



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

Gavin Newsom
Governor

ACCEPTANCE OF AWARD

Tuberculosis Control Local Assistance Funds

Tehama County Health Services Agency

FUNDING SOURCE	FEDERAL BASE	STATE BASE
AWARD NUMBER:	2552BASE-F	2552BASE-S
AWARD AMOUNT:	\$7,607	\$7,263
FUNDING PERIOD:	7/1/2025-6/30/2026	

I hereby accept this award. By accepting this award, I agree to the requirements as described in the FY 2025 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.


Authorized Signature

7-24-25
Date

Jayme Bottke
Print Name

Executive Director
Title

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





DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 1 NU52PS910282-01-00

FAIN# NU52PS910282

Federal Award Date: 12/19/2024

Recipient Information

1. Recipient Name

PUBLIC HEALTH, CALIFORNIA DEPARTMENT
OF
1616 Capitol Ave STE 616
7700
Office of Aids
Sacramento, CA 95814-7402

2. Congressional District of Recipient
07

3. Payment System Identifier (ID)

1743204993A1

4. Employer Identification Number (EIN)

743204993

5. Data Universal Numbering System (DUNS)

799150615

6. Recipient's Unique Entity Identifier (UEI)

KD2JSY6LNMW7

7. Project Director or Principal Investigator

Dr. Jennifer Flood
Chief, Tuberculosis Control Branch
Jennifer.Flood@cdph.ca.gov
51-620-3020

8. Authorized Official

Dr. Tomas J. Aragon.
Director and State Public Health Officer
Tomas.Aragon@cdph.ca.gov
916-558-1700

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Benita Bosier-Ingram
Grant Management Specialist
ula8@cdc.gov
404-638-7434

10. Program Official Contact Information

Mr. Shameer Poonja
Program Officer
sqp2@cdc.gov
4044981432

Federal Award Information

11. Award Number

1 NU52PS910282-01-00

12. Unique Federal Award Identification Number (FAIN)

NU52PS910282

13. Statutory Authority

This program is authorized under Section 317E(a) of the Public Health Service Act, 42 U.S.C. Section 247b-6(a), as amended.

14. Federal Award Project Title

Cooperative Agreement for Tuberculosis Elimination and Laboratory in the state of California

15. Assistance Listing Number

93.116

16. Assistance Listing Program Title

Project Grants and Cooperative Agreements for Tuberculosis Control Programs

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 01/01/2025 - **End Date** 12/31/2025

20. Total Amount of Federal Funds Obligated by this Action \$6,916,193.00

20a. Direct Cost Amount \$6,858,695.00

20b. Indirect Cost Amount \$57,498.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$0.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$6,916,193.00

26. Period of Performance Start Date 01/01/2025 - **End Date** 12/31/2029

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$6,916,193.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Recipient Information

Recipient Name

PUBLIC HEALTH, CALIFORNIA DEPARTMENT

OF

1616 Capitol Ave STE 616

7700

Office of Aids

Sacramento, CA 95814-7402

Congressional District of Recipient

07

Payment Account Number and Type

1743204993A1

Employer Identification Number (EIN) Data

743204993

Universal Numbering System (DUNS)

799150615

Recipient's Unique Entity Identifier (UEI)

KD2JSY6LNMW7

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$194,528.00
b. Fringe Benefits	\$116,269.00
c. Total Personnel Costs	\$310,797.00
d. Equipment	\$0.00
e. Supplies	\$2,325.00
f. Travel	\$16,440.00
g. Construction	\$0.00
h. Other	\$247,382.00
i. Contractual	\$6,281,751.00
j. TOTAL DIRECT COSTS	\$6,858,695.00
k. INDIRECT COSTS	\$57,498.00
l. TOTAL APPROVED BUDGET	\$6,916,193.00
m. Federal Share	\$6,916,193.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
5-9211183	25NU52PS910282	PS	410Q	93.116	\$112,214.00	75-25-0950
5-9213485	25NU52PS910282	PS	410Q	93.116	\$5,817,913.00	75-25-0950
5-9214095	25NU52PS910282	PS	410Q	93.116	\$986,066.00	75-25-0950



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 1 NU52PS910282-01-00

FAIN# NU52PS910282

Federal Award Date: 12/19/2024

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$12,000.00	\$12,000.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$12,000.00	\$12,000.00



General Terms and Conditions for Non-Research Grants and Cooperative Agreements

Incorporation: The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in the Notice of Funding Opportunity (NOFO), their Notice of Award (NOA), grants policy contained in applicable HHS Grants Policy Statements, 45 CFR Part 75, requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout these general terms and conditions of award and includes cooperative agreements.

Note: In the event that any requirement in the NOA, the NOFO, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Applicability of 2 CFR 200 Provisions Beginning October 1, 2024

This award is subject to the requirements in 45 CFR Part 75, except as amended by the following provisions of 2 CFR Part 200, which apply to new, continuation, and supplemental awards made on or after October 1, 2024.

- 2 CFR § 200.1. Definitions, "*Modified Total Direct Cost*", "*Equipment*", and "*Supplies*"
- 2 CFR § 200.313(e). Equipment, *Disposition*
- 2 CFR § 200.314(a). Supplies
- 2 CFR § 200.320. Procurement methods
- 2 CFR § 200.333. Fixed amount subawards
- 2 CFR § 200.344. Closeout
- 2 CFR § 200.414(f). Indirect costs, *De Minimis Rate*
- 2 CFR § 200.501. Audit requirements

2 CFR 200 citation	Replaces 45 CFR 75 citation
2 CFR § 200.1. Definitions, <i>"Modified Total Direct Cost"</i>	45 CFR § 75.2. Definitions, <i>"Modified Total Direct Cost"</i>
2 CFR § 200.1. Definitions, <i>"Equipment"</i>	45 CFR § 75.2. Definitions, <i>"Equipment"</i>
2 CFR § 200.1. Definitions, <i>"Supplies"</i>	45 CFR § 75.2. Definitions, <i>"Supplies"</i>
2 CFR § 200.313(e). Equipment, <i>Disposition</i>	45 CFR § 75.320(e). Equipment, <i>Disposition</i>
2 CFR § 200.314(a). Supplies	45 CFR § 75.321(a). Supplies
2 CFR § 200.320. Procurement methods	45 CFR § 75.329. Procurement procedures
2 CFR § 200.333. Fixed amount subawards	45 CFR § 75.353. Fixed amount subawards
2 CFR § 200.344. Closeout	45 CFR § 75.381. Closeout
2 CFR § 200.414(f). Indirect costs, <i>De Minimis Rate</i>	45 CFR § 75.414(f). Indirect (F&A) costs, <i>De Minimis Rate</i>
2 CFR § 200.501. Audit requirements	45 CFR § 75.501. Audit requirements

FEDERAL REGULATIONS AND POLICIES

2 CFR 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Referenced where indicated.

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1>

45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.

<https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75&rgn=div5>

HHS Grants Policy and Regulations

<https://www.hhs.gov/grants/grants/grants-policies-regulations/index.html>

HHS Grants Policy Statement (effective for new, continuation, and supplemental awards made on or after October 1, 2024) <https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-october-2024.pdf>

HHS Grants Policy Statement (January 2007 version applies to awards issued before October 1, 2024) <https://public3.pagefreezer.com/browse/HHS.gov/27-09-2024T06:59/https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

Federal Funding Accountability and Transparency Act (FFATA)

<https://www.fsr.gov/> Refer to the section below on Reporting Requirements for more details.

