

**FY2023-24 Federal Compliance Requirements of the Immunization Grant No.: 5 NH23IP922612-05-00**

This section requires Subrecipient signature to acknowledge that the Subrecipient has reviewed and understand the Federal Compliance Requirements of the Immunization Grant. See enclosed copy of the Award Attachments under which this funding is issued.

**Jayme Bottke, Executive Director**  
 Print Name and Title of Person Signing

  
 Signature of Person Signing

2-14-24  
 Date

**CDPH Immunization Branch  
 Subrecipient Information Form Update  
 FY 2023-24**

Date Form Completed: 12/29/2023

**This is the information that will appear on your grant agreement cover page.**

Federal Tax ID #	<u>94-6000543</u>	CDPH Contract/Grant#	<u>22-11087</u>
Data Universal Number System (DUNS) #	<u>0202905370000</u>		
Unique Entity Identifier (UEI) #	<u>Is this the County's Department of Public Health DUNS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</u>		
Official Organization Name (Based on DUNS/UEI)	<u>Tehama County Health Services Agency Public Health Division</u>		
Mailing Address	<u>PO BOX 400</u>		
Street Address (If Different)	<u>1860 Walnut Building C, Red Bluff, CA 96080</u>		
County	<u>Tehama</u>		
Phone	<u>530-527-6824</u>	Fax	<u>530-527-0362</u>
Website	<u>http://tehamacohealthservices.net</u>		
County Personnel Salaries Available on the County Public Website	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Click this box if there were no changes from last year.	<input checked="" type="checkbox"/> No changes		

**Organization**

**CDPH Immunization Branch  
Scope of Work for Local Health Departments FY 2023-2024**

**Purpose**

The purpose of this grant is to assist local health departments (LHDs) in preventing and controlling vaccine-preventable diseases in the local health jurisdiction (LHJ).

**Related Statutes**

California Health & Safety Code sections:

- 120130 requires the Local Health Officer to properly report to CDPH those diseases listed as reportable, which include vaccine-preventable diseases.
- 120175 requires the Local Health Officer to take measures as may be necessary to prevent the spread or occurrence of additional cases of reportable diseases (which includes reportable vaccine-preventable diseases).
- 120350 requires Local Health Officers to organize and maintain a program to make available the immunizations required for admittance to childcare facilities and schools.

**Services to be Performed by the Grantee**

The Grantee is to implement activities to:

- Assess and improve coverage levels in the jurisdiction of all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) to protect the population.
- Detect, report, and control vaccine-preventable diseases in the jurisdiction.

The LHD must agree to the following inclusive objectives and conduct the following activities. Many of the services to be performed are also conditions for federal funding of the CDPH Immunization Branch (IZB) and/or statutory requirements of State and LHDs. The level of local assistance grant funding to be awarded is not represented as sufficient for support of all the required activities; a significant amount of local support and funding is expected. Local assistance grant funds must not be used to supplant (i.e., replace) local funds currently being expended for immunization services and activities.

Grantee agrees to assign the responsibility of monitoring each program component:

1) Vaccine Accountability and Management; 2) Access to and Utilization of Quality Immunization Services; 3) California Immunization Registry (CAIR); 4) Perinatal Hepatitis B Prevention; 5) Education, Information, Training, and Partnerships; 6) Prevention, Surveillance and Control of Vaccine Preventable Disease (VPD); 7) Childcare and School Immunization Entry Requirements; 8) Influenza; and 9) COVID-19 Vaccination.

Grantee will monitor grant fund expenditures to maximize the utilization of the funding for achieving the goals and objectives. Grant invoices shall be reviewed and submitted quarterly to the CDPH Immunization Branch.

The Immunization Coordinator is required to participate in meetings, webinars, and conference calls as requested by the CDPH Immunization Branch including, but not limited to, the CDPH Immunization Branch's Immunization Coordinators' Meeting, New Immunization Coordinator Orientation (offered annually and required for all new Immunization Coordinators), regional coordinators' meetings, and conference calls related to influenza, outbreak control, perinatal hepatitis B, changes in policies and procedures, and other important issues.

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**Area 1. Vaccine Accountability and Management**

