



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

**No Cost Extension  
Addendum to CERI Allocation Letter**

Dear CERI Grant Recipient,

On September 12, 2022, the CDC approved CDPH's request for a No Cost Extension (NCE) to extend the original CERI grant end date from May 31, 2023, to May 31, 2024. CDPH informed Local Health Jurisdiction (LHJ) CERI grant recipients of the NCE being approved through an email. CERI grant recipients were given the option of accepting or declining the NCE at their discretion.

This addendum letter is a formal document re-announcing the No Cost Extension of the CERI grant period. There are no additional funds being granted for this NCE, only the additional time of one year. The NCE will allow grant recipients, stakeholders, and partners more time to implement their existing workplan and successfully carry out equity work that will reduce disparities amongst communities disproportionately impacted by COVID-19.

If you have any questions or need further clarification regarding this addendum, please reach out to your Technical Assistance (TA) Specialist via the [Equity Portal](#).

Sincerely,

*Ana Bolaños*

Ana Bolaños, MSW  
Assistant Deputy Director  
Office of Health Equity  
California Department of Public Health  
1616 Capitol Avenue  
Sacramento, CA 95814

**Attachments:**

1. Original Allocation Letter
2. CERI Revised NOA 9.9.22





TOMAS ARAGON, M.D., Dr.P.H.  
Director and State Health Officer

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



GAVIN NEWSOM  
Governor

September 3, 2021

Karen Haught, MD, MPH  
Tulare County Public Health  
5957 South Mooney Blvd.  
Visalia, CA 93277  
khaught@tularehhsa.org

**Addressing COVID-19 Health Disparities**  
**Award Number CERI-21-23-46**  
**Tulare County**

**Authority:**

Section 317(k)(2) of the Public Health Service Act [42 USC 247b(k)(2)]

Consolidated Appropriations Act, 2021 (P.L. 116-260)

Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260, Section 2, Division M, Title III)

Dear Dr. Haught:

This letter covers the California Equitable Recovery Initiative (CERI) which is being funded by the Centers for Disease Control and Prevention (CDC) *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities* grant. Funding for these activities is covered for the period September 1, 2021 to May 31, 2023. The California Department of Public Health (CDPH) is allocating \$ 707,171 to Tulare County. These funds are intended to address COVID-19 and advance health equity (e.g., through strategies, interventions, and services that consider systemic barriers and potentially discriminatory practices that have put certain groups at higher risk for diseases like COVID-19) for disproportionately impacted racial and ethnic groups, rural populations, those experiencing socioeconomic disparities, and other underserved communities within state and local health jurisdictions.

This allocation will be used to implement one or more of four distinct CDC strategies that collectively build upon current investments, better position California to meet COVID-19 response and recovery needs over the next 24 months, and allow the state to prioritize and target resources to those most vulnerable to the impacts of the pandemic. The four CDC strategies are:

1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved.
2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic.
3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.



4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.

#### **Expanding Resources to Address Equity**

All activities should aim to build infrastructure to address disparities in the current COVID-19 pandemic and set the foundation to address future responses in the following ways:

1. Build infrastructure and organizational capacity – establish core staffing, embed equity into internal policies and practices, such as workforce equity; budgeting and contracting equity; data policy; communications and engagement practices, etc.
2. Leverage strategies and practices aligned with the [COVID-19 Health Equity Playbook for Communities](#)
3. Support prevention and mitigation of disparities in COVID-19 and other health outcomes (direct and secondary impacts of the pandemic)
4. Address structural and/or social determinants of health (housing and homelessness, wraparound services, economic security, schools and childcare, transportation, climate change, isolation support, community safety, etc.)

#### **Funding Levels:**

The base award funding to be distributed among LHJs for local equity infrastructure is \$300,000. Additional funds above base funding will be awarded using a formula-based allocation model (weighted at 40% population size, 30% population living in poverty, and 30% communities of color), with a minimum threshold of \$100,000, to conduct targeted activities to address health disparities in COVID-19 and other health outcomes, with an emphasis on addressing upstream factors.

