RESOLUTION No. 22-445

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING ACCEPTANCE OF FUNDS FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH), FUTURE OF PUBLIC HEALTH FUNDING AWARD NUMBER FOPH-031 FUNDING FOR THE TERM OF JULY 1, 2022 THROUGH JUNE 30, 2023 IN THE AMOUNT OF $690,079, AND AUTHORIZING AND DIRECTING THE AUDITOR-CONTROLLER TO AMEND THE PUBLIC HEALTH DEPARTMENT'S BUDGET FOR FISCAL YEAR 2022/23 (4/5 AFFIRMATIVE VOTE REQUIRED)

WHEREAS, the Budget Act of 2022 for budget year 2022-2023 [Health and Safety Code 101320, 101320.3, and 101320.5] provides $200,400,000 annually to local health jurisdictions for public health workforce and infrastructure; and

WHEREAS, the California Department of Public Health is allocating $690,079 for the term of July 1, 2022 through June 30, 2023 to the County of Nevada Public Health Department; and

WHEREAS, the Nevada County Public Health Department will allocate this funding to support strategic positions that will better prepare the department to carry out the numerous responsibilities with which it is charged.
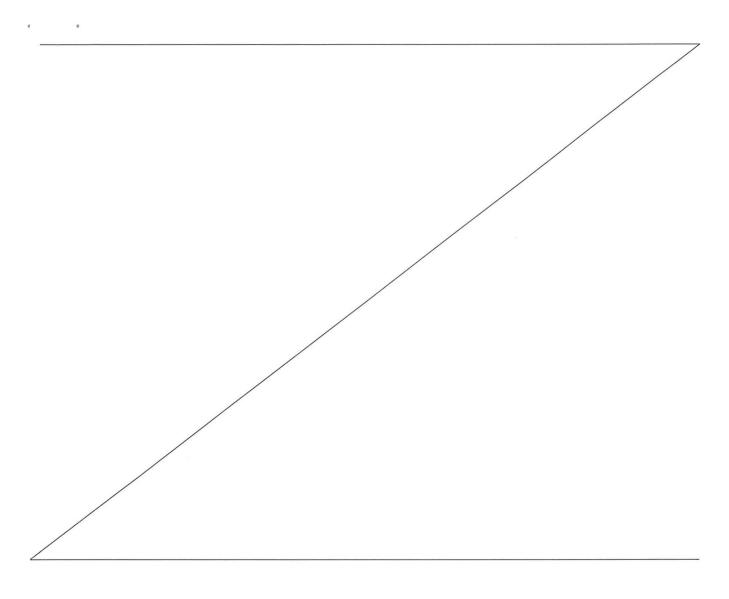
NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the County is hereby authorized to accept the Future of Public Health Funding funds, in the maximum amount of $690,079 for the term of July 1, 2022 to June 30, 2023, and that the Nevada County Public Health Director, or his or her designee, is hereby authorized to sign on behalf of County the Acknowledgement of Allocation Letter and any necessary documents in connection with these awards and all amendments thereto, on behalf of Nevada County.

BE IT FURTHER RESOLVED that the Auditor-Controller is authorized and directed to amend the Public Health Department's Budget for Fiscal Year 2022/23 as follows:

	Fiscal Year 2022-23	
Revenue	1589-40101-492-1821- 445200	$690,079
Expenditure	1589-40101-492-1821- 510100	$690,079

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 23rd day of August, 2022, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller and Susan K. Hoek.

Noes: None.

Absent: Hardy Bullock.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: _____

8/23/2022 cc: PH*
AC*

_____
Susan K. Hoek, Chair

California Department of Public Health

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

GAVIN NEWSOM
Governor

June 30, 2022

Dr. Sherilynn Cooke, Health Officer
County of Nevada
500 Crown Point Circle, Suite 110
Grass Valley, CA 95945

Jill Blake, Health Director
County of Nevada
500 Crown Point Circle, Suite 110
Grass Valley, CA 95945

Future of Public Health Funding
Award Number FoPH-031
County of Nevada

Authority:
Budget Act of 2022 for budget year 2022-2023, H&S Code 101321, 101320.3 and 101320.5

Dear Dr. Sherilynn Cooke, Jill Blake:

The Budget Act of 2022 for budget year 2022-2023 [Health and Safety Code 101320, 101320.3, and 101320.5] provides $200,400,000 annually to local health jurisdictions for public health workforce and infrastructure, referred to in this letter as the Future of Public Health Funding. These funds are considered ongoing funds and part of the ongoing baseline state budget. The California Department of Public Health (CDPH) is allocating **$690,079** to **County of Nevada**.

As a condition of the funding, each local health jurisdiction shall, by Dec 30, 2023 and every three years thereafter, be required to submit a public health plan to CDPH pursuant to the requirements.

This letter provides submission requirements for the period of **July 1, 2022 to June 30, 2023.** Funds allocated for this period are available for encumbrance or expenditure until June 30, 2024 to support local health jurisdictions and strengthen local infrastructure.

Funding:

For the period of July 1, 2022 to June 30, 2023. CDPH will evaluate spending at the local level in January 2023. CDPH, in consultation with the California Conference of Local Health Officers, the California Health Executives Association of California, and the

Service Employees International Union (SEIU), will consider options for possible redirection of funds at that time.

The methodology for allocating these funds as set by statute are as follows:

1. Each Local Health Jurisdiction will receive a base funding amount of $350,000 per year.

2. The remaining balance of the appropriation will be provided to Local Health Jurisdiction proportionally as follows:
   a. 50 percent based on 2019, or most recent, population data
   b. 25 percent based on 2019, or most recent, poverty data
   c. 25 percent based on 2019, or most recent, the share of the population that is Black/African-American/Latinx/or Native Hawaiian/Pacific Islander.

Allocations to Local Health Jurisdictions are included in Attachment 1.

Funding Requirement:

Non-Supplantation
The funds allocated to each Local Health Jurisdiction may only be used to supplement, rather than supplant, existing levels of services provided by the Local Health Jurisdiction.

Each Local Health Jurisdiction receiving funds shall annually certify to the department that its portion of this funding shall be used to supplement and not supplant all other specific local city, county, or city and county funds including, but not limited to, 1991 health local realignment and city, county, or city and county general fund resources utilized for Local Health Jurisdiction purposes, and excluding federal funds in this determination. See Attachment 2 for certification form.

