



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

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



GAVIN NEWSOM
Governor

February 23, 2023

Dr. Rais Vohra, Health Officer
 County of Fresno
 1221 Fulton Street, 6th Floor
 Fresno, CA 93721

David Luchini, Health Director
 County of Fresno
 1221 Fulton Mall
 Fresno, CA 93721

Re: California Strengthening Public Health Initiative LHJ Allocation Letter
Award Number: CASPHI0010

County of Fresno

Dear Dr. Rais Vohra, David Luchini:

On December 4, 2022, CDPH received a Notice of Award (NOA) from CDC for the California Strengthening Public Health Initiative (CASPHI). Please refer to the CDPH CASPHI Funding Memo dated 2/14/23 for a broader description of that award to California. CDPH is allocating funds to participating local health jurisdictions and this letter specifies your LHJ's specific allocation amount below and the LHJ Allocation Table (Attachment 1 CASPHI Allocation Table - Final). This allocation is for a full five years.

Your allocation of the CASPHI funds is below:

Annual Award Amount	\$255,109.00
Full Award Amount (five years)	\$1,275,543.00

This letter provides submission requirements for the period of **December 1, 2022 to November 30, 2027**.

Funding:

- Any local health jurisdiction that did not apply for direct CDC funding will be included in CDPH's allocation process. CDPH collaborated with the County Health Executives Association of California (CHEAC), the California Conference of Local Health Officers (CCLHO), and other stakeholders to finalize funding formulas for this allocation.

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



- a. The funding base of \$495,000 has been set in order to cover a 1.0 FTE Equity Staff position for approximately 3.3 years at \$150,000 [with the first two years of equity staffing previously funded as part of the California Equitable Recovery Initiative (CERI), Future of Public Health (FoPH) or other funds]. Additional funding through the formula-based allocation is available to support additional workforce development activities including training, recruitment, and incentives.

NOTE: If LHJ has funding allocated for up to five years of 1.0 FTE Equity Staffing under other funding sources, the base allocation of \$150,000 can be utilized for other Workforce Development Activities.

- b. The formula-based allocation is designed to emphasize a focus on equity based on several factors. The formula-based allocation is using three weighted inputs:

Total Funding Base Allocation (Weight)	Percentage
Population	30%
Race/Ethnicity	35%
Poverty	35%

- c. These inputs are calculated using hybrid weighting that incorporates the proportion of the total statewide population (at 30%) and the percentage of the total LHJ population (at 70%) for which these inputs apply.
- d. In addition to the direct allocation of funds to the 50 participating LHJs, CDPH's State Operations will also utilize the following funds to support all 61 local health jurisdictions with the following activities:
- a. Hire a vendor to conduct a Local Public Health Workforce Assessment:
\$2,000,000
- i. Potential areas of focus for this assessment will include a compensation study comparing salary rates across local public health agencies as well as private sector and health care rates for similar positions, identifying recommended staffing levels for foundational capabilities as well as expanded multisector functions of public health, and workforce diversity.
- b. Support Public Health Capacity Building: \$1,010,404

- i. Targeted local assistance contract funding for equity-focused community-based organizations to provide capacity building support to local health jurisdictions.
- c. Community Health Assessment and Improvement Plan Support: \$1,080,000
 - i. Four years of funding (yrs. 2-5) of statewide and targeted training and technical assistance activities to support LHJs working to develop or update CHA/CHIPs.
- e. Allocations to Local Health Jurisdictions are included in Attachment 1: CASPHI Allocation Table: Final.

Funding Requirements:

Non-Supplantation

- a. 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.
- b. 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. Please submit Attachment 5 by April 7, 2023. See Attachment 5 Certification Form.

Required Staffing:

- a. As a condition of receiving this funding, all recipients are required to have a minimum of 1.0 FTE of staff capacity with roles and responsibilities dedicated to advancing health equity and/or eliminating health disparities.
 - a. At the discretion of the LHJ, the 1.0 FTE equity staffing threshold may be spread over multiple positions, with a minimum of 0.5 fully dedicated FTE and the remaining 0.5 FTE spread across additional positions.
 - b. LHJs may also demonstrate that they already have a 1.0 FTE dedicated role for this purpose through other funding sources.
- b. A wide range of staff roles can fulfill this requirement, including leadership roles, policy, program, data and community engagement functions. An equity focus includes understanding and addressing health disparities affecting disproportionately impacted populations that are higher risk and underserved, including racial and ethnic groups, rural populations, those experiencing socioeconomic disparities and other underserved communities. Activities related to improving policies, systems and environments to more effectively serve communities

and address structural and social determinants of health would also address this requirement. (Additional details and examples will be incorporated in the Funding Reference Guide.) LHJs will determine the focus and position title based on local needs.

