



TOMÁS J. ARAGÓN, MD, DrPH  
Director and State Public Health Officer

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



GAVIN NEWSOM  
Governor

## ACCEPTANCE OF AWARD

### County of Mendocino Public Health Department

**Allocation Award Number:** 24-HCV27

**Allocation Amount:** \$816,742.00

**Allocation Funding Period:** July 1, 2024, through June 30, 2028

I hereby accept this allocation. By accepting this allocation, I agree to the requirements as described in the 2024 – 2028 \$9M HCV Prevention and Collaboration Allocations Reference Guide and any other conditions stipulated by the California Department of Public Health, Sexually Transmitted Diseases Control Branch.

  
\_\_\_\_\_  
Authorized Signature

7/1/24  
\_\_\_\_\_  
Date

Jenine Miller, Psy.D.  
\_\_\_\_\_  
Print Name

Director of Health Services  
\_\_\_\_\_  
Title



## Hepatitis C Virus (HCV) Prevention and Collaboration Allocations Annual Workplan

Please complete workplan in Qualtrics – the information provided below is for reference only.

Jurisdiction: County of Mendocino  
 Name: \$9M HCV PREVENTION & COLLABORATION ALLOCATION  
 Funding Period: July 1, 2024 through June 30, 2028

The HCV workplan reflects activities listed in the HCV Prevention and Collaboration allocations. Chosen activities should be based on funding allocated to each local health jurisdiction (LHJ) as well as local needs, capacity, and infrastructure.

The HCV Prevention and Collaboration allocations are intended for the implementation of public health activities related to monitoring, prevention, testing, and linkage to and retention in care activities for the most vulnerable and underserved individuals living with, or at high risk for, hepatitis C virus (HCV) infection in collaboration with community-based organizations (CBOs) within the local health jurisdiction (LHJ), consistent with Health and Safety Code 122440. HSC 122440 requires that no less than 50 percent of the funds allocated to LHJs shall be provided to, or used to support activities in partnership with, CBOs for purposes consistent with this section, provided that there are CBOs in the jurisdiction that are able to provide these activities and demonstrate expertise, history, and credibility working successfully in engaging the most vulnerable and underserved individuals living with, or at high risk for, HCV infection. LHJ support for local CBO partners may include, but is not limited to, direct funding through subcontracts or staffing, supplies, and other forms of in-kind support.

LHJ and CBO activities may include integrated services for viral hepatitis, human immunodeficiency virus (HIV) infection, sexually transmitted infections (STIs), and drug overdose to the extent they improve health outcomes for the most vulnerable and underserved individuals living with, or at high risk for, HCV infection. LHJs and CBOs may also use funds to provide material support, including, but not limited to, sleeping bags, tarps, shelter, clothing items, and hygiene kits, to individuals the most vulnerable and underserved individuals living with, or at high risk for, HCV infection for purposes consistent with HSC 122440. LHJs should use these funds to enhance existing HCV prevention and control efforts, and should not replace existing activities.

People living with or at high risk for hepatitis C who are likely vulnerable and underserved, and high priority populations for this allocation, include a) people with HIV, b) people who currently or formerly injected drugs (PWID); c) people experiencing homelessness or unstable housing; d) people in drug treatment or a local correctional facility; e) people who use non-injection drugs, such as, cocaine, crack, fentanyl, methamphetamine; f) people who are or can become pregnant; g) trans and gender non-binary persons; and h) sex partners of PWID. Priority populations include Black/African American people and American Indian/Alaska Native peoples, who are disproportionately affected by hepatitis C in California.

### **Workplan Instructions:**

Please complete workplan in Qualtrics – the information provided below is for reference only.

Provide a brief description (fewer than 100 words) of how each activity will be implemented in the LHJ. Include how CBOs will help implement activities, which may be conducted through direct funding and/or in-kind support. If the LHJ is not planning to implement an activity, indicate "Not Applicable (N/A)".

LHJs may propose and describe other innovative and impactful activities for approval by the California Department of Public Health (CDPH). All program activities, including innovative projects, should support the goals in California Health and Safety Code (HSC) 122440<sup>1</sup>.

**Part I: Core HCV Public Health Services – Surveillance and Case Follow Up**

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

Activities	Performance Indicators	Briefly describe how this activity will be implemented in the LHJ in Fiscal Year 2024-2025. If the activity will not be conducted, enter "N/A".
<p><b>A.</b> Conduct core hepatitis C surveillance activities, ensuring completeness and accuracy of key data variables when reported by provider or through case investigation</p> <ul style="list-style-type: none"> <li>• Ensure timely investigation of all acute HCV cases according to local protocol and CDPH recommendations</li> <li>• Conduct case follow up for suspect cases of perinatal hepatitis C (e.g., infants born to birthing parent with untreated hepatitis C infection, any infants with a known positive HCV antibody result and no known RNA result--to recommend HCV RNA</li> </ul>	<ul style="list-style-type: none"> <li>• Number and percent of acute hepatitis C cases for which an Acute Hepatitis C Case Report Form (CDPH 8703) has been submitted in CalREDIE with a Process Status of "Closed by LHD" within 60 days of the Episode Date (Target: at least 90 percent)</li> <li>• Number and percent of acute HCV cases with complete data in CalREDIE for the following demographic variables: race, ethnicity, gender identity, sex assigned at birth, sexual orientation</li> <li>• Number and percent of acute hepatitis C cases with complete data in CalREDIE for selected priority risk factors.</li> <li>• Number and percent of infants 2-36 months of age with a HCV RNA positive result for which a <a href="#">Perinatal Hepatitis C Case Report Form (CDPH 8704)</a> has been submitted in CalREDIE with a Process Status of "Closed by LHD" within 60 days of the Episode Date. (Target: at least 90 percent)</li> </ul>	

<sup>1</sup> HSC Division 105, Communicable Disease Prevention and Control; Part 7, Hepatitis C; Chapter 1, General Provisions. [https://leginfo.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=122440&lawCode=HSC](https://leginfo.ca.gov/faces/codes_displaySection.xhtml?sectionNum=122440&lawCode=HSC)

Activities	Performance Indicators	Briefly describe how this activity will be implemented in the LHJ in Fiscal Year 2024-2025. If the activity will not be conducted, enter "N/A".
<p>testing--and any infant with a positive HCV RNA to conduct case investigation and linkage)</p>	<ul style="list-style-type: none"> <li>• Number and percent of perinatal HCV cases with complete data in CalREDIE for race and ethnicity</li> </ul>	
<p><b>B.</b> Conduct enhanced, surveillance-based chronic hepatitis C case follow up for at least one priority population to assure linkages to care and treatment and/or ongoing management for those not currently eligible for treatment (i.e., pregnant people) among people with a known positive HCV RNA and no evidence of cure.</p> <ul style="list-style-type: none"> <li>• People with HIV/HCV coinfection</li> <li>• People with HBV/HCV coinfection</li> <li>• Persons 15-39 years of age</li> <li>• Pregnant persons</li> <li>• Women of childbearing age (12-44) and people who can become pregnant</li> <li>• People with ongoing risk factors</li> </ul>	<ul style="list-style-type: none"> <li>• Among persons with chronic hepatitis C in selected priority population(s) with a positive HCV RNA and no evidence of cure                             <ul style="list-style-type: none"> <li>• Number identified through public health surveillance</li> <li>• Number and percent for whom surveillance-based case follow up was attempted</li> </ul> </li> <li>• Among persons with chronic hepatitis C in selected priority population(s) with a positive HCV RNA and no evidence of cure for whom surveillance-based case follow up was attempted                             <ul style="list-style-type: none"> <li>• Number and percent with complete data for race and ethnicity</li> <li>• Number and percent with evidence of linkage to care</li> <li>• Number and percent who started HCV treatment (when indicated)</li> <li>• Number who started and completed HCV treatment (if known)</li> </ul> </li> </ul>	<p>If LHJ (alone or in collaboration with CBO partners) will be conducting enhanced case follow up among one or more priority populations, please select one (or more) of the boxes below to indicate which populations will be prioritized for case follow up.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> People with HIV/HCV coinfection</li> <li><input type="checkbox"/> People with HBV/HCV coinfection</li> <li><input type="checkbox"/> Persons 15-39 years of age</li> <li><input type="checkbox"/> Pregnant persons</li> <li><input type="checkbox"/> Women of childbearing age (12-44) and people who can become pregnant</li> <li><input type="checkbox"/> People with ongoing risk factors</li> </ul>
<p><b>C.</b> Within a year of the launch of CalCONNECT for a hepatitis C condition (i.e. acute, perinatal, or chronic hepatitis C), use CalCONNECT for that condition (e.g., to conduct case investigation,</p>	<ul style="list-style-type: none"> <li>• Use of CalCONNECT for acute hepatitis C</li> <li>• Use of CalCONNECT for perinatal hepatitis C</li> <li>• Use of CalCONNECT for chronic hepatitis C for selected priority populations</li> </ul>	