<b>Goal 1.1: Maintain viability of IZB supplied vaccine to ensure vaccine effectiveness and reduce vaccine waste.</b>	
<b>Required Activities</b>	<b>Performance Measures</b>
<p><b>Goal 1.1 Activity a:</b> Annually, make sure all relevant staff within LHD-operated clinics (routine mass vaccination, or special immunization outreach) are properly trained on current policies and procedures for proper vaccine storage and handling outlined in each participation agreement/addendum for the receipt of IZB-supplied vaccines (317, Vaccines for Children [VFC], state general fund).</p>	<ol style="list-style-type: none"> <li>1. Updated Vaccine Management Plans for each LHD facility.</li> <li>2. Completed EZIZ Lessons for Key Practice Staff.</li> <li>3. Completed training logs (training date, topics, methods, and list of attendees).</li> </ol>
<p><b>Goal 1.1 Activity b:</b> Develop and implement a training plan for provider facilities outside LHDs receiving IZB supplied doses (state or 317 Outbreak). Focus the plan on proper vaccine management, vaccine storage and handling requirements, and administration prior to the distribution of IZB-supplied vaccines.</p>	<ol style="list-style-type: none"> <li>1. Training plan developed and implemented.</li> <li>2. Number of completed trainings.</li> <li>3. Completed training logs (training date, topics, methods, and list of attendees).</li> <li>4. Training packet completed and available.</li> <li>5. Number of signed Vaccine Management Plans received and reviewed.</li> </ol>
<p><b>Goal 1.1 Activity c:</b> Develop and implement a plan to verify that providers administering 317 Outbreak and state general fund immunizations outside the LHDs adhere to policies for vaccine management. Conduct Quality Assurance verifications (such as random temperature log review, on-site vaccination clinic assessments, review of vaccine losses, etc.) at least every other year, in a sample of sites receiving vaccines.</p>	<ol style="list-style-type: none"> <li>1. Developed and implemented Quality Assurance Plan.</li> <li>2. Completion of Mass Vaccination Hourly Temperature Logs/Electronic Data Files.</li> <li>3. Temperature Documentation on CDPH provided Logs for all IZB-supplied vaccines/Electronic Temperature Files.</li> <li>4. Percentage of sites receiving Quality Assurance verifications (minimum sample of 10% of sites receiving vaccines).</li> <li>5. Number of Completed Quality Assurance verifications.</li> </ol>
<p><b>Goal 1.1 Activity d:</b> Promote and encourage adoption of CDPH and CDC storage and handling guidelines among all healthcare providers providing immunization services in the community.</p>	<ol style="list-style-type: none"> <li>1. Documentation of storage and handling best practices promotion efforts.</li> </ol>

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<b>Goal 1.2: Facilitate compliance with current protocols, policies, and procedures for vaccine accountability for LHD facilities and partners that receive IZB-supplied vaccine.</b>	
<b>Activity</b>	<b>Performance Measures</b>
<b>Goal 1.2 Activity a:</b> Make sure all relevant staff involved in vaccine ordering, management, and accountability activities within local health department-operated clinics adhere to all program requirements as outlined in the VFC/317 Provider Participation Agreements and Addendums. Complete annual VFC/317 program recertification.	1. Completed annual program recertification and corresponding educational lessons for all key practice staff.
<b>Goal 1.2 Activity b:</b> Promote adherence to eligibility guidelines corresponding to VFC, Section 317, and state general fund vaccines. Upon release of the Immunization Branch's Vaccine Eligibility Guidelines, IMM-1142, disseminate guidance to all relevant staff involved in vaccine ordering, management, and accountability activities within local health department operated pediatric and adult immunization clinics.	1. Documentation of provided guidance.
<b>Goal 1.2 Activity c:</b> Verify that processes are in place such that IZB-supplied (317, VFC, state) vaccines are administered to eligible individuals following outlined eligibility guidelines for each vaccine funding source.	1. Updated LHD protocols, inclusive of eligibility guidelines, for each vaccine funding source.
<b>Goal 1.2 Activity d:</b> Comply with federal policies regarding vaccine distribution. Publicly funded VFC and 317 vaccines must be distributed directly to the location at which the provider will administer the vaccines.	1. Documentation of procedures.

**Area 2. Access to and Utilization of Quality Immunization Services**

<b>Goal 2.1: Improve access to and receipt of all ACIP-recommended immunizations, especially for low income and underserved community members.</b>	
<b>Required Activities</b>	<b>Performance Measures</b>
<b>Goal 2.1 Activity a:</b> Maintain an immunization safety net that includes any LHD resource and referral lists to other programs that connect patients to services.	1. Referral list completed and updated on an annual basis.
<b>Goal 2.1 Activity b:</b> Be responsive to problems Medi-Cal members report related to	1. Maintain log of access problems resolved at local level or reported to CDPH.

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<p>access to immunization services.<sup>1</sup> Work with the corresponding Medi-Cal Managed Care Plan (MCP) to resolve problems. After attempts to work with MCP, if still unable to resolve, collect details and escalate to Senior Field Representative or other designated Immunization Branch staff person.</p>	
<p><b>Goal 2.1 Activity c:</b> For all <i>LHD facilities</i> that are VFC providers, participate in and support provider compliance and quality improvement visits in conjunction with the CDPH Immunization Branch. Assist with the implementation of corrective action plans, strategies to reduce missed opportunities for vaccination, and linkage/referral to medical homes.</p>	<ol style="list-style-type: none"> <li>1. Number of LHD clinics with corrective actions that were all completed within the specified time frame on the VFC Compliance Visit Report.</li> </ol>

