ACCEPTANCE OF AWARD

County of Fresno, Department of Public Health

Base Award: $11,672,782
Base Award Number: COVID-19ELC11
Strategy 1: $907,858
Strategy 2: $3,300,000
Strategy 3: $500,000
Strategy 4: $364,462
Strategy 5: 5,967,122
Strategy 6: $633,340
Funding Period: May 18, 2020 through November 17, 2022

I hereby accept this award. By accepting this award, I agree to the requirements as described in the COVID-19 ELC Enhancing Detection Funding Direct Allocation Letter and any other conditions stipulated by the California Department of Public Health.

Authorized Signature

11/24/20
Date

Ernest Buddy Mendes
Print Name

Chairman, Board of Supervisors
Title

ATTEST:
BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California
By
Deputy

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

SANDRA SHEWRY, MPH, MSW
Acting Director

GAVIN NEWSOM
Governor

August 11, 2020

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

COVID-19 ELC Enhancing Detection Funding
Award Number COVID-19ELC11
County of Fresno

Authority:
Section 311(c)(1) of the Public Health Service Act (42 USC 243(c)(1)

Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123)

Coronavirus Aid, Relief, and Economic Security Act, 2020 (CARES Act) (P.L. 116-136)

Paycheck Protection Program and Health Care Enhancement Act, 2020 (P.L. 116-139)

Dear Dr. Rais Vohra:

This letter covers the reimbursement for the Paycheck Protection Program and Health Care Enhancement Act Response Activities for Cross-Cutting Emerging Issues. Funding for these activities is covered for the period May 18, 2020 to November 17, 2022. The California Department of Public Health (CDPH) is allocating **$11,672,782** to **County of Fresno**. These funds are intended to provide critical resources to local health departments (LHD) in support of a broad range of COVID-19/SARS-CoV-2 testing and epidemiologic surveillance related activities, including the establishment of modernized public health surveillance systems. The work supported by ELC Enhancing Detection expands upon previous COVID-19 awards (ELC CARES and ELC Community-based Surveillance). These funds will support the public health response to COVID-19 and lay the foundation for the future of public health surveillance.

This allocation spans six different strategies that collectively build upon current investments and better prepare California to address COVID-19 response needs over the next 24 months and allow the state to prioritize and target resources to those most vulnerable to the impacts of the disease. Below is a table which outlines each strategy and corresponding allocation for your Agency:

Strategy	Allocation
1. Enhance Laboratory, Surveillance and Other Workforce Capacity for local health department staffing needs to implement actions across all strategies identified by this source of funding.	**$907,858**

2. Strengthen Laboratory Testing to include building high throughput capacity in California's public health laboratories as well as expanding partnerships to increase the reach of testing services.	**$3,300,000**
3. Advance Electronic Data Exchange at Public Health Laboratories by improving and/or replacing the existing disease reporting system, CalREDIE.	**$500,000**
4. Improve Public Health Surveillance and Reporting of Electronic Health Data by enhanced disease monitoring activities to identify disparities and track progress in reducing disparities over time.	**$364,462**
5. Use Laboratory Data to Enhance Investigation, Response and Prevention by supporting the State of California's comprehensive contact tracing program, California Connected, which was developed in April 2020 and includes an academic training institute, statewide data management and communications platform to support COVID-19 contact tracing work by local health departments.	**$5,967,122**
6. Coordinate and Engage with Partners. Under the state's Roadmap to Resilience, counties who wish to open sectors of the community at their own speed were required to submit a Variance Attestation which included engagement with skilled nursing facilities to reduce disease transmission in these facilities.	**$633,340**
Total Allocation	**$11,672,782**

Funding:

The funding term is May 18, 2020 to November 17, 2022. 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.

Submission Requirements:

1. Complete a Workplan by **August 31, 2020** and submit to the California Department of Public Health at CDPHELC@cdph.ca.gov. *See Attachment 1.*
2. Complete a Spend Plan by **August 31, 2020** and submit to the California Department of Public Health at CDPHELC@cdph.ca.gov. *See Attachment 2.* Your Agency should consider the following when developing your Spend Plan:

- Staffing: You are encouraged to hire an Epidemiologist for Strategy 4; and a minimum 1 FTE Infection Preventionist for Strategy 6.
- Your Agency must work in coordination with tribal governments, community-based organizations, and faith-based organizations within Strategy 2 and 5, particularly those with experience with high-risk populations based upon county COVID-19 testing data. There is no explicit cap or percentage that must go to these partners; however, you must reach out to them and enlist their help where it makes sense (i.e. outreach, testing strategy, education, or housing, etc.). Such engagement must include a community meeting and the plan should include a list of community engagement participants.
- Your agency is 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.

Reporting Requirements:

As a subrecipient of the COVID-19 ELC Enhancing Detection funding, the CDC requires submission of the following reporting documents to CDPH. Additionally, CDPH will require additional data metric reporting related to Strategy 5 (contact tracing and isolation and quarantine activities). For your convenience, your Contract Manager will issue reminders as these dates get closer.

1. Submit quarterly progress reports on status of timelines, goals, and objectives in the approved work plan. Such report must include a list of tribal governments, community-based organizations, and faith-based organizations that the county has included in its efforts. *See Attachment 1.*

2. Submit quarterly expenditure reports following the dates listed in the table below. *See Attachment 2.*

Quarter	Reporting Period	Due Date
Year 1/Q1	May 18, 2020 – July 31, 2020	August 31, 2020
Year 1/Q2	August 1, 2020 – October 31, 2020	November 30, 2020
Year 1/Q3	November 1, 2020 – January 31, 2021	March 1, 2021
Year 1/Q4	February 1, 2021 – April 30, 2021	May 31, 2021
Year 2/Q1	May 1, 2021 – July 31, 2021	August 30, 2021
Year 2/Q2	August 1, 2021 – October 31, 2021	November 30, 2021
Year 2/Q3	November 1, 2021 – January 31, 2022	February 28, 2022
Year 2/Q4	February 1, 2022 – April 30, 2022	May 31, 2022
Year 3/Q1	May 1, 2022 – July 31, 2022	August 31, 2022
Final	August 1, 2022 – November 17, 2022	December 15, 2022

3. Your Agency may be requested to report on performance measures as needed.

4. For Agencies not using the CalCONNECT Contact Tracing data management system comprehensively for all of their COVID-19 cases, there may be additional reporting required on a monthly basis related to Strategy 5 activities. CDPH will provide a template to use to facilitate the reporting of these additional data metrics.