Trafficking In Persons: Consistent with 2 CFR 175, awards are subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-I/part-175>

CDC Additional Requirements (AR) may apply. The NOFO will detail which specific ARs apply to resulting awards. Links to full texts can be found at:

<https://www.cdc.gov/grants/additional-requirements/index.html>.

FUNDING RESTRICTIONS AND LIMITATIONS

Cost Limitations as stated in Appropriations Acts. Recipients must follow applicable fiscal year appropriations law in effect at the time of award and consistent with the specific funds provided under that award. See AR-32 Appropriations Act, General Requirements: <https://www.cdc.gov/grants/additional-requirements/ar-32.html>.

Though Recipients are required to comply with all applicable appropriations restrictions, please find below specific ones of note. CDC notes that the cited section for each below provision may change annually.

- A. Cap on Salaries (Division H, Title II, General Provisions, Sec. 202): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS award or order; it merely limits the portion of that salary that may be paid with federal funds. The HHS Grants Policy Statement further explains the application of this salary rate limitation.

- B. Gun Control Prohibition (Div. H, Title II, Sec. 210): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control. For additional information, see <https://www.cdc.gov/grants/additional-requirements/ar-13.html>.

- C. Lobbying Restrictions (Div. H, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- 503(b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see <https://www.cdc.gov/grants/additional-requirements/ar-12.html>.

- D. Blocking access to pornography (Div. H, Title V, Sec. 520): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.
- E. Needle Exchange (Div. H, Title V, Sec. 526): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

Prohibition on certain telecommunications and video surveillance services or equipment ([2 CFR 200.216](#)): For all new, non-competing continuation, renewal or supplemental awards issued on or after August 13, 2020, recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:

1. Procure or obtain,
2. Extend or renew a contract to procure or obtain; or
3. Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in [2 CFR 200.216](#), covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - ii. Telecommunications or video surveillance services provided by such entities or using such equipment.
 - iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under [2 CFR 200.216](#) until September 30, 2028. During the exemption period, PEPFAR recipients are expected to work toward implementation of [2 CFR 200.216](#). The exemption may only be applied when there is no available alternative eligible source for these services.

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following: On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted no later than 90 days after the end of the budget period in the Payment Management System.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

If more frequent reporting is required, the Notice of Award terms and conditions will explicitly state the reporting requirement.

Annual Performance Progress and Monitoring Reporting: The Annual Performance Progress and Monitoring Report (PPMR) is due no later than 120 days prior to the end of the budget period and serves as the continuation application for the follow-on budget period. Submission instructions, due date, and format will be included in the guidance from the assigned GMO/GMS via www.grantsolutions.gov.

Any change to the existing information collection noted in the award terms and conditions will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Data Collection and Sharing Under Award: Consistent with strategies and activities expected and anticipated under this award, Recipient, either directly or indirectly, may be expected to collect or generate data for public health purposes. For purposes of this award, data for public health purposes may be administrative data or data commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation, but does not include preliminary analyses, drafts of scientific papers, plans for future research communications with colleagues, or physical objects, such as laboratory notebooks or laboratory specimens unless otherwise specified in the award.

45 C.F.R. 75.322(d) states that the federal government has the right to: 1) obtain, reproduce, publish, or otherwise use the data produced under a federal award; and 2) authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes. In furtherance of various United States Government-wide initiatives and policies, the federal government seeks to make federally funded publications and data underlying them more readily available, and to make public health data more readily accessible within the federal government and to the public.

Consistent with grant regulations, CDC may legally obtain a copy of any data collected or generated under this award. Where CDC has determined that data collected or generated under this award must be shared with CDC, such direction will be further addressed in your Notice of Funding Opportunity, your Notice of Grant Award, or other specific grant guidance. Acceptance of funds under this award is an acknowledgement of this regulatory provision and its application to this award.

Data Management Plan: CDC requires recipients for projects that involve the collection or generation of data with federal funds to develop, submit, and comply with a Data Management Plan (DMP) for each collection or generation of public health data undertaken as part of the award. The DMP should take into consideration sharing data with CDC including: 1) the specific

data that will be shared under the award, 2) the process and timing planned for such sharing, 3) and any legal limitations that the Recipient asserts would hinder CDC access to, or use of, the data collected or generated under the award. In addition, the DMP should address broader access to and archiving/long-term preservation of collected or generated data. Additional information on the Data Management and Access requirements can be found at <https://www.cdc.gov/grants/additional-requirements/ar-25.html>.

Audit Requirement Domestic Organizations *(including US-based organizations implementing projects with foreign components)*: An organization that expends \$1,000,000 or more in a fiscal year in federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 2 CFR 200.501. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System Electronic Submission:
[https://harvester.census.gov/facides/\(S\(0vkw1zaelyzjibnahocga5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocga5i0))/account/login.aspx)

AND

Office of Financial Resources, Office of Risk Management and Internal Controls, Audit Resolution Team (ART), ORMIC.Audit.Resolution@cdc.gov.

Audit Requirement Foreign Organizations: A foreign organization that expends \$300,000 or more in a fiscal year on its federal awards must have a single or program-specific audit conducted for that year. The audit period is an organization's fiscal year. The auditor shall be a U.S.-based Certified Public Accountant firm, the foreign government's Supreme Audit Institution or equivalent, or an audit firm endorsed by the U.S. Agency for International Development's Office of Inspector General. The audit must be completed in English and in US dollars and submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to the Office of Financial Resources, Office of Risk Management and Internal Controls, Audit Resolution Team (ART) at ORMIC.Audit.Resolution@cdc.gov. After receipt of the audit report, CDC will resolve findings by issuing Final Management Determination Letters.

Domestic and Foreign organizations: Audit requirements for Subrecipients to whom 45 CFR 75 Subpart F applies: The recipient must ensure that the subrecipients receiving CDC funds also meet these requirements. The recipient must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable federal law and regulations (45 CFR 75 Subpart F and HHS Grants Policy Statement). The recipient may consider whether subrecipient audits necessitate adjustment of the recipient's own accounting records. If a subrecipient is not required to have a program-specific audit, the recipient is still required to perform adequate monitoring of subrecipient activities. The recipient shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The recipient must include this requirement in all subrecipient contracts.

Federal Funding Accountability and Transparency Act (FFATA)

In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation Information, Prime Recipients awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime recipient awards any sub-grant equal to or greater than \$30,000. Refer to 2 CFR Chapter 1, Part 170 Reporting Sub-Award and Executive Compensation Information at [eCFR :: 2 CFR Part 170 -- Reporting Subaward and Executive Compensation Information](#) and <https://www.fsrs.gov/> for reporting requirements and guidance.

Unique Entity Identifier (UEI)

The UEI is the official identifier for doing business with the U.S. Government as of April 4, 2022. The UEI is generated and assigned by the System for Award Management at SAM.gov. In accordance with [2 CFR part 25, Appendix A](#), a recipient must maintain current information in SAM.gov, through at least annual review, until it submits the final required financial report or receives the final payment, whichever is later.

Required Disclosures for Responsibility and Qualification (R/Q) (SAM.gov): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the assigned GMS/GMO identified in the NOA, and to the HHS OIG by email at grantdisclosures@oig.hhs.gov or by mail to the following address:

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance include suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated Responsibilities and Qualifications (R/Q) accessible through SAM (45 CFR 75.372(b)). CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award (45 CFR 75.373(b)).

1. General Reporting Requirement

If the total value of currently active grants, cooperative agreements, and procurement

contracts from all federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this federal award, the recipient must maintain the currency of information reported to the System for Award Management (SAM) and made available in the designated integrity and performance system (currently the Responsibility/Qualification (R/Q) through SAM.gov) about civil, criminal, or administrative proceedings described in section 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for federal procurement contracts, will be publicly available.

2. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

- a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the federal government;
- b. Reached its final disposition during the most recent five-year period; and
- c. If one of the following:
 - (1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;
 - (2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;
 - (3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or
 - (4) Any other criminal, civil, or administrative proceeding if:
 - (i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;
 - (ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and
 - (iii) The requirement in this award term and condition to disclose information about the proceeding does not conflict with applicable laws and regulations.

3. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in section 2 of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under federal procurement contracts that you were awarded.

4. Reporting Frequency

During any period of time when you are subject to this requirement in section 1 of this award

term and condition, you must report proceedings information through SAM for the most recent five-year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

5. Definitions

For purposes of this award term and condition:

- a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the federal and state level but only in connection with performance of a federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.
- b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.
- c. Total value of currently active grants, cooperative agreements, and procurement contracts includes—
 - (1) Only the federal share of the funding under any federal award with a recipient cost share or match;
 - (2) The value of all expected funding increments under a federal award and options, even if not yet exercised.

GENERAL REQUIREMENTS

You will administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, and age, and comply with applicable conscience protections. You will comply with applicable laws that prohibit discrimination on the basis of sex, which includes discrimination on the basis of gender identity, sexual orientation, and pregnancy. Compliance with these laws requires taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See information for providers of health care and social services at www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and the HHS Non-Discrimination Notice at www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html. As a condition of the award, all HHS recipients are required to submit a signed HHS-690 form regarding nondiscrimination compliance.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities to limited English proficient individuals, see a fact sheet at www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and providing

effective communication, see <https://www.hhs.gov/civil-rights/for-individuals/disability/index.html>.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/title-ix-education-amendments/index.html>.
- For information on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <http://www.hhs.gov/conscience/conscience-protections/index.html> and www.hhs.gov/conscience/religious-freedom/index.html.

Termination (45 CFR Part 75.372) applies to this award and states, in part, the following:

(a) This award may be terminated in whole or in part:

(1) By the HHS awarding agency or pass-through entity, if a non-Federal entity fails to comply with the terms and conditions of a Federal award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated;

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the Federal awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are allowable when the travel will provide a direct benefit to the project or program. To prevent disallowance of cost, the recipient is responsible for ensuring travel costs are clearly stated in their budget narrative and are applied in accordance with their organization's established travel policies and procedures. The recipient's established travel policies and procedures must also meet the requirements of 45 CFR Part 75.474.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies. See <https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-food/index.html>. In addition, costs must be clearly stated in the budget narrative and be consistent with organization approved policies. Recipients must make a determination of reasonableness and organization approved policies must meet the requirements of 45 CFR Part 75.432.

Prior Approval: All requests which require prior approval, must bear the signature (or electronic authorization) of the authorized organization representative. The recipient should submit these requests no later than 120 days prior to the budget period's end date to ensure ample time

remains to process and carry-out the request. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests are examples of actions that require prior approval, unless an expanded authority, or conversely a high-risk condition, is explicitly indicated in the NOA.

- Use of unobligated funds from prior budget period (Carryover)
- Lift funding restriction
- Significant redirection of funds (i.e., cumulative changes of 25% of total award)
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Extensions to period of performance

Templates for prior approval requests can be found at:

<https://www.cdc.gov/grants/already-have-grant/PriorApprovalRequests.html>.

Additional information on the electronic grants administration system CDC non-research awards utilize, GrantSolutions, can be found at: <https://www.cdc.gov/grants/grantsolutions/index.html>.

Recipient Contractual/Consultant Cost Agreements: In accordance with §2 CFR 200.325, all supporting documentation related to the elements outlined in the [Budget Preparation Guidelines](#) must be maintained by the recipient and available upon request. Recipients may submit supporting documentation via GrantSolutions Grants Management Services (GSGMS) Grant Notes to the assigned Grants Management Specialist.

Key Personnel: In accordance with 45 CFR Part 75.308, CDC recipients must obtain prior approval from CDC for (1) change in the project director/principal investigator, authorized organizational representative, business official, financial director, or other key persons specified in the NOFO, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Inventions: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR Part 401.14.

Acknowledgment of Federal Funding: When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents –such as toolkits, resource guides, websites, and presentations (hereafter “statements”) –describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1. the percentage and dollar amount of the total costs of the program or project funded with federal money; and,
2. the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

If the HHS Grant or Cooperative Agreement IS partially funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by CDC/HHS and \$XX amount and XX percentage funded by non- government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

Copyright Interests Provision: This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available without any embargo or delay after publication. Also, at the time of submission, Recipient and/or the Recipient's submitting author must also post the manuscript through PubMed Central (PMC) without any embargo or delay after publication. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted article reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications

subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Disclaimer for Conference/Meeting/Seminar Materials: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract, the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logo Use for Conference and Other Materials: Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. As a general matter, a non-federal entity is not authorized to use the HHS name or logo. Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003). The appropriate use of the HHS logo is subject to review and approval of the HHS Assistant Secretary for Public Affairs (ASPA), and if granted would be governed by a logo license agreement setting forth the terms and conditions of use.

Additionally, the CDC logo cannot be used by the recipient without the express, written consent of CDC, generally in the form of a logo license agreement setting forth the terms and conditions of use. The Program Official/Project Officer identified in the NOA can assist with facilitating such a request. It is the responsibility of the recipient to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the recipient must ensure written consent is received.

Equipment and Products: To the greatest extent practical, all equipment and products purchased with CDC funds should be American made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$10,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The recipient may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 45 CFR Part 75.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard

also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC recipients only when recipients collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the recipient retains the original data and intellectual property, and is responsible for the security of these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a recipient is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:
<https://www.govinfo.gov/content/pkg/PLAW-107publ347/pdf/PLAW-107publ347.pdf>.

Whistleblower Protections: As a recipient of this award, you must comply with the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, 41 U.S.C. § 4712) "Enhancement of contractor protection from reprisal for disclosure of certain information," and 48 CFR part 3 subpart 3.9, "Whistleblower Protections for Contractor Employees." For more information see: <https://oig.hhs.gov/fraud/whistleblower/>.

PAYMENT INFORMATION

Fraud Waste or Abuse: The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted online at <https://tips.oig.hhs.gov/> or by mail to U.S. Department of Health and Human Services, Office of the Inspector General, Attn: OIG HOTLINE OPERATIONS, P.O. Box 23489 Washington DC 20026. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. For additional information, see: <https://oig.hhs.gov/fraud/report-fraud/>.

Automatic Drawdown (Direct/Advance Payments): Payments under CDC awards will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS), under automatic drawdown, unless specified otherwise in the NOA. Recipients must comply with requirements imposed by the PMS on-line system. Questions concerning award payments or audit inquiries should be directed to the payment management services office.

PMS Website: <https://pms.psc.gov/> PMS
Phone Support: +1(877)614-5533
PMS Email Support: PMSSupport@psc.gov

Payment Management System Subaccount: Funds awarded in support of approved activities will be obligated in an established subaccount in the PMS. Funds must be used in support of approved activities in the NOFO and the approved application. All award funds must be tracked

and reported separately.

Exchange Rate: All requests for funds contained in the budget, shall be stated in U.S. dollars. Once an award is made, CDC will generally not compensate foreign recipients for currency exchange fluctuations through the issuance of supplemental awards.

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from PMS, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of the NOA.

Certification Statement: By drawing down funds, the recipient certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer federal awards and funds drawn down. Recipients must comply with all terms and conditions in the NOFO, outlined in their NOA, grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable, as well as any regulations or limitations in any applicable appropriations acts.

