOT procedures outlined in the Consent to Participate in Electronic Directly Observed Therapy form-Appendix A.
 - d. Client can identify and swallow their medication independently or has a caregiver who can provide consistent assistance.
 - e. Client can recognize side effects associated with TB treatment and is instructed about what to do if side effects occur.
 - f. Client has good network connectivity for either cellular or internet and will be able to successfully attend eDOT appointments.
 - g. Client is capable of using required equipment without help to attend eDOT appointments.
2. If client is determined to be eligible for eDOT, a member of the nursing staff will meet in person with the client to review and sign the Consent to Participate in Electronic Directly Observed Therapy (eDOT) form-Appendix A.
3. The nurse will schedule the client's eDOT appointments as a virtual visit in Patagonia Health and provide them with their scheduled appointments dates and times, as well as information on how they will be contacted.
4. At time of eDOT appointment the nurse will:
 - a. Ensure privacy of appointment.
 - b. Confirm patient's identity.
 - c. Ensure the client is in a well-lit area and that the client's face is clearly visible for the session.
 - d. Conduct side effect assessment based on the treatment regimen being used. Side effects will be documented on the appropriate side effect screening forms and in the narrative notes for the appointment.
 - e. Ensure that the patient has water readily available to help swallow their pills.

- f. Ensure that the patient shows each pill and clearly states the name of the medication and the quantity being taken.
 - g. The nurse ensures the ingestion of medication by observation, and documents all medications taken during the eDOT appointment.
 - h. Confirm the date and time of the next eDOT appointment with the client.
5. If a client becomes non-adherent with eDOT, the client will be contacted and possibly returned to in-person therapy if the Health Officer believes that it is in the best interest for assuring adherence to the treatment plan.
 6. After successful completion of eDOT, the patient will be provided with a treatment completion letter.
 7. If at any time a member of the nursing staff experiences technical difficulties with Patagonia Health and eDOT appointments, they shall notify the Supervising Public Health Nurse for assistance.

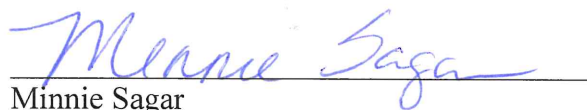
My signature below indicates that I have approved this policy and procedure.



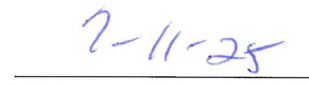
 Timothy D. Peters, MD
 Health Officer



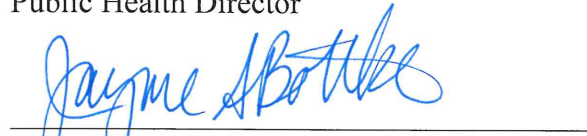
 Date




 Minnie Sagar
 Public Health Director



 Date



 Jayme S. Bottke
 Executive Director



 Date



		0.00		0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select
		0.00		0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Select

Epidemiologist

Definition: Coordinates the collection and analysis of TB-related data. Please record other TB control program responsibilities in the "Additional TB Duties" column.

Last Name, First Name	Title	FTE TB Activities	FTE other TB Activities (non-Epi)	FTE Non-TB Activities	Total FTE	Funding Source Mark X all that apply					Additional TB Duties - beyond definition (e.g., case management, contact investigation, B notification tracking, managing EDN)	TBCB use only: Verified
						TBCB	Direct Federal	Local	Medi-Cal	Other		
Patel, Yash	Epidemiologist	0.10	0.00	0.90	1.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select

Clerical

Definition: Provides support to facilitate efficient functioning of the TB program. Please record other TB control program responsibilities in the "Additional TB Duties" column.

Last Name, First Name	Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Funding Source Mark X all that apply					Briefly describe TB duties (e.g. supervision, data entry, interpretation)	TBCB use only: Verified	
					TBCB	Direct Federal	Local	Medi-Cal	Other			
Vacant	Office Assistant III Bilingual	0.10		0.90	1.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data entry	Select
		0.00		0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select
		0.00		0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select

Clinic Staff - not listed above

Definition: Perform activities to facilitate the efficient functioning of the TB clinic (examples may include clinic physicians, nurse practitioners, physician assistants, pharmacist, medical assistant). Please record other TB control program responsibilities in the "Additional TB Duties" column. Clinic nurses should be entered under the "Nurse" staffing category above.

Last Name, First Name	Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Funding Source Mark X all that apply					Additional TB Duties - beyond definition	Site Mark X all that apply		TBCB use only: Verified	
					TBCB	Direct Federal	Local	Medi-Cal	Other		Office/Clinic	Field		
Ashurst, Michelle	Public Health Nurse II	0.10		0.90	1.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TB Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Select
		0.00		0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Select
		0.00		0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Select

Other - not listed above

Examples may include social workers, health educators, eligibility workers, etc. Please describe TB control program responsibilities in the "TB Duties" column.