Reimbursement/Invoicing:

CDPH will reimburse your Agency upon receipt of invoice. In order to receive your reimbursements, please complete and submit your invoices to: CDPHELC@cdph.ca.gov. *See Attachment 3.*

1. First Quarter Payment: CDPH will issue warrants (checks) to your Agency for 25% of each Strategy which equates to 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 on the previous page.

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 onsite for five years.

Thank you for the time your Agency has and will continue to invest in this response. 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 ELC Enhancing Detection. If you have any questions or need further clarification regarding this funding, please reach out to CDPHELC@cdph.ca.gov.

Sincerely,

Melissa Relles

Melissa Relles
Assistant Deputy Director
Emergency Preparedness Office
California Department of Public Health

Attachments

Attachment 1: Workplan and Progress Report
Attachment 2: Spend Plan and Expenditure Report
Attachment 3: Invoice Template
Attachment 4: ELC Enhancing Detection Guidelines
Attachment 5: Local Allocations

EPIDEMIOLOGY AND LABORATORY CAPACITY (ELC)
aycheck Protection Program and Health Care Enhancement Act of 202
Local Health Jurisdiction (LHJ)
Workplan & Progress Report

INSTRUCTIONS

1. **The LHJ ELC Enhancing Detection Workplan is due on or before August 31, 2020 by COB**
   a. The workplan should be emailed to CDPHELC@cdph.ca.gov
   b. Enter the name of the LHJ on the top of the page on each tab.

2. **Progress reports are due quarterly.**
   a. Progress reports are due by the **30th of the month** following the end of the quarter.
   b. The progress report is entered on every tab of the spreadsheet beginning on Column F.
   c. The progress report should be emailed by the due date to CDPHELC@cdph.ca.gov.

3. **Strategy Tabs**
   a. There are 6 strategies in the CDC ELC Enhancing Detection.
   b. Please enter the name of the LHJ at the top of the page on each tab.
   c. Enter data into unshaded areas only.
   d. Each *Strategies Actions and Deliverables* (in cell B7) must be addressed, but the LHJ can define other activities and add a milestone. If the *Strategies Actions and Deliverables* do not apply to the LHJ, please state "Not Applicable".

4. **Performance Measures**
   a. CDC Epidemiology and Laboratory Capacity (ELC) Program will be developing Performance Measures for the ELC Enhancing Detection strategies. The LHJ may be asked to submit information/data to meet the requirements of Performance Measures during the course of the funding period.

CDC - Epidemiology and Laboratory Capacity (ELC) Paycheck Protection Program and Health Care Enhancement Act of 2020

Local Health Jurisdiction Name:	Fresno County
Grant Number:	**6 NU50CK000539-01-10**

Strategy 1 - Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity

Strategy 1 Actions and Deliverables:

A. Train and hire staff to improve laboratory workforce ability to address issues around laboratory safety, accessioning, testing and reporting results.

B. Build expertise for healthcare and community outbreak response and infection prevention and control (IPC) among local health departments.

C. Train and hire staff to improve the capacities of the epidemiology and informatics workforce to effectively conduct surveillance and response of COVID-19 (including contact tracing) and other conditions of public health significance.

D. Build expertise to support management of the COVID-19 related activities within the jurisdiction and the integrate into the broader ELC portfolio of activities (e.g., additional leadership, program and project managers, budget staff, etc.).

E. Increase capacity for timely data management, analysis, and reporting for COVID-19 and other conditions of public health significance.

Strategy 1 - Milestone 1	**Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity**	
	Planned Activity *(Provide a title for this milestone)*	Onboard clerical staff to increase lab and epidemiology workflow productivity
	Implementation Plan *(Bulleted items or brief sentences)*	* Hire 8 Program Techicians to increase testing and reporting capacity * Train new clerical staff on CalREDIE, RedCAP, LIMS and other information management systems required to process lab and epi data to improve timeliness of surveillance and response activities, including contact tracing * Update existing training materials as needed
	Applicant capacity: What is the current capacity to perform this milestone?	Management support and infrastructure needed to recruit and onboard positions **Expected achieve by date: December 2020**
	Expected Achieve By Date *(select from drop down)*	

Strategy 1 - Milestone 2	**Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity**	
	Planned Activity (Provide a title for this milestone)	Build COVID response stucture for investigations of individual cases and those in high risk settings including schools.
	Implementation Plan (Bulleted items or brief sentences)	Identify and train full time leads for Medical Investigation Team (MIT) and School Settings Investigation Teams (SSIT). Review, adapt and create work processes for

		MIT and SSIT teams. Hire 10 CDSs for SSIT to manage school outbreaks.
	Applicant capacity: What is the current capacity to perform this milestone?	Currently 1 Communicable Disease Specialist will be trained as a lead for the SSIT team. Additional support staff of 10 CDSs will be hired on in September. **Expected achieve by date: December 2020**
	Expected Achieve By Date *(select from drop down)*	

Strategy 1 - Milestone 3	**Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity**	
	Planned Activity (Provide a title for this milestone)	Increase management and support structure for COVID response to evaluate program data and complete quality assurance measures
	Implementation Plan (Bulleted items or brief sentences)	Hire and train full time Program Technician lead for case assignment team and data management, quality assurance components of COVID response. Due October/November 2020
	Applicant capacity: What is the current capacity to perform this milestone?	At this time there are no leads identified for the case assignment team. 1 current PT and PHN are training two new PTs to assist with this component of the response. **Expected achieve by date: December 2020**
	Expected Achieve By Date *(select from drop down)*	

Strategy 1 - Milestone 4	**Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity**	
	Planned Activity (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	

	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date *(select from drop down)*	

Strategy 1 - Milestone 5	**Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity**	
	Planned Activity (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date *(select from drop down)*	

CDC - Epidemiology and Laboratory Capacity (ELC) Paycheck Protection Program and Health Care Enhancement Act of 2020

Local Health Jurisdiction Name:	Fresno County
Grant Number:	**6 NU50CK000539-01-10**

Strategy 2 - Strengthen Laboratory Testing

Strategy 2 Actions and Deliverables:

A. Establish or expand capacity to quickly, accurately and safely test for SARS-CoV-2/COVID-19 (which may build capacity to test for other pathogens with potential for broad community spread) among all symptomatic individuals, and secondarily expand capacity to achieve community-based surveillance, including testing of asymptomatic individuals.