#### **Funding Term:**

The funding term is September 1, 2021 to May 31, 2023. CDPH plans to evaluate spending at the local level after a ten-month period from the date of this letter. CDPH, in consultation with the California Conference of Local Health Officers and California Health Executives Association of California, will consider options for possible redirection of funds at that time.

The CDC has stated that they will review requests for no-cost-extensions beyond this term in 2023. CDPH will request this option with the goal of allowing LHJs a full two years for implementation of the funding award and will notify LHJs as soon as the CDC provides a response. CDPH will also collaborate with LHJs on exploring options for long term sustainable funding for equity infrastructure.

#### **Funded Activities:**

LHJs will receive a base level allocation to support equity infrastructure and core activities, including:

1. Establish a dedicated Equity Lead (e.g., leadership level role, reporting to the director). Funding may also be used to support other equity staff positions and/or engage in equity-focused organizational capacity building activities such as equity trainings and the development and utilization of equity tools and resources to embed equity in organizational policy and support engagement and shared decision making with communities.
2. Conduct an equity-focused organizational capacity assessment
3. Contribute to the Statewide Health Equity Plan
4. Participate in engagement activities with other LHJs including a learning collaborative/community of practice and one statewide convening

5. Implement targeted local equity activities; examples include establishing multisector teams to address community needs, establishing equity action plans, engagement and relationship building with disproportionately impacted communities

For LHJs receiving base funding only, the priority for this funding is to “Establish a dedicated Equity Lead and/or other equity-focused organizational capacity building activities.” If your organization already has existing staff and organizational capacity funding may be used to expand existing or to initiate new equity activities. Further details about core activities are included in the Work Plan guidelines.

CDPH recognizes that community needs, challenges, and infrastructure are different for each LHJ. The intent is for these resources to be used flexibly in ways that are appropriate for each local context – rural and urban, large and small populations, newly developing equity programs or expanding on current efforts – while building collective capacity and alignment for advancing equity statewide.

This grant offers a unique opportunity to focus resources on efforts to address upstream drivers for health and equity efforts. LHJs are encouraged to identify ways to use this funding toward structural and systemic change.

#### **Statewide Health Equity Plan Process:**

The Statewide Health Equity Plan will leverage a Results Based Accountability model to align state and local performance metrics with shared population results in a common equity framework. This plan will be complimentary to and strategically integrated with [Let's Get Healthy California](#) – the state health improvement plan – and align with the [Office of Health Equity's Portrait of Promise](#) and other racial and health equity initiatives. It will be used to support coordination, alignment, and learning across all work streams and define a shared direction toward achieving equitable recovery. LHJs will be engaged in informing the framework for this shared plan and identifying performance metrics to track progress.

#### **Submission Requirements:**

LHJs are required to complete a Spend Plan and Work Plan by **October 1, 2021** and submit it to the California Department of Public Health at [EquityTeam@cdph.ca.gov](mailto:EquityTeam@cdph.ca.gov). See *Attachments 1 & 2*.

CDPH will commit to review all initial Spend Plan and Work Plan materials within 1-2 weeks of receipt to notify LHJs of any questions or clarifications needed and/or to confirm approval.

Your Agency should consider the following when developing your Spend Plan and Work Plan:

- Staffing: LHJs are encouraged to hire an Equity Officer/Lead or other equity-related staff (1 FTE).
- LHJs are strongly encouraged to engage tribal governments, community-based organizations, and/or faith-based organizations, particularly those with experience with priority populations. There is no explicit cap or percentage that must go to these partners; however, LHJs should meaningfully engage them and enlist their help as appropriate. Community engagement activities to involve relevant groups should be noted in the Work Plan.