Activities	Performance Indicators	Briefly describe how this activity will be implemented in the LHJ in Fiscal Year 2024-2025. If the activity will not be conducted, enter "N/A".
<p>view dashboards, communicate across LHJs or conduct case closeout).</p>		
<p><b>D.</b> Analyze local surveillance data and disseminate findings</p>	<ul style="list-style-type: none"> <li>• Description of local hepatitis C data management activities and outcomes</li> <li>• Fact sheets, maps, dashboards, or reports describing local HCV epidemiology, racial and health disparities, trends, achievements, and gaps submitted to CDPH</li> <li>• Integrated fact sheets and reports describing the syndemic of HIV, HCV, STIs, racial disparities and the social determinants of health driving them, and other issues affecting priority populations submitted to CDPH</li> </ul>	
<p><b>E.</b> Additional innovative and impactful surveillance or disease investigation activity consistent with HSC 122440 that the LHJ plans to undertake.</p>	<ul style="list-style-type: none"> <li>• Description of the specific methods and approaches, deliverables, and a projected timeline for the additional innovative surveillance or disease investigation activity submitted to CDPH.</li> </ul>	

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

Activities	Performance Indicators	Briefly describe how this activity will be implemented in the LHJ in Fiscal Year 2024-2025. If the activity will not be conducted, enter "N/A".
<p><b>A.</b> Conduct or ensure the provision of outreach, HCV antibody testing, HCV RNA testing, patient navigation, linkages to care, care coordination, and/or HCV treatment and cure for persons at high risk for HCV infection in at least one high priority setting</p>	<ul style="list-style-type: none"> <li>• Description of priority populations and settings and HCV activities conducted submitted to CDPH</li> <li>• Number of people tested for HCV antibody, by organization</li> <li>• Number and percent of people tested for HCV antibody with a reactive result, by organization (Target: at least 5 percent)</li> <li>• Number and percent of people with a reactive HCV antibody test result who receive follow up HCV RNA testing, by organization</li> <li>• Number of people tested for HCV RNA, by organization</li> <li>• Number and percent of people tested for HCV RNA who test HCV RNA positive, by organization (if known)</li> <li>• Number and percent of clients with a positive HCV RNA result with evidence of linkage to care, by organization (if known)</li> <li>• Number of clients with evidence of linkage to care, by organization (if known)</li> <li>• Number and percent of people linked to care who started treatment, by organization (if known)</li> <li>• Number of people who started hepatitis C treatment, by organization (if known)</li> <li>• Number and percent of people who started hepatitis C treatment known to have completed hepatitis C treatment, by organization</li> </ul>	<p>Please use the boxes below to indicate in which high priority settings HCV testing, navigation, linkages to care, care coordination, and/or treatment will be conducted. Check all that apply.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult jails</li> <li><input type="checkbox"/> Drug treatment programs</li> <li><input type="checkbox"/> Emergency departments</li> <li><input type="checkbox"/> Homeless encampments</li> <li><input type="checkbox"/> Mobile outreach vans/street medicine</li> <li><input type="checkbox"/> Primary care (e.g., Federally Qualified Health Centers, Health Care for the Homeless clinics, Rural Health Clinics, Urban Indian Health Clinics)</li> <li><input type="checkbox"/> Syringe services programs</li> <li><input type="checkbox"/> Tribal health programs</li> <li><input type="checkbox"/> Other (specify) _____</li> </ul>

Activities	Performance Indicators	Briefly describe how this activity will be implemented in the LHJ in Fiscal Year 2024-2025. If the activity will not be conducted, enter "N/A".
<p><b>B.</b> Provide, link, or refer clients to supportive services for persons receiving HCV outreach, testing, patient navigation, care coordination, and/or treatment services in selected priority settings and populations. Supportive services are client-directed and offered as needed throughout the duration of HCV outreach, testing, care, and treatment.</p>	<ul style="list-style-type: none"> <li>• Description of supportive services provided in selected priority populations and settings submitted to CDPH</li> <li>• Electronic tracking sheets for incentives and material supports to ensure appropriate utilization of items, as needed per CDPH guidelines</li> </ul>	
<p><b>C.</b> Integrate outreach, prevention, testing, patient navigation, care coordination, treatment services and/or outbreak response for HIV, sexually transmitted infections, viral hepatitis, and/or drug overdose (and other communicable diseases transmissible via sexual contact or injection drug use upon approval from CDPH), as indicated by local epidemiology.</p>	<ul style="list-style-type: none"> <li>• Description of integrated activities and outcomes submitted to CDPH</li> </ul>	
<p><b>D.</b> Pilot innovative preventive and clinical technologies and interventions for the most vulnerable and underserved individuals living with, or at high risk for, HCV</p>	<ul style="list-style-type: none"> <li>• Description of innovative preventive and clinical technologies and intervention activities and outcomes submitted to CDPH</li> </ul>	<p>If LHJ will be using innovative preventive and clinical technologies to complete grant activities, please indicate which technologies will be used or explored using the check boxes below. Check all that apply.</p>

Activities	Performance Indicators	Briefly describe how this activity will be implemented in the LHJ in Fiscal Year 2024-2025. If the activity will not be conducted, enter "N/A".
<p>infection.(e.g., at-home testing, dried blood spot testing, new rapid testing technologies, and rapid treatment and/or other telehealth supported services in priority settings)</p>		<p><input type="checkbox"/> Self-collected HCV testing (e.g., dried blood spot testing, upper arm self-sampling devices)</p> <p><input type="checkbox"/> Telehealth/telemedicine</p> <p><input type="checkbox"/> Other (specify): _____</p>
<p><b>E.</b> Additional innovative and impactful testing, linkage to care, patient navigation, or treatment activity consistent with HSC 122440 that LHJ plans to undertake.</p>	<ul style="list-style-type: none"> <li>Description of the specific methods and approaches, deliverables, and a projected timeline submitted to CDPH.</li> </ul>	