B. Enhance laboratory testing capacity for SARS-CoV-2/COVID-19 outside of public health laboratories

C. Enhance data management and analytic capacity in public health laboratories to help improve efficiencies in operations, management, testing, and data sharing.

Strategy 1 - Milestone 1	**Strategy 2 - Strengthen Laboratory Testing**	
	Planned Strategy (Provide a title for this milestone)	Improve capacity for testing in the laboratory up to 1,500 tests per day.
	Implementation Plan (Bulleted items or brief sentences)	* Add 2 Microbiologists - Train on Covid Protocols. * Add 4 lab Technician Staff - Train on Covid protocols. * Complete new building lab construction by October 2020. * Validate all Covid Testing Equipment
	Applicant capacity: What is the current capacity to perform this milestone?	Management of all milestones are effectively in place now. **Expected achieve by date: December 2020**
	Expected Achieve By Date *(select from drop down)*	

Strategy 1 - Milestone 2	**Strategy 2 - Strengthen Laboratory Testing**	
	Planned Strategy (Provide a title for this milestone)	Increase testing capacity with existing medical providers and provide testing outreach mobile clinics to the vulnerable population within Fresno County.
		* Establish contracts with all FQHC's * Establish contracts with all rural health clinics * Establish contracts with community based organizations to provide health education outreach, quarantine supports and testing locations. * Ongoing management of FQHC contracts

	Applicant capacity: What is the current capacity to perform this milestone?	There is existing management capacity to facilitate this milestone **Expected achieve by date: November 2022**
	Expected Achieve By Date *(select from drop down)*	

Strategy 1 - Milestone 3	**Strategy 2 - Strengthen Laboratory Testing**	
	Planned Strategy (Provide a title for this milestone)	Enhance data management of testing results.
	Implementation Plan (Bulleted items or brief sentences)	*Continue to implement web-based LIMS system with OrchardSoft Copia (lab ordering) and Harvest (lab machine automatic reporting interface) (utilizing existing funding) * Revise lab test ordering and reporting workflow as necessary to improve system capability * Onboard and train new lab staff on LIMS
	Applicant capacity: What is the current capacity to perform this milestone?	LIMS purchased and workflows established **Expected achieve by date: December 2020**
	Expected Achieve By Date *(select from drop down)*	

Strategy 1 - Milestone 4	**Strategy 2 - Strengthen Laboratory Testing**	
	Planned Strategy (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date *(select from drop down)*	

	Strategy 2 - Strengthen Laboratory Testing

Strategy 1 - Milestone 5	Planned Strategy (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date *(select from drop down)*	

CDC - Epidemiology and Laboratory Capacity (ELC) Paycheck Protection Program and Health Care Enhancement Act of 2020

Local Health Jurisdiction Name:	Fresno County
Grant Number:	**6 NU50CK000539-01-10**

Strategy 3 - Advance Electronic Data Exchange at Public Health Labs

Strategy 3 Actions and Deliverables

A. Enhance and expand laboratory information infrastructure, to improve jurisdictional visibility on laboratory data (tests performed) from all testing sites and enable faster and more complete data exchange and reporting.

Strategy 3 - Milestone 1	**Strategy 3 - Advance Electronic Data Exchange at Public Health Labs**	
	Planned Strategy (Provide a title for this milestone)	Create database systems for CBO connections into local County contract tracing database.
	Implementation Plan (Bulleted items or brief sentences)	* Tracking of isolation/Quarantine Supports and tracking of labor to document compliance with COVID Equity Project scope of work categories *Make available lab results to CBO partners to determine Iso/Quar Supports * Management of Iso/Quar Supports database
	Applicant capacity: What is the current capacity to perform this milestone?	Database system in place November 2020
	Expected Achieve By Date *(select from drop down)*	

Strategy 3 - Milestone 2	**Strategy 3 - Advance Electronic Data Exchange at Public Health Labs**	
	Planned Strategy (Provide a title for this milestone)	Implement PrepMod pandemic response system
	Implementation Plan (Bulleted items or brief sentences)	* Purchase PrepMod pandemic response system from Multi-State Partnership for Prevention, including online patient consent form, clinic management system, and automated social-distancing and PPE/supply management (utilizing existing funding) * Set-up and customize interface, including translation to Spanish and Hmong * Complete data transfer from existing electronic health information system(s) * 2-3 training webinars for staff and users * Implement full system for patient scheduling, integration of lab testing/LIMS, and online resulting to patients * Upon vaccine availability, connect implemented system with CAIR/other IIS systems to improve testing and vaccination reporting
	Applicant capacity: What is the current capacity to perform this milestone?	In process of purchasing PrepMod system. **Expected achieve by date: December 2021**

	Expected Achieve By Date *(select from drop down)*	

Strategy 3 - Milestone 3	**Strategy 3 - Advance Electronic Data Exchange at Public Health Labs**	
	Planned Strategy (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date *(select from drop down)*	

Strategy 3 - Milestone 4	**Strategy 3 - Advance Electronic Data Exchange at Public Health Labs**	
	Planned Strategy (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date *(select from drop down)*	

Strategy 3 - Milestone 5	**Strategy 3 - Advance Electronic Data Exchange at Public Health Labs**	
	Planned Strategy (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	

	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date *(select from drop down)*	

CDC - Epidemiology and Laboratory Capacity (ELC) Paycheck Protection Program and Health Care Enhancement Act of 2020

Local Health Jurisdiction Name:	Fresno County
Grant Number:	**6 NU50CK000539-01-10**

Strategy 4 - Improve Surveillance and Reporting of Electronic Health Data

Strategy 4 Actions and Deliverables:

A. Establish complete, up-to-date, automated reporting of morbidity and mortality to CDC and others due to COVID-19 and other conditions of public health significance, with required associated data fields in a machine readable format.

B. Establish complete, up-to-date, timely, automated reporting of individual-level data through electronic case reporting to CDC and others in a machine-readable format (ensuring LHD have access to data that is reported).

C. Improve understanding of capacity, resources, and patient impact at healthcare facilities through electronic reporting.

