



TOMÁS J. ARAGÓN, M.D., Dr.PH
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

October 11, 2024

Bela T. Matyas, MD, MPH
Health Officer
Solano County Health and Social Services Department
275 Beck Avenue, MS 5-240
Fairfield, CA 94553

Dear Dr. Matyas:

LETTER OF REVISED AWARD:
California Tuberculosis Controllers Association (CTCA) Project Award Number:
2448CTCA00
FUNDING PERIOD: January 1, 2025 through June 30, 2025

This letter is confirmation of your revised local assistance funding to support California Tuberculosis Controllers Association (CTCA) tuberculosis (TB) prevention and control activities in fiscal year (FY) 2024-2025.

CTCA PROJECT REVISED AWARD

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) is allocating \$121,972.50 to the Solano County Health and Social Services Department to support CTCA TB prevention and control activities. The award is comprised entirely of state funds. These funds are being awarded with the understanding that your program staff will work with staff of the TBCB in carrying out your CDPH-funded TB control program efforts.

This award is valid and enforceable only if the enacted State of California FY 2024-2025 budget makes sufficient funds available for the purposes of this program.

MANAGING YOUR CTCA PROJECT REVISED AWARD

Reimbursement of expenditures is contingent upon compliance with the standards and procedures described in the FY 2024-2025 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual, available at:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx>.

The only exception to the SPM requirements for this award is that invoices may be submitted monthly rather than quarterly.



INVOICING CTCA PROJECT REVISED AWARD EXPENDITURES

- When invoicing for approved expenditures, please:
 - Bill to: California Department of Public Health, Tuberculosis Control Branch
 - Submit on your organization's letterhead, signed electronically or in blue ink
 - Submit in electronic form or as a color scanned PDF by email only to TBCB.Awards@cdph.ca.gov and cc: Kevin.Crawford@cdph.ca.gov.

- Invoices for FY 2024-2025 will not be processed until:
 - Any outstanding invoices from the previous year have been submitted, and
 - CDPH TBCB has received a signed "Acceptance of Award" form.

- Invoicing for Administrative Cost
 - This award includes a contractor administrative cost rate of 15% (\$3,039.53) on the Solano County Direct Costs Amount of \$20,263.50.
 - This award also includes a subcontractor administrative cost rate of 10% (\$9,246.27) on the total contract direct costs amount of \$92,462.73. When invoicing, please place administrative costs in the "Other" line item.

ACCEPTING YOUR CTCA PROJECT REVISED AWARD

To acknowledge acceptance of this award and the conditions, please return the "Acceptance of Award" form with an authorized signature (electronic or in blue ink).

Please submit your signed "Acceptance of Award" as a color scanned PDF by email only to TBCB.Awards@cdph.ca.gov and cc: Kevin.Crawford@cdph.ca.gov.

Questions about your award should be addressed to Kevin Crawford, your TBCB Fiscal Analyst, at (510) 620-3052 or by email at Kevin.Crawford@cdph.ca.gov.

Sincerely,



Juanita Velasquez
Assistant Branch Chief, Tuberculosis Control Branch



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ACCEPTANCE OF REVISED AWARD

Solano County Health and Social Services Department

CTCA Project Award Number: 2448CTCA00
FUNDING PERIOD: January 1, 2025 through June 30, 2025
AWARD: \$121,972.50

I hereby accept this award. By accepting this award, I agree to the requirements as described in the FY 2024-2025 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

Authorized Signature

Date

Print Name

Title