Required Use of Funding
1. Each Local Health Jurisdiction must dedicate at least 70 percent of funds to support the hiring of permanent city or county staff, including benefits and training.

2. Remaining funds, not to exceed 30 percent, may be used for equipment, supplies, and other administrative purposes such as facility space, furnishings, and travel.

Workplan/Spend Plan Requirements
1. Each Workplan should be informed by a Community Health Assessment, Community Health Improvement Plan, and/or local Strategic Plan.

2. If a current Community Health Assessment and Community Health Improvement Plan has not yet been completed by your Local Health Jurisdiction, the state fiscal year 2022-2023 Workplan should describe how the Local Health Jurisdiction will identify and address relevant community health issues and provide a plan and target date for completion of a Community Health Assessment and Community Health Improvement Plan. A Community Health Assessment and Community Health Plan should be completed by December 30, 2023. Local Health Jurisdictions should

describe in the Workplan and Spend Plan what positions your Agency plans to hire and how it will support your local objectives in which you have direct influence in achieving.

3. The Workplan should include an evaluation plan and metrics.

4. All Local Health Jurisdictions will be required to measure and evaluate the process and outcome of hiring permanent staff.

Redirection of Funding
A Local Health Jurisdiction may direct a portion of their funds to another local health jurisdiction in support of regional capacity. The Local Health Jurisdiction should submit a letter of support to CDPH from the Local Health Jurisdiction in which these funds are directed to, along with a description of the regional capacity the funds will support. The letter should be included as an additional attachment to the submission package.

Submission Requirements:

1. Complete a Workplan and Spend Plan by September 15, 2022 and submit to CDPH at: FoPHfunding@cdph.ca.gov. *See Attachments 3 and 4.* Your Agency should consider the following when developing your Workplan and Spend Plan:

    • It is recommended that your Agency fund an administrative position to ensure fiscal accountability and reporting requirements of the various Future of Public Health funds. At least seventy (70%) percent of your Agency funds must go towards the hiring of permanent city or county staff. Your agency must complete the table in Attachment 3 (Workplan and Reporting) to indicate how many positions in each type of classification across the listed public health areas your Agency plans to hire.

    • Your Agency may dedicate up to 30% of the allocated funding to fund partners and/or contractors, or used for equipment, supplies and other administrative purposes such as current staff compensation, staff development, facility space, furnishings, and travel.

    • Your Agency is encouraged to recruit and give hiring preference to unemployed workers, underemployed workers, and a diversity of applicants from local communities who are qualified to perform the work. In addition, you are encouraged to work with applicants from your community.

    • Your Agency is encouraged to explore transitioning limited-term or contracted staff/positions previously funded through limited term federal funding into permanent positions for the city; county; or city and county

    • If your Agency will be dedicating a portion of your funds to another Local Health Jurisdiction to increase regional capacity, your Agency should submit a letter of support from the Local Health Jurisdiction receiving those funds. Adjustments should be reflected in the workplan and spend plan that is

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submitted to CDPH for review and approval. The letter should be included as an additional attachment to the submission package.

2. Your Agency must also meet the following minimum requirements for these funds and include descriptions in your Agency's Workplan:

   i.   A description of how your Agency will achieve 24/7 health officer coverage.

   ii. A description of how your Agency will meet your Community Health Assessment (CHA)/Community Health Improvement plan (CHIP) and/or local Strategic plan goals. How do you plan to measure/evaluate the impact of these funds? Please either attach a copy or provide links to your CHA, CHIP, and Strategic Plan or provide a date when these will become available.

   iii. A description of how your Agency will use these funds to meet your local Health Jurisdiction equity goals.

   iv. A description of how your Agency will use these funds to become or sustain capacity as a learning organization including continuous quality improvement and Results-Based Accountability/evaluation.

   v.   Commit to Health Officer and Health Director participation in Regional Public Health Office monthly or quarterly meetings as determined by the Region and CDPH

3. In advance of the Workplan and Spend Plan due date, your Agency should respond to CDPH acknowledging that you accept the allocation funds outlined in this letter.

Reporting Requirements:

As a recipient of the Future of Public Health Funding, the following reporting documents will be required:

For your convenience, your Contract Manager will issue reminders as these dates get closer.

1. Submit quarterly progress reports on hiring progress to CDPH following the schedule below. Starting with the quarter 2 progress report, provide status of timelines, goals, and objectives outlined in your workplan. See Attachment 3. Note, if your workplan is under review by CDPH and has not been approved by the progress report due date, you are still required to submit your progress report to CDPH.

Year/Quarter	Reporting Period	Due Date
Year 1/Q1	July 1, 2022 – September 30, 2022	October 30, 2022
Year 1/Q2	October 1, 2022 – December 31, 2022	January 30, 2023
Year 1/Q3	January 1, 2023 – March 31, 2023	April 30, 2023
Final	April 1, 2023 – June 30, 2023	July 30, 2023

2. Submit quarterly expenditure reports to CDPH following the schedule below. Expenditure reporting should be completed within your Spend Plan. Note, if your spend plan is under review by CDPH and has not been approved by the reporting due date, you are still required to submit your expenditure report to CDPH. See Attachment 4.

Year/Quarter	Reporting Period	Due Date
Year 1/Q1	July 1, 2022 – September 30, 2022	October 30, 2022
Year 1/Q2	October 1, 2022 – December 31, 2022	January 30, 2023
Year 1/Q3	January 1, 2023 – March 31, 2023	April 30, 2023
Final	April 1, 2023 – June 30, 2023	July 30, 2023

3. CDPH will provide a template to use to facilitate the reporting of these data metrics.

Reimbursement/Invoicing:

CDPH will reimburse your Agency upon receipt of invoice. In order to receive your reimbursements, please complete and submit your invoice(s) to: FoPHfunding@cdph.ca.gov. *See Attachment 5.*

1. First Quarter Payment: CDPH will issue a warrant (check) to your Agency for 25% of your total allocation, this will be issued as an advance payment.

2. Future payments will be based on reimbursement of expenditures once the 25% advance payment has been fully expended. In order to receive future payments, your Agency must complete and submit reporting documentation within Attachments 3 and 4 following the due dates above within Reporting Requirements.