D. Enhance systems for flexible data collection, reporting , analysis, and visualization.

E. Establish or improve systems to ensure complete, accurate and immediate (within 24 hrs) data transmission to a system and open website available to local health officials and the public by county and zipcode, that allows for automated transmission of data to the CDC in a machine readable format.

Strategy 4 - Milestone 1	**Strategy 4 - Improve Surveillance and Reporting of Electronic Health Data**	
	Planned Strategy (Provide a title for this milestone)	Increase Epidemiology capacity for data analysis
	Implementation Plan (Bulleted items or brief sentences)	* Hire 1 Epidemiologist (25% FTE) to increase analysis capacity * Train Epidemiologist on data collection systems and COVID-19 data and processes required for analysis
	Applicant capacity: What is the current capacity to perform this milestone?	Epidemiology Program established, management support, and infrastructure needed in place to recruit and train position available.
	Expected Achieve By Date *(select from drop down)*	Expected Achieve Date: 11-01-2020

Strategy 4 - Milestone 2	**Strategy 4 - Improve Surveillance and Reporting of Electronic Health Data**	
	Planned Strategy (Provide a title for this milestone)	Increase statistical software available for epidemiological analysis
	Implementation Plan (Bulleted items or brief sentences)	* Purchase and install SAS software for new positions * Train Epidemiologist software coding needed to conduct COVID-19 analyses

	Applicant capacity: What is the current capacity to perform this milestone?	Epidemiology Program supervisor can conduct training required
	Expected Achieve By Date *(select from drop down)*	Expected Achieve Date: 12-01-2020

Strategy 4 - Milestone 3	**Strategy 4 - Improve Surveillance and Reporting of Electronic Health Data**	
	Planned Strategy (Provide a title for this milestone)	Increase IT COVID-19 Database support to assist with data collection
	Implementation Plan (Bulleted items or brief sentences)	* Onboard IT staff and resources required to improve data collection and visualization * Update resources as needed
	Applicant capacity: What is the current capacity to perform this milestone?	Infrastructure in place to develop additional resources
	Expected Achieve By Date *(select from drop down)*	Expected Achieve Date: 01-01-2021

Strategy 4 - Milestone 4	**Strategy 4 - Improve Surveillance and Reporting of Electronic Health Data**	
	Planned Strategy (Provide a title for this milestone)	Increase statistical capacity for data analysis
	Implementation Plan (Bulleted items or brief sentences)	Establish a contract with a biostatistician/biostatistician group to provide consulting services for advanced statistical analysis associated with COVID-19.
	Applicant capacity: What is the current capacity to perform this milestone?	Epidemiology Program established to work with the biostatistician
	Expected Achieve By Date *(select from drop down)*	Expected Achieve Date: 12-1-2021

	Strategy 4 - Improve Surveillance and Reporting of Electronic Health Data

Strategy 4 - Milestone 5	Planned Strategy (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date *(select from drop down)*	

CDC - Epidemiology and Laboratory Capacity (ELC) Paycheck Protection Program and Health Care Enhancement Act of 2020

Local Health Jurisdiction Name:	Fresno County
Grant Number:	**6 NU50CK000539-01-10**

Strategy 5 - Use Laboratory Data to Enhance Investigation, Response and Prevention

Strategy 5 Actions and Deliverables:

A. Use laboratory data to initiate case investigations, conduct contact tracing and follow up, and implement containment measures.

B. Identify cases and exposure to COVID-19 in high-risk settings or within vulnerable populations to target mitigation strategies.

C. Implement prevention strategies in high-risk settings or within vulnerable populations (including tribal nations) including proactive monitoring for asymptomatic case detection.

Strategy 5 - Milestone 1	**Strategy 5 - Use Laboratory Data to Enhance Investigation, Response and Prevention**	
	Planned Strategy (Provide a title for this milestone)	Increase COVID-19 containment capacity to manage high risk groups.
	Implementation Plan (Bulleted items or brief sentences)	Increase staffing by 20 Communicable Disease Specialists to manage congregate and other high risk populations. This team will focus on the congregate and school settings with the ability to address issues in other vulnerable populations when needed.
	Applicant capacity: What is the current capacity to perform this milestone?	Current capacity is 3 part time and 3 full time staff to manage the congregate senior living facilities. **Expected Achieve date Nov 2020**
	Expected Achieve By Date *(select from drop down)*	

Strategy 5 - Milestone 2	**Strategy 5 - Use Laboratory Data to Enhance Investigation, Response and Prevention**	
	Planned Strategy (Provide a title for this milestone)	Increase investigation and response capacity of COVID-19 to manage high risk populations including congregate settings and schools
	Implementation Plan (Bulleted items or brief sentences)	Increase staffing to include 10 full time Communicable Disease Specialists for the Congregate Settings Medical Investigations Team (CSMIT). Add 10 Communicable Disease Specialists for the School Setting Investigation Team (SSIT).

	Applicant capacity: What is the current capacity to perform this milestone?	Current capacity is 7 part time and reassigned staff for CSMIT team plus 1 lead. Current capacity for SSIT is 1 lead position. Reassigned staff will returning to their regular work location when other staff are hired and trained. **Expected Achieve date Nov 2020**
	Expected Achieve By Date *(select from drop down)*	

Strategy 5 - Milestone 3	**Strategy 5 - Use Laboratory Data to Enhance Investigation, Response and Prevention**	
	Planned Strategy (Provide a title for this milestone)	Strategic surveillance testing in vulnerable populations
	Implementation Plan (Bulleted items or brief sentences)	Utilize Public Health physicians in identifying areas of need related to surveillance testing in vulnerable populations including homeless and congregate setttings.
	Applicant capacity: What is the current capacity to perform this milestone?	Department has 2 new extra help physicians to assist with determining need in community for testing in high risk populations. **Expected Aheive date Nov 2020**
	Expected Achieve By Date *(select from drop down)*	

Strategy 5 - Milestone 4	**Strategy 5 - Use Laboratory Data to Enhance Investigation, Response and Prevention**	
	Planned Strategy (Provide a title for this milestone)	Increase investigation, response, case management, and prevention capacity of Communicable Disease Investigation Program
	Implementation Plan (Bulleted items or brief sentences)	* Add 1 Program Technician * Add 4 Communicable Disease Specialists * Add 3 Public Health Nurses * Update & train staff on policies and procedures * Utilize laboratory data to initiate case investigation,follow-up,& containment * Establish/enhance investigation & case management electronic data system * Identify high-risk cases & settings for targeted case management *Implement education & prevention strategies within vulnerable populations *Partner with CBOs in identifying & addressing needs of high-risk population
	Applicant capacity: What is the current capacity to perform this milestone?	Reallocate assets within department starting end of 2021 **Expected achieve by date: 11/17/2022**
	Expected Achieve By Date *(select from drop down)*	