CLOSEOUT REQUIREMENTS

In accordance with 2 CFR 200.344, recipients must submit all closeout reports identified in this section within 120 days of the period of performance end date. The reporting timeframe is the full period of performance. If the recipient does not submit all reports in accordance with this section and the terms and conditions of the Federal Award, CDC may proceed to close out with the information available within one year of the period of performance end date unless otherwise directed by authorizing statutes. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI). If recipients do not submit all closeout reports identified in this section within one year of the period of performance end date, then CDC must report recipients' material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system (currently Responsibility/Qualification section of [SAM.gov](https://www.sam.gov)). CDC may also pursue other enforcement actions per 45 CFR 75.371.

Final Performance Progress and Evaluation Report (PPER): This report should include the information specified in the NOFO and is submitted upon solicitation from the GMS/GMO via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims;
- Description of results (positive or negative) considered significant; and
- List of publications resulting from the project, with plans, if any, for further publication.

All manuscripts published as a result of the work supported in part or whole by the grant must be submitted with the performance progress reports.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds

authorized and expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 120 days after the period of performance end date through recipient online accounts in the Payment Management System. The final FFR will consolidate data reporting responsibilities to one entry point within PMS which will assist with the reconciliation of expenditures and disbursements to support the timely close-out of grants.

The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Every recipient should already have a PMS account to allow access to complete the SF-425.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$10,000 or more. Electronic versions of the forms can be downloaded by visiting: <https://www.grants.gov/forms/forms-repository/post-award-reporting-forms>.

If no equipment was acquired under an award, a negative report is required. The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$10,000 that is no longer to be used in projects or programs currently or previously sponsored by the federal government may be retained, sold, or otherwise disposed of, with no further obligation to the federal government (see 2 CFR 200.313(e)(1)).

CDC STAFF RESPONSIBILITIES

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program Officials (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. Award specific terms and conditions will include contact information for the PO/GMO/GMS.

Program Official: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and NOFOs to meet the CDC's mission;
- Providing technical assistance to applicants in developing their applications, e.g., explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources;
- Providing technical assistance to recipients in the performance of their project; and
- Post-award monitoring of recipient performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS.

For Cooperative Agreements, substantial involvement is required from CDC. The PO is the federal official responsible for the collaboration or participation in carrying out the effort under the award. Substantial involvement will be detailed in the NOFO and award specific terms and conditions and may include, but is not limited to:

- Review and approval of one stage of work before work can begin on a subsequent stage;
- Review and approval of substantive programmatic provisions of proposed subawards or contracts (beyond existing federal review of procurement or sole source policies);
- Involvement in the selection of key relevant personnel;
- CDC and recipient collaboration or joint participation; and
- Implementing highly prescriptive requirements prior to award limiting recipient discretion with respect to scope of services, organizational structure, staffing, mode of operation, and other management processes.

Grants Management Officer: The GMO is the only official authorized to obligate federal funds and is responsible for signing the NOA, including revisions to the NOA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization. The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e., grant or cooperative agreement;
- Determining if an application meets the requirements of the NOFO;
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy;
- Ensuring recipient compliance with applicable laws, regulations, and policies;
- Negotiating awards, including budgets;
- Responding to recipient inquiries regarding the business and administrative aspects of an award;
- Providing recipients with guidance on the closeout process and administering the closeout of grants;
- Receiving and processing reports and prior approval requests such as changes in funding, budget redirection, or changes to the terms and conditions of an award; and
- Maintaining the official grant file and program book.

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described in the GMO section are performed by the GMS, on behalf of the GMO.

AWARD ATTACHMENTS

PUBLIC HEALTH, CALIFORNIA DEPARTMENT OF

1 NU52PS910282-01-00

1. terms

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number **CDC-RFA-PS-25-0003**, entitled **Tuberculosis Elimination and Laboratory Cooperative Agreement**, and application dated September 9, 2024, as may be amended, which are hereby made a part of this non-research award, hereinafter referred to as the Notice of Award (NOA).

Applicability of 2 CFR 200 Provisions Beginning October 1, 2024:

This award is subject to the requirements in 45 CFR Part 75, except as amended by the following provisions of 2 CFR Part 200, which apply to new, continuation, and supplemental awards made on or after October 1, 2024.

- 2 CFR § 200.1. Definitions, "*Modified Total Direct Cost*", "*Equipment*", and "*Supplies*"
- 2 CFR § 200.313(e). Equipment, *Disposition*
- 2 CFR § 200.314(a). Supplies
- 2 CFR § 200.320. Procurement methods
- 2 CFR § 200.333. Fixed amount subawards
- 2 CFR § 200.344. Closeout
- 2 CFR § 200.414(f). Indirect costs, *De Minimis Rate*
- 2 CFR § 200.501. Audit requirements

2 CFR 200 citation	Replaces 45 CFR 75 citation
2 CFR § 200.1. Definitions, " <i>Modified Total Direct Cost</i> "	45 CFR § 75.2. Definitions, " <i>Modified Total Direct Cost</i> "
2 CFR § 200.1. Definitions, " <i>Equipment</i> "	45 CFR § 75.2. Definitions, " <i>Equipment</i> "
2 CFR § 200.1. Definitions, " <i>Supplies</i> "	45 CFR § 75.2. Definitions, " <i>Supplies</i> "
2 CFR § 200.313(e). Equipment, <i>Disposition</i>	45 CFR § 75.320(e). Equipment, <i>Disposition</i>
2 CFR § 200.314(a). Supplies	45 CFR § 75.321(a). Supplies
2 CFR § 200.320. Procurement methods	45 CFR § 75.329. Procurement procedures
2 CFR § 200.333. Fixed amount subawards	45 CFR § 75.353. Fixed amount subawards
2 CFR § 200.344. Closeout	45 CFR § 75.381. Closeout
2 CFR § 200.414(f). Indirect costs, <i>De Minimis Rate</i>	45 CFR § 75.414(f). Indirect (F&A) costs, <i>De Minimis Rate</i>
2 CFR § 200.501. Audit requirements	45 CFR § 75.501. Audit requirements

Total Available Funding is included in Summary Federal Award Financial Information on page 1 of the NOA. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party, in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

Approved Component Funding: The NOFO provides for the funding of multiple components under this award. For this NOA, the approved funding level for each component is shown below:

NOFO Component	Amount
Prevention & Control	\$8,463,903
Human Resource Development	\$ 41,071
Public Health Laboratory Strengthening	\$ 140,267
TOTAL APPROVED FUNDING	\$8,645,241

Available Funding: The CDC is operating under a continuing resolution; as a result, the total available funding for this budget period is contingent upon the enactment of applicable appropriation bill(s). The projected annual funding level based on the application submitted is \$8,645,241. Subject to availability of a fiscal year 2025 appropriation, the balance of funds will be awarded at a later date.

Financial Assistance Mechanism: Cooperative Agreement

Summary Statement: Within 5 days of this Notice of Award's (NOA) issue date, the Summary Statement will be accessible to the recipient in GrantSolutions Grant Notes. Contact the assigned Program Officer indicated in the NOA with any questions regarding this document or any follow up requirements and timelines set forth therein.