3. Your Agency must maintain supporting documentation for any expenditures invoiced to CDPH against this source of funding. Documentation should be readily available in the event of an audit or upon request from CDPH. Documentation should be maintained onsite for five years.

Thank you for the time your Agency has invested to strengthen public health capacity and preparedness to respond to future emergencies throughout California communities. We are hopeful that this funding will collectively achieve the goal of developing and strengthening California's public health workforce. CDPH is hosting a webinar on **July 14, 2022 from 11:00 AM – 12:00 PM** to go over the requirements and activities of this funding. If you have any questions or need further clarification, please reach out to FoPHfunding@cdph.ca.gov.

Sincerely,

Susan Fanelli

Susan Fanelli
Chief Deputy Director
California Department of Public Health

Acknowledgement of Allocation Letter

Instruction: Please check one statement below, sign, and return to
FoPHfunding@cdph.ca.gov

☑ **County of Nevada** acknowledges receipt of this Allocation letter and accepts the funds to be used as outlined under the Submission Requirements section.

☐ **County of Nevada** acknowledges receipt of this Allocation letter and does not accept the funds. **County of Nevada** understands that these funds cannot be delegated to another Agency and CDPH will redistribute funds.

Name of Local Health Jurisdiction designated signee(s): Jill Blake

Title/Role: Public Health Director

Signature of Local Health Jurisdiction designee: *Jill Blake*
Jill Blake (Sep 2, 2022 14:31 PDT)

Date: 09/02/2022

Attachments

Attachment 1: Local Allocations Table
Attachment 2: Certification Form
Attachment 3: Workplan and Reporting
Attachment 4: Spend Plan
Attachment 5: Invoice

Local Health Jursidiction (LHJ) funding distribution for the FoPH

Population, Poverty and Race/Ethnicity

Description of funding formula: Each California LHJ, including Los Angeles, Long Beach, and Pasadena, is awarded a base amount of $350,000. The balance of funds are distributed based on the proportion each LHJ contributes to the 2020 population (50% of allocation), the proportion each LHJ contributes to the 2019 population in poverty (25% of allocation), and the proportion each LHJ contributes to the population that is Black/African American, Latinx, or Native Hawaiian/Pacific Islander (25% of allocation). Population and race/ethnicity data are from the Department of Finance; and population in poverty are calculated using 2019 Census Estimates.

LHJ	$350,000 Base
Alameda HD[1]	6,537,374
Alpine	354,669
Amador	487,482
Berkeley	912,213
Butte	1,224,383
Calaveras	515,889
Colusa	459,468
Contra Costa	4,844,667
Del Norte	474,087
El Dorado	1,015,644
Fresno	6,126,172
Glenn	482,368
Humboldt	938,349
Imperial	1,568,105
Inyo	423,621
Kern	5,381,815
Kings	1,175,830
Lake	641,433
Lassen	481,278
Long Beach[2]	2,807,624
Los Angeles HD[2]	47,328,331
Madera	1,217,976
Marin	1,241,952
Mariposa	421,598
Mendocino	723,894
Merced	1,882,112
Modoc	394,124
Mono	403,629
Monterey	2,563,477
Napa	896,612
Nevada	690,079
Orange	13,351,733
Pasadena[2]	1,033,025
Placer	1,661,462
Plumas	420,397

Local Health Jursidiction (LHJ) funding distribution for the FoPH
Population, Poverty and Race/Ethnicity

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Riverside	11,782,061
Sacramento	7,072,450
San Benito	647,267
San Bernardino	11,284,416
San Diego	14,356,108
San Francisco	3,639,888
San Joaquin	4,031,505
San Luis Obispo	1,459,610
San Mateo	3,141,653
Santa Barbara	2,433,999
Santa Clara	7,296,326
Santa Cruz	1,475,452
Shasta	1,031,180
Sierra	362,059
Siskiyou	538,801
Solano	2,186,187
Sonoma	2,174,091
Stanislaus	2,975,808
Sutter	787,927
Tehama	642,801
Trinity	405,254
Tulare	3,085,604
Tuolumne	543,960
Ventura	3,857,269
Yolo	1,397,659
Yuba	707,793
Total	**200,400,000**
Miniumum Award:	354,669
Maximum Award:	47,328,331

1 - Alameda Health Department (HD) excludes City of Berkeley

2 - Los Angeles HD excludes Cities of Long Beach and Pasadena

Editable Inputs for the Formula (in red) and Allocations to LHJs by Input

Inputs (edit red text only)		Dollars
Total Award:	200,400,000	
Based amount per LHJ:	350,000	21,350,000
Amount after base allocation:	179,050,000	
Percent toward population:	50%	89,525,000
Percent toward population in poverty:	25%	44,762,500
Percent toward race/ethnicity:	25%	44,762,500

LHJ	Total LHJ Allocation	Base Allocation	Population Allocation	Poverty Allocation	Total Race Population Allocation
Alameda HD [1]	6,537,374	350,000	3,486,292	1,306,201	1,394,881
Alpine	354,669	350,000	2,509	1,817	343
Amador	487,482	350,000	84,562	34,887	18,033
Berkeley	912,213	350,000	276,018	223,098	63,097
Butte	1,224,383	350,000	464,390	314,749	95,244
Calaveras	515,889	350,000	99,660	50,765	15,464
Colusa	459,468	350,000	49,677	25,095	34,696
Contra Costa	4,844,667	350,000	2,587,470	860,516	1,046,681
Del Norte	474,087	350,000	61,194	46,113	16,780
El Dorado	1,015,644	350,000	432,097	158,255	75,292
Fresno	6,126,172	350,000	2,309,680	1,993,252	1,473,240
Glenn	482,368	350,000	66,402	33,824	32,142
Humboldt	938,349	350,000	298,637	240,123	49,589
Imperial	1,568,105	350,000	423,271	392,011	402,823
Inyo	423,621	350,000	41,472	20,427	11,722
Kern	5,381,815	350,000	2,054,527	1,643,319	1,333,969
Kings	1,175,830	350,000	348,233	234,556	243,041
Lake	641,433	350,000	143,508	110,556	37,369
Lassen	481,278	350,000	64,973	45,131	21,174
Long Beach [2]	2,807,624	350,000	1,062,519	751,454	643,651
Los Angeles HD [2]	47,328,333	350,000	21,501,377	12,129,068	13,347,888
Madera	1,217,976	350,000	357,345	264,762	245,869
Marin	1,241,952	350,000	582,746	169,272	139,934
Mariposa	421,598	350,000	40,007	25,431	6,160
Mendocino	723,894	350,000	196,887	116,038	60,969
Merced	1,882,112	350,000	640,816	458,605	432,691