- c. The funding base of \$495,000 has been set in order to cover a 1.0 FTE Equity Staff position for approximately 3.3 years at \$150,000 [with the first two years of equity staffing previously funded as part of the California Equitable Recovery Initiative (CERI), Future of Public Health (FoPH) or other funds]. Additional funding through the formula-based allocation is available to support additional workforce development activities including training, recruitment, and incentives (additional details below).
- d. Per CDC, all work under this funding initiative should be grounded in three key principles:
 - a. The need for data and evidence to drive planning and implementation
 - b. The critical role that partnerships will play in success, and
 - c. The imperative to direct these resources in a way that supports health equity

CDC Funding Restrictions:

- a. Recipients may not use funds for research.
- b. Recipients may not use funds for clinical care except as allowed by law.
- c. Generally, recipients may not use funds to purchase furniture or equipment.
- d. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - a. Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - b. The salary or expenses of any contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending before any legislative body

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

See CDC's [Funding Restrictions and Limitations](#) for additional guidance and [additional guidance on lobbying](#) for recipients.

Submission Requirements:

- a. Complete and submit the Acknowledgement Letter on page 8 of this document by March 3, 2023 and submit to CDPH at: CASPHILocalFunding@cdph.ca.gov.
- b. Complete and submit verification of information in the CDPH Form 9083 to CASPHILocalFunding@cdph.ca.gov (these documents will be emailed out in a separate email with its own timeline).
- c. Complete and submit a Workplan and Spend Plan by April 7, 2023, and submit to CDPH at: CASPHILocalFunding@cdph.ca.gov. See Attachment 2 CASPHI Work Plan and Reporting and Attachment 3 CASPHI Spend Plan. Your Agency should consider the following when developing your Workplan and Spend Plan:
 - a. Below is a list of sample activities that could be completed utilizing these CASPHI funds:
 - i. Recruit and hire new public health staff. For example, this could include expanding recruitment efforts, creating new positions, improving hiring incentives, and creating new hiring mechanisms.
 - ii. Retain public health staff. For example, this could include strengthening retention incentives, creating promotional opportunities, and transitioning staff to other hiring mechanisms.
 - iii. Support and sustain the public health workforce. For example, this could include strengthening workplace well-being programs and expanding engagement with the workforce to address their mental, emotional, and physical well-being.
 - iv. Train new and existing public health staff. For example, this could include improving the quality and scope of training and professional development opportunities for all staff.
 - v. Strengthen workforce planning, systems, processes, and policies. For example, this could include maintaining and upgrading human resource systems, identifying ways to better collect and use workforce data, and identifying policies that could facilitate more efficient and effective workforce development and management.

Reporting Requirements:

- a. CDC requires semi-annual progress reporting from all recipients and subrecipients (including CA LHJs). The report requires a hiring update in addition to progress on all proposed activities in workplans and spend plans.

- b. The initial progress report is tentatively projected to be due from CDPH to CDC by the end of May 2023. Based upon this due date, please provide the first report by **May 26, 2023**. **Note**, the dates in the below table may be adjusted based on CDC submission requirements. We will notify you as soon as we know of any adjustments to the below dates.
- c. As a recipient of the California Strengthening Public Health Initiative funding, the following reporting documents will be required:
- a. Submit semi-annual progress reports on objective progress to CDPH following the schedule below. Provide status of timelines, goals, and objectives outlined in your workplan. **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. See Attachment 2 CASPHI Work Plan and Reporting.

Year/Quarter	Reporting Period	Due Date
Year 1/Report 1	December 1, 2022 – April 30, 2023	May 26, 2023
Year 1/Report 2	May 1, 2023 – October 31, 2023	November 21, 2023
Year 2/Report 1	November 1, 2023 – April 30, 2024	May 24, 2024
Year 2/Report 2	May 1, 2024 – October 31, 2024	November 26, 2024
Year 3/Report 1	November 1, 2024 – April 30, 2025	May 30, 2025
Year 3/Report 2	May 1, 2025 – October 31, 2025	November 25, 2025
Year 4/Report 1	November 1, 2025 – April 30, 2026	May 29, 2026
Year 4/Report 2	May 1, 2026 – October 31, 2026	November 24, 2026
Year 5/Report 1	November 1, 2026 – April 30, 2027	May 28, 2027
Year 5/Report 2	May 1, 2027 – November 30, 2027	December 17, 2027

- b. Submit semi-annual expenditure and hiring reports to CDPH following the schedule below. Expenditure and hiring 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 3 CASPHI Spend Plan.

