

**Name of Local Health Department:**  
 One position/staff per

Position Title	Type of Staff	Number of Months	FTE FT = 1.0	Monthly Salary	Total Salary Requested	Benefits/ Fringe%	Total Benefits / Fringe Requested	Total Salary + Fringe Requested
Communicable Disease Specialist -Part Time	Other	14.00	0.70	\$3,288.58	\$32,228.08	\$0.08	\$2,578.25	\$34,806.33
Communicable Disease Specialist- Full Time	Other	14.00	0.25	\$4,493.58	\$15,727.53	\$0.83	\$12,990.94	\$28,718.47
Epidemiologist	Epidemiologist	14.00	0.10	\$6,316.16	\$8,842.62	\$0.79	\$6,959.15	\$15,801.77
					\$0.00		\$0.00	\$0.00
					\$0.00		\$0.00	\$0.00
					\$0.00		\$0.00	\$0.00
					\$0.00		\$0.00	\$0.00
					\$0.00		\$0.00	\$0.00
					\$0.00		\$0.00	\$0.00
					\$0.00		\$0.00	\$0.00
					\$0.00		\$0.00	\$0.00
Total		42.00	1.05	\$14,098.32	\$56,798.24		\$22,528.33	\$79,326.57

- Epidemiologist
- Public Health Nurse
- Education/Outreach
- Laborarian -
- Microbiologist
- Laborarian - Other
- Other

Justification	Total FTEs approved	Total Salary Approved	Total Fringe Approved	Total Salary + Benefits Approved	CDPH Comments, if any
Staff conducts State required Zika registry duties and is the prime contact to Mosquito Abatement Districts on communicating human surveillance cases.					
Staff conducts State required Zika registry duties and is the prime contact to Mosquito Abatement Districts on communicating human surveillance cases. This position will address overflow of cases not being completed timely by part time staff person or during recruitment of new part time staff noted above.					
Review and analysis of surveillance data for communication to Mosquito Abatement Districts for response and outreach purposes.					
	0.00	\$0.00	\$0.00	\$0.00	

**Name of Local Health Dept:**

[illegible]

Name of Local Health Dept:

Local Health Departments								CDPH Entries/Approvals	
Supplies	Quantity	Unit Cost	Subtotal	Taxes	Shipping Cost	Total Requested	Justification	CDPH Approved Dollars	CDPH Comment, if any
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Total						\$0.00		\$0.00	

Categories of supplies can be office supplies, software, others.

## Name of Local Health Dept:

Dollars must include any taxes and shipping costs

Local Health Department Entries				CDPH Entries	
	Describe products for printing and/or Other outreach/materials	Justification	Dollars Requested	Dollars Approved by CDPH	CDPH Comment, if any
Printing	Print Materials to increase Zika knowledge to Pregnant females	Focus on increasing knowledge on preventative measures to the most vulnerable population to Zika.	\$5,000.00		
Printing	Print Materials to increase Zika knowledge to General Public	Messages from State CDPH and/or local Mosquito Abatement District materials would be distributed to the general population to increase local awareness and educate on preventative measures.	\$5,000.00		
Other	Television, radio, & digital media for pregnant female population of Zika awareness and prevention	Media would be identified to maximize coverage to targeted population within budgetary limits.	\$35,000.00		
Other	Television, radio, & digital media for general public knowledge on Zika awareness and prevention	Media would be identified to maximize coverage to targeted population within budgetary limits.	\$35,000.00		
<b>Total</b>			<b>\$80,000.00</b>	<b>\$0.00</b>	

**Name of Local Health Dept:**

Local Health Department Entries			CDPH Entries	
Other Activities Costs Description	Justification	Dollars Requested	Dollars Approved by CDPH	CDPH Comment, if any
Total		\$0.00	\$0.00	

Name of Local Health Dept:

Local Health Department Entries			CDPH Entries	
Indirect Costs Description	Indirect Costs	Justification	Dollars Approved by CDPH	CDPH Comment, if any
	\$ -			
15% of Total Costs	\$ 23,898.98	Supports facility and administrative costs. Standard CDPH preapproved rate.		
Total	\$ 23,898.98			


RETROACTIVE GRANT APPLICATION SUBMITTAL FOR ZIKA REPOSENCE RESOURCES

No.: Public Health Foundation Enterprises,  
Zika Response Resources Grant Application

APPROVED AS TO ACCOUNTING FORM:  
OSCAR J. GARCIA, C.P.A., AUDITOR-CONTROLLER/  
TREASURER -TAX COLLECTOR

By 

REVIEWED AND RECOMMENDED FOR APPROVAL:

By   
David Pomaville  
Director  
Department of Public Health

Fund/Subclass:	0001/10000
Organization #:	56201665
Revenue:	3530