**Area 3. California Immunization Registry (CAIR)<sup>2</sup>**

<b>Goal 3.1 Promote and optimize<sup>3</sup> the use of CAIR in the jurisdiction</b>	
<b>Required Activities</b>	<b>Performance Measures</b>
<p><b>Goal 3.1 Activity a:</b> Enter all IZB-supplied vaccine doses administered by LHD or partners, including influenza doses, into CAIR.</p>	<ol style="list-style-type: none"> <li>1. Number of LHD clinics participating in CAIR/ number all LHD clinics.</li> <li>2. Percentage of LHD clinic doses entered into the registry within 14 days.</li> <li>3. Number of state flu doses entered by end of flu season/number state flu doses administered.</li> <li>4. CAIR ID list submitted to CDPH.</li> </ol>
<p><b>Goal 3.1 Activity b:</b> For LHDs with primary care clinics, use manage patient status functionality to remove inactive patients at least once a year.</p>	<ol style="list-style-type: none"> <li>1. Inactive patients marked as inactive in CAIR.</li> </ol>
<p><b>Goal 3.1 Activity c:</b> In LHD primary care clinics, utilize CAIR data to identify and improve low or lagging infant or adolescent vaccination coverage levels.</p>	<ol style="list-style-type: none"> <li>1. Low infant or adolescent CAIR coverage rate identified and improved.</li> </ol>
<p><b>Goal 3.1 Activity d:</b> Review monthly CAIR usage reports<sup>4</sup> to identify priority non-</p>	<ol style="list-style-type: none"> <li>1. Number of VFC Sites identified for priority recruitment/retention contact.</li> </ol>

<sup>1</sup> Requirements for Medi-Cal immunization services are summarized here: <http://izcoordinators.org/vaccine-programs/medi-cal-and-pharmacy-resources/>

<sup>2</sup> CAIR refers to the statewide system that will connect CAIR2 with the San Diego Immunization Registry and Healthy Futures.

<sup>3</sup> If have EHR, move from manual data entry to data exchange (upload from EHR) to bidirectional data exchange. See <https://cairweb.org/docs/CAIR2-Communications/IMM-1266.pdf> and <https://cairweb.org/docs/CAIR2-Communications/IMM-1260.pdf>

<sup>4</sup> Monthly CAIR usage reports for VFC providers are posted here: <http://izcoordinators.org/cair-reports/>.

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participating VFC sites that need to be recruited/retained. Communicate priority sites to Local CAIR Rep (LCR).	
<b>Goal 3.1 Activity e (required):</b> Invite CAIR staff <sup>5</sup> to participate in local provider trainings in order to promote CAIR.	1. Number of trainings with CAIR participation/number of trainings held.

<b>Goal 3.2: Connect local Immunization Information Systems (IIS) to CAIR (for San Joaquin County only)</b>	
<b>Required Activities</b>	<b>Performance Measures</b>
<b>Goal 3.2 Activity a:</b> Implement data sharing with CAIR2, including: <ul style="list-style-type: none"> <li>• Attend scheduled planning meetings with CAIR2 staff.</li> <li>• Comply with agreed upon timelines.</li> <li>• Complete data transfer testing, including both inbound to CAIR2 and outbound back to local IIS.</li> <li>• Share bulk historical loads of existing patients and immunizations to CAIR2 to initiate data sharing.</li> </ul>	1. Full historical data load completed.
<b>Goal 3.2 Activity b:</b> Initiate and maintain ongoing electronic data sharing with CAIR2.	1. Ongoing data sharing continues.

**Area 4. Perinatal Hepatitis B Prevention**

<b>Goal 4.1: Reduce the incidence of perinatal hepatitis B virus (HBV) infection in the jurisdiction.</b>	
<i>Note: Coordinate perinatal HBV prevention efforts with your LHD's Maternal Child and Adolescent Health (MCAH) program, as activities 4.1a-4.1c may also help fulfill Title V requirements and MCAH Scope of Work Activities.</i>	
<b>Required Activities</b>	<b>Performance Measures</b>
<b>Goal 4.1 Activity a:</b> Educate medical providers and hospital staff about the screening, care, and reporting of pregnant women who test positive for hepatitis B and their infants according to the guidance outlined below: <a href="#">Guidance for Prenatal Providers</a> <a href="#">Guidance for Labor and Delivery Hospitals</a> <a href="#">Guidance for Pediatric Providers</a>	1. Percentage of HBsAg-positive pregnant women identified in the reporting period who were enrolled prior to delivery. 2. Percentage of HBsAg-positive pregnant women identified in the reporting period with an HBV DNA test result during pregnancy. 3. Percentage of PEP errors in the reporting period with completed LHJ follow-up.
<b>Goal 4.1 Activity b:</b> Educate identified HBsAg-positive pregnant women about their HBV status and provide the appropriate information on prevention of perinatal hepatitis	1. Number of HBsAg positive pregnant women identified and contacted.

<sup>5</sup> "CAIR staff" includes CAIR2 and local registry staff.