Year/Quarter	Reporting Period	Due Date
Year 1/Report 1	December 1, 2022 – April 30, 2023	May 26, 2023
Year 1/Report 2	May 1, 2023 – October 31, 2023	November 24, 2023
Year 2/Report 1	November 1, 2023 – April 30, 2024	May 24, 2024
Year 2/Report 2	May 1, 2024 – October 31, 2024	November 26, 2024
Year 3/Report 1	November 1, 2024 – April 30, 2025	May 30, 2025
Year 3/Report 2	May 1, 2025 – October 31, 2025	November 25, 2025
Year 4/Report 1	November 1, 2025 – April 30, 2026	May 29, 2026
Year 4/Report 2	May 1, 2026 – October 31, 2026	November 24, 2026
Year 5/Report 1	November 1, 2026 – April 30, 2027	May 28, 2027

Year 5/Report 2	May 1, 2027 – November 30, 2027	December 17, 2027
-----------------	---------------------------------	-------------------

- c. A CDPH representative will issue reminders as these dates get closer.
- d. 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:
CASPHILocalFunding@cdph.ca.gov. See Attachment 4 Invoice.

- a. First Payment: CDPH will issue a warrant (check) to your Agency for 25% of your total allocation, this will be issued as an advance payment.
- b. 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 Attachment 2 CASPHI Work Plan and Reporting and Attachment 3 CASPHI Spend Plan following the due dates above within Reporting Requirements.
- c. 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 our State's public health infrastructure throughout our diverse communities. CDPH is hosting a webinar on **March 20, 2023 from 4:00 PM – 5:00 PM** to go over the requirements and activities of this funding. A meeting notice will be sent through the CCLHO and CHEAC distribution lists . If you have any questions or need further clarification, please reach out to CASPHILocalFunding@cdph.ca.gov.

Sincerely,



Susan Fanelli
 Chief Deputy Director
 California Department of Public Health

Acknowledgement of Allocation Letter

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

☒ **County of Fresno** acknowledges receipt of this Allocation letter and accepts the funds to be used as outlined under the Submission Requirements section. **County of Fresno** understands that these funds cannot be delegated to another Agency.

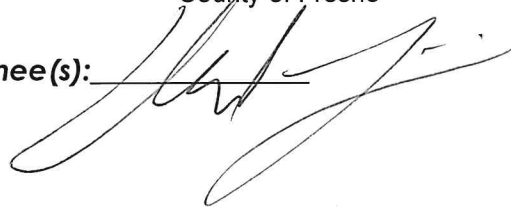
☐ **County of Fresno** acknowledges receipt of this Allocation letter and does not accept the funds. **County of Fresno** understands that CDPH will redistribute these funds.

Name of Local Health Jurisdiction designated signee(s): David Luchini, contingent upon approval of the Board of Supervisors of the County of Fresno

Title/Role: Director of Public Health

Signature of Local Health Jurisdiction designee(s):

Date: 3/16/23



Attachments

- Attachment 1: CASPHI Allocation Table - Final
- Attachment 2: CASPHI Work Plan and Reporting
- Attachment 3: CASPHI Spend Plan
- Attachment 4: Invoice
- Attachment 5: Certification Form

Total Funds Base pop weight r/e weight poverty weight intracounty weight states share weight	FoPH Allocation Annual, ongoing	CDC Public Health Infrastructure Grant	LHJ 5Y Alloc	Annual
			DRAFT \$36,800,000 \$495,000	
			30.0%	
			35.0%	
			35.0%	
			70.0%	
			30.0%	

This allocation table is being provided to support LHJ planning.
Formal allocation letters will be issued to each LHJ.