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities as detailed in the NOFO and included below. CDC's support beyond monthly calls, site visits, and regular performance and financial monitoring will include:

- Aiding with collaborative activities with other services and organizations (e.g., Centers of Excellence [COEs], private providers, community health centers [CHCs], federally qualified health centers [FQHCs]).
- Providing consultation through the CDC TB Health Equity Workgroup on initiating and maintaining activities to address health equity issues.
- Providing technical assistance and consultation for empirical data collection in diverse settings to better define economic and epidemiologic context of TB control.
- Providing technical assistance to identify and notify areas about large outbreaks.
- Following up with programs to collect standardized public health information for clustered and non-genotyped cases and assess need for supplemental assistance.
- Collaborating with TB Program Evaluation Network (TB PEN) Steering Committee to incorporating any emerging, promising, and/or best practices to increase transparency, accountability, and adaption of these practices.
- Providing CDC or other subject matter expertise, technical assistance to assist recipient in areas requested such as surveillance, information technology, informatics, PE, program science approaches to strategy implementation, community engagement, and collaboration to advance program activities to achieve outcomes.
- Supporting and collaborating to compile and publish accomplishments, performance

measures, and lessons learned during the period of performance.

Human Resource Development

CDC activities for this component are as follows:

- Providing technical assistance, as needed in assessing and prioritizing training and education needs and in planning, implementing, and evaluating training and education activities.
- Providing technical assistance as needed in developing a program-specific Training and Human Resource Development Plan; assistance can be provided in-person at the focal point meeting at the biennial TB ETN conference or via consultation with CDC after award of funds.
- Conducting a focal point meeting at the biennial TB ETN/TB PEN conference.
- Directing the COEs to coordinate regional on-site training courses (e.g., TB Contact Investigation Interviewing Skills course, Effective TB Interviewing for Contact Investigation course, or Program Managers course) in conjunction with designated focal points and provide technical assistance as needed for development of program specific training activities.

Public Health Laboratory Strengthening

CDC activities for this component are as follows:

- Contribute to the improvement of public health laboratory performance by providing technical assistance.
- Identify training needs and collaborate with partners to develop courses, webinars, workshops, and training materials for distribution to public health laboratories.
- Provide consultation for the development and implementation of laboratory performance indicators and data analysis methods for laboratory internal quality assurance programs.
- Assist in the development and dissemination of best practice guidelines and recommendations for the implementation of cost-effective testing algorithms.
- Support laboratory performance evaluation by providing a biennial aggregate report of workload data and TAT performance measures from laboratories receiving funding assistance to be used to compare one's laboratory to national TB laboratory data.

Direct Assistance (DA): The DA award amount is shown on page 3 of the NOA for host-site travel in this budget period.

Budget Revision Requirement: By **February 1, 2025**, the recipient must submit a revised budget with a narrative justification, as Budget Revision amendment in GrantSolutions, that corresponds with the projected annual funding level of \$8,645,241. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

P & C Component:

Personnel – Public Health Medical Administrator position – exceeds Executive Level II salary cap of \$221,900.

Other – several line items lack budget justification per OFR guidelines

Lab Component:

Supplies – Budget justification not provided per OFR Budget guidelines

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

- ☒ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of carried over unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report (FFR/SF-425). If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

Program Income: Any program income generated under this cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

Indirect costs are approved based on the negotiated indirect cost rate agreement dated June 21, 2024, which calculates indirect costs as follows, a **Final** is approved at a rate of 18.50% of the base, which includes, direct salaries and wages including all fringe benefits. The effective dates of this indirect cost rate are from June 1, 2023 to July 31, 2025.

Missing Contractual/Consultant Elements – The contract(s) listed below are **not** approved and the recipient may not begin the contract until the missing elements are provided via GrantSolutions as a Notification of Contractor Amendment and GMO approval is provided via Notice of Award.

P & C Component:

Contractor: 61 Local Health Jurisdictions
Proposed Amount: \$13,052,960
Missing Element(s): Scope of Work
Itemized Budget

Contractor: University of California, San Francisco
Proposed Amount: \$4,709,234

Missing Element: Scope of Work

Contractor: University Enterprises

Proposed Amount: \$4,709,234

Missing Element(s): Inadequate budget justification

LAB Component:

Contractor: 61 Local Health Jurisdictions

Proposed Amount: \$560,524

Missing Element(s): Scope of Work
Itemized Budget

PAYMENT INFORMATION

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The document number identified in section 34 of the Notice of Award must be known to drawdown funds.

**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 Category of Federal Domestic Assistance (CFDA) number is 93.116 - Project Grants and Cooperative Agreements for Tuberculosis Control Programs. You can obtain general information about the grant by searching the CFDA number on <https://beta.sam.gov/>. The Notice of Award Number for Federal Fiscal Year 2024 is 5 NU52PS910219-05-00.

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)/Data Universal Numbering System (DUNS) 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) **Category of Federal Domestic Assistance (CFDA) number** 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 = DUNS = Data Universal Numbering System – Established and Assigned by Dunn & Bradstreet (D&B), UEI is the nine-digit number established and assigned by D&B to uniquely identify business entities. A UEI number can be obtained from D&B by telephone (currently 866-705-5711) or online <https://fedgov.dnb.com/webform> (works best with Internet Explorer).

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

Jurisdiction: TEHAMA

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.



Authorized Signature

7-24-25

Date

Jayme Bottke

Print Name

Executive Director

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	94-600543	
Legal Name of the Organization	Tehama County Health Services Agency	
Mailing Address	PO BOX 400, Red Bluff, CA 96080	
Street Address (if different)	1860 Walnut Street, Red Bluff, CA 96080	
County	Tehama	
Telephone Number (main)	530-527-6824	Secure TB Reporting Fax Number 530-527-0362

GRANT SIGNATORY

The Grant Signatory is the individual authorized to accept the award, at the discretion of the Local Health Jurisdiction.

Name	Jayme Bottke	
Title	Executive Director	
Telephone Number	530-527-8491 x3166	
Email Address	jayme.bottke@tchsa.net	

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	Kelly Burton	
Title	Supervising Public Health Nurse	
Telephone Number	530-527-8491x3668	
Email Address	kelly.burton@tchsa.net	

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	Mindi Johnson	
Title	Supervising Institutional Nurse	
Telephone Number	530-529-7900 x4135	
Email Address	melinda.johnson@tchsa.net	

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	Amy Condie	
Title	Public Health Nurse II	
Telephone Number	530-5278791 x3603	
Email Address	amy.condie@tchsa.net	

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	Guan Wooll	
Title	Accountant II	
Remittance Address	PO BOX 400	
Street Address (if different)	818 Main Street, Red Bluff, CA 96080	
Telephone Number	(530) 528-3269 ext. 3831	
Email Address	guan.wooll@tchsa.net	

TB Local Assistance Base Federal Detail Budget
Funding Period: 7/1/2025 - 6/30/2026

Jurisdiction Name: Tehama County Health Services Agency

Personnel (Benefited)						
Title/Name	New/Cont	Annual	FTE	Months	Total Salary	
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	Total Benefits			
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	Total Personnel (Non-Benefited)	
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	Total within Jurisdiction	Travel		
Miles:	0	\$ 0.700	\$ -			

Travel Out-of-Jurisdiction (Provide miles x mileage rate applicable to travel period)						
Category	Miles/Days	Rate/Amount per Mile	Total Outside of Jurisdiction			
Miles:		\$ 0.700	\$ -			
Days of Per Diem:		\$ -	\$ -			
Days of Lodging:		\$ -	\$ -			
Total Travel		\$ -	\$ -			

Equipment (Itemize each piece of equipment)						
Description (Make and Model)	Units	Cost per unit	Equipment Total			
1.		\$ -	\$ -			
2.		\$ -	\$ -			
3.		\$ -	\$ -			
4.		\$ -	\$ -			
Total Equipment		\$ -	\$ -			

Justification	
Personnel (With Benefits) (No more than 5 sentences per budget line item to explain the costs and units)	
Duties and Responsibilities:	
Duties and Responsibilities:	
Duties and Responsibilities:	
Duties and Responsibilities:	
Duties and Responsibilities:	
Duties and Responsibilities:	
Duties and Responsibilities:	
This is covered by local funds	
Benefits (33% 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)	
Personnel (Non-benefits) (No more than 5 sentences per budget line item to explain the costs and units)	
This is covered by local funds.	
Travel (No more than 5 sentences per budget line item to explain the costs and units)	
This is covered by local funds.	
Equipment (No more than 5 sentences per budget line item to explain the costs and units)	
No equipment needed at this time.	