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<p>B transmission, based on current ACIP recommendations and the guidance outlined below:  <a href="#">Perinatal Hepatitis B Prevention Program Coordinator Handbook</a>  <i>Note: Even if you had no cases in the previous period you are still required to complete this activity so that you are prepared if there is a case in the future.</i></p>	
<p><b>Goal 4.1 Activity c:</b> Collect and submit requested data to CDPH on HBsAg-positive pregnant women and their infants according to the guidance outlined below:  <a href="#">Perinatal Hepatitis B Prevention Program Coordinator Handbook</a></p>	<ol style="list-style-type: none"> <li>1. Percentage of infants born to HBsAg-positive mothers in the reporting period who received PEP according to ACIP recommendations.</li> <li>2. Percentage of infants born to HBsAg-positive mothers who completed the HBV vaccine series by 12 months of age.</li> <li>3. Percentage of infants born to HBsAg-positive mothers who have completed PVS testing by 24 months of age.</li> <li>4. Percentage of infants closed to case management with complete information within 24 months.</li> </ol>

**Area 5. Education, Information, Training, and Partnerships**

<p><b>Goal 5.1: Provide and/or promote educational activities and information to health care providers, schools and childcare centers, and other immunization stakeholders to promote best practices for immunizations and the importance of timely vaccinations.</b></p>	
<p><b>Required Activities</b></p>	<p><b>Performance Measures</b></p>
<p><b>Goal 5.1 Activity a:</b> Based on local priorities and resources, disseminate print and/or electronic communications among providers, school, general public and other immunization stakeholders in their jurisdiction.   <i>Note: Depending on funding, CDPH may offer select hard-copy materials to all VFC Providers through the Online VFC store. If the VFC store is available, LHDs may choose to refer VFC providers in their jurisdiction to order select materials from the VFC store instead. CDPH will inform LHDs on centralized communication activities from the Immunization Branch (e.g., print materials to VFC providers; electronic communications and resources to VFC providers, schools, pharmacies, and community-based organizations/other stakeholders; and traditional media/social media activities to reach the general public). LHDs may supplement any gaps in communication with local efforts. Contact the Information &amp; Education Section if you would like to learn more about the Immunization Branch's centralized communication vehicles and activities.</i></p>	<ol style="list-style-type: none"> <li>1. Summary of efforts conducted to distribute materials in print or electronically to immunization stakeholders.</li> <li>2. Target date for completion of summary.</li> </ol>

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<b>Goal 5.2: Develop partnerships and collaborative activities in order to expand immunization services, promote best practices and improve coverage rates among children, adolescent and adults.</b>	
<b>Required Activities</b>	<b>Performance Measures</b>
<p><b>Goal 5.2 Activity a:</b> Engage with at least 3 different partner types (provider, school, and social service or other) in conducting educational activities or trainings.</p> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>• <i>LHJ will engage with at least one “provider” partner, one “school” partner and one “social service or other” partner:</i> <ul style="list-style-type: none"> <li>○ <i>“Provider partner” may include hospitals, federally qualified health centers (FQHCs), long term care facilities, birth facilities, professional associations (local ACOG chapter), pharmacies, health plans and community clinics.</i></li> <li>○ <i>“School partner” may include childcare providers, school or school district, County Department of Education, college, school nurses’ association or other school-related organizations.</i></li> <li>○ <i>“Social service and other partners” may include WIC, MCAH, social service agencies, migrant or refugee health, homeless shelters, drug-treatment centers, jails, faith-based organizations, local business or community-based organizations.</i></li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. Number of partner types (provider, school, social service/other partners) engaged with.</li> <li>2. Summary of activities conducted with each partner type.</li> </ol>

**Area 6. Prevention, Surveillance and Control of Vaccine Preventable Disease (VPD)**

<b>Goal 6.1: Conduct surveillance to identify VPD cases and/or outbreaks, and implement recommended prevention and control activities.</b>	
<b>Required Activities</b>	<b>Performance Measures</b>
<p><b>Goal 6.1 Activity a:</b> Ensure that appropriate clinical specimens are tested, and relevant epidemiologic information is collected for VPDs requiring immediate public health action.</p>	<ol style="list-style-type: none"> <li>1. Percentage of measles PCR positive specimens submitted for molecular characterization.</li> <li>2. Percentage of Neisseria meningitidis positive specimens/isolates submitted for molecular characterization.</li> </ol>
<p><b>Goal 6.1 Activity b:</b> Implement appropriate public health activities for the control and prevention of cases and/or outbreaks of VPDs that are reportable to CDPH in accordance with CDPH recommendations.</p>	<ol style="list-style-type: none"> <li>1. Quarterly review of Quicksheets with applicable staff completed.</li> <li>2. Percentage of infant pertussis cases &lt;4 months of age with documentation of mother’s prenatal care provider information (name and city of prenatal care provider).</li> <li>3. Percentage of infant pertussis cases &lt;4 months of age for whom maternal Tdap status is known.</li> </ol>

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	4. Percentage of providers reached <sup>6</sup> who provided prenatal care to a woman whose infant developed pertussis. Reaching the provider is only required if the woman never got Tdap during this pregnancy or did not receive Tdap at 27-36 weeks gestation. <sup>7</sup>
<b>Goal 6.1 Activity c:</b> Obtain vaccine and assist with the organization and implementation of efforts to vaccinate susceptible individuals, if appropriate, in the context of a VPD outbreak and exposure.	1. Completed outbreak response request <sup>8</sup> with plan for doses and target population (as appropriate).