	Strategy 5 - Use Laboratory Data to Enhance Investigation, Response and Prevention	

Strategy 5 - Milestone 5	Planned Strategy (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date *(select from drop down)*	

CDC - Epidemiology and Laboratory Capacity (ELC) Paycheck Protection Program and Health Care Enhancement Act of 2020

Local Health Jurisdiction Name:	Fresno County
Grant Number:	**6 NU50CK000539-01-10**

Strategy 6 - Coordinate and Engage with Partners

Strategy 6 Actions and Deliverables

A. Partner with LHDs to establish or enhance testing for COVID-19/SARS-CoV-2.

B. Partner with local, regional, or national organizations or academic institutions to enhance capacity for infection control and prevention of COVID-19/SARS-CoV-2.

Strategy 6 - Milestone 1	**Strategy 6 - Coordinate and Engage with Partners**	
	Planned Strategy (Provide a title for this milestone)	Building COVID-19 Testing Capacity for Federally Qualified Community Health Centers (FQHCs).
	Implementation Plan (Bulleted items or brief sentences)	Develop a Mini-Grant/Request for Application (RFA) Proposal to increase capacity and access to COVID-19 testing within Fresno County in particular, rural/unincorporated and high need areas of metropolitan Fresno. Through the RFA, target all five (5) FQHCs in Fresno County. FQHCs serve the largest safety net providers, reaching some of the most vulnerable and disproportionately impacted individuals. Accept, review and informally score each application for selection. Notify FQHCs of selection award. Develop and fully execute agreements with each FQHC, and provide ongoing contract management throughout the term.
	Applicant capacity: What is the current capacity to perform this milestone?	FCDPH is well positioned to work with its FQHCs partners to build enhanced testing capacity throughout its jurisdiction. FCDPH will support FQHC partners with staffing needs, testing kits, PPE, transportation acquisition, and equipment to ensure testing barriers are reduced and/or eliminated and needs are met in a timely fashion. **Expected Achieve by date including ongoing contract management of developed agreements: June 30, 2021**
	Expected Achieve By Date *(select from drop down)*	

Strategy 6 - Milestone 2	**Strategy 6 - Coordinate and Engage with Partners**	
	Planned Strategy (Provide a title for this milestone)	Partner with FQHCs and Community-Based Organizations (CBOs) to host testing events in Fresno County.
	Implementation Plan (Bulleted items or brief sentences)	Implement an equitable and targeted COVID-19 response by working strategically with a network of diverse community-based organizations and FQHCs to target vulnerable communities for enhanced COVID-19 testing, in conjunction with prevention education, and isolation and quarantine support (e.g. rental and utility assistance, food assistance, wage replacement, respite care, childcare among other assistance). Address the unique hardships of diverse cultural and linguistic mono-lingual speakers. In partnership with CBOs, develop authentic educational materials to meet the needs of the target population. Provide guidance on isolation and quarantine, masking, social distancing and good hand hygiene among other educational supports.

	Applicant capacity: What is the current capacity to perform this milestone?	FCDPH is making significant strides towards this second milestone as evidenced by its ability to collaborate, coordinate, and execute contracts with various community partners. A master calendar of all scheduled testing events is being developed and will be shared with all partners to keep clear communication on when and where testing events will occur, and which FQHC and CBO partner will take the lead. **Expected Achieve by date including ongoing contract management of developed agreements: June 30, 2021**
	Expected Achieve By Date *(select from drop down)*	

Strategy 6 - Milestone 3	**Strategy 6 - Coordinate and Engage with Partners**	
	Planned Strategy (Provide a title for this milestone)	Partnership with the Economic Opportunities Commission (EOC) to expand testing and wrap-around services for agricultural and food processing workers.
	Implementation Plan (Bulleted items or brief sentences)	Co-sponsor a Healthy Harvest Proposal with EOC to improve COVID-19 testing, specifically targeting the farmworker population working in the agricultural fields, packing houses and food processing industry. Coordinate and Integrate Harvest Proposal testing needs and referrals in the community, as well as wrap-around services such as transportation, food, and housing.
	Applicant capacity: What is the current capacity to perform this milestone?	FCDPH is poised to support, coordinate and manage the EOC Harvest Proposal efforts in partnership with other COVID-19 Equity partners and FQHCs. **Expected Achieve by date including ongoing contract management of developed agreement: June 30, 2021**
	Expected Achieve By Date *(select from drop down)*	

Strategy 6 - Milestone 4	**Strategy 6 - Coordinate and Engage with Partners**	
	Planned Strategy (Provide a title for this milestone)	Expand COVID-19 Equity Project efforts to include the vulnerable and disabled population with special needs.
	Implementation Plan (Bulleted items or brief sentences)	Review, coordinate and execute a formal agreement with the Exceptional Parenting Unlimited as the lead agency subcontracting with at least six other organizations to target the population with special needs (e.g., hard of hearing, blind, down syndrome, autistic). This includes providing specialized supports related to outreach and education, medical investigation and contact tracing, and quarantine to remain safe while meeting their essential daily needs. Plan ongoing strategic calls and supports with the broader COVID-19 Equity Project.
	Applicant capacity: What is the current capacity to perform this milestone?	FCDPH has the capacity needed to engage other CBOs such as the ones working with the disabled and special needs population to ensure an integrated and comprehensive COVID-19 Equity Project response. **Expected Achieve by date including ongoing contract management of developed agreement: June 30, 2021**
	Expected Achieve By Date *(select from drop down)*	