- LHJs are encouraged to recruit and give hiring preference to unemployed workers, underemployed workers, and applicants from local communities disproportionately affected by COVID-19, who are qualified to perform the work. In addition, you are encouraged to work with applicants from your community when executing contracts and other services.
- Technical Assistance consultation is available for any LHJs who have questions or would like to discuss strategy for Work Plan and Spend Plan development. Sample duty statements for a range of equity staff roles will be circulated as a resource. Contact [EquityTeam@cdph.ca.gov](mailto:EquityTeam@cdph.ca.gov)

**Work Plan and Spend Plan Revisions:**

- CDPH recognizes that initial Work Plans may be more general and then LHJs will make revisions based on insights garnered from organizational assessment activities and through the contributions of newly hired equity lead staff.
- Work Plan updates that do not result in changes to the focus of activities, but provide greater specificity based on local work underway, may be incorporated in the regular Semi-Annual Progress Report.
- Work Plan and Spend Plan Revisions which do relate to changes in focus of activities or use of funds may be submitted at any time during the grant period to the [EquityTeam@cdph.ca.gov](mailto:EquityTeam@cdph.ca.gov) email inbox.
- Spend Plan revisions which result in a difference of greater than 5% from the original plan must be pre-approved before the expenditures for the associated changes occur.

**Reporting Requirements:**

As a subrecipient of the Addressing COVID-19 Health Disparities Among Populations at High-Risk and Underserved funding, the following reporting documents are required to be submitted to CDPH. For your convenience, your Contract Manager will issue reminders as these dates get closer.

1. Submit quarterly expenditure reports as updates to the Spend Plan following the dates listed in the table below. See *Attachment 1*.
2. Submit semi-annual progress reports on status of timelines, goals, and objectives in the approved Work Plan. Such reports should include note of the tribal governments, community-based organizations, and/or faith-based organizations that the county has included in its efforts. A final report in this format will be required at the end of the grant term. See *Attachment 2*.
3. Submit data relevant to CDC outcome reporting requirements. The CDC has requested data reflecting progress on the identified priority populations for this funding opportunity. As part of the semi-annual progress report, LHJs will be asked to provide updates on selected CDC performance measures, and available data (where applicable) documenting improvements for these populations based on the focus of local interventions.
4. LHJs will also be requested to report on performance measures developed through the State Health Equity Plan process. The interval for this reporting will be determined through the plan process, which will include LHJ input.

Quarter	Reporting Period	Due Date
Year 1/Q1	September 1, 2021 – September 30, 2021 Quarterly Spend Plan Update	January 14, 2022
Year 1/Q2	October 1, 2021 – December 31, 2021 Quarterly Spend Plan Update	
	August 1- December 31, 2021 <b>Semi-Annual Work Plan Progress Report #1</b>	
Year 1/Q3	January 1, 2022 – March 31, 2022 Quarterly Spend Plan Report	April 15, 2022
Year 1/Q4	April 1, 2022 – June 30, 2022 Quarterly Spend Plan Update	July 15, 2022
	January 1, 2022 – June 30, 2022 <b>Semi-Annual Work Plan Progress Report #2</b>	
Year 2/Q1	July 1, 2022 – September 30, 2022 Quarterly Spend Plan Update	October 14, 2022
Year 2/Q2	October 1, 2022 – December 31, 2022 Quarterly Spend Plan Update	January 17, 2023
	July 1, 2022 – December 31, 2022 <b>Semi-Annual Work Plan Progress Report #3</b>	
Year 2/Q3	January 1, 2023 – March 31, 2023* Quarterly Spend Plan Update	April 14, 2023
Year 2/Q4	January 1, 2023 – May 31, 2023 <b>Final Report</b>	June 15, 2023

#### **Reimbursement/Invoicing:**

CDPH will reimburse your Agency upon receipt of invoice. In order to receive your reimbursements, please complete and submit your invoices to: [EquityTeam@cdph.ca.gov](mailto:EquityTeam@cdph.ca.gov). See *Attachment 3* for more information regarding CDPH invoicing requirements.

1. First Quarter Payment: Upon receipt, review and approval of the Spend Plan and Work Plan, 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: Future payments will be based on reimbursement of expenditures. In order to receive future payments, your Agency must complete and submit reporting documentation within *Attachments 1 and 2* following the due dates in the table above.
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 your Contract Manager. Documentation should be maintained for five years.



**Funding Restrictions:**

All LHJ recipients are bound by the provisions of the federal grant, see the [CDC COVID-19 Health Disparities grant webpage](#) and [CDC General Terms and Conditions for Non-Research Awards](#). For an outline of items not funded under this grant, please see the *Attachment 5: Funding Restrictions*. If you have questions about whether an activity is an allowable cost, contact [EquityTeam@cdph.ca.gov](mailto:EquityTeam@cdph.ca.gov).

**Technical Assistance, Resources, and Peer Support**

California is leveraging this funding opportunity for a statewide process of equity capacity building. CDPH will be organizing several levels of technical assistance activities based on the needs identified. This support may include regional venues for LHJ collaboration and support, equity-focused technical assistance with CDPH Equity Technical Assistance team, topical learning collaboratives and trainings on themes such as recruitment, organizational assessment (based on identified needs), and exploring LHJ regional and peer mentorship partnerships. A grant [Q&A page](#) has also been posted and will be periodically updated with new information.

Thank you for the time your Agency has and will continue to invest in this California's pandemic response and recovery. We are hopeful that this additional funding can support the needs of your local health department and that it provides adequate resources for your participation in this grant. We have made our strongest attempt to keep reporting requirements minimal and incorporated statewide LHJ survey feedback to make this process participatory and impactful. If you have any questions or need further clarification regarding this funding, please reach out to [EquityTeam@cdph.ca.gov](mailto:EquityTeam@cdph.ca.gov).

Sincerely,



Rohan Radhakrishna, MD, MPH, MS  
Deputy Director  
Office of Health Equity  
California Department of Public Health

**Attachments**

Attachment 1: Spend Plan and Expenditure  
Report Attachment 2: Work Plan and Progress  
Report Attachment 3: Invoice Template  
Attachment 4: Local Allocations  
Attachment 5: Funding Restrictions

Cc: Staci Chastain  
Karen Elliott  
Nilsa Gonzalez  
Timothy Lutz  
Laura Salcido  
Tiffany Swarthout  
John Pomaski



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

Notice of Award

Award# 6 NH75OT000035-01-03

FAIN# NH75OT000035

Federal Award Date: 09/09/2022

**Recipient Information**

**1. Recipient Name**

PUBLIC HEALTH, CALIFORNIA DEPARTMENT  
OF  
1615 Capitol Ave  
Chronic Disease Control Branch  
Sacramento, CA 95814-5015  
(916) 552-8264

**2. Congressional District of Recipient**  
06

**3. Payment System Identifier (ID)**

1743204993A1

**4. Employer Identification Number (EIN)**

743204993

**5. Data Universal Numbering System (DUNS)**

799150615

**6. Recipient's Unique Entity Identifier (UEI)**

KD2JSY6LNMW7

**7. Project Director or Principal Investigator**

Ms. Meredith Lee  
Chief, OHE Advancing Community Equity Branch  
Meredith.Lee@cdph.ca.gov  
615-289-8897

**8. Authorized Official**

Dr. Tomas J. Aragon M.D., Dr.P.H.  
AO/Director and State Public Health Officer  
tomas.aragon@sfdph.org  
415-635-5412

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Jennifer Allen  
GMS  
trd3@cdc.gov  
404-498-0976

**10. Program Official Contact Information**

Melanie Amacker  
Program Officer  
svk8@cdc.gov  
4044980332

**Federal Award Information**

**11. Award Number**

6 NH75OT000035-01-03

**12. Unique Federal Award Identification Number (FAIN)**

NH75OT000035

**13. Statutory Authority**

317(K)(2) OF PHSA 42USC 247B(K)(2)

**14. Federal Award Project Title**

National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and  
Underserved, Including Racial and Ethnic Minority Populations and Rural Communities

**15. Assistance Listing Number**

93.391

**16. Assistance Listing Program Title**

Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public  
Health or Healthcare Crises

**17. Award Action Type**

No Cost Extension

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 06/01/2021 - **End Date** 05/31/2024

**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

**21. Authorized Carryover** \$0.00

**22. Offset** \$0.00

**23. Total Amount of Federal Funds Obligated this budget period** \$32,474,916.00

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

**25. Total Federal and Non-Federal Approved this Budget Period** \$32,474,916.00

**26. Period of Performance Start Date** 06/01/2021 - **End Date** 05/31/2024

**27. Total Amount of the Federal Award including Approved  
Cost Sharing or Matching this Period of Performance** \$32,474,916.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Ms. Ester Edward  
Grants Management Officer

**30. Remarks**





# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award# 6 NH75OT000035-01-03

FAIN# NH75OT000035

Federal Award Date: 09/09/2022

### Recipient Information

#### Recipient Name

PUBLIC HEALTH, CALIFORNIA DEPARTMENT  
OF  
1615 Capitol Ave  
Chronic Disease Control Branch  
Sacramento, CA 95814-5015  
(916) 552-8264

#### Congressional District of Recipient

06

#### Payment Account Number and Type

1743204993A1

#### Employer Identification Number (EIN) Data

743204993

#### Universal Numbering System (DUNS)

799150615

#### Recipient's Unique Entity Identifier (UEI)

KD2JSY6LNMW7

#### 31. Assistance Type

Project Grant

#### 32. Type of Award

Other

### 33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

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

a. Salaries and Wages	\$1,760,826.00
b. Fringe Benefits	\$974,441.00
c. Total Personnel Costs	\$2,735,267.00
d. Equipment	\$0.00
e. Supplies	\$36,261.00
f. Travel	\$40,480.00
g. Construction	\$0.00
h. Other	\$851,969.00
i. Contractual	\$28,288,503.00
j. TOTAL DIRECT COSTS	\$31,952,480.00
k. INDIRECT COSTS	\$522,436.00
l. TOTAL APPROVED BUDGET	\$32,474,916.00
m. Federal Share	\$32,474,916.00
n. Non-Federal Share	\$0.00

### 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000035C5	OT	41.51	93.391	\$0.00	75-2122-0140



# DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000035-01-03

FAIN# NH75OT000035

Federal Award Date: 09/09/2022

## Direct Assistance

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

# AWARD ATTACHMENTS

PUBLIC HEALTH, CALIFORNIA DEPARTMENT OF

6 NH75OT000035-01-03

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1. Terms & Conditions

## AWARD INFORMATION

**No Cost Extension:** The purpose of this amendment is to approve a **12 month** No Cost Extension per the request submitted by your organization dated **August 22, 2022** . The budget and project period end dates have been extended from **May 31, 2023 to May 31, 2024**.

**Annual Federal Financial Report (FFR SF-425):** Annual financial reporting is required every twelve-month period. Due to the approved extension period, the final budget period has been extended and an additional annual financial report will be required. A completed FFR SF-425 covering the original final budget period of June 1, 2021, to May 31, 2022, must be submitted by August 31, 2022.

Recipients must submit all closeout reports identified in this section within 90 days of the period of performance end date. The reporting timeframe is the full period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

**Final Performance Progress and Evaluation Report:** This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via [www.grantsolutions.gov](http://www.grantsolutions.gov). At a minimum, the report will include the following:

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

Additional guidance may be provided by the GMS and found at:  
<https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted no later than 90 days after the period of performance end date.

The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' PMS, you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. Electronic versions of the forms can be downloaded by visiting: <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government.