TB Local Assistance Base Federal Detail Budget
Funding Period: 7/1/2025 - 6/30/2026

Supplies (Provide total amounts for office and clinic. Itemize laboratory supplies)						
Office Supplies	\$	300				
Clinic Supplies	\$	1,158				
Laboratory Supplies (Itemize)		Units	Cost per unit		Laboratory Supplies Total	
1. Quest-Quantiferon		19	\$ 70.00	\$	1,330	
2. Butte County Lab-apidium		5	\$ 154.00	\$	770	
3.		0	\$ -	\$	-	
4.		0	\$ -	\$	-	
Total Supplies	\$	3,558				
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	Total			
1. X-Ray	4	\$ 250.00	\$ 1,000			
2.	0	\$ -	\$ -			
3.	0	\$ -	\$ -			
4.	0	\$ -	\$ -			
Total Other	\$	1,000				
Food, Shelter, Incentives and Enablers (FSIE)						
Category	Budget Amount					
Food, Shelter, Incentives and Enablers	\$ 3,049					
TOTAL DIRECT COSTS	\$ 7,607					
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 Costs Rate Base	Base Amount	Indirect Cost Rate (%)	Indirect Costs Amount			
Personnel Services	\$ -	0%	\$ -			
Total Direct Costs	\$ 7,607	0%	\$ -			
TOTAL INDIRECT COSTS	\$ -					
TOTAL BUDGET	\$ 7,607					

Supplies (No more than 5 sentences per budget line item to explain the costs and units)	
This covers the lab fees for Quantiferon-TB Gold test for individuals without insurance. AFB smear and culture costs from Butte County Public Health Lab are also covered with this funding.	
Subcontracts (Submit a copy of contract with application) (No more than 5 sentences per budget line item to explain the costs and units)	
None.	
Other Budget Items (No more than 5 sentences per budget line item to explain the costs and units)	
This amount covers 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: 7/1/2025 - 6/30/2026

Jurisdiction Name: Tehama County Health Services Agency

Personnel (Benefited)

Title/Name	New/Cont	Annual	FTE	Months	Total Salary
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	Total Benefits
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	Total Personnel (Non-Benefited)
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	Total within Jurisdiction Travel
Miles:	0	\$ 0.700	\$ -

Travel Out-of-Jurisdiction (Provide miles x mileage rate applicable to travel period)

Category	Miles/Days	Rate/Amount per Day	Total Outside of Jurisdiction
Miles:	0	\$ 0.700	\$ -
Days of Per Diem:	0	\$ -	\$ -
Days of Lodging	0	\$ -	\$ -
Total Travel		\$ -	

Equipment (Itemize each piece of equipment)

Description (Make and Model)	Units	Cost per unit	Equipment Total
1.	0	\$ -	\$ -
2.	0	\$ -	\$ -
3.	0	\$ -	\$ -
4.	0	\$ -	\$ -
Total Equipment		\$ -	

Supplies (Provide total amounts for office and clinic. Itemize laboratory supplies)

Office Supplies	\$ -	300
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Justification

Personnel (With Benefits) (No more than 5 sentences per budget line item to explain the costs and units)
Duties and Responsibilities:
Duties and Responsibilities:
Duties and Responsibilities:
Duties and Responsibilities:
Duties and Responsibilities:
Duties and Responsibilities:
Duties and Responsibilities:
This is covered by local funds.
Benefits (253% 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)
Personnel (Non-benefits) (No more than 5 sentences per budget line item to explain the costs and units)
This is covered by local funds.
Travel (No more than 5 sentences per budget line item to explain the costs and units)
This is covered by local funds.
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)
This covers the lab fees for QuantiFERON-TB Gold test for individuals without insurance. AFB smear and culture costs from Elum County Public Health Lab are also covered with this funding.

TB Local Assistance Base State Detail Budget
Budget Period: 7/1/2025 - 6/30/2026

Clinic Supplies	\$	1,151	
Laboratory Supplies (Itemize)			
1. Quest-Quantiferon	10	\$ 70.00	\$ 700
2. Becton Dickinson Lab-Sputum	5	\$ 154.00	\$ 770
3.			
4.	0	\$ -	\$ -
Total Supplies	\$	2,921	

Anti-TB Medication (Itemize)			
Medication	Units	Cost per unit	Total Medication
1. PRIFTIN	15	\$ 126.71	\$ 1,901
2. Isoniazid	5	\$ 117.91	\$ 590
3.	0	\$ -	\$ -
4.	0	\$ -	\$ -
Total Anti-TB Medication	\$	2,491.00	

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	Total
1. X-RAY	4	\$ 250.00	\$ 1,000
2.	1	\$ -	\$ -
3.	1	\$ -	\$ -
4.	1	\$ -	\$ -
Total Other	\$	1,000	

Food, Shelter, Incentives and Enablers (FSIE)			
Category	Budget Amount		
Food, Shelter, Incentives and Enablers	\$ 851		
TOTAL DIRECT COSTS	\$	7,263	

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 Costs Rate Base	Base Amount	Indirect Cost Rate (%)	Indirect Costs Amount
Personnel Services	\$ -	0%	\$ -
Total Direct Costs	\$ 7,263	0%	\$ -
TOTAL INDIRECT COSTS	\$	-	
TOTAL BUDGET	\$	7,263	

TB Local Assistance Base Award
Funding Matrix

Instructions for Completing the Funding Matrix

The purpose of the Funding Matrix is to provide your total projected TB program budget for fiscal year 2025-2026. 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
	1) TBCB	TBCB %	2) Direct Federal	Direct Federal %	3) Local	Local %	4) Other Funding Source	Other Funding Source %	Other Funding Source Description	Tuberculosis Control Program Funding	
Personnel	\$ -		\$ -		\$ -		\$ -			\$ -	-
Benefits	\$ -		\$ -		\$ -		\$ -			\$ -	-
Personnel (Non-benefit)	\$ -		\$ -		\$ -		\$ -			\$ -	-
Travel	\$ -		\$ -		\$ -		\$ -			\$ -	-
Equipment	\$ -		\$ -		\$ -		\$ -			\$ -	-
Supplies	\$ 6,479	100%	\$ -	0%	\$ -	0%	\$ -	0%		\$ 6,479	6,479
Anti-TB Medications	\$ 2,491	100%	\$ -	0%	\$ -	0%	\$ -	0%		\$ 2,491	2,491
Subcontracts	\$ -		\$ -		\$ -		\$ -			\$ -	-
Other	\$ 2,000	100%	\$ -	0%	\$ -	0%	\$ -	0%		\$ 2,000	2,000
FSIE	\$ 3,900	100%	\$ -	0%	\$ -	0%	\$ -	0%		\$ 3,900	3,900
Indirect Costs	\$ -		\$ -		\$ -		\$ -			\$ -	-
Total	\$ 14,870	100.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%		\$ 14,870	14,870

TB LOCAL ASSISTANCE SUMMARY BUDGETLOCAL HEALTH JURISDICTION NAME:
AWARD NUMBER:

Tehama County Health Services Agency

CATEGORY AWARD FUNDING PERIOD:	FEDERAL 7/1/2025 - 6/30/2026	STATE 7/1/2025 - 6/30/2026
PERSONNEL (BENEFITED)	\$ -	\$ -
BENEFITS	\$ -	\$ -
PERSONNEL (NON-BENEFITED)	\$ -	\$ -
TRAVEL	\$ -	\$ -
EQUIPMENT	\$ -	\$ -
SUPPLIES	\$ 3,558	\$ 2,921
ANTI-TB MEDICATION (STATE ONLY)		\$ 2,491
SUBCONTRACTS	\$ -	\$ -
OTHER	\$ 1,000	\$ 1,000
FOOD, SHELTER, INCENTIVES, AND ENABLERS	\$ 3,049	\$ 851
INDIRECT COSTS	\$ -	\$ -
TOTAL	\$ 7,607	\$ 7,263

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 2025 will provide assistance to our local TB program to augment local support for TB prevention and control activities.