Modoc	394,124	350,000	21,189	18,286	4,649
Mono	403,629	350,000	30,261	12,866	10,502
Monterey	2,563,477	350,000	993,064	526,749	693,664
Napa	896,612	350,000	312,150	97,242	137,220
Nevada	690,079	350,000	219,273	86,770	34,036
Orange	13,351,733	350,000	7,180,538	2,871,686	2,949,509
Pasadena [2]	1,033,025	350,000	325,904	198,936	158,185
Placer	1,661,462	350,000	894,450	248,517	168,495
Plumas	420,397	350,000	41,060	22,817	6,520
Riverside	11,782,061	350,000	5,511,817	2,621,981	3,298,263
Sacramento	7,072,450	350,000	3,515,615	1,864,783	1,342,052
San Benito	647,267	350,000	141,298	61,862	94,107
San Bernardino	11,284,416	350,000	4,915,050	2,751,921	3,267,445
San Diego	14,356,108	350,000	7,543,551	3,270,916	3,191,641
San Francisco	3,639,888	350,000	2,025,083	809,884	454,921
San Joaquin	4,031,505	350,000	1,746,436	999,880	935,189
San Luis Obispo	1,459,610	350,000	621,441	303,469	184,700
San Mateo	3,141,653	350,000	1,744,330	447,935	599,388
Santa Barbara	2,433,999	350,000	1,015,655	513,079	555,265
Santa Clara	7,296,326	350,000	4,415,782	1,133,950	1,396,594
Santa Cruz	1,475,452	350,000	607,749	271,198	246,505
Shasta	1,031,180	350,000	399,872	223,887	57,421
Sierra	362,059	350,000	7,014	3,750	1,295
Siskiyou	538,801	350,000	98,548	72,186	18,067
Solano	2,186,187	350,000	990,606	375,318	470,263
Sonoma	2,174,091	350,000	1,105,231	334,998	383,862
Stanislaus	2,975,808	350,000	1,251,102	684,687	690,019
Sutter	787,927	350,000	227,647	122,667	87,613
Tehama	642,801	350,000	146,872	100,782	45,147
Trinity	405,254	350,000	29,910	20,775	4,569
Tulare	3,085,604	350,000	1,081,949	860,845	792,810
Tuolumne	543,960	350,000	117,813	56,044	20,103
Ventura	3,857,269	350,000	1,893,545	653,651	960,073
Yolo	1,397,659	350,000	498,946	354,974	193,739
Yuba	707,793	350,000	177,979	113,886	65,928
Total	200,400,002	21,350,000	89,524,999	44,762,502	44,762,501
Miniumum Award:	354,669				
Maximum Award:	47,328,333				

1 - Alameda HD excludes City of Berkeley
2 - Los Angeles HD excludes Cities of Long Beach and Pasadena

Calculations of data to be inputted into the formula

LHJ	Total Population - CA DOF 2020 (N)	Percent of Population (%)	Residents estimated to live in poverty - SAIPE 2019 (%)	People estimated living in poverty (Poverty * DOF population)
Data source	Department of Finance	LHJ/Total Population	2018 Census data	Population x Poverty rate
Alameda HD [1]	1,549,212	3.89%	8.9%	137,880
Alpine	1,115	0.00%	17.2%	192
Amador	37,577	0.09%	9.8%	3,683
Berkeley	122,655	0.31%	19.2%	23,550
Butte	206,362	0.52%	16.1%	33,224
Calaveras	44,286	0.11%	12.1%	5,359
Colusa	22,075	0.06%	12.0%	2,649
Contra Costa	1,149,800	2.89%	7.9%	90,834
Del Norte	27,193	0.07%	17.9%	4,868
El Dorado	192,012	0.48%	8.7%	16,705
Fresno	1,026,358	2.58%	20.5%	210,403
Glenn	29,507	0.07%	12.1%	3,570
Humboldt	132,706	0.33%	19.1%	25,347
Imperial	188,090	0.47%	22.0%	41,380
Inyo	18,429	0.05%	11.7%	2,156
Kern	912,975	2.29%	19.0%	173,465
Kings	154,745	0.39%	16.0%	24,759
Lake	63,771	0.16%	18.3%	11,670
Lassen	28,872	0.07%	16.5%	4,764
Long Beach [2]	472,154	1.19%	16.8%	79,322
Los Angeles HD [2]	9,554,616	24.02%	13.4%	1,280,319
Madera	158,794	0.40%	17.6%	27,948
Marin	258,956	0.65%	6.9%	17,868
Mariposa	17,778	0.04%	15.1%	2,684
Mendocino	87,491	0.22%	14.0%	12,249
Merced	284,761	0.72%	17.0%	48,409
Modoc	9,416	0.02%	20.5%	1,930
Mono	13,447	0.03%	10.1%	1,358
Monterey	441,290	1.11%	12.6%	55,603
Napa	138,711	0.35%	7.4%	10,265
Nevada	97,439	0.24%	9.4%	9,159
Orange	3,190,832	8.02%	9.5%	303,129
Pasadena [2]	144,823	0.36%	14.5%	20,999
Placer	397,469	1.00%	6.6%	26,233

Plumas	18,246	0.05%	13.2%	2,408
Riverside	2,449,299	6.16%	11.3%	276,771
Sacramento	1,562,242	3.93%	12.6%	196,842
San Benito	62,789	0.16%	10.4%	6,530
San Bernardino	2,184,112	5.49%	13.3%	290,487
San Diego	3,352,145	8.43%	10.3%	345,271
San Francisco	899,891	2.26%	9.5%	85,490
San Joaquin	776,068	1.95%	13.6%	105,545
San Luis Obispo	276,151	0.69%	11.6%	32,034
San Mateo	775,132	1.95%	6.1%	47,283
Santa Barbara	451,329	1.13%	12.0%	54,159
Santa Clara	1,962,251	4.93%	6.1%	119,697
Santa Cruz	270,067	0.68%	10.6%	28,627
Shasta	177,692	0.45%	13.3%	23,633
Sierra	3,117	0.01%	12.7%	396
Siskiyou	43,792	0.11%	17.4%	7,620
Solano	440,198	1.11%	9.0%	39,618
Sonoma	491,134	1.23%	7.2%	35,362
Stanislaus	555,955	1.40%	13.0%	72,274
Sutter	101,160	0.25%	12.8%	12,948
Tehama	65,266	0.16%	16.3%	10,638
Trinity	13,291	0.03%	16.5%	2,193
Tulare	480,788	1.21%	18.9%	90,869
Tuolumne	52,353	0.13%	11.3%	5,916
Ventura	841,439	2.12%	8.2%	68,998
Yolo	221,718	0.56%	16.9%	37,470
Yuba	79,089	0.20%	15.2%	12,022
Total	**39,782,430**	**100.0%**	-	**4,725,034**

1 - Alameda HD excludes City of Berkeley.