Strategy 6 - Milestone 5	**Strategy 6 - Coordinate and Engage with Partners**	
	Planned Strategy (Provide a title for this milestone)	Medical Case Investigation and Contact Tracing conducted by clinical partners.
	Implementation Plan (Bulleted items or brief sentences)	Develop, review and coordinate a Master Agreement with FQHCs and hospital partners to initiate and conduct Medical Case Investigation and Contact Tracing services for their patient population served. Fully execute the Master Agreement contracts. Provide training to FQHCs and Hospital partners on county workflow processes, database tracking systems and train on HIPAA prior to implementation of any medical case investigation and contact tracing efforts. Establish bi-weekly ongoing calls with FQHC and Hospital partners to ensure areas of concerns are addressed in a timely fashion.
	Applicant capacity: What is the current capacity to perform this milestone?	Through its newly formed COVID-19 Division, FCDPH has been conducting Medical Case Investigation and Contact Tracing using standardized workflow processes. FCDPH is working diligently to increase capacity for its training team as demand for Medical Case Investigation and Contact Tracing continually grows, particularly, given the rise in case counts in recent months and the preparedness of schools slow re-opening. **Expected Achieve by date including ongoing contract management of developed agreement: June 30, 2021**
	Expected Achieve By Date *(select from drop down)*	

Strategy 6 - Milestone 6	**Strategy 6 - Coordinate and Engage with Partners**	
	Planned Strategy (Provide a title for this milestone)	Increase infectious disease prevention and capacity through enhanced partnerships and staffing.
	Implementation Plan (Bulleted items or brief sentences)	Hire 1.5 FTE Providers to focus on Infection Control. Develop workplace protocols, staff training, and appropriate infection control measures in partnership with state and national partners (e.g., California Department of Public Health, Cal-OSHA, and Center's for Disease Control).
	Applicant capacity: What is the current capacity to perform this milestone?	FCDPH is building its infection control infrasture and response mechanisms through the focused efforts of 1.5 Medical Providers and other key clinical suppprt staff experienced in public health and communicable diseases. **Expected Achieve by date including ongoing contract management of developed agreement: June 30, 2021**
	Expected Achieve By Date *(select from drop down)*	

COVID-19 ELC Enhancing Detection Spend Plan

Elizabeth Tello: 22.5 months (1/1/21 - 11/17/22)

County Name: Fresno

Position Title*	Annual Salary		FTE %	Strategy 1	Strategy 2	Strategy 3	Strategy 4	Strategy 5	Strategy 6	COMBINED TOTAL
Program Technician I	$38,863	$ 2	100%	$72,868						$ 72,868
Program Technician I	$38,863	$ 2	100%	$72,868						$ 72,868
Program Technician I	$38,863	$ 2	100%	$72,868						$ 72,868
Program Technician I (EH)	$38,863	$ 2	100%	$72,868						$ 72,868
Program Technician I (EH)	$38,863	$ 2	100%	$72,868						$ 72,868
Program Technician I (EH)	$38,863	$ 2	100%	$72,868						$ 72,868
Program Technician I (EH)	$38,863	$ 1	100%	$43,574						$ 43,574
Program Technician I (EH)	$38,863	$ 2	100%	$16,360				$56,508		$ 72,868
Program Technician I (EH)	$38,863	$ 2	100%					$72,868		$ 72,868
Program Technician I (EH)	$38,863	$ 2	100%					$72,868		$ 72,868
Program Technician I (EH)	$38,863	$ 2	100%					$72,868		$ 72,868
Sr. Microbiologist	$92,055	$ 2	50%		$86,301					$ 86,301
Microbiologist	$68,095	$ 2	100%		$127,678					$ 127,678
Microbiologist	$68,095	$ 2	50%		$63,839					$ 63,839
PH Chemist II	$63,266	$ 2	100%		$118,625					$ 118,625
Lab Intern	$41,708	$ 2	100%		$78,202					$ 78,202
Lab Intern	$41,708	$ 2	100%		$78,202					$ 78,202
Lab Intern	$41,708	$ 2	100%		$78,202					$ 78,202
LVN I	$35,287	$ 2	100%		$66,164					$ 66,164
LVN I	$35,287	$ 2	100%		$66,164					$ 66,164
Spvsg PHN	$95,187	$ 1	100%		$95,187					$ 95,187
Epidemiologist	$64,885	$ 2	25%				$30,415			$ 30,415
Communicable Disease Spec I	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I	$41,864	$ 2	100%					$78,496		$ 78,496
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Communicable Disease Spec I	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I (EH)	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I (EH)	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I (EH)	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I (EH)	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I (EH)	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I (EH)	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I (EH)	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I (EH)	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I (EH)	$41,864	$ 2	100%					$78,496		$ 78,496
Communicable Disease Spec I (EH)	$41,864	$ 2	100%					$78,496		$ 78,496
Public Health Nurse I	$71,749	$ 2	100%					$134,529		$ 134,529
Public Health Nurse I	$71,749	$ 2	100%					$134,529		$ 134,529
Public Health Nurse I	$71,749	$ 2	100%					$134,529		$ 134,529
Physician	$187,998	$ 2	50%						$140,999	$ 140,999
Physician (EH)	$187,998	$ 1	100%						$205,817	$ 205,817
Physician (EH)	$187,998	$ 2	100%					$352,497		$ 352,497
Physician (EH)	$187,998	$ 2	100%					$352,497		$ 352,497
										$ -
										$ -
Fringe	49%			$ 242,915	$ 419,514	$ -	$ 14,861	$ 1,596,620	$ 169,462	$ 2,443,372
Total Personnel				**$ 740,057**	**$ 1,278,076**	**$ -**	**$ 45,276**	**$ 4,864,211**	**$ 516,279**	**$ 7,443,899**
Supplies					$ 191,667.00					$ 191,667
Total Supplies				**$ -**	**$ 191,667**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 191,667**
Travel										
In-State										$ -
Out-of-State										$ -
Total Travel				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Equipment										$ -
Total Equipment				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Other										$ -

Total Other	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Subcontracts:							
Biostatistician				$ 200,000.00			$ 200,000
Database for management of patients and partners			$ 500,000.00				$ 500,000
CBO's		$ 1,540,466.00					$ 1,540,466
Central Valley Health Policy Institute (Fresno State)				$ 83,920.00			$ 83,920
SAS Epidemiology Software				$ 25,000.00			$ 25,000
							$ -
							$ -
							$ -
							$ -
							$ -
Total Subcontracts	**$ -**	**$ 1,540,466**	**$ 500,000**	**$ 308,920**	**$ -**	**$ -**	**$ 2,349,386**
Indirect Cost 23%	$ 167,800.53	$ 289,791.01	$ -	$ 10,265.87	$ 1,102,911.23	$ 117,060.99	$ 1,687,830
Total Indirect	**$ 167,801**	**$ 289,791**	**$ -**	**$ 10,266**	**$ 1,102,911**	**$ 117,061**	**$ 1,687,830**
TOTAL	**$ 907,858**	**$ 3,300,000**	**$ 500,000**	**$ 364,462**	**$ 5,967,122**	**$ 633,340**	**$ 11,672,782**