JAYME BOTTKE
 AUTHORIZED SIGNER'S NAME
 7-24-25
 DATE SIGNED

Jayme Bottke
 AUTHORIZED SIGNATURE
 (530) 528-3216
 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: LHH-TB_Award-Budget-25.

Local Assistance Base Award
Allocation of Personnel Matrix Fiscal Year 2025

Jurisdiction Tehama

Please see the Legend and Examples tabs for information and instructions for completing the LHJ Allocation of Personnel Matrix. Each position listed in this matrix should have some portion of Full Time Equivalent (FTE) listed under TB Activities, and any Non-TB Activity FTE (if applicable). For all positions, please list additional responsibilities performed by each person in the "Additional TB Duties..." column.

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. Please record other responsibilities in the "Additional Duties" column.

Name and Title	FTE TB Controller Activities	FTE other TB Activities (e.g., if also fills role of program manager)	FTE Non-TB Activities	Total FTE	Additional TB Duties Beyond Stated Definition Above (e.g., if also fills role of program manager, TB clinician in clinic, etc., then describe below)	Funding Source Mark X all that apply	CDPH use only: Verified
TIMOTHY PETERS, HEALTH OFFICER	0.10	0.00	0.40	0.50		TBCB	
						Direct Federal	
						Local	X
						Medi-Cal	
						Other	

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. Please record other responsibilities in the "Additional TB duties" column.

Name and Title	FTE TB Program Manager Activities	FTE other TB Activities (e.g., if also fills role of supervising PHN)	FTE Non-TB Activities	Total FTE	Additional TB Duties Beyond Stated Definition Above (e.g., if also fills role of epidemiologist, supervising PHN, etc., then describe below)	Funding Source Mark X all that apply	CDPH use only: Verified
KELLY BURTON, SUPERVISING PUBLIC HEALTH NURSE	0.05	0.05	0.90	1.00	SUPERVISING PUBLIC HEALTH NURSE	TBCB	
						Direct Federal	
						Local	X
						Medi-Cal	
						Other	
	0.00	0.00	0.00	0.00		TBCB	
						Direct Federal	
						Local	
						Medi-Cal	
						Other	

Nurse(s): Public Health Nurses (PHNs), Registered Nurses (RNs), and Licensed Vocational Nurses (LVNs) that perform TB case and clinical management and perform other clinical functions.

Name and Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Major Duties Mark X all that apply		Site Mark X all that apply (if strictly office based or other, don't check any)		Additional TB Duties Beyond Stated Definition Above and Major Duties (e.g., discharge coordinator, civil surgeon/B waiver outreach)	Funding Source Mark X all that apply		CDPH use only: Verified
				<input checked="" type="checkbox"/>	<div>Supervision</div> <div>Case management</div> <div>Contact Investigation</div> <div>DOT</div> <div>Supervision</div>	<div>Clinic</div> <div>Field</div> <div>Clinic</div>	<div>TBCB</div> <div>Direct Federal</div> <div>Local</div> <div>Medi-Cal</div> <div>Other</div> <div>TBCB</div>				
KELLY BURTON, SUPERVISING PUBLIC HEALTH NURSE	0.10	0.90	1.00	<input checked="" type="checkbox"/>			Clinic			TBCB	
										Direct Federal	
							Field		<input checked="" type="checkbox"/>	Local	
										Medi-Cal	
										Other	
							Clinic	civil surgeon/B waiver outreach	TBCB		

Department of Public Health AMY CONDIE, REGISTERED NURSE II	0.20	0.80	1.00	X	Case management				Field		Direct Federal	X	Tuberculosis Control Branch
					Contact Investigation							Local	
					DOT							Medi-Cal	
					Supervision							Other	
DOLLY HOPPER, PUBLIC HEALTH NURSE II	0.05	0.95	1.00	X	Case management				Clinic		TBCB	X	
					Contact Investigation							Direct Federal	
					DOT							Local	
					Supervision							Medi-Cal	
NEDALYN BENNET, LICENSED VOCATIONAL NURSE	0.20	0.80	1.00	X	Case management				Clinic		TBCB	X	civil surgeon/B waiver outreach
					Contact Investigation							Direct Federal	
					DOT							Local	
					Supervision							Medi-Cal	
KARINA HOUGHTBY, LICENSED VOCATIONAL NURSE	0.20	0.80	1.00	X	Case management				Clinic		TBCB	X	
					Contact Investigation							Direct Federal	
					DOT							Local	
					Supervision							Medi-Cal	
	0.00	0.00	0.00		Case management				Clinic		TBCB		
					Contact Investigation							Direct Federal	
					DOT							Local	
					Supervision							Medi-Cal	
	0.00	0.00	0.00		Case management				Clinic		TBCB		
					Contact Investigation							Direct Federal	
					DOT							Local	
					Supervision							Medi-Cal	
	0.00	0.00	0.00		Case management				Clinic		TBCB		
					Contact Investigation							Direct Federal	
					DOT							Local	
					Supervision							Medi-Cal	
	0.00	0.00	0.00		Case management				Clinic		TBCB		
					Contact Investigation							Direct Federal	
					DOT							Local	
					Supervision							Medi-Cal	
	0.00	0.00	0.00		Case management				Clinic		TBCB		
					Contact Investigation							Direct Federal	
					DOT							Local	
					Supervision							Medi-Cal	
	0.00	0.00	0.00		Case management				Clinic		TBCB		
					Contact Investigation							Direct Federal	
					DOT							Local	
					Supervision							Medi-Cal	

Communicable Disease Investigators (CDIs): Perform contact investigation, field investigation, patient locating; serve legal orders.