2 - Los Angeles HD excludes Cities of Long Beach and Pasadena

* SAIPE = Small Area Income and Poverty Estimates Program (US Census Bureau)

Percent of Population in Poverty (%)	Black/African American (#)	Latinx Population (#)	Native Hawaiin/Pacific Islander (#)	TOTAL Priority Race/Ethnicity Population (#)	TOTAL Priority Race/Ethnicity Population (%)
LHJ/total population in poverty	Department of Finance	Department of Finance	Department of Finance	Department of Finance	LHJ/Total Among Prioirty Race/Ethnicity groups
2.92%	184020	363800	12763	560,583	3.12%
0.00%	15	123	0	138	0.00%
0.08%	1325	5800	122	7,247	0.04%
0.50%	11871	13302	185	25,358	0.14%
0.70%	3545	34400	332	38,277	0.21%
0.11%	608	5501	106	6,215	0.03%
0.06%	160	13733	51	13,944	0.08%
1.92%	107751	307819	5077	420,646	2.34%
0.10%	1227	5459	58	6,743	0.04%
0.35%	1855	28096	308	30,259	0.17%
4.45%	51316	539514	1245	592,074	3.29%
0.08%	239	12658	20	12,918	0.07%
0.54%	2162	17417	349	19,929	0.11%
0.88%	4102	157692	94	161,889	0.90%
0.05%	251	4421	39	4,711	0.03%
3.67%	54782	480136	1184	536,103	2.98%
0.52%	9839	86646	1190	97,675	0.54%
0.25%	1220	13709	89	15,018	0.08%
0.10%	2665	5619	226	8,509	0.05%
1.68%	61208	192446	5020	258,674	1.44%
27.10%	750377	4595475	18474	5,364,326	29.82%
0.59%	5312	93389	110	98,811	0.55%
0.38%	8814	46955	469	56,238	0.31%
0.06%	253	2176	47	2,476	0.01%
0.26%	817	23594	91	24,503	0.14%
1.02%	8971	164372	549	173,892	0.97%
0.04%	147	1676	45	1,868	0.01%
0.03%	145	4046	29	4,221	0.02%
1.18%	12485	264330	1958	278,774	1.55%
0.22%	2490	52361	296	55,147	0.31%
0.19%	1674	11788	216	13,679	0.08%
6.42%	56060	1125269	4036	1,185,366	6.59%
0.44%	14693	48767	112	63,572	0.35%
0.56%	6454	60615	647	67,716	0.38%

0.05%	428	2152	39	2,620	0.01%
5.86%	159482	1159376	6667	1,325,525	7.37%
4.17%	165690	358326	15336	539,352	3.00%
0.14%	674	37019	127	37,820	0.21%
6.15%	195900	1110815	6424	1,313,140	7.30%
7.31%	169195	1099176	14304	1,282,675	7.13%
1.81%	48378	132385	2063	182,826	1.02%
2.23%	54269	317781	3789	375,839	2.09%
0.68%	6685	67232	311	74,228	0.41%
1.00%	19510	211940	9436	240,885	1.34%
1.15%	8347	214160	647	223,153	1.24%
2.53%	46411	508117	6744	561,271	3.12%
0.61%	2764	95977	326	99,067	0.55%
0.50%	2294	20545	238	23,077	0.13%
0.01%	52	460	8	520	0.00%
0.16%	1093	6025	142	7,261	0.04%
0.84%	64615	120347	4030	188,992	1.05%
0.75%	10708	141839	1722	154,269	0.86%
1.53%	15869	258258	3182	277,309	1.54%
0.27%	2093	32868	250	35,210	0.20%
0.23%	461	17632	52	18,144	0.10%
0.05%	91	1734	12	1,836	0.01%
1.92%	6102	312116	401	318,619	1.77%
0.13%	1370	6585	124	8,079	0.04%
1.46%	14085	370317	1438	385,840	2.14%
0.79%	5691	71151	1018	77,861	0.43%
0.25%	2545	23641	310	26,496	0.15%
100.00%	2,545	23,641	310	17,989,411	100%

California Department of Public Health

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

GAVIN NEWSOM
Governor

FUTURE OF PUBLIC HEALTH FUNDING
ANNUAL CERTIFICATION

The undersigned hereby affirms that they have read and agree with the funding requirements specified in the Future of Public Health Funding Award Agreement. The undersigned certifies:

1. That the funding provided under this agreement shall be used to supplement and not supplant all other specific local county funds.

2. That <u>at least</u> 70 percent of funds to support the hiring of permanent city; county; or city and county staff, including benefits and training.

3. Remaining funds, not to exceed 30 percent, may be used for equipment, supplies, and other administrative purposes such as facility space, furnishings, travel.

Designee authorized to commit the Local Health Jurisdiction to this Agreement

Jill Blake   Public Health Director
_____   _____
Name (Print) Title

Jill Blake
Jill Blake (Sep 2, 2022 14:31 PDT)   09/02/2022
_____   _____
Signature   Date

_____
Local Health Jurisdiction Name

FoPH-031
_____
Agreement Number

PHAB

CDPH Future of Public Health (FoPH) Funding

Local Objectives & Quarterly Progress Report

Local Health Jurisdiction Name:	
Agreement Number:	

	Local Objective #1	

Objective (SMART Objective)		
Implementation Plan (Bulleted items or brief sentences)		
Evaluation Plan: How will LHJ measure and track this objective?		
Issue Area (select from drop down)	Issue Area 1	
	Issue Area 2	
	Issue Area 3	
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	
Strategy Area (select from drop down)	Strategy Area 1	
	Strategy Area 2	
	Strategy Area 3	
	Strategy Area 4	
	Strategy Area 5	
	Specify additional Strategy Area	
Expected Achieve By Date (select from drop down)		

YR1/Q1 Progress Update (July 1 - September 30, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."