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

Activities	Performance Indicators	Briefly describe how this activity will be implemented in Fiscal Year 2024-2025. If the activity will not be conducted, enter "N/A".
<p><b>A.</b> Engage with affected communities to inform HCV program planning, implementation, and evaluation, promote racial and health equity, and reduce stigma</p>	<ul style="list-style-type: none"> <li>Description of communities engaged, engagement activities, and outcomes of engagement</li> </ul>	
<p><b>B.</b> Build, maintain, and/or integrate HCV into local (and, where relevant, regional) coalitions to assess barriers and develop and implement strategies to improve the accessibility of and capacity for delivering HCV prevention, testing, care, and treatment services.</p>	<ul style="list-style-type: none"> <li>Summary of partnership members, goals, and activities</li> <li>Summary of barriers identified and strategies developed and implemented</li> </ul>	
<p><b>C.</b> Attend virtual or in-person meetings with other LHJs (and CBOs) participating in HCV activities to discuss and share successes, challenges, and lessons learned.</p>	<ul style="list-style-type: none"> <li>In-state travel funds included in budget and budget justification where relevant and as needed</li> <li>Meeting attendance of at least one LHJ representative</li> <li>Meeting attendance of at least one CBO representative (where relevant/as appropriate)</li> </ul>	
<p><b>D.</b> Engage with local health care and service providers to increase access to and capacity for delivering hepatitis C prevention, testing, diagnosis, care, and treatment services, with an</p>	<ul style="list-style-type: none"> <li>Description of provider engagement activities and outcomes submitted to CDPH</li> </ul>	

Activities	Performance Indicators	Briefly describe how this activity will be implemented in Fiscal Year 2024-2025. If the activity will not be conducted, enter "N/A".
<p>emphasis on primary care and priority settings.</p> <p><b>E.</b> Promote medically accurate, non-stigmatizing health information for members of the public, people living with or at risk for hepatitis C, and non-clinical service providers.</p> <p><b>F.</b> Additional innovative and impactful partnership activity consistent with HSC 122440 that the LHJ plans to undertake.</p>	<ul style="list-style-type: none"> <li>Description of health promotion activities and outcomes submitted to CDPH.</li> </ul>	
	<ul style="list-style-type: none"> <li>Description of the specific methods and approaches, deliverables, and a projected timeline submitted to CDPH.</li> </ul>	



**AWARD DIRECTOR**

The Award Director is the individual who has overall authority of this grant and will be the second point of contact after the Award Representative.

Name Angle Slater

Title Disaster Recovery Unit Nurse Manager

Mailing Address 1120 South Dora Street, Ukiah, CA 95482

Street Address (If Different) \_\_\_\_\_

Telephone Number (707) 472-2754 Fax Number \_\_\_\_\_

Email slatera@mendocinocounty.gov

**CASHIER/FISCAL REPRESENTATIVE**

The Cashier/Fiscal Representative is the individual who is responsible for submitting invoices and receiving the invoice payments. The remittance address is where the payments will be mailed.

Name Sofia Vargas

Title Department Analyst II

Remittance Address 1120 South Dora Street, Ukiah, CA 95482

Street Address (If Different) \_\_\_\_\_

Telephone Number (707) 472-2338 Fax Number \_\_\_\_\_

Email vargass@mendocinocounty.gov

CDPH - STDCB TABLE OF CONTENTS

Tab Name	Tab Description
Instructions:	This tab contains information on the budget preparation and submission process. This tab tells LHJs what to expect from CDPH-STDCB.
Awards for \$9M HCV Prevention and Collaboration Funding (FY 24/25 - FY 27/28)	This tab includes the current \$9M HCV Prevention and Collaboration funding and total amount LHJs must use to support CBOs.
Summary Budget	The summary budget tab will tabulate budget category costs across multiple fiscal years (FY) for the life of this award agreement.
FY 2024-2025	This tab includes a blank budget template for the fiscal year 2024-2025.
FY 2025-2026	This tab includes a blank budget template for the fiscal year 2025-2026.
FY 2026-2027	This tab includes a blank budget template for the fiscal year 2026-2027.
FY 2027-2028	This tab includes a blank budget template for the fiscal year 2027-2028.
Subcontractor Budget	The subcontractor budget tab includes a blank budget template for LHJs to include their subcontractor budget.

**STEP-BY-STEP BUDGET AND BUDGET REVISION INSTRUCTIONS**

**STEP 1 - Budget Preparation Process**

- STDCB will send an email to LHJs containing the Allocation Letter, workplan, and budget template.
- LHJs must submit a complete workplan and budget by the established deadline stated in the Allocation Letter to the Local Assistance Funding Specialist (LAFS) prior to activities being conducted. Activities being conducted without prior budget approval may not be eligible for reimbursement payment.
- LHJs must complete the fiscal year **FY 2024-2025 through FY 2027-2028** budget tabs.
- LHJs must fill out the LHJ name, allocation award number, name of allocation and FY.
- LHJs must fill out the budget categories for each FY. The budget categories are Personnel, Operating Expenses, Major Equipment, Travel, Subcontractors, Other Costs, Indirect Cost Rate (ICR), and Budget Grand Total.
  - ◆ [The Guide to Non-Allowable and Allowable Use of Funds is available at: STI/HCV Local Assistance Funding SharePoint.](#)
  - ◆ No less than 50% of the \$9M HCV Prevention and Collaboration funds allocated to LHJs shall be provided to, or used to support activities in partnership with, CBOs. If in-kind support is provided to CBOs, LHJs must check the box to TRUE accordingly in column I. Once the box is checked, this will auto populate into the Total Amount Allocated to the CBO calculation table at the bottom of the page. The Subcontractor line item is divided into two parts:
    - Subcontractor I is for any agreement with 501c3 nonprofit community-based organizations. Subcontractor II is for any agreement with non 501c3 organizations to conduct one or more of the activities for the LHJ or CBO. Select the type of organization and subcontractor selection method from the drop-down menu. The subcontractor budget template included in the budget template document should be completed for each subcontractor in Subcontractor I and Subcontractor II.
  - ◆ The Total Cost column requires no action. This column will auto populate once the information is provided.
  - ◆ The Total Amount Allocated to the LHJ and CBO table requires no action. These cells will auto populate once the information is provided.
- LHJs must send a complete workplan and budget via email to [STDLHJContracts@cdph.ca.gov](mailto:STDLHJContracts@cdph.ca.gov) with a cc to the LAFS by the established deadline stated in the Allocation Letter.

**STEP 2 - Budget Submission and Approval Process**

- LAFS will review the budget and may contact the LHJs with questions or requests for budget corrections within a two-week review period. The budgets will be reviewed in the order received.
- Upon approval, the LAFS will send an email to the LHJs with the approved budget and Electronic Invoice Template (EIT) for the FY.

**STEP 3 - Invoice Submission Process**

- LHJs must submit their invoices no more than forty-five (45) calendar days after the end of each quarter unless a later or alternate deadline is agreed to in writing by the LAFS.
- Completed and signed invoices must be sent via email to [STDLHJInvoices@cdph.ca.gov](mailto:STDLHJInvoices@cdph.ca.gov) with a cc to the LAFS by the due dates outlined below.