Last Name, First Name	Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Funding Source Mark X all that apply					TB Duties	TBCB use only: Verified	
					TBCB	Direct Federal	Local	Medi-Cal	Other			
		0.00		0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select
		0.00		0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select
		0.00		0.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Select

Allocation of Personnel Matrix FY 2026-2027

The purpose of the Allocation of Personnel Matrix is to capture all positions that have responsibilities related to the LHJ's TB Control Program, including unfilled vacancies. The form has a table for each staffing category in the LHJ TB control program. Each position listed in the matrix should have some portion of Full Time Equivalent (FTE) listed under TB Activities, and any non-TB Activity FTE (if applicable). **The Allocation of Personnel Matrix benefits from being completed by the TB Program Manager or another staff with true insight into day-to-day TB duties.**

Jurisdiction

Select your jurisdiction from the dropdown menu at the top of the form.

Staffing Category	Staffing Function Definition
Staff who perform more than one TB Control Program staffing function are listed under the category that corresponds to the majority of their duties. See <i>Additional TB Duties below</i> .	
TB Controller	Responsible for TB prevention and control in their jurisdiction, provides oversight of the TB program, applies public health laws for TB control, ensures required reporting, funding, and budget preparation
TB Program Manager	Provides oversight of the TB program; applies public health laws for TB control; oversees policies; oversees management and evaluation of the TB program; ensures required reporting, funding, and budget preparation. Record other TB control duties in the "Additional TB duties" column.
Nurse	Public Health Nurses (PHNs), Registered Nurses (RNs), and Licensed Vocational Nurses (LVNs) that perform TB case and clinical management and perform other clinical functions
Communicable Disease Investigators (CDIs)	Perform contact investigation, field investigation, patient locating; serve legal orders
Directly Observed Therapy (DOT) Workers	Facilitate adherence to TB treatment by performing directly observed therapy
Epidemiologist	Coordinates the collection and analysis of TB-related data
Clerical	Provides support to facilitate efficient functioning of the TB program
Clinic Staff	Perform activities to facilitate the efficient functioning of the TB clinic (only staff not listed above)
Other Staff	Examples may include social workers, health educators, eligibility workers, etc. (only staff not listed above)

Last Name, First Name, and Title

The purpose of these fields is to define each employee assigned to TB control under the applicable staffing category, regardless of funding source. Normally, each staff member is only listed once on the personnel matrix. If a staff name is listed under a second staffing category, please do not enter FTE and cross-reference to the more detailed first staffing category entry.

% FTE TB Activities, % FTE Other TB Activities, % FTE Non-TB Activities

The purpose of these fields is to provide each employee's percent of effort devoted to TB control activities (and to non-TB control activities if applicable). Enter the number of full-time equivalents (FTE) devoted to "TB Activities," "Other TB Activities," and "Non-TB Activities". 1.0 FTE equals 100% or full-time position. For example, a PHN working full time might be assigned to the LHJ TB Program a total of 50% (.50 FTE) and .50 FTE to other communicable disease activities.

Funding Source

The purpose of this field is to identify all funding source(s) for each employee assigned to TB control:

TBCB	Position is funded completely or partially through funds received from the CDPH TBCB
Direct Federal	Position is funded completely or partially through funds directly received from the federal government for TB control activities. This applies to Centers for Disease Control and Prevention Cooperative Agreement recipients only.
Local	Position is funded completely or partially through funds received from the local jurisdiction for TB control.
Medi-Cal	Position is funded completely or partially through funds received from Medi-Cal. Refer to Part 3, Section 1.2B of the Tuberculosis Control Local Assistance Funds Standards and Procedures Manual for detailed instructions regarding Medi-Cal fee-for-service reimbursement.
Other	Position is funded completely or partially through funds received from sources other than the above list. If you select Other as a funding source, specify the source (for example, The California Endowment or California Department of Public Health Infrastructure Funds).

Additional TB Duties (beyond staffing function definitions above, if applicable)

The purpose of this field is to list all additional TB duties beyond the employee's assigned staffing category. For staff who perform more than one function, please enter under the category that corresponds to the majority of their duties. List any additional TB duties beyond the main staffing category's definition under "Additional TB Duties". Non-TB duties do not need to be specified. See the *examples tab* for additional information.

Briefly Describe TB Duties (for Clerical and Other staff only)

Provide general job description/duties of the staff member.

Major Duties (for Nurses, CDIs, and DOT Workers)

Major duties for nurses, CDIs, and DOT workers can differ depending on the jurisdiction. The purpose of this field is to indicate the activities that they are engaged in - supervision, case management, contact investigation, and/or DOT.

Site (for Nurses, CDIs, and DOT Workers)

Select all sites the staff member performs their TB activities (office/clinic and/or field).

CDPH Verified	Definition
No Changes	No changes
Changes	Changes highlighted in yellow with red text