	Local Objective #2	

Objective (SMART Objective)		
Implementation Plan (Bulleted items or brief sentences)		
Evaluation Plan: How will LHJ measure and track this objective?		
Issue Area (select from drop down)	Issue Area 1	
	Issue Area 2	
	Issue Area 3	
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	
Strategy Area (select from drop down)	Strategy Area 1	
	Strategy Area 2	
	Strategy Area 3	
	Strategy Area 4	
	Strategy Area 5	
	Specify additional Strategy Area	
Expected Achieve By Date (select from drop down)		

YR1/Q1 Progress Update (July 1 - September 30, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."

YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)		YR1/Q3 Progress Update (January 1 – March 31, 2023)		YR1/Q4 Progress Update (April 1 – June 30, 2023)	
Progress Status: *(Select from drop down)*		**Progress Status:** *(Select from drop down)*		**Progress Status:** *(Select from drop down)*	
Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.		*Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.*		*Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.*	

YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)		YR1/Q3 Progress Update (January 1 – March 31, 2023)		YR1/Q4 Progress Update (April 1 – June 30, 2023)	
Progress Status: *(Select from drop down)*		**Progress Status:** *(Select from drop down)*		**Progress Status:** *(Select from drop down)*	
Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.		*Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.*		*Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.*	

Local Objective #3

Objective (SMART Objective)	
Implementation Plan (Bulleted items or brief sentences)	
Evaluation Plan: How will LHU measure and track this objective?	

Issue Area (select from drop down)	Issue Area 1	
	Issue Area 2	
	Issue Area 3	
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	
Strategy Area (select from drop down)	Strategy Area 1	
	Strategy Area 2	
	Strategy Area 3	
	Strategy Area 4	
	Strategy Area 5	
	Specify additional Strategy Area	
Expected Achieve By Date (select from drop down)		

YR1/Q1 Progress Update (July 1 - September 30, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."

Local Objective #4

Objective (SMART Objective)	
Implementation Plan (Bulleted items or brief sentences)	
Evaluation Plan: How will LHU measure and track this objective?	

Issue Area (select from drop down)	Issue Area 1	
	Issue Area 2	
	Issue Area 3	
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	
Strategy Area (select from drop down)	Strategy Area 1	
	Strategy Area 2	
	Strategy Area 3	
	Strategy Area 4	
	Strategy Area 5	
	Specify additional Strategy Area	
Expected Achieve By Date (select from drop down)		

YR1/Q1 Progress Update (July 1 - September 30, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."

YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)	YR1/Q3 Progress Update (January 1 – March 31, 2023)	YR1/Q4 Progress Update (April 1 – June 30, 2023)
Progress Status: *(Select from drop down)*	**Progress Status:** *(Select from drop down)*	**Progress Status:** *(Select from drop down)*
Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.	*Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.*	*Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.*

YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)	YR1/Q3 Progress Update (January 1 – March 31, 2023)	YR1/Q4 Progress Update (April 1 – June 30, 2023)
Progress Status: *(Select from drop down)*	**Progress Status:** *(Select from drop down)*	**Progress Status:** *(Select from drop down)*
Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.	*Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.*	*Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.*

Local Objective #5

Objective (SMART Objective)	
Implementation Plan (bulleted items or brief sentences)	
Evaluation Plan: How will LHJ measure and track this objective?	

Issue Area (select from drop down)	Issue Area 1	
	Issue Area 2	
	Issue Area 3	
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	
Strategy Area (select from drop down)	Strategy Area 1	
	Strategy Area 2	
	Strategy Area 3	
	Strategy Area 4	
	Strategy Area 5	
	Specify additional Strategy Area	
Expected Achieve By Date (select from drop down)		

YR1/Q1 Progress Update (July 1 - September 30, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."

Local Objective #6

Objective (SMART Objective)	
Implementation Plan (bulleted items or brief sentences)	
Evaluation Plan: How will LHJ measure and track this objective?	

Issue Area (select from drop down)	Issue Area 1	
	Issue Area 2	
	Issue Area 3	
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	
Strategy Area (select from drop down)	Strategy Area 1	
	Strategy Area 2	
	Strategy Area 3	
	Strategy Area 4	
	Strategy Area 5	
	Specify additional Strategy Area	
Expected Achieve By Date (select from drop down)		

YR1/Q1 Progress Update (July 1 - September 30, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."

YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)

Progress Status:
(Select from drop down)

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q3 Progress Update (January 1 – March 31, 2023)

Progress Status:
(Select from drop down)

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q4 Progress Update (April 1 – June 30, 2023)

Progress Status:
(Select from drop down)

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)

Progress Status:
(Select from drop down)

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q3 Progress Update (January 1 – March 31, 2023)

Progress Status:
(Select from drop down)

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q4 Progress Update (April 1 – June 30, 2023)

Progress Status:
(Select from drop down)

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

Local Objective #7

Objective (SMART Objective)	
Implementation Plan (Bulleted items or brief sentences)	
Evaluation Plan: How will LHJ measure and track this objective?	

Issue Area (select from drop down)		
	Issue Area 1	
	Issue Area 2	
	Issue Area 3	
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	
Strategy Area (select from drop down)	Strategy Area 1	
	Strategy Area 2	
	Strategy Area 3	
	Strategy Area 4	
	Strategy Area 5	
	Specify additional Strategy Area	
Expected Achieve By Date (select from drop down)		

YR1/Q1 Progress Update (July 1 - September 30, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."

Local Objective #8

Objective (SMART Objective)	
Implementation Plan (Bulleted items or brief sentences)	
Evaluation Plan: How will LHJ measure and track this objective?	

Issue Area (select from drop down)		
	Issue Area 1	
	Issue Area 2	
	Issue Area 3	
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	
Strategy Area (select from drop down)	Strategy Area 1	
	Strategy Area 2	
	Strategy Area 3	
	Strategy Area 4	
	Strategy Area 5	
	Specify additional Strategy Area	
Expected Achieve By Date (select from drop down)		

YR1/Q1 Progress Update (July 1 - September 30, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."

YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)	YR1/Q3 Progress Update (January 1 – March 31, 2023)	YR1/Q4 Progress Update (April 1 – June 30, 2023)
Progress Status: *(Select from drop down)*	**Progress Status:** *(Select from drop down)*	**Progress Status:** *(Select from drop down)*
Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.	*Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.*	*Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.*

YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)	YR1/Q3 Progress Update (January 1 – March 31, 2023)	YR1/Q4 Progress Update (April 1 – June 30, 2023)
Progress Status: *(Select from drop down)*	**Progress Status:** *(Select from drop down)*	**Progress Status:** *(Select from drop down)*
Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.	*Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.*	*Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.*

Local Objective #9

Objective (SMART Objective)	
Implementation Plan (Bulleted items or brief sentences)	
Evaluation Plan: How will LHJ measure and track this objective?	

Issue Area (select from drop down)		
	Issue Area 1	
	Issue Area 2	
	Issue Area 3	
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	

Strategy Area (select from drop down)		
	Strategy Area 1	
	Strategy Area 2	
	Strategy Area 3	
	Strategy Area 4	
	Strategy Area 5	
	Specify additional Strategy Area	

Expected Achieve By Date (select from drop down)		

YR1/Q1 Progress Update (July 1 - September 30, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."

Local Objective #10

Objective (SMART Objective)	
Implementation Plan (Bulleted items or brief sentences)	
Evaluation Plan: How will LHJ measure and track this objective?	

Issue Area (select from drop down)		
	Issue Area 1	
	Issue Area 2	
	Issue Area 3	
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	

Strategy Area (select from drop down)		
	Strategy Area 1	
	Strategy Area 2	
	Strategy Area 3	
	Strategy Area 4	
	Strategy Area 5	
	Specify additional Strategy Area	

Expected Achieve By Date (select from drop down)		

YR1/Q1 Progress Update (July 1 - September 30, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."

YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q3 Progress Update (January 1 – March 31, 2023)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q4 Progress Update (April 1 – June 30, 2023)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q3 Progress Update (January 1 – March 31, 2023)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q4 Progress Update (April 1 – June 30, 2023)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

Local Objective #11

Objective (SMART Objective)	
Implementation Plan (Bulleted items or brief sentences)	
Evaluation Plan: How will LHJ measure and track this objective?	

Issue Area (select from drop down)	Issue Area 1	
	Issue Area 2	
	Issue Area 3	
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	
Strategy Area (select from drop down)	Strategy Area 1	
	Strategy Area 2	
	Strategy Area 3	
	Strategy Area 4	
	Strategy Area 5	
	Specify additional Strategy Area	
Expected Achieve By Date (select from drop down)		

YR1/Q1 Progress Update (July 1 - September 30, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."

Local Objective #12

Objective (SMART Objective)	
Implementation Plan (Bulleted items or brief sentences)	
Evaluation Plan: How will LHJ measure and track this objective?	

Issue Area (select from drop down)	Issue Area 1	
	Issue Area 2	
	Issue Area 3	
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	
Strategy Area (select from drop down)	Strategy Area 1	
	Strategy Area 2	
	Strategy Area 3	
	Strategy Area 4	
	Strategy Area 5	
	Specify additional Strategy Area	
Expected Achieve By Date (select from drop down)		

YR1/Q1 Progress Update (July 1 - September 30, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."

YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q3 Progress Update (January 1 – March 31, 2023)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q4 Progress Update (April 1 – June 30, 2023)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q3 Progress Update (January 1 – March 31, 2023)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q4 Progress Update (April 1 – June 30, 2023)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

Local Objective #13

Objective (SMART Objective)	
Implementation Plan (Bulleted items or brief sentences)	
Evaluation Plan: How will LHJ measure and track this objective?	

Issue Area (select from drop down)		
	Issue Area 1	
	Issue Area 2	
	Issue Area 3	
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	

Strategy Area (select from drop down)		
	Strategy Area 1	
	Strategy Area 2	
	Strategy Area 3	
	Strategy Area 4	
	Strategy Area 5	
	Specify additional Strategy Area	

Expected Achieve By Date (select from drop down)	

YR1/Q1 Progress Update (July 1 - September 30, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."

Local Objective #14

Objective (SMART Objective)	
Implementation Plan (Bulleted items or brief sentences)	
Evaluation Plan: How will LHJ measure and track this objective?	

Issue Area (select from drop down)		
	Issue Area 1	
	Issue Area 2	
	Issue Area 3	
	Issue Area 4	
	Issue Area 5	
	Specify if "other" Selected	

Strategy Area (select from drop down)		
	Strategy Area 1	
	Strategy Area 2	
	Strategy Area 3	
	Strategy Area 4	
	Strategy Area 5	
	Specify additional Strategy Area	

Expected Achieve By Date (select from drop down)	

YR1/Q1 Progress Update (July 1 - September 30, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."

YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)	
Progress Status: *(Select from drop down)*	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q3 Progress Update (January 1 – March 31, 2023)	
Progress Status: *(Select from drop down)*	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q4 Progress Update (April 1 – June 30, 2023)	
Progress Status: *(Select from drop down)*	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)	
Progress Status: *(Select from drop down)*	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q3 Progress Update (January 1 – March 31, 2023)	
Progress Status: *(Select from drop down)*	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q4 Progress Update (April 1 – June 30, 2023)	
Progress Status: *(Select from drop down)*	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

		Local Objective #15	
	Objective (SMART Objective)		
	Implementation Plan (Bulleted items or brief sentences)		
	Evaluation Plan: How will LHJ measure and track this objective?		
	Issue Area (select from drop down)	Issue Area 1	
		Issue Area 2	
		Issue Area 3	
		Issue Area 4	
		Issue Area 5	
		Specify if "other" Selected	
	Strategy Area (select from drop down)	Strategy Area 1	
		Strategy Area 2	
		Strategy Area 3	
		Strategy Area 4	
		Strategy Area 5	
		Specify additional Strategy Area	
	Expected Achieve By Date (select from drop down)		

YR1/Q1 Progress Update (July 1 - September 30, 2022)	
Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe. For Quarter 1, please provide progress updates related to staffing and hiring, if applicable to this objective. Otherwise, indicate "Not Applicable."