Alameda	\$6,537,374	N		
Alpine	\$354,669	Y	\$583,128	\$116,626
Amador	\$487,482	Y	\$585,345	\$117,069
Berkeley	\$912,213	Y	\$650,928	\$130,186
Butte	\$1,224,383	Y	\$702,246	\$140,449
Calaveras	\$515,889	Y	\$579,902	\$115,980
Colusa	\$459,468	Y	\$671,895	\$134,379
Contra Costa	\$4,844,667	Y	\$1,099,733	\$219,947
Del Norte	\$474,087	Y	\$620,391	\$124,078
El Dorado	\$1,015,644	Y	\$629,130	\$125,826
Fresno	\$6,126,172	Y	\$1,275,543	\$255,109
Glenn	\$482,368	Y	\$655,654	\$131,131
Humboldt	\$938,349	Y	\$656,121	\$131,224
Imperial	\$1,568,105	Y	\$863,102	\$172,620
Inyo	\$423,621	Y	\$586,197	\$117,239
Kern	\$5,381,815	Y	\$1,214,654	\$242,931
Kings	\$1,175,830	Y	\$764,714	\$152,943
Lake	\$641,433	Y	\$639,437	\$127,887
Lassen	\$481,278	Y	\$613,373	\$122,675
Long Beach	\$2,807,624	N		
Los Angeles	\$47,328,331	N		
Madera	\$1,217,976	Y	\$774,736	\$154,947
Marin	\$1,241,952	Y	\$662,487	\$132,497
Mariposa	\$421,598	Y	\$583,092	\$116,618
Mendocino	\$723,894	Y	\$652,649	\$130,530
Merced	\$1,882,112	Y	\$857,180	\$171,436
Modoc	\$394,124	Y	\$600,891	\$120,178
Mono	\$403,629	Y	\$600,701	\$120,140
Monterey	\$2,563,477	Y	\$909,993	\$181,999
Napa	\$896,612	Y	\$659,137	\$131,827
Nevada	\$690,079	Y	\$599,133	\$119,827
Orange	\$13,351,733	N		
Pasadena	\$1,033,025	N		
Placer	\$1,661,462	Y	\$702,722	\$140,544
Plumas	\$420,397	Y	\$567,056	\$113,411
Riverside	\$11,782,061	N		
Sacramento	\$7,072,450	N		
San Benito	\$647,267	Y	\$675,929	\$135,186
San Bernardino	\$11,284,416	N		
San Diego	\$14,356,108	N		
San Francisco	\$3,639,888	N		
San Joaquin	\$4,031,505	Y	\$1,044,258	\$208,852
San Luis Obispo	\$1,459,610	Y	\$705,237	\$141,047
San Mateo	\$3,141,653	Y	\$895,310	\$179,062
Santa Barbara	\$2,433,999	Y	\$866,749	\$173,350
Santa Clara	\$7,296,326	N		
Santa Cruz	\$1,475,452	Y	\$741,903	\$148,381
Shasta	\$1,031,180	Y	\$653,729	\$130,746
Sierra	\$362,059	Y	\$574,667	\$114,933
Siskiyou	\$538,801	Y	\$609,957	\$121,991
Solano	\$2,186,187	Y	\$815,435	\$163,087
Sonoma	\$2,174,091	Y	\$798,378	\$159,676
Stanislaus	\$2,975,808	Y	\$940,385	\$188,077
Sutter	\$787,927	Y	\$669,116	\$133,823
Tehama	\$642,801	Y	\$660,258	\$132,052
Trinity	\$405,254	Y	\$595,221	\$119,044
Tulare	\$3,085,604	Y	\$1,001,705	\$200,341
Tuolumne	\$543,960	Y	\$590,734	\$118,147
Ventura	\$3,857,269	Y	\$1,015,997	\$203,199
Yolo	\$1,397,659	Y	\$733,179	\$146,636
Yuba	\$707,793	Y	\$650,584	\$130,117

Total (and N funded)	50	\$36,800,000	\$7,360,000
----------------------	----	--------------	-------------

Highest Award	\$1,275,543
Lowest Award	\$567,056
# LHJ > \$1M (5Y)	6
Minimum Fund Level:	\$567,000
# LHJ above min. fund level (5Y)	50
% above	100%

Minimum Fund Level Calculation	
Per FTE Cost	\$ 150,000
% FTE Required	1.00
Years	3.3
Base Level to cover Equity Staffing	\$ 495,000
Formula based allocation (min)	
Other Workforce Dev Activities of total award	\$ 72,000
Minimum target fund level per LHJ (staffing and additional activities)	\$ 567,000



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

**CALIFORNIA STRENGTHENING PUBLIC HEALTH
INITIATIVE FUNDING CERTIFICATION**

The undersigned hereby affirms that they have read and agree with the funding requirements specified in the California Strengthening Public Health Initiative 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.