Quarter	Budget Revision Requests Deadline (<\$10,000)	Budget Revision Requests Deadline (>\$10,000)	Invoice Due Date
Q1: July 01 - September 30	NA	Ongoing; 30 days prior to purchase and implementation.	November 15th
Q2: October 01 - December 31	NA	Ongoing; 30 days prior to purchase and implementation.	February 15th
Q3: January 01 - March 31	NA	Ongoing; 30 days prior to purchase and implementation.	May 15th
Q4: April 01 - June 30	June 15th	Ongoing; 30 days prior to purchase and implementation.	August 15th

**STEP 4 - Budget Revision Request and Approval Process**

- LHJs must submit a formal budget revision request if a new line item is added or a budget shift of more than \$10,000 is identified. LHJs must send the budget revision request to the LAFS for review and approval prior to purchase and implementation. Budget revision(s) that do not include the addition of a new line item or a budget shift of more than \$10,000 do not require a formal budget revision submission until two months prior (June 15th) to the Q4 invoice due date (August 15th). LHJs must follow the steps outlined below to submit their budget revision requests.
  - ◆ **IMPORTANT - A new line item is defined as something that has not been previously reviewed and approved by the LAFS. LHJs must consult with the LAFS prior to entering into contracts and procurements for services that exceed an established dollar amount (e.g., marketing, public outreach campaigns, promotional media, advertising, major equipment, etc.) or shifting funds into these line items. Refer to the Guide to Non-Allowable and Allowable Use of Funds is available at: STI/HCV Local Assistance Funding SharePoint.**
- LHJs must send a request for a budget revision via email to [STDLHJContracts@cdph.ca.gov](mailto:STDLHJContracts@cdph.ca.gov) with a cc to the LAFS.
- LAFS will provide LHJs with the budget revision template.
- LHJs will update the budget revision template tab to reflect the new budget information by changing the text color from black (outdated) to **red and bold (updated)**. A written justification is required when submitting a budget revision. The justification must be included in a cell note as to why the funds are being added/deleted/shifted. The description of expense section must also be updated to reflect the new changes.
- LHJs must send the budget revision via email to [STDLHJContracts@cdph.ca.gov](mailto:STDLHJContracts@cdph.ca.gov) with a cc to the LAFS.
- LAFS will review the budget revision and provide final approval no later than two weeks after the budget revision is received.
- LAFS will send an email to the LHJs with the approved budget and revised EIT once the review is complete.

LHJ	Total One-Time Allocation	Rounded Total Amount LHJs Must Use to Support CBOs*
Contra Costa	953,828	476,914
El Dorado	824,096	412,048
Fresno	995,361	497,681
Imperial	837,337	418,669
Lassen	805,426	402,713
Mendocino	816,742	408,371
Merced	855,454	427,727
San Bernardino	1,154,705	577,353
Solano	863,012	431,506
Stanislaus	894,039	447,020
<b>Total</b>	<b>9,000,000</b>	<b>4,500,000</b>

\* 50% of HCV Prevention & Collaboration funds must support CBOs via direct funding or in-kind support

SUMMARY BUDGET (Auto Fills, Do Not Enter Data)

LOCAL HEALTH JURISDICTION NAME:  
 COUNTY OF MENDOCINO  
 ALLOCATION AWARD NUMBER AND NAME:  
 24-HCV27 \$9M HCV PREVENTION & COLLABORATION ALLOCATION  
 ALLOCATION AWARD TERM:  
 July 1, 2024 - June 30, 2028

SECTIONS	2024-2025	2025-2026	2026-2027	2027-2028
1. PERSONNEL	\$ 78,909	\$ 79,472	\$ 79,893	\$ 80,130
2. OPERATING EXPENSES	\$ 2,549	\$ 1,846	\$ 1,320	\$ 1,023
3. MAJOR EQUIPMENT	\$ -	\$ -	\$ -	\$ -
4. TRAVEL	\$ -	\$ -	\$ -	\$ -
5. SUBCONTRACTORS I	\$ 103,000	\$ 103,000	\$ 103,000	\$ 103,000
6. SUBCONTRACTORS II	\$ -	\$ -	\$ -	\$ -
7. OTHER	\$ -	\$ -	\$ -	\$ -
8. INDIRECT COST RATE	\$ 19,727	\$ 19,868	\$ 19,973	\$ 20,032
<b>9. TOTAL</b>	<b>\$ 204,186</b>	<b>\$ 204,185</b>	<b>\$ 204,186</b>	<b>\$ 204,189</b>
<b>4-Year Total \$ 816,742</b>				

SECTIONS	2024-2025 Revised	2025-2026 Revised	2026-2027 Revised	2027-2028 Revised
1. PERSONNEL	\$ -	\$ -	\$ -	\$ -
2. OPERATING EXPENSES	\$ -	\$ -	\$ -	\$ -
3. MAJOR EQUIPMENT	\$ -	\$ -	\$ -	\$ -
4. TRAVEL	\$ -	\$ -	\$ -	\$ -
5. SUBCONTRACTORS I	\$ -	\$ -	\$ -	\$ -
6. SUBCONTRACTORS II	\$ -	\$ -	\$ -	\$ -
7. OTHER	\$ -	\$ -	\$ -	\$ -
8. INDIRECT COST RATE	\$ -	\$ -	\$ -	\$ -
<b>9. TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>4-Year Total \$ -</b>				

LOCAL HEALTH JURISDICTION NAME: COUNTY OF MENDOCINO  
 ALLOCATION AWARD NUMBER AND NAME: 24-HCV27 SIM HCV PREVENTION & COLLABORATION ALLOCATION  
 FISCAL YEAR: 2024-2025

**1 PERSONNEL** (Description: An employee in the LHJ whose work is to conduct/complete one or more of the activities, including new personnel funded by this allocation and personnel providing time in-kind towards activities. For benefit rates that exceed 50% please provide a justification for the rate.)

Position Title/Classification	Monthly Salary	Percent of Time	Months on Project	Fringe Benefit Rate **For benefit rates that exceed 50% please provide an itemized justification for the rate.	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)
1.1 Health Program Eligibility Worker	\$ 3,936	50%	12	84%	\$ 43,340	FALSE	Part 1, Activities B, D, Part 2, Activities A, B, Part 3, Activities A, C, E	Duties and Responsibilities: County Benefits include Retirement, OASDI, OASDI-Medicare, Social Security Retirement, and Health Insurance. This employee will be the main person working with the CalREDIE system to gather and track data. They will also be the main point of contact working with the CBO(s).
1.2 Program Specialist	\$ 6,370	15%	12	69%	\$ 19,332	FALSE	Part 1, Activities A, B, Part 2, Activities A; Part 3, Activities A, C, E	Duties and Responsibilities: County Benefits include Retirement, OASDI, OASDI-Medicare, Social Security Retirement, and Health Insurance. This employee will have a large focus on case management, patient navigation, and data management. They will also work directly with the CBO(s) to carry out Hep C activities.
1.3 Supervising Health Program Coordinator	\$ 7,827	10%	12	73%	\$ 10,231	FALSE	Part 1, Activities A, B, Part 2, Activities A; Part 3, Activities A, C, E	Duties and Responsibilities: County Benefits include Retirement, OASDI, OASDI-Medicare, Social Security Retirement, and Health Insurance. This employee will have a large focus on case management, patient navigation, and data management. They will also work directly with the CBO(s) to carry out Hep C activities.
<b>1. PERSONNEL SUBTOTAL</b>					<b>\$ 78,909</b>			

**2 OPERATING EXPENSES** (Description: An expense incurred by the LHJ to conduct/complete one or more of the activities.)

Item Name	Cost Per Item	Number of Items	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
2.1 Office/Clinic Supplies	\$ 31	80	\$ 2,540	FALSE	Part 1, Activities A, B, D, Part 2, Activities A, B, Part 3, Activities A, C, E	Office/clinic supplies may include items such as pens, paper, ink, test kits, etc. as needed to assist budgeted staff in carrying out selected HCV activities.	
<b>2. OPERATING EXPENSES SUBTOTAL</b>					<b>\$ 2,540</b>		

**3 MAJOR EQUIPMENT** (Description: Any equipment purchase over \$5,000 to conduct/complete one or more of the activities.)