YR1/Q2 Progress Update (October 1, 2022 – December 31, 2022)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q3 Progress Update (January 1 – March 31, 2023)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

YR1/Q4 Progress Update (April 1 – June 30, 2023)

Progress Status: (Select from drop down)	

Briefly describe progress to date and challenges that might affect your ability to complete this objective in the expected timeframe.

Future of Public Health (FoPH) Spend Plan - Attachment #4
Spend Plan Instructions

Personnel

Position Title	Please include the title of the position within this cell. If you know who the incumbent is, please also include their name. If unknown, please indicate TBD or Vacant.
Annual Salary	The annual salary should be the employee's true annual salary regardless of their FTE percentage and the number of months they will work on the Future of Public Health Funding.
Budgeted Months	Please indicate the number of months the employee is projected to work on the Future of Public Health Funding. The term of the funding is July 1, 2022 to June 30, 2023 which is 12 months.
FTE %	The FTE % will auto-populate based on the number of months the employee is working on the Future of Public Health Funding.
Total Salary	The Total Salary will auto-populate based on the Annual Salary and FTE % the employee is working on the Future of Public Health Funding.
Benefit Rate	Please indicate the percentage Benefit Rate for each position.
Total Benefits	The Total Benefits will auto-populate based on the Total Salary and Benefit Rate % for the employee.
Combined Salary and Benefits	The Combined Salary and Benefits will auto-populate based on the Total Salary + Total Benefits.

Supplies

General office supplies may be shown by an estimated amount per month times the number of months in this budget category. Major supply items (<$5,000) should be justified and related to specific program objectives and personnel. Provide justification and relate it to specific program objectives.

Travel

Provide details of what the travel is intended to accomplish. (e.g., advisory committees, review panels, etc.).
Include details such as airfare, mileage, hotel, per diem, etc.
Provide justification for both in-state and out-of-state travel.

Equipment

Useful life of more than one year AND a cost of ≥$5,000 per unit. Consider maintenance costs in budget. Provide justification which includes the use and relationship to the specific program objectives.

Other

Contains items not included in previous budget categories. Provide justification which includes the use and relationship to the specific program objectives. Give unit cost and quantities when applicable.

Subcontracts:

Include the Subcontractor name(s) if known or you can put TBD; and you will also need to provide a brief description of the work they will perform. If possible, please tie your Subcontractors to the Activity within your Workplan.

Total Direct Costs
   Direct Costs include:

Combined total of Personnel, Supplies, Travel, Equipment, Other, and Subcontracts. Should your Agency require a formula for Modified Direct Costs, please reach out to the Future of Public Health Funding mailbox (FoPHfunding@cdph.ca.gov) for assistance.

Indirect Cost

Please enter your Indirect Cost Rate (ICR) percentage within cell E138. Please enter the amount that your ICR should calculate from; this is normally Total Personnel or Total Direct Costs. Your Agency has an approved rate on file with CDPH. If you don't know your Agency's approved ICR, please reach out to Future of Public Health Funding mailbox (FoPHfunding@cdph.ca.gov) for assistance.

Future of Public Health (FoPH)
Spend Plan

Local Health Jurisdiction Name: _____

Position Title*	Annual Salary	Budgeted Months (1-12) Months	FTE %	Total Salary	Benefit Rate	Total Benefits	Combined Salary and Benefits
			0%	$ -		$ -	$ -
			0%	$ -		$ -	$ -
			0%	$ -		$ -	$ -
			0%	$ -		$ -	$ -
			0%	$ -		$ -	$ -
			0%	$ -		$ -	$ -
			0%	$ -		$ -	$ -
			0%	$ -		$ -	$ -
			0%	$ -		$ -	$ -
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			0%	$ -		$ -	$ -
			0%	$ -		$ -	$ -
		Total Personnel		$ -		$ -	$ -

Supplies

	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
Total Supplies	$ -

Travel

In-State	$ -
Out-of-State	$ -
Total Travel	$ -

Equipment

	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
Total Equipment	$ -

Other

	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
Total Other	$ -

Subcontracts:

	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
Total Subcontracts	$ -

Total Direct Costs	$ -

Indirect Cost (% of Total Personnel or Total Direct Costs)

[enter description here]	$ -	0%	
		Total Indirect	$ -
		TOTAL BUDGET	$ -

*Personnel supported with this funding should not duplicate efforts across grants; exceed 1.0 FTE across all funding sources.

Local Health Jurisdiction Name:

Combined Strategy		Total Award
		$ -

Year 1 Quarterly Expenditure Report

Budget

Budget Category	Budgeted Amount	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter			
		July 2022	August 2022	September 2022	Y1,Q1 Total	October 2022	November 2022	December 2022	Y1,Q2 Total	January 2023	February 2023	March 2023	Y1,Q3 Total	April 2023	May 2023	June 2023	Y1,Q4 Total
Salary	$ -				$ -				$ -				$ -				$ -
Supplies	$ -				$ -				$ -				$ -				$ -
In State Travel	$ -				$ -				$ -				$ -				$ -
Out of State Travel	$ -				$ -				$ -				$ -				$ -
Equipment	$ -				$ -				$ -				$ -				$ -
Subcontracts	$ -				$ -				$ -				$ -				$ -
Other costs	$ -				$ -				$ -				$ -				$ -
Total Direct Costs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Indirect Costs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

	Budget	Expenditures	Balance
Totals	$ -	$ -	$ -

CDPH Future of Public Health (FoPH) Funding

California Department of Public Health
Email Invoice to: FoPHfunding@cdph.ca.gov

Date:

LHJ Name/Address (to send warrant)

_____

_____

_____

Contract Number:

Contract Term: July 1, 2022 to June 30, 2023

Billing Period:

Invoice Number: State Use Only

County Invoice #: Optional

Check if remittance address changed
since last Invoice

Telephone #:

Supplier ID #: State Use Only

Budget Line-Item	Expenditures This Period
Personnel	
Supplies	
Travel	
Equipment	
Other	
Subcontracts	
Indirect	
Total	$

State Certification: I hereby certify that the above referenced local health department has met all requirements for submission of its application, related documents, and certifications and is eligible to receive this payment. The application, related documents, approvals, and requests for payment are maintained by CDPH, for five (5) years for audit purposes as required by the State Controller's Office.

CDPH Use Only	
Service Location:	**Please Pay:**
TBD	$-

_____
Signature
Caroline Kurtz, Program Director