<b>Goal 6.2: Collect and submit requested data to CDPH on VPD cases and outbreaks.</b>	
<b>Required Activities</b>	<b>Performance Measures</b>
<b>Goal 6.2 Activity a:</b> Report VPDs and other conditions reportable to CDPH Immunization Branch per CDPH instructions listed here: <a href="#">ReportingGuidanceForLHJs</a>	<ol style="list-style-type: none"> <li>1. Percentage of measles cases reported immediately to CDPH.</li> <li>2. Percent of meningococcal disease cases in high school and college students reported immediately to CDPH.</li> <li>3. Percentage of case reports submitted to CDPH via an electronic communicable disease reporting system (CaREDIE or other) in the recommended timeframe.</li> </ol>
<b>Goal 6.2 Activity b:</b> Collect and submit CDPH-requested VPD case and outbreak data. (For % of VPD cases in your LHD with the appropriate resolution status assigned and complete data on key variables, see the Immunization Grant Workplan page on the <a href="#">IZ Coordinators</a> site.)	<ol style="list-style-type: none"> <li>1. Percentage of VPD cases with appropriate resolution status assigned, as per CSTE case definition.</li> <li>2. Percentage of VPD cases with complete data.</li> <li>3. Percentage of confirmed hepatitis A cases for whom hepatitis A risk factors are known.</li> <li>4. Percentage of meningococcal disease cases aged 14-24 years for whom high school or college attendance status is known.</li> </ol>

<sup>6</sup> Sending a letter re: standard of care is the minimum acceptable communication, with copy to your LHD Maternal Child and Adolescent Health (MCAH) program. See [Template Letter for Prenatal Care Providers with Pregnant Patients that did not Receive Prenatal Tdap Appropriately and Infants Developed Pertussis](#)

<sup>7</sup> Please note: If a practice decides to modify or reduce the number of prenatal care visits due to the COVID-19 pandemic, ACOG encourages clinicians to include recommended maternal immunizations (influenza and Tdap) during remaining in-person appointments, even if that means immunizations will be administered outside of the typically recommended weeks of gestation. Please make note of any clinic modifications in the notes field in the maternal immunizations section in CaREDIE.

<sup>8</sup> The Immunization Branch provides a form for requesting vaccine from CDPH.

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**Area 7. Childcare and School Immunization Entry Requirements**

<b>Goal 7.1: Decrease the proportion of pupils who are overdue for required immunizations or admitted conditionally.</b>	
<b>Required Activities</b>	<b>Performance Measures</b>
<b>Goal 7.1 Activity a:</b> Provide guidance, training, and support for compliance with entry immunization requirements by all childcare centers and schools within the jurisdiction.	1. Percentage of schools with kindergarteners in the jurisdiction that have completed the annual immunization assessment.
<b>Goal 7.1 Activity b:</b> At least annually, visit schools with 10 or more kindergarteners that reported > 10% were either conditionally admitted or overdue for required immunization; provide guidance and support follow-up until these students are up to date.	1. 2023-2024 School Year: Number and percentage of schools that meet the definition of "targeted schools" <sup>9</sup> 2. Target 2023-2024 School Year: Less than 3% of schools have >10% of kindergarteners either conditional or overdue.

**Area 8. Influenza**

<b>Goal 8.1: Strengthen capacity to protect against seasonal influenza and to prepare for a pandemic.</b>	
<b>Required Activities</b>	<b>Performance Measures</b>
<b>Goal 8.1 Activity a:</b> To assist your LHD emergency preparedness lead in fulfilling its emergency preparedness grant requirements, utilize IZB-supplied influenza vaccine or other 317-funded vaccines to support at least one mass immunization exercise/year. Confirm your LHD emergency preparedness program has entered all doses into CAIR within 14 days of administration, as per the emergency preparedness grant requirement.	1. Mass vaccination exercise completed by local health department, including immunization and preparedness program staff.
<b>Goal 8.1 Activity b:</b> Utilize IZB-supplied influenza vaccine to immunize jurisdiction against influenza; doses may be shared with local partners.	1. Number of doses of influenza vaccine administered. Target # of doses must be at least 90% of previous season's total doses.

**Area 9. COVID-19 Vaccination**

<b>Goal 9.1: Organize an effective COVID-19 vaccination response at the local level.</b>	
<b>Required Activities</b>	<b>Performance Measures</b>
<b>Goal 9.1 Activity a:</b> Develop and implement a COVID-19 vaccination plan that ensures	1. Percentage of target number of individuals vaccinated, or target number of doses administered, for each focus population, as

<sup>9</sup> "Targeted schools are schools with 10 or more kindergarteners that reported greater than 10% of students conditionally admitted and/or overdue for required immunization.