Unit Name	Cost Per Unit	Number of Units	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
3.1 Major Equipment Name	\$ -	0	\$ -	FALSE			
<b>3. MAJOR EQUIPMENT SUBTOTAL</b>					<b>\$ -</b>		

**4 TRAVEL** (Description: Any travel expenses for training/conferences related to one or more of the activities. Reimbursement for necessary travel, meals and incidentals shall be at the rates currently in effect, as established by the California Department of Human Resources (Cal HR.)

Item Name	Rate	Number of People/ Miles/Nights/Days	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
4.1 Mileage	\$ -	0	\$ -	FALSE			
4.2 Conference Registration Fees	\$ -	0	\$ -	FALSE			
4.3 Airfare	\$ -	0	\$ -	FALSE			
4.4 Lodging	\$ -	0	\$ -	FALSE			
4.5 Per Diem	\$ -	0	\$ -	FALSE			
4.6 Training Fees	\$ -	0	\$ -	FALSE			
<b>4. TRAVEL SUBTOTAL</b>					<b>\$ -</b>		

**5 SUBCONTRACTORS I** (Description: Any agreement with a 501(c)(3) nonprofit community-based organization/nonprofit health care provider (e.g., CBO, community clinic, federally qualified health center (FQHC)) to conduct/complete one or more of the activities. The subcontractor budget template included in this document should be completed for each subcontractor.)

Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
5.1 TBD	CBO-501c3	RFP	\$ 103,000	FALSE	Part 1, Activities A, B, D, Part 2, Activities A, B, Part 3, Activities A, C, E	One or more CBOs within Mendocino County will be selected via the Request for Proposal (RFP) process, per Mendocino County contracting guidelines. Any CBOs that are chosen will work directly with County Communicable Disease staff to carry out selected HCV activities, with a focus on the most vulnerable and underserved individuals living within Mendocino County.	
<b>5. SUBCONTRACTORS I SUBTOTAL</b>					<b>\$ 103,000</b>		

**6 SUBCONTRACTOR II** (Description: Any agreement with non 501(c)(3) organizations (e.g., consultants, for-profit, full medical services contractor, private, etc.) to conduct/complete one or more of the activities for the LHJ or CBO. The subcontractor budget template included in this document should be completed for each subcontractor.)

Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
6.1			\$ -	FALSE			
<b>6. SUBCONTRACTORS II SUBTOTAL</b>					<b>\$ -</b>		

**7 OTHER** (Description: Expenses not covered in any of the previous budget categories. The unit of measure will depend on the item or service.)

Item Name	Cost per Item	Number of Items	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
7.1	\$ -	0	\$ -	FALSE			
<b>7. OTHER SUBTOTAL</b>					<b>\$ -</b>		

**8 INDIRECT COST RATE** (Description: The Indirect Cost Rate (ICR) should not exceed the approved negotiated rate for the LHJ for the fiscal year.)

ICR	Total Cost	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)
8.1 25.000%	\$ 19,727	N/A	The indirect cost rate applied to the budget is for total personnel costs. This rate does not exceed the CDPH approved negotiated rate for the LHJ for the fiscal year.
<b>8. ICR SUBTOTAL</b>		<b>\$ 19,727</b>	

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

YOTAL	
<b>9.1</b>	<b>\$ 204,186</b>

Total Amount Allocated to the LHJ: \$ 101,186  
 Total Amount Allocated to the CBO: \$ 103,000

LOCAL HEALTH JURISDICTION NAME: COUNTY OF MENDOCINO  
 ALLOCATION AWARD NUMBER AND NAME: 24-HCV27 \$1M HCV PREVENTION & COLLABORATION ALLOCATION  
 FISCAL YEAR: 2022-2026

**1 PERSONNEL** (Description: An employee in the LHI whose work is to conduct/complete one or more of the activities, including new personnel funded by this allocation and personnel providing time in-kind towards activities. For benefit rates that exceed 50% please provide a justification for the rate.)

Position Title/Classification	Monthly Salary	Percent of Time	Months on Project	Fringe Benefit Rate **For benefit rates that exceed 50% please provide an itemized justification for the rate.	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)
1.1 Health Program Eligibility Worker	\$ 4,132	50%	12	84%	\$ 45,514	<input type="checkbox"/> FALSE	Part 1, Activities B, D, Part 2, Activities A, B, Part 3, Activities A, C, E	Duties and Responsibilities: County Benefits include Retirement, OASDI, OASDI-Medicare, Social Security Retirement, and Health Insurance. This employee will be the main person working with the CalREIDE system to gather and track data. They will also be the main point of contact working with the CBO(s).
1.2 Program Specialist	\$ 6,988	10%	12	69%	\$ 16,918	<input type="checkbox"/> FALSE	Part 1, Activities A, B, Part 2, Activities A, B, Part 3, Activities A, C, E	Duties and Responsibilities: County Benefits include Retirement, OASDI, OASDI-Medicare, Social Security Retirement, and Health Insurance. This employee will have a large focus on case management, patient navigation, and data management. They will also work directly with the CBO(s) to carry out Hep C activities.
1.3 Supervising Health Program Coordinator	\$ 8,218	10%	12	73%	\$ 17,042	<input type="checkbox"/> FALSE	Part 1, Activities A, B, Part 2, Activities A, B, Part 3, Activities A, C, E	Duties and Responsibilities: County Benefits include Retirement, OASDI, OASDI-Medicare, Social Security Retirement, and Health Insurance. This employee will have a large focus on case management, patient navigation, and data management. They will also work directly with the CBO(s) to carry out Hep C activities.
<b>1 PERSONNEL SUBTOTAL</b>					<b>\$ 79,472</b>			

**2 OPERATING EXPENSES** (Description: An expense incurred by the LHI to conduct/complete one or more of the activities.)

Item Name	Cost Per Item	Number of Items	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
2.1 Office/Clinic Supplies	\$ 51	36	\$ 1,846	<input type="checkbox"/> FALSE	Part 1, Activities A, B, D, Part 2, Activities A, B, Part 3, Activities A, C, E	Office/clinic supplies may include items such as pens, paper, etc. as needed to assist budgeted staff in carrying out selected HCV activities.	
<b>2 OPERATING EXPENSES SUBTOTAL</b>					<b>\$ 1,846</b>		

**3 MAJOR EQUIPMENT** (Description: Any equipment purchase over \$3,000 to conduct/complete one or more of the activities.)

Unit Name	Cost Per Unit	Number of Units	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
3.1 Major Equipment Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
<b>3 MAJOR EQUIPMENT SUBTOTAL</b>					<b>\$ -</b>		

**4 TRAVEL** (Description: Any travel expenses for trainings/conferences related to one or more of the activities. Reimbursement for necessary travel, meals and incidentals shall be at the rates currently in effect, as established by the California Department of Human Resources (Cal HR).)

Item Name	Rate	Number of People/Miles/Nights/Days	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
4.1 Mileage	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
4.2 Conference/Registration Fees	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
4.3 Airfare	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
4.4 Lodging	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
4.5 Per Diem	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
4.6 Training Fees	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
<b>4 TRAVEL SUBTOTAL</b>					<b>\$ -</b>		

**5 SUBCONTRACTORS I** (Description: Any agreement with a 501(c)3 nonprofit community-based organization/nonprofit health care providers (e.g., CBO, community clinic, federally qualified health center (FQHC)) to conduct/complete one or more of the activities. The subcontractor budget template included in this document should be completed for each subcontractor.)

Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)
5.1 IBO	CBO-501c3	RFP	\$ 103,000	Part 1, Activities A, B, D, Part 2, Activities A, B, Part 3, Activities A, C, E	One or more CBOs within Mendocino County will be selected via the Request for Proposal (RFP) process, per Mendocino County contracting guidelines. Any CBOs that are chosen will work directly with County Communicable Diseases staff to carry out selected HCV activities, with a focus on the most vulnerable and underserved individuals living within Mendocino County.
<b>5 SUBCONTRACTORS I SUBTOTAL</b>					<b>\$ 103,000</b>

**6 SUBCONTRACTOR II** (Description: Any agreement with non 501(c)3 organizations (e.g., consultants, for-profit, jail medical services contracts, private, etc.) to conduct/complete one or more of the activities for the LHI or CBO. The subcontractor budget template included in this document should be completed for each subcontractor.)

Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)
6.1			\$ -	<input type="checkbox"/> FALSE		
<b>6 SUBCONTRACTORS II SUBTOTAL</b>					<b>\$ -</b>	

**7 OTHER** (Description: Expenses not covered in any of the previous budget categories. The unit of measure will depend on the item or service.)

Item Name	Cost per Item	Number of Items	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)
7.1	\$ -	0	\$ -	<input type="checkbox"/> FALSE		
<b>7 OTHER SUBTOTAL</b>					<b>\$ -</b>	

**8 INDIRECT COST RATE** (Description: The Indirect Cost Rate (ICR) should not exceed the approved negotiated rate for the LHI for the fiscal year.)

ICR	Total Cost	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)
8.1 25.000%	\$ 19,859	N/A	The indirect cost rate applied to this budget is for total personnel costs. This rate does not exceed the CDPH approved budgeted rate for the LHI for the fiscal year.
<b>8 ICR SUBTOTAL</b>		<b>\$ 19,859</b>	

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

TOTAL	204,185
<b>9.1</b>	<b>\$ 204,185</b>

Total Amount Allocated to the LHI	\$ 101,160
Total Amount Allocated to the CBO	\$ 103,000

**1 PERSONNEL** (Description: An employee in the LHJ whose work is to conduct/complete one or more of the activities, including new personnel funded by this allocation and personnel providing time in-kind towards activities. For benefit rates that exceed 50% please provide a justification for the rate.)

Position Title/Classification	Monthly Salary	Percent of Time	Months on Project	Fringe/Benefit Rate **For benefit rates that exceed 50% please provide an itemized justification for the rate.	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)
1.1 Health Program Eligibility Worker	\$ 4,338	50%	12	84%	\$ 47,700	<input type="checkbox"/> FALSE	Part 1, Activities B, D, Part 2, Activities A, B, Part 3, Activities A, C, E	Duties and Responsibilities: County Benefits include Retirement, OASDI, OASDI-Medicare, Social Security Retirement, and Health Insurance. This employee will be the main person working with the CalREIDE system to gather and track data. They will also be the main point of contact working with the CBO(s).
1.2 Program Specialist	\$ 7,022	10%	12	59%	\$ 14,209	<input type="checkbox"/> FALSE	Part 1, Activities A, B, Part 2, Activities A, Part 3, Activities A, C, E	Duties and Responsibilities: County Benefits include Retirement, OASDI, OASDI-Medicare, Social Security Retirement, and Health Insurance. This employee will have a large focus on case management, patient navigation, and data management. They will also work directly with the CBO(s) to carry out Hep C activities.
1.3 Supervising Health Program Coordinator	\$ 8,025	10%	12	73%	\$ 17,554	<input type="checkbox"/> FALSE	Part 1, Activities A, B, Part 2, Activities A, Part 3, Activities A, C, E	Duties and Responsibilities: County Benefits include Retirement, OASDI, OASDI-Medicare, Social Security Retirement, and Health Insurance. This employee will have a large focus on case management, patient navigation, and data management. They will also work directly with the CBO(s) to carry out Hep C activities.
<b>1 PERSONNEL SUBTOTAL</b>					<b>\$ 79,463</b>			

**2 OPERATING EXPENSES** (Description: An expense incurred by the LHJ to conduct/complete one or more of the activities.)

Item Name	Cost Per Item	Number of Items	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
2.1 Office/Clinic Supplies	\$ 51	26	\$ 1,326	<input type="checkbox"/> FALSE	Part 1, Activities A, B, D, Part 2, Activities A, B, Part 3, Activities A, C, E	Office/clinic supplies may include items such as pens, paper, ink, etc. as needed to assist budgeted staff in carrying out selected HCV activities.	
<b>2 OPERATING EXPENSES SUBTOTAL</b>					<b>\$ 1,326</b>		

**3 MAJOR EQUIPMENT** (Description: Any equipment purchase over \$3,000 to conduct/complete one or more of the activities.)

Unit Name	Cost Per Unit	Number of Units	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
3.1 Major Equipment Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
<b>3 MAJOR EQUIPMENT SUBTOTAL</b>					<b>\$ -</b>		

**4 TRAVEL** (Description: Any travel expenses for trainings/conferences related to one or more of the activities. Reimbursement for necessary travel, meals and incidentals shall be at the rates currently in effect, as established by the California Department of Human Resources (Cal HR).)

Item Name	Rate	Number of People/ Miles/Nights/Days	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
4.1 Mileage	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
4.2 Conference/Registration Fees	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
4.3 Airfare	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
4.4 Lodging	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
4.5 Per Diem	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
4.6 Training Fees	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
<b>4 TRAVEL SUBTOTAL</b>					<b>\$ -</b>		

**5 SUBCONTRACTORS I** (Description: Any agreement with a 501(c)(3) nonprofit community-based organization/nonprofit health care providers (e.g., CBO, community clinic, federally qualified health center (FQHC)) to conduct/complete one or more of the activities. The subcontractor budget template included in this document should be completed for each subcontractor.)

Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
5.1 IBO	CBO-501c3	RFP	\$ 103,000	<input type="checkbox"/> FALSE	Part 1, Activities A, B, D, Part 2, Activities A, B, Part 3, Activities A, C, E	One or more CBOs within Mendocino County will be selected via the Request for Proposal (RFP) process, per Mendocino County contracting guidelines. Any CBOs that are chosen will work directly with County Communicable Diseases staff to carry out selected HCV activities, with a focus on the most vulnerable and underserved individuals living within Mendocino County.	
<b>5 SUBCONTRACTORS I SUBTOTAL</b>					<b>\$ 103,000</b>		

**6 SUBCONTRACTOR II** (Description: Any agreement with non 501(c)(3) organizations (e.g., consultants, for-profit, jail medical services contracts, private, etc.) to conduct/complete one or more of the activities for the LHJ or CBO. The subcontractor budget template included in this document should be completed for each subcontractor.)

Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
6.1			\$ -	<input type="checkbox"/> FALSE			
<b>6 SUBCONTRACTORS II SUBTOTAL</b>					<b>\$ -</b>		

**7 OTHER** (Description: Expenses not covered in any of the previous budget categories. The unit of measure will depend on the item or service.)

Item Name	Cost per Item	Number of Items	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
7.1	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
<b>7 OTHER SUBTOTAL</b>					<b>\$ -</b>		

**8 INDIRECT COST RATE** (Description: The Indirect Cost Rate (ICR) should not exceed the approved negotiated rate for the LHJ for the fiscal year.)