Designee authorized to commit the Local Health Jurisdiction to this Agreement

Sal Quintero

Chairman of the Board of Supervisors of the County of Fresno

Name (Print)

Title

Signature

Date

County of Fresno

Local Health Jurisdiction Name

CASPHI0010

Agreement Number

ATTEST:

BERNICE E. SEIDEL

Clerk of the Board of Supervisors

County of Fresno, State of California

By

Haram

Deputy





Tomás Aragón, MD, DrPH
Director

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



GAVIN NEWSOM
Governor

Date: February 14, 2023

To: California Local Health Jurisdictions (LHJs)

From: California Department of Public Health (CDPH)

Subject: Overview of Centers for Disease Control and Prevention (CDC) *Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems* Grant Award

I. Purpose

This memo provides LHJs with an overview of the CDC award for the above-mentioned grant funding, which is for a full five years. California's infrastructure funding is the *California Strengthening Public Health Initiative* (CASPHI).

On December 4, 2022, CDPH received a Notice of Award (NOA) from CDC for CASPHI. CDPH applied for funding in all three strategies (A1 Workforce, A2 Foundational Capabilities, and A3 Data Modernization) and was approved for all three strategies. However, the A3 Data Modernization strategy funding is still pending and is currently unfunded by CDC. CDPH will allocate funds to LHJs as part of the A1 Workforce strategy.

II. CASPHI Grants

The grant award start date was December 1, 2022. The annual grant periods are below:

Year 1	December 1, 2022 – November 30, 2023
Year 2	December 1, 2023 – November 30, 2024
Year 3	December 1, 2024 – November 30, 2025
Year 4	December 1, 2025 – November 30, 2026
Year 5	December 1, 2026 – November 30, 2027

Funding: The *California Strengthening Public Health Initiative* (CASPHI) includes \$36,822,154 million for direct allocation to participating local health jurisdictions.

Here is a [link](#) to the funding allocation spreadsheet which lists the amount of annual and five-year total award amounts for each eligible and participating LHJ.

Required Staffing:

As a condition of receiving this funding, all recipients are required to have a minimum of 1.0 FTE of staff capacity with roles and responsibilities dedicated advancing health equity and/or eliminating health disparities.



A wide range of staff roles can fulfill this requirement, including leadership roles, policy, program, data, and community engagement functions. An equity focus includes understanding and addressing health disparities affecting disproportionately impacted populations that are higher risk and underserved, including racial and ethnic groups, rural populations, those experiencing socioeconomic disparities and other underserved communities. Activities related to improving policies, systems and environments to more effectively serve communities and address structural and social determinants of health would also address this requirement. (Additional details and examples will be incorporated in the Funding Reference Guide.) LHJs will determine the focus and position title based on local needs.

The funding base of \$495,000 has been set in order to cover a 1.0 FTE Equity Staff position for approximately 3.3 years at \$150,000 [with the first two years of equity staffing previously funded as part of the California Equitable Recovery Initiative (CERI), Future of Public Health (FoPH) or other funds]. Additional funding through the formula-based allocation is available to support additional workforce development activities including training, recruitment, and incentives (additional details below).

Additional Details:

- At the discretion of the LHJ, the 1.0 FTE equity staffing threshold may be spread over multiple positions, with a minimum of 0.5 fully dedicated FTE and the remaining 0.5 FTE spread across additional positions.
- LHJs may also demonstrate that they already have a 1.0 FTE dedicated role for this purpose through other funding sources.
- Per CDC, all work under this funding initiative should be grounded in three key principles:
 - The need for data and evidence to drive planning and implementation
 - The critical role that partnerships will play in success, and
 - The imperative to direct these resources in a way that supports health equity

CDPH plans to issue a 25% advanced payment to eligible and participating LHJs. If an LHJ wishes to decline the advance payment, please send an email to CASPHILocalFunding@cdph.ca.gov stating "no advance payment". If an advance payment is declined, the LHJ is still eligible to receive the full allocation and would follow CDPH invoicing processes.

LHJ Eligibility Criteria: Any LHJ that did not receive direct CDC funding will be included in CDPH's allocation process. CDPH collaborated with the County Health Executives Association of California (CHEAC), the California Conference of Local Health Officers (CCLHO), and other stakeholders to finalize funding formulas for this allocation. Per CDC, local governments (includes county, city, and townships) serving a 1) a county population of 2,000,000 or more or a city population of 400,000 or more were eligible to apply to the CDC for direct funding.

Number of LHJ allocation recipients: Effective FY 2022-23, \$36,822,154 will be allocated to fifty (50) of the sixty-one (61) LHJs in California. Eleven (11) LHJs are receiving funding directly from the CDC and will not be part of this CDPH allocation process. Below are the LHJs receiving direct funding from the CDC.