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<p>equitable vaccination access and encourages widespread vaccine acceptance and uptake.</p>	<p>described in your Vaccination Equity Workplan. <i>(Note: LHDs will not be penalized for not reaching their targets but will be required to describe challenges faced in reaching targets and describe how they will address these challenges.)</i></p> <ol style="list-style-type: none"> <li>2. Completion of COVID-specific activity progress report. Template provided by IZB-CDPH.</li> <li>3. Participation in periodic meetings with IZB-CDPH staff.</li> </ol>
<p><b>Goal 9.1 Activity b:</b> Respond to requests from IZB-CDPH for information on local efforts and plans to address vaccine hesitancy, improve vaccine access and reach vulnerable populations.</p>	<ol style="list-style-type: none"> <li>1. Response to requests for information from IZB-CDPH as needed.</li> </ol>

**Glossary of Acronyms and Terms**

Abbreviation or term	Definition
317 vaccine	Vaccine provided to LHD clinics and partners for uninsured adults and for outbreak purposes.
ACIP	Advisory Committee on Immunization Practices
ACOG	American College of Obstetricians and Gynecologists
AFIX	Assessment, Feedback, Incentive, eXchange
AFM	Acute Flaccid Myelitis
ARNOLD	Advanced Results Notification and On-Line Delivery (within CalREDIE)
CAIR	California Immunization Registry
CalREDIE	California Reportable Disease Information Exchange
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
COVID-19	Coronavirus Disease 2019
CPSP	Comprehensive Perinatal Services Program
CSTE	Council of State and Territorial Epidemiologists

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DNA	Deoxyribonucleic Acid
eCR	Electronic Case Reporting
EHR	Electronic Health Record
ELR	Electronic Laboratory Reporting
EZIZ	An Immunization Branch-operated website (eziz.org) with immunization training and resource materials.
FQHC	Federally Qualified Health Center
HBsAg	Hepatitis B Surface Antigen
HBV	Hepatitis B Vaccine
HL7	Health Level 7 (standards for data exchange)
HPV	Human papillomavirus
IgM	Immunoglobulin
IIS	Immunization Information System
IQIP	Immunization Quality Improvement for Providers
ISI	Immunization Skills Institute
IZ	Immunization
IZB	Immunization Branch (of CDPH)
IZB-supplied vaccine	Vaccine ordered through the CDPH Immunization Branch and supplied to LHD clinics or partners using state or federal (VFC and 317) funding sources.
LCR	Local CAIR representative (on CDPH IZB staff)
LHD	Local Health Department
LHD Primary Care Clinic	Clinic run or housed in LHD that serves as a medical home for its patients. Includes federally qualified health centers or look-alikes that are operated or housed in LHDs
LHJ	Local Health Jurisdiction
MA	Medical Assistant
MCAH	Maternal Child and Adolescent Health

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MCP	Medi-Cal Managed Care Plan
MDL	Microbial Diseases Laboratory
MOU	Memorandum of Understanding
NIAM	National Immunization Awareness Month
NIVW	National Influenza Vaccine Week
OBGYN	Obstetrics and Gynecology
PBE	Personal Belief Exemption
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PHPP	Perinatal Hepatitis B Prevention Program
PVS	Post-Vaccination Serology
PVW	Preteen Vaccine Week
SGF	State General Fund
TB	Tuberculosis
Tdap	Tetanus, Diphtheria, and Pertussis
TK/K	Transitional Kindergarten/Kindergarten
VFC	Vaccines for Children Program
VPDs	Vaccine-Preventable Disease(s)
VRDL	Viral and Rickettsial Disease Laboratory (of CDPH)
WIC	Women, Infants, and Children

CDPH Immunization Branch  
 Local Assistance Grant Funds

Exhibit B - Budget

	Budget (*Year 1) 07/01/2022 to 06/30/2023	Budget (**Year 2) 07/01/2023 to 06/30/2024	Budget (**Year 3) 07/01/2024 to 06/30/2025	Budget (**Year 4) 07/01/2025 to 06/30/2026	Budget (**Year 5) 07/01/2026 to 06/30/2027
I. County of <u>Tehama</u>	\$ 217,165.54	\$ 1,267,405.73	\$ 34,075.00	\$ 34,075.00	\$ 34,075.00
II. (Subgrantee, if any)	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 217,165.54	\$ 1,267,405.73	\$ 34,075.00	\$ 34,075.00	\$ 34,075.00

\*\*CDPH Immunization Program will provide funding source information as it becomes available each fiscal year.

<b>Total Funding for 5-Year Term:</b>	<b>\$ 1,586,796.27</b>
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CDPH Immunization Branch  
Local Assistance Main Grant Funds

County of Tehama  
Grant# 22-11087

**Budget Detail**  
**Year 2**  
**(07/01/2023 - 06/30/2024)**

	% of time or hours on project	Monthly salary range or hourly rate	Total
<b>I. Personnel</b>			
IZ Coordinator - Dolly Hopper (0.95 FTE)	275	\$ 48.64	\$ 13,376.00
LVN -Bilingual -Karina Houghtby (0.50 FTE)	150	\$ 30.08	\$ 4,512.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Personnel Expenses</b>			\$ 17,888.00
<b>II. Fringe Benefits (40% of Personnel)</b>			\$ 7,155.20
<b>III. Operating Expenses or General Expenses</b>			\$ 2,771.00
Office/Clinic Supplies			\$ 771.00
Printing			\$ -
Health Education			\$ -
Other-Datalogger service			\$ 2,000.00
<b>IV. Equipment Expenses</b>			\$ -
			\$ -
<b>V. Travel Expenses</b>			\$ -
In-State Travel			\$ -
Out-of-State Travel			\$ -
(The Grantee shall be reimbursed for the actual claimed and invoiced)			
<b>VI. Subgrantee Expenses (if any)</b>			\$0.00
_____ (Name of Subgrantee)			
<b>VII. Indirect Costs (Approved ___% of total Personnel Costs or total Direct Costs)</b>			\$ 6,260.80
<input type="checkbox"/> Approved 25% of total Personnel Costs			\$ 6,260.80
<input type="checkbox"/> Approved ___% of total Direct Costs			
<b>VIII. Total Expenses For Main Grant</b>			\$ 34,075.00
			\$34,075.00