ICR	Total Cost	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)
8.1 25.000%	\$ 19,973	N/A	The indirect cost rate applied to this budget is for total personnel costs. This rate does not exceed the CDPH approved negotiated rate for the LHJ for the fiscal year.
<b>8 ICR SUBTOTAL</b>		<b>\$ 19,973</b>	

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

TOTAL	
<b>9.1</b>	<b>\$ 204,186</b>

Total Amount Allocated to the LHJ	\$ 101,166
Total Amount Allocated to the CBO	\$ 103,000

LOCAL HEALTH JURISDICTION NAME: COUNTY OF MENDOCINO  
 ALLOCATION AWARD NUMBER AND NAME: 24-HCV27 \$1M HCV PREVENTION & COLLABORATION ALLOCATION  
 FISCAL YEAR: 2027-2028

**1 PERSONNEL** (Description: An employee in the LHJ whose work is to conduct/complete one or more of the activities, including new personnel funded by this allocation and personnel providing time in-kind towards activities. For benefit rates that exceed 50% please provide a justification for the rate.)

Position Title/Classification	Monthly Salary	Percent of Time	Months on Project	Fringe/Benefit Rate **For benefit rates that exceed 50% please provide an itemized justification for the rate.	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)
1.1 Health Program Eligibility Worker	\$ 4,555	50%	12	84%	\$ 50,179	<input type="checkbox"/> FALSE	Part 1, Activities B, D, Part 2, Activities A, B, Part 3, Activities A, C, E	Duties and Responsibilities: County Benefits include Retirement, OASDI, OASDI/Medicare, Social Security Retirement, and Health Insurance. This employee will be the main person working with the CalREDIE system to gather and track data. They will also be the main point of contact working with the CBO(s).
1.2 Program Specialist	\$ 7,374	10%	12	59%	\$ 14,900	<input type="checkbox"/> FALSE	Part 1, Activities A, B, Part 2, Activities A, B, Part 3, Activities A, C, E	Duties and Responsibilities: County Benefits include Retirement, OASDI, OASDI/Medicare, Social Security Retirement, and Health Insurance. This employee will have a large focus on case management, patient navigation, and data management. They will also work directly with the CBO(s) to carry out Hep C activities.
1.3 Supervising Health Program Coordinator	\$ 9,061	5%	12	73%	\$ 15,031	<input type="checkbox"/> FALSE	Part 1, Activities A, B, Part 2, Activities A, B, Part 3, Activities A, C, E	Duties and Responsibilities: County Benefits include Retirement, OASDI, OASDI/Medicare, Social Security Retirement, and Health Insurance. This employee will have a large focus on case management, patient navigation, and data management. They will also work directly with the CBO(s) to carry out Hep C activities.
<b>1 PERSONNEL SUBTOTAL</b>					<b>\$ 80,110</b>			

**2 OPERATING EXPENSES** (Description: An expense incurred by the LHJ to conduct/complete one or more of the activities.)

Item Name	Cost Per Item	Number of Items	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
2.1 Office/Clinic Supplies	\$ 51	20	\$ 1,020	<input type="checkbox"/> FALSE	Part 1, Activities A, B, D, Part 2, Activities A, B, Part 3, Activities A, C, E	Office/clinic supplies may include items such as pens, paper, ink, etc. as needed to assist budgeted staff in carrying out selected HCV activities.	
<b>2 OPERATING EXPENSES SUBTOTAL</b>					<b>\$ 1,020</b>		

**3 MAJOR EQUIPMENT** (Description: Any equipment purchase over \$3,000 to conduct/complete one or more of the activities.)

Unit Name	Cost Per Unit	Number of Units	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
3.1 Major Equipment Name	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
<b>3 MAJOR EQUIPMENT SUBTOTAL</b>					<b>\$ -</b>		

**4 TRAVEL** (Description: Any travel expenses for trainings/conferences related to one or more of the activities. Reimbursement for necessary travel, meals and incidentals shall be at the rates currently in effect, as established by the California Department of Human Resources (Cal HR).)

Item Name	Rate	Number of People/ Miles/Nights/Days	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
4.1 Mileage	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
4.2 Conference/Registration Fees	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
4.3 Airfare	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
4.4 Lodging	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
4.5 Per Diem	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
4.6 Training Fees	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
<b>4 TRAVEL SUBTOTAL</b>					<b>\$ -</b>		

**5 SUBCONTRACTORS I** (Description: Any agreement with a 501(c)3 nonprofit community-based organization/nonprofit health care providers (e.g., CBO, community clinic, federally qualified health center (FQHC)) to conduct/complete one or more of the activities. The subcontractor budget template included in this document should be completed for each subcontractor.)

Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
5.1 IBO	CBO-501c3	RFP	\$ 103,000	<input type="checkbox"/> FALSE	Part 1, Activities A, B, D, Part 2, Activities A, B, Part 3, Activities A, C, E	One or more CBOs within Mendocino County will be selected via the Request for Proposal (RFP) process, per Mendocino County contracting guidelines. Any CBOs that are chosen will work directly with County Communicable Diseases staff to carry out selected HCV activities, with a focus on the most vulnerable and underserved individuals living within Mendocino County.	
<b>5 SUBCONTRACTORS I SUBTOTAL</b>					<b>\$ 103,000</b>		

**6 SUBCONTRACTOR II** (Description: Any agreement with non 501(c)3 organizations (e.g., consultants, for-profit, jail medical services contracts, private, etc.) to conduct/complete one or more of the activities for the LHJ or CBO. The subcontractor budget template included in this document should be completed for each subcontractor.)

Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
6.1			\$ -	<input type="checkbox"/> FALSE			
<b>6 SUBCONTRACTORS II SUBTOTAL</b>					<b>\$ -</b>		

**7 OTHER** (Description: Expenses not covered in any of the previous budget categories. The unit of measure will depend on the item or service.)

Item Name	Cost per Item	Number of Items	Total Cost	In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)	
7.1	\$ -	0	\$ -	<input type="checkbox"/> FALSE			
<b>7 OTHER SUBTOTAL</b>					<b>\$ -</b>		

**8 INDIRECT COST RATE** (Description: The Indirect Cost Rate (ICR) should not exceed the approved negotiated rate for the LHJ for the fiscal year.)

ICR	Total Cost	Activities Reference	Justification (No more than 5 sentences per budget line item to explain the costs and units)
8.1 25.000%	\$ 20,032	N/A	The indirect cost rate applied to this budget is for total personnel costs. This rate does not exceed the CDPH approved negotiated rate for the LHJ for the fiscal year.
<b>8 ICR SUBTOTAL</b>		<b>\$ 20,032</b>	

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

<b>9.1 TOTAL</b>					<b>\$ 204,185</b>		
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Total Amount Allocated to the LHJ	\$ 101,180
Total Amount Allocated to the CBO	\$ 103,000

**ALLOCATION AWARD NUMBER AND NAME:** 28-HVXXX \$1M HIV PREVENTION & COLLABORATION ALLOCATION  
**FISCAL YEAR:** 20XX-20XX

**1. PERSONNEL (Description: An employee in the LNJ must work 16 to conduct/complete one or more of the activities, including non-personnel funded by this allocation and personnel receiving time 16-kind towards activities. For benefit rates that exceed 20% please provide a justification for the rate.)**

Position Title/Classification	Monthly Salary	Percent of Time	Months on Project	Fringe Benefit Rate <small>*For benefit rates that exceed 20%, please provide a detailed justification for the rate.</small>	Total Cost	Activities Reference	Justification <small>(No more than 5 sentences per budget line item to explain the costs and units)</small>
1.1 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.2 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.3 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.4 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.5 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.6 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.7 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.8 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.9 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.10 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.11 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.12 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.13 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.14 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.15 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.16 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.17 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.18 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.19 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
1.20 Position Title/Classification	\$	0%	0	0%	\$		Duties and Responsibilities:
<b>1. PERSONNEL SUBTOTAL \$</b>							