Allocation	**$ 907,858**	**$ 3,300,000**	**$ 500,000**	**$ 364,462**	**$ 5,967,122**	**$ 633,340**	**$ 11,672,782**
Balance	**$ 0**	**$ (0)**	**$ -**	**$ 0**	**$ (0)**	**$ 0**	**$ 0**

**Personnel supported with this funding should not duplicate efforts across other federal grants; exceed 1.0 FTE across all funding sources; and salary is kept below $197k as required by the funder.*

ELC ENHANCING DETECTION
INVOICE

California Department of Public Health
Emergency Preparedness Office
Email Scanned Copy to: CDPHELC@cdph.ca.gov

Date:

County Name/Address (to send warrant)
[ ] Check if remittance address changed since last Invoice

Contract Number:
Contract Term:
Billing Period:
EPO Invoice Number:

Telephone:
FI$Cal ID #:

	Approved Allocation	Expenditures This Period	Remaining Balance
Strategy 1	$ 100,000	$ 25,000	$ 75,000
Strategy 2	$ 200,000	$ 50,000	$ 150,000
Strategy 3	$ 300,000	$ 75,000	$ 225,000
Strategy 4	$ 400,000	$ 100,000	$ 300,000
Strategy 5	$ 500,000	$ 125,000	$ 375,000
Strategy 6	$ 600,000	$ 150,000	$ 450,000
	$ 2,100,000	**$ 525,000**	**$ 1,575,000**

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms/conditions, laws, and regulations governing its payment.

Printed Name and Title of Authorized Representative
Signature and Date of Authorized Representative

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, Emergency Preparedness Office, for five (5) years for audit purposes as required by the State Controller's Office.

EPO Use Only	
Service Location:	**Please Pay:**
	$ 525,000.00

Signature
Melissa Relles, Assistant Deputy Director
Emergency Preparedness Office
California Department of Public Health

Attachment 5

ELC ENHANCING DETECTION

Emerging Issues (E) Project: Funding for the Enhanced Detection, Response, Surveillance, and Prevention of COVID-19 Supported through the Paycheck Protection Program and Health Care Enhancement Act of 2020

CONTENTS

ELC ENHANCING DETECTION
EMERGING ISSUES (E) PROJECT

BACKGROUND AND PURPOSE

Over the past 25 years, the Centers for Disease Control and Prevention's (CDC) Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) cooperative agreement has enhanced the capacity of each of our recipient jurisdictions' public health capacity to cohesively and comprehensively address infectious disease needs. In addition to foundational support for epidemiology, laboratory, and health information systems, the ELC also supports disease-specific program areas (e.g., respiratory diseases; healthcare associated infections). The portfolio of ELC-supported activities at each jurisdiction is overseen by an ELC Governance Team with representation from epidemiology, laboratory, and health information systems. This structure has been successfully utilized by ELC recipients to manage activities and funding from special appropriations provided in response to a number of infectious disease emergencies (e.g., H1N1, Ebola, and Zika).

As part of the "Paycheck Protection Program and Health Care Enhancement Act of 2020 (P.L. 116-139, Title I)", the ELC is awarding a total of $10.25 billion dollars to our recipient base in a program-initiated component funding under the Emerging Issues (E) Project of CK19-1904, henceforth, "ELC Enhancing Detection" supplement. These funds are broadly intended to provide critical resources to state, local, and territorial health departments in support of a broad range of COVID-19/SARS-CoV-2 testing and epidemiologic surveillance related activities. Direct recipients are limited to existing jurisdictions covered under CK19-1904[1]. These resources should complement, not duplicate, existing funding provided to jurisdictions, including the ELC Community-based Surveillance and ELC CARES Act supplements. Additionally, recipients should leverage and build upon existing ELC infrastructure that emphasizes the coordination and critical integration of laboratory with epidemiology and health information systems in order to maximize the public health impact of available resources. Ongoing monitoring of milestones and performance measures will be utilized to gauge progress toward successful completion of priority activities supported with these funds.

Resources provided via this award mechanism should support necessary expenses to implement and oversee expanded testing capacity for COVID-19/SARS-CoV-2, including the ability to process, manage, analyze, use, and report the increased data produced. Recipients will establish a robust SARS-CoV-2 testing program that ensures adequate testing is made available according to CDC priorities, including but not limited to: diagnostic tests, tests

[1] Only current ELC recipients are eligible to receive awards associated with the supplement described in this guidance. While tribal nations are not included in these awards, other federal support is provided in the *Paycheck Protection Program and Health Care Enhancement Act of 2020*.

for contact tracing, and surveillance of asymptomatic persons to determine community spread. Recipients should assure that provisions are in place to meet future surge capacity testing needs including point of care or other rapid result testing for local outbreaks. Plans should include plans for testing at non-traditional sites (e.g., retail sites, community centers, residential medical facilities, or pharmacies); testing of at risk populations including elderly, disabled, those in congregate living facilities including prisons, racial and ethnic minorities, and other groups at risk due to high frequency of occupational or nonoccupational contacts; and should also address any essential partnerships with academic, commercial, and hospital laboratories to successfully meet testing demand. Plans should explicitly detail how a minimum of 2% of the state's population will be tested each month beginning immediately; as well as plans to increase that number by Fall 2020. Plans should include a list of established and proposed laboratories that will be testing for SARS-CoV-2 in each state along with each laboratory's available platforms and throughput, that are used for testing and indicate per laboratory, testing projections by month through December 31st, 2020.