CDPH Immunization COVID-19 Carryover Funding Round 3  
 Fund Year: July 1, 2023 - June 30, 2024

Budget Detail

	% of time or hours on project	Monthly salary range or hourly rate	Total
<b>I. Personnel</b>			
IZ Coordinator - Dolly Hopper (0.95 FTE)	1626	\$ 48.64	\$ 79,088.64
LVN -Bilingual -Karina Houghtby (0.50 FTE)	870	\$ 30.08	\$ 26,169.60
LVN -Nedalyn Bennett (0.70 FTE)	1456	\$ 24.25	\$ 35,308.00
OA II - Anthony Pacheco (0.15 FTE)	312	\$ 17.55	\$ 5,475.60
Business Operations Supervisor-Aleks Topalovic (0.05 FTE)	104	\$ 27.78	\$ 2,889.12
Supervising Public Health Nurse-Michelle Schmidt (0.18 FTE)	374	\$ 62.82	\$ 23,494.68
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Personnel Expenses</b>			<b>\$ 172,425.64</b>
<b>II. Fringe Benefits (40% of Personnel)</b>			<b>\$ 68,970.26</b>
<b>III. Operating Expenses or General Expenses</b>			<b>\$ 200,278.27</b>
Office/Clinic Supplies			\$ 21,000.27
Printing			\$ 8,000.00
Health Education			\$ 1,923.00
Other - Janitorial and Maintenance			\$ 2,555.00
Other - Computer System Upgrades (without wiring for Corning and Mobile Clinic)			\$ 145,000.00
Other - Media Campaign			\$ 20,000.00
Other - Communications			\$ 1,800.00
<b>IV. Equipment Expenses</b>			<b>\$ -</b>
			\$ -
<b>V. Travel Expenses</b>			<b>\$ 1,000.00</b>
In-State Travel			\$ 1,000.00
Out-of-State Travel			\$ -
(The Grantee shall be reimbursed for actuals claimed and invoiced)			
<b>VI. Subgrantee Expenses (if any)</b>			<b>\$ -</b>
_____ (Name of Subgrantee)			
<b>VII. Indirect Costs (Approved ___% of total Personnel Costs or total Direct Costs)</b>			<b>\$ 60,348.97</b>
<input type="checkbox"/> Approved 25% of total Personnel Costs <u>OR</u>			\$ 60,348.97
<input type="checkbox"/> Approved ___% of total Direct Costs			
<b>VIII. Total Expenses for COVID-19 Carryover Funding Round 3</b>			<b>\$ 503,023.14</b>

CDPH Immunization COVID-19 Carryover Funding Round 4  
 Fund Year: July 1, 2023 - June 30, 2024

Budget Detail

	% of time or hours on project	Monthly salary range or hourly rate	Total
<b>I. Personnel</b>			
IZ Coordinator - Dolly Hopper (0.95 FTE)	200	\$ 72.96	\$ 14,592.00
LVN -Bilingual -Karina Houghtby (0.50 FTE)	200	\$ 45.12	\$ 9,024.00
LVN -Nedalyn Bennett (0.70 FTE)	200	\$ 36.38	\$ 7,276.00
OA II - Anthony Pacheco (0.15 FTE)	200	\$ 26.33	\$ 5,266.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Personnel Expenses</b>			<b>\$ 36,158.00</b>
<b>II. Fringe Benefits (40% of Personnel)</b>			<b>\$ 14,463.20</b>
<b>III. Operating Expenses or General Expenses</b>			<b>\$ 22,898.33</b>
Office/Clinic Supplies			\$ 2,055.33
Printing			\$ 500.00
Health Education			\$ 500.00
Other -Vehicle Maintenance for mobile vaccination van			\$ 5,000.00
Other - Infrastructure/Utilities			\$ 3,643.00
Other - AED			\$ 3,000.00
Other - Cool Cube (2)			\$ 3,200.00
Other - Refridgerator and Generator Maintenance			\$ 5,000.00
<b>IV. Equipment Expenses</b>			<b>\$ 620,000.00</b>
Generator			\$ 620,000.00
<b>V. Travel Expenses</b>			<b>\$ 5,000.00</b>
In-State Travel			\$ 5,000.00
Out-of-State Travel			\$ -
(The Grantee shall be reimbursed for actuals claimed and invoiced)			
<b>VI. Subgrantee Expenses (if any)</b>			<b>\$11,597.50</b>
<u>    NPH    </u> (Name of Subgrantee)	250	\$46.39	\$11,597.50
<b>VII. Indirect Costs (Approved ___% of total Personnel Costs or total Direct Costs)</b>			<b>\$ 12,655.30</b>
<input type="checkbox"/> Approved 25% of total Personnel Costs <u>OR</u>			\$ 12,655.30
<input type="checkbox"/> Approved ___% of total Direct Costs			
<b>VIII. Total Expenses for COVID-19 Carryover Funding Round 4</b>			<b>\$ 722,772.33</b>

## AWARD ATTACHMENTS

California Department of Public Health

Grant Award #: 5 NH23IP922612-05-00

Terms and Conditions



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control  
and Prevention (CDC)  
Atlanta GA 30333

# General Terms and Conditions for Non-Research Grant 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.

## FEDERAL REGULATIONS AND POLICIES

**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

<https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsqps107.pdf>

### Federal Funding Accountability and Transparency Act (FFATA)

<https://www.frs.gov/>

**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.law.cornell.edu/cfr/text/2/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. 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 contract or order; it merely limits the portion of that salary that may be paid with federal funds.