**2. OPERATING EXPENSES (Description: An expense incurred by the LNJ to conduct/complete one or more of the activities.)**

Item Name	Cost Per Item	Number of Items	Total Cost	Activities Reference	Justification <small>(No more than 5 sentences per budget line item to explain the costs and units)</small>
2.1 Line Item Name	\$	0	\$		
2.2 Line Item Name	\$	0	\$		
2.3 Line Item Name	\$	0	\$		
2.4 Line Item Name	\$	0	\$		
2.5 Line Item Name	\$	0	\$		
2.6 Line Item Name	\$	0	\$		
2.7 Line Item Name	\$	0	\$		
2.8 Line Item Name	\$	0	\$		
2.9 Line Item Name	\$	0	\$		
2.10 Line Item Name	\$	0	\$		
2.11 Line Item Name	\$	0	\$		
2.12 Line Item Name	\$	0	\$		
2.13 Line Item Name	\$	0	\$		
2.14 Line Item Name	\$	0	\$		
2.15 Line Item Name	\$	0	\$		
2.16 Line Item Name	\$	0	\$		
2.17 Line Item Name	\$	0	\$		
2.18 Line Item Name	\$	0	\$		
2.19 Line Item Name	\$	0	\$		
2.20 Line Item Name	\$	0	\$		
<b>2. OPERATING EXPENSES SUBTOTAL \$</b>					

**3. MAJOR EQUIPMENT (Description: Any equipment purchased over \$5,000 to conduct/complete one or more of the activities.)**

Unit Name	Cost Per Unit	Number of Units	Total Cost	Activities Reference	Justification <small>(No more than 5 sentences per budget line item to explain the costs and units)</small>
3.1 Major Equipment Name	\$	0	\$		
3.2 Major Equipment Name	\$	0	\$		
3.3 Major Equipment Name	\$	0	\$		
3.4 Major Equipment Name	\$	0	\$		
3.5 Major Equipment Name	\$	0	\$		
3.6 Major Equipment Name	\$	0	\$		
3.7 Major Equipment Name	\$	0	\$		
3.8 Major Equipment Name	\$	0	\$		
3.9 Major Equipment Name	\$	0	\$		
3.10 Major Equipment Name	\$	0	\$		
<b>3. MAJOR EQUIPMENT SUBTOTAL \$</b>					

**4. TRAVEL (Description: Any travel expenses for training/conferences related to one or more of the activities. Reimbursement for necessary travel, meals and incidentals shall be at the rates currently in effect, as established by the California Department of Human Resources (Cal HR).)**

Item Name	Rate	Number of People/ Miles/Hours/Days	Total Cost	Activities Reference	Justification <small>(No more than 5 sentences per budget line item to explain the costs and units)</small>
4.1 Mileage	\$	0	\$		
4.2 Conference Registration Fees	\$	0	\$		
4.3 Airfare	\$	0	\$		
4.4 Lodging	\$	0	\$		
4.5 Per Diem	\$	0	\$		
4.6 Training Fees	\$	0	\$		
<b>4. TRAVEL SUBTOTAL \$</b>					

**5. SUBCONTRACTORS I (Description: Any agreement with a 501(c) nonprofit community-based organization/nonprofit health care provider (e.g. CBO, community clinic, federally qualified health center (FQHC)) to conduct/complete one or more of the activities. The subcontractor budget template included in this document should be completed for each subcontractor.)**

Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	Activities Reference	Justification <small>(No more than 5 sentences per budget line item to explain the costs and units)</small>
5.1			\$		
5.2			\$		
5.3			\$		
5.4			\$		
5.5			\$		
5.6			\$		
5.7			\$		
5.8			\$		
5.9			\$		
5.10			\$		
5.11			\$		
5.12			\$		
5.13			\$		
5.14			\$		
5.15			\$		
<b>5. SUBCONTRACTORS I SUBTOTAL \$</b>					

**6. SUBCONTRACTORS II (Description: Any agreement with non 501(c)3 organizations (e.g., consultants, for-profit, law medical services contractor, private, etc.) to conduct/complete one or more of the activities for the CBO. The subcontractor budget template included in this document should be completed for each subcontractor.)**

Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	Activities Reference	Justification <small>(No more than 5 sentences per budget line item to explain the costs and units)</small>
6.1			\$		
6.2			\$		
6.3			\$		
6.4			\$		
6.5			\$		
6.6			\$		
6.7			\$		
6.8			\$		
6.9			\$		
6.10			\$		
<b>6. SUBCONTRACTORS II SUBTOTAL \$</b>					

**7. OTHER (Description: Expenses not covered in any of the previous budget categories. The cost of measure will depend on the item or activity.)**

Item Name	Cost per Item	Number of Items	Total Cost	Activities Reference	Justification <small>(No more than 5 sentences per budget line item to explain the costs and units)</small>
7.1	\$	0	\$		
7.2	\$	0	\$		
7.3	\$	0	\$		
7.4	\$	0	\$		
7.5	\$	0	\$		
7.6	\$	0	\$		
7.7	\$	0	\$		
7.8	\$	0	\$		
7.9	\$	0	\$		
7.10	\$	0	\$		
<b>7. OTHER SUBTOTAL \$</b>					

**8. INDIRECT COST RATE (Description: The Indirect Cost Rate (ICR) should not exceed the approved negotiated rate for the LNJ for the fiscal year.)**

ICR	Total Cost	Activities Reference	Justification <small>(No more than 5 sentences per budget line item to explain the costs and units)</small>
8.1 0%	\$	N/A	It is recommended that LNJ and subcontractors negotiate a reasonable rate not exceed 10 percent of personnel and materials.
<b>8. ICR SUBTOTAL \$</b>			

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

<b>9. BUDGET GRANT TOTAL \$</b>			
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<b>TOTAL \$</b>			
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**IN WITNESS WHEREOF**

**DEPARTMENT FISCAL REVIEW:**

By:   
Jenine Miller, Psy.D.  
Director of Health Services

Date: 7/25/24

Budgeted: Yes  
Budget Unit: 4013  
Line Item: 82-5490  
Org/Object Code: PNCDIZ, PNHCV  
Grant: Yes  
Grant No.: 24-HCV27

**COUNTY OF MENDOCINO**

By:   
MAUREEN MULHEREN, Chair  
BOARD OF SUPERVISORS

Date: 09/10/2024

**ATTEST:**

DARCIE ANTLE, Clerk of said Board

By:   
Deputy 09/10/2024

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By:   
Deputy 09/10/2024

**INSURANCE REVIEW:**

By:   
Risk Management

Date: 07/23/2024

**CONTRACTOR/COMPANY NAME**

Allocation - Not Signed by State  
By: \_\_\_\_\_  
SIGNATURE

Date: \_\_\_\_\_

**NAME AND ADDRESS OF CONTRACTOR:**

California Department of Public Health  
STD Control Branch, MS 7320  
P.O. Box 997377  
Sacramento, CA 95899-7377  
(916) 445-9860

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

**COUNTY COUNSEL REVIEW:**

APPROVED AS TO FORM:

By:   
COUNTY COUNSEL

Date: 07/23/2024

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By:   
Deputy CEO or Designee

Date: 07/23/2024

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed  'N/A'

Mendocino County Business License: Valid

Exempt Pursuant to MCC Section: State Entity