In conjunction with optimizing testing and increasing test volumes for COVID-19/SARS-CoV-2, resources will support the establishment of modernized public health surveillance systems. These systems will support the public health response to COVID-19 and lay the foundation for the future of public health surveillance. Establishing systems and processes to report the data categories described in this document on a daily, automated basis to state and federal health systems is a requirement of accepting these funds, if such systems are not already in place. These systems must be transparent and visible to communities through an open website. For each data category, minimum required data elements will be specified by CDC for each reportable condition at a later date. These surveillance and data reporting systems must:

- Ensure that real-time, at least daily, complete and accurate test orders and results can be exchanged within the healthcare/public health system and simultaneously reported to CDC and others via automated systems in a machine-readable format. These systems must support reporting of test results at the county or zipcode level with additional data fields as specified by CDC. This includes not only testing for the presence of virus (nucleic acid or antigen testing), but also serological testing documenting past infection.
- Ensure real-time, at least daily, complete, automated reporting in a machine-readable format for the following data categories: case, hospitalization and death reporting; emergency department syndromic surveillance; and capacity, resources, and patient impact at healthcare facilities through electronic reporting.
- Support the display of up-to-date, critical public health information relating to COVID-19 and future outbreaks at the county or zipcode level in visual dashboards on county or state websites, including case data and syndromic surveillance data.

Enhancements to epidemiologic activities resulting from additional test data are also fundamental to controlling the spread of COVID-19. Recipients must accelerate efforts to conduct robust contact tracing and then identify and isolate new cases of COVID-19 among symptomatic or asymptomatic individuals. This information should be further utilized to understand COVID-19/SARS-CoV-2 exposure within a community and determine appropriate mitigation strategies.

FUNDING STRATEGY

Funding by jurisdiction will be based on population and number of cases of COVID-19/SARS-CoV-2, as further provided in the legislative language for the Paycheck Protection Program and Health Care Enhancement Act of 2020 (https://www.congress.gov/bill/116th-congress/house-bill/266/). Direct Assistance is authorized under CK19-1904[2]; however, should opportunities for direct assistance be made available, these will be shared broadly with our recipient base and options for providing direct assistance in lieu of financial assistance may be discussed and coordinated with the ELC and the CDC Office of Grant Services (OGS).

[2]Legislative Authority for CK19-1904: Sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended; and Funding is appropriated under Affordable Care Act (PL 111-148), Title IV, Section 4002 (Prevention and Public Health Fund), Title IV, Section 4002

Recipients should consider requesting the following when developing budgets, in furtherance of award activities:

- Personnel (term, temporary, students, overtime, contract staff, etc.)
- Laboratory equipment and necessary maintenance contracts
- Collection supplies, test kits, reagents, consumables and other necessary supplies for existing testing or onboarding new platforms
- Courier service contracts (new or expansion of existing agreements)
- Hardware and software necessary for robust implementation of electronic laboratory and surveillance data exchange between recipient and other entities, including healthcare entities, jurisdictional public health and CDC
- Tools that assist in the rapid identification, electronic reporting, monitoring, analysis, and evaluation of control measures to reduce the spread of disease (e.g. GIS software, visualization dashboards, cloud services)
- Reporting and/or enrollment incentives
- Contracts with academic institutions, private laboratories, and/or commercial entities
- Laboratory renovations and minor construction (may be considered for unique cases where conditions do not currently allow for safe or effective testing)

The above list is as an example and does not represent a full list of allowable costs. Any questions about specific budget items should be directed to the OGS and the ELC Project Officer.

Support to Local Health Departments (LHD):
Recipients should work with their LHDs to determine how local needs can be addressed with the overall available resources. Direct ELC recipients may provide financial resources to LHDs within their jurisdiction by way of a contract or other mechanism(s) as available through their Health Department. In addition to financial resources, ELC direct recipients may provide support to LHDs through offering non-financial resources (personnel, supplies, etc.) to address COVID-19/SARS-CoV-2 surveillance, case detection, reporting, response, and prevention needs at the local level.

Supporting Management of Activities and Resources:

The ELC recommends that jurisdictions ensure ELC leadership staff at the recipient level are adequate for the management of this award and its integration with the recipient's overall portfolio of ELC funded activities. A minimum of 1 program manager and 1 budget staff (or equivalents) is suggested for the effective management and implementation of the recipients' proposed activities.

PROCESS FOR WORKPLAN AND BUDGET SUBMISSION

This funding should support ELC Health Care Enhancement activities and the necessary reporting for Budget Period 1 under CK19-1904; however, recipients are reminded that expanded authority[3] applies, and activities are likely to take 30 months for completion due to the nature of COVID-19/SARS-CoV-2. Within 30 days of receipt of the Notice of Award (NOA), the recipient is required to submit a workplan and budget describing its proposed activities. Upon submission, budgets and workplans will be reviewed by CDC and feedback will be provided and discussed with the recipient. Any necessary or recommended changes may be agreed upon between the jurisdiction and CDC and documented in REDCap and/or GrantSolutions as necessary.

To appropriately document workplans, budgets, and facilitate recipients meeting the 30-day requirement:

[3] Expanded Authority is provided to recipients through 45 CFR Part 75.308 which allows recipients to incur project costs 90 days prior to award, initiate one-time extension to project period, and carryover unobligated balances to subsequent budget periods.

1. Workplan entries will be completed in the 'ELC Enhanced Detection' portal, under 'ELC COVID-19 Projects', in REDCap; and
2. Revised budgets will be completed by using the template provided via GrantSolutions Grant Notes at time of NOA issuance.
    a. Funds will be awarded under the 'Other' cost category;
    b. Recipients will adjust the cost category allocations of awarded funds to reflect the areas where financial assistance is needed; and
    c. Recipients will upload the revised budget into GrantSolutions via a redirection amendment, with a courtesy copy into REDCap 'ELC Enhanced Detection' portal, by the 30-day post award deadline.
    d. ELC and OGS will process the redirection amendment in GrantSolutions and the recipient will receive a revised NOA reflecting the requested cost category allocations.
3. A letter, indicating that all ELC Governance Team members have both contributed to and agreed upon the workplan and budget submitted, must be signed by all Governance Team Members (hard copy or digital signature) and submitted with the documents in the REDCap portal.

Workplan detail

Additional workplan guidance will be provided to recipients post-award; they will be required to provide a clear and concise description of the time bound strategies and activities they will use to achieve the project's outcomes, including:

1. Description of how 'ELC Enhanced Detection' funding will be used in coordination with funding from CDC's Crisis COVID-19 Notice of Funding Opportunity (NOFO) and ELC CARES.
2. Specify the distinct new or enhanced activities made possible by 'ELC Enhanced Detection'.
3. Plans for how the ELC recipient will work with local jurisdictions to meet local needs that support the entire jurisdiction. These plans must include: description of activities to be supported at the local level, identification of local partners and localities to be supported, methods to assess local needs, and description of funding mechanisms to support local entities