- 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.

- 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 or marketing, including but not limited to the advocacy or promotion of gun control.

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

D. Needle Exchange (Div. H, Title V, Sec. 520): 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.

E. Blocking access to pornography (Div. H, Title V, Sec. 521): (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.

**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 Pub. L. 115-232, 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 30<sup>th</sup> of the 5<sup>th</sup> 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](http://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 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 and, to the extent consistent with law and appropriate, provide 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 \$750,000 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 45 CFR Part 75. 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\(0vkw1zaelyzjibnahocqa5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocqa5i0))/account/login.aspx)

AND

Office of Financial Resources, Risk Management and Internal Control Unit's Audit Resolution Team (ART), [RMICU.Audit.Resolution@cdc.gov](mailto:RMICU.Audit.Resolution@cdc.gov).

**Audit Requirement Foreign Organizations:** An 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. 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, Risk Management and Internal Control Unit's Audit Resolution Team (ART) at [RMICU.Audit.Resolution@cdc.gov](mailto:RMICU.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.

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIS):** 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 at 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

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or Email:  
[MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

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, including 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 integrity and performance system accessible through SAM (currently FAPIIS) (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 Federal Awardee Performance and Integrity Information System (FAPIIS)) 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, 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 require 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 <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and

<https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov/>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/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/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://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 must submit these requests no later than 120 days prior to the budget period's end date. 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, Grants Solutions, can be found at: <https://www.cdc.gov/grants/grantsolutions/index.html>.

**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 tool-kits, 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 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 no later than 12 months after the official date of publication. Also, at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however, the author is strongly encouraged to make the subject manuscript available as soon as possible. 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. A non-federal entity is not authorized to use the HHS name or logo governed by U.S.C. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003).

Additionally, the CDC logo cannot be used by the recipient without the express, written consent of CDC. 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. Further, the HHS and CDC logo cannot be used by the recipient without a license agreement setting forth the terms and conditions of use.

**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 \$5,000 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](mailto: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

Recipients must submit all closeout reports identified in this section within 90 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).

**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](http://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 90 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 \$5,000 or more. Electronic versions of the forms can be downloaded by visiting: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>.

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 \$5,000 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.

## 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.

TEHAMA COUNTY AUDITOR'S OFFICE

GRANT FUNDING INFORMATION

(Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY	
Rec'd By:	

DEPARTMENT	NAME OF CONTACT	PHONE NUMBER	BUDGET UNIT
Public Health	Minnie Sagar	530-527-6824	4012

TITLE OF GRANT Immunization Project

GRANTOR AGENCY California Department of Public Health, Immunization Branch

GRANT OBJECTIVES Conduct a general immunization program which provides the general public with vaccines recommended by the Advisory Committee on Immunization Practices.

GRANT I.D. NO. \_\_\_\_\_ Federal Catalog # (if applicable): \_\_\_\_\_

GRANT PERIOD From: 07/01/23 To: 06/30/24 Applicable Code and/or

Legislative Reference: \_\_\_\_\_

DATE APPLICATION APPROVED BY BOARD: \_\_\_\_\_

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: \_\_\_\_\_

IS GRANT RENEWABLE? (Check all applicable)	Yes	No	Annually	Indefinite	Specific No. of Years
	X				1

**GRANT FUNDING** Fiscal Year: 23-24

FEDERAL	\$1,267,405.73	
STATE		
OTHER		
<b>1. TOTAL GRANT FUNDS</b>	<b>\$1,267,405.73</b>	

**COUNTY FUNDING**

HARD MATCH (dollars)	\$0.00	
SOFT MATCH (In-kind)	\$0.00	
<b>2. TOTAL COUNTY MATCH</b>	<b>\$0.00</b>	

**USE OF FUNDS**

PERSONNEL (attach detail)	\$323,009.74	
SERVICES/SUPPLIES	\$226,044.06	
EQUIPMENT	\$620,000.00	
OTHER CHARGES	\$98,349.93	
<b>TOTAL FUNDS (must also = 1+2 above)</b>	<b>\$1,267,405.73</b>	

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

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? Yes:  N/A No:

METHOD OF PAYMENT OF GRANT FUNDS: Reimburse:  Advance:

ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: Quarterly

EXPENDITURE DEADLINE: 6/30/2024

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? Yes:  No:

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) Yes:  No:

Jayne S. Bottke  
Jayme S. Bottke, Executive Director