Name and Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Major Duties Mark X all that apply		Additional TB Duties Beyond Stated Definition Above (e.g., civil surgeon/B waiver outreach)	Funding Source Mark X all that apply		CDPH use only: Verified
	0.00	0.00	0.00		Supervision			TBCB	
					Case Management			Direct Federal	
					Contact Investigation			Local	
					DOT			Medi-Cal	
	0.00	0.00	0.00		Supervision			Other	
					Case Management			TBCB	
					Contact Investigation			Direct Federal	
					DOT			Local	
	0.00	0.00	0.00		Contact Investigation			Medi-Cal	
					DOT			Other	
					Supervision			TBCB	
					Case Management			Direct Federal	
	0.00	0.00	0.00		Contact Investigation			Local	
					DOT			Medi-Cal	
					Supervision			Other	
					Case Management			TBCB	
	0.00	0.00	0.00		Contact Investigation			Direct Federal	
					DOT			Local	
					Supervision			Medi-Cal	
					Case Management			Other	
	0.00	0.00	0.00		Contact Investigation			TBCB	
					DOT			Direct Federal	
					Supervision			Local	
					Case Management			Medi-Cal	
	0.00	0.00	0.00		Contact Investigation			Other	
					DOT			TBCB	
					Supervision			Direct Federal	
					Case Management			Local	
	0.00	0.00	0.00		Contact Investigation			Medi-Cal	
					DOT			Other	
					Supervision			TBCB	
					Case Management			Direct Federal	
	0.00	0.00	0.00		Contact Investigation			Local	
					DOT			Medi-Cal	
					Supervision			Other	
					Case Management			TBCB	
	0.00	0.00	0.00		Contact Investigation			Direct Federal	
					DOT			Local	
					Supervision			Medi-Cal	
					Case Management			Other	

Directly Observed Therapy (DOT) Workers: Facilitate adherence to TB treatment by performing directly observed therapy.

Name and Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Major Duties Mark X all that apply		Site Mark X all that apply	Additional TB Duties Beyond Stated Definition Above (e.g. field phlebotomy, transportation)	Funding Source Mark X all that apply	CDPH use only: Verified
	0.00	0.00	0.00		Supervision	Clinic DOT (EDOT)			
					Case Management			TBCB	
					Contact Investigation			Direct Federal	
					DOT			Local	
					Supervision	Field DOT			
					Case Management			Medi-Cal	
					Contact Investigation			Other	
					DOT			TBCB	
					Supervision	Clinic DOT (EDOT)			
					Case Management			Direct Federal	

									Other
									TBCB
									Direct Federal
									Local
									Medi-Cal
									Other
									TBCB
									Direct Federal
									Local
									Medi-Cal
									Other
									TBCB
									Direct Federal
									Local
									Medi-Cal
									Other

Clinic Staff (if applicable for programs that have a clinic; list only staff not listed above): Perform activities to facilitate the efficient functioning of the TB clinic. Examples may include clinic physicians, nurse practitioners, physician assistants, pharmacist, Clinic nurses should be entered in the "Nurses" section above.

Name and Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Additional TB Duties Beyond Stated Definition Above (e.g.)	Funding Source Mark X all that apply	CDPH use only: Verified
	0.00	0.00	0.00		TBCB	
					Direct Federal	
					Local	
					Medi-Cal	
					Other	
					TBCB	
	0.00	0.00	0.00		Direct Federal	
					Local	
					Medi-Cal	
					Other	
					TBCB	
	0.00	0.00	0.00		Direct Federal	
					Local	
					Medi-Cal	
					Other	
					TBCB	
	0.00	0.00	0.00		Direct Federal	
					Local	
					Medi-Cal	
					Other	
					TBCB	
	0.00	0.00	0.00		Direct Federal	
					Local	
					Medi-Cal	
					Other	
					TBCB	

Department of Public Health

Tuberculosis Control Branch

	0.00	0.00	0.00			Direct Federal
						Local
						Medi-Cal
						Other

Other Staff (list only staff not listed above. Examples may include social workers, health educators, eligibility workers, etc.)

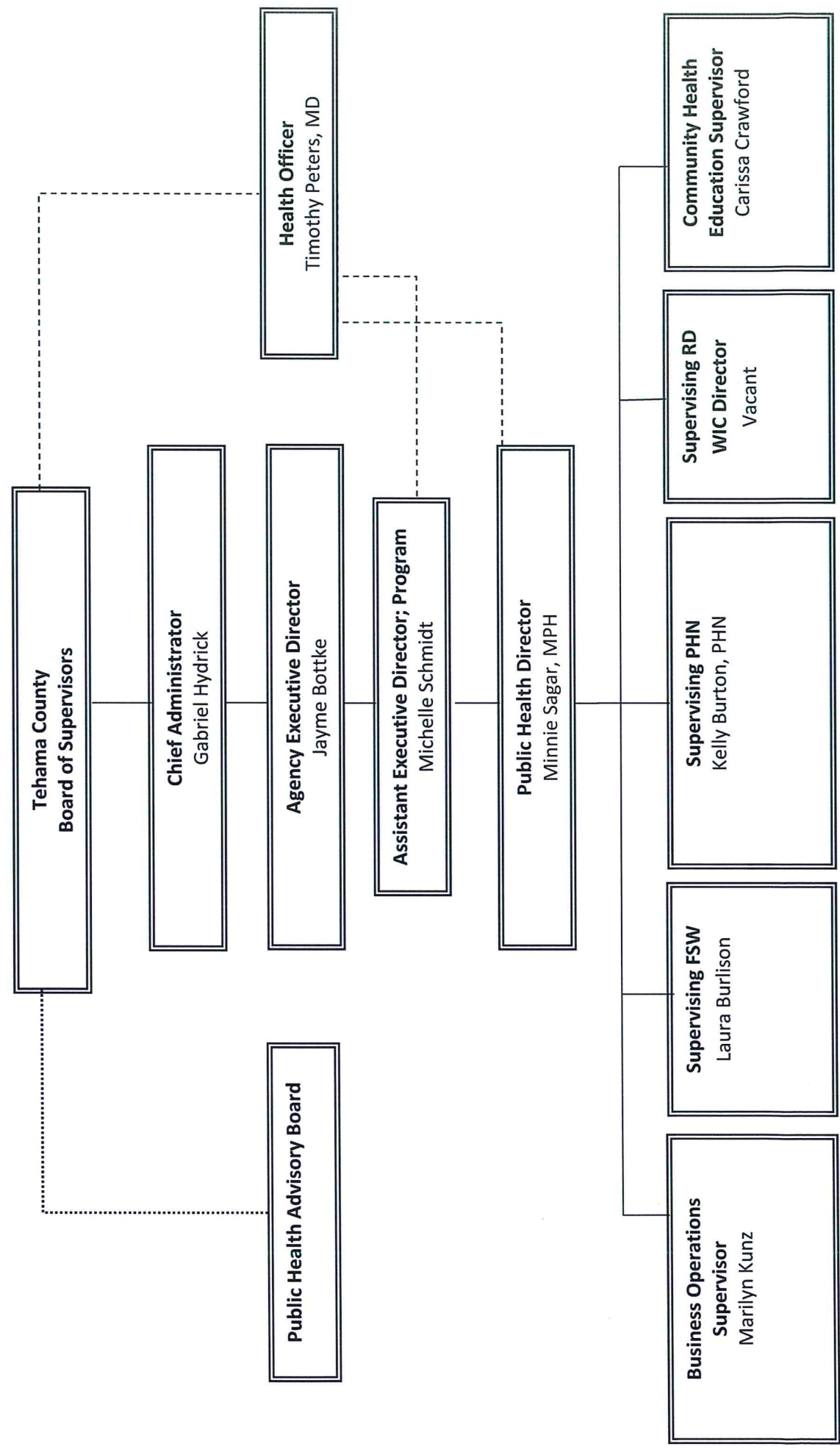
Name and Title	FTE TB Activities	FTE Non-TB Activities	Total FTE	Briefly describe duties	Funding Source Mark X all that apply	CDPH use only: Verified
	0.00	0.00	0.00		TBCB	
					Direct Federal	
					Local	
					Medi-Cal	
					Other	

Page 6 of 6

Confidential - Low

January 2024

**Tehama County Health Services Agency, Public Health Division
Organizational Chart- Fiscal Year 2025-2026**



Tehama County Health Services Agency
Public Health Division
Organizational Chart Fiscal Year 2025-2026