List of LHJs who will receive direct funding from CDC	
1.	Alameda County Health Department
2.	County of Riverside Department of Public Health
3.	County of San Diego Health and Human Services Agency
4.	Long Beach Health Department
5.	Los Angeles County Department of Public Health (Includes the City of Pasadena)
6.	Orange County Health Care Agency
7.	Sacramento County Health Department
8.	San Bernardino County-Department of Public Health
9.	San Francisco Department of Public Health
10.	Santa Clara County Health Department

Timeline: CDPH anticipates issuing individual allocation letters and funding guidance to LHJs by the end of February 2023. Work plan and spend plan templates will be provided with the allocation package for LHJs to complete and return to CDPH.

In addition to the direct allocation of funds to the 50 participating LHJs, CDPH will also coordinate the use of additional CASPHI grant funds for statewide activities to support all 61 local health jurisdictions.

- | | | |
|----|--|-------------|
| 1. | Hire a vendor to conduct a Local Public Health Workforce Assessment
Potential areas of focus for this assessment will include a compensation study comparing salary rates across local public health agencies as well as private sector and health care rates for similar positions, identifying recommended staffing levels for foundational capabilities as well as expanded multisector functions of public health, and workforce diversity. | \$2,000,000 |
| 2. | Support Public Health Capacity Building
Targeted local assistance contract funding for equity-focused community-based organizations to provide capacity building support to local health jurisdictions. | \$1,010,404 |
| 3. | Community Health Assessment and Improvement Plan Support
Four years of funding (YRs 2-5) of statewide and targeted training and technical assistance activities support LHJs working to develop or update CHA/CHIPs | \$1,080,000 |

CASPHI Informational Webinar: CDPH is planning to hold an informational webinar to provide additional details once all allocation letters have been distributed. The date and time of the webinar will be provided with individual LHJ allocation letters.

Contact Information: For questions related to this funding stream, please email CASPHILocalFunding@cdph.ca.gov.

III. Reporting Requirements

The CDC is requiring semi-annual progress reporting from all recipients and subrecipients (including California LHJs). The report will require progress updates on all proposed activities in workplans, and progress on expenditures identified in spend plans.

The initial progress report is tentatively projected to be due to from CDPH to the CDC by the end of June 2023. Based upon this due date, CDPH anticipates requesting a hiring status update from all participating LHJs by mid-May 2023. Additional information on progress reporting dates and reporting templates will be provided in the individual allocation letters.

IV. Formula-Based Allocation Details

The formula-based allocation is designed to emphasize a focus on equity based on several factors. The formula-based allocation is using three weighted inputs: 30% population, 35% poverty, and 35% demographic diversity. These inputs are calculated using hybrid weighting that incorporate the proportion of the total statewide population (at 30%) and the percentage of the total LHJ population (at 70%) for which these inputs apply.

The overall allocation funding model has been developed to address the CDC grant focus on strengthening public health infrastructure and advancing capacity to address equity. Both the level of the base and the formula structure are set in order to provide a stable funding level LHJs with smaller populations and a high percentage of residents experiencing disadvantage, as well as to augment funding for LHJs which may represent a large proportion of the statewide population experiencing disadvantage.

V. CDC Grants Sample Activities and Funding Restrictions

Below is a list of sample activities that could be completed utilizing these CASPHI grant funds:

1. **Recruit and hire new public health staff.** For example, this could include expanding recruitment efforts, creating new positions, improving hiring incentives, and creating new hiring mechanisms.
2. **Retain public health staff.** For example, this could include strengthening retention incentives, creating promotional opportunities, and transitioning staff to other hiring mechanisms.
3. **Support and sustain the public health workforce.** For example, this could include strengthening workplace well-being programs and expanding engagement with the workforce to address their mental, emotional, and physical well-being.
4. **Train new and existing public health staff.** For example, this could include improving the quality and scope of training and professional development opportunities for all staff.
5. **Strengthen workforce planning, systems, processes, and policies.** For example, this could include maintaining and upgrading human resource systems, identifying ways to better collect and use workforce data, and identifying policies that could facilitate more efficient and effective workforce development and management.

CDC Funding Restrictions

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Generally, recipients may not use funds to purchase furniture or equipment. (Equipment is defined as a single unit cost exceeding \$5,000.)
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

See CDC's [Funding Restrictions and Limitations](#) for additional guidance and [additional guidance on lobbying](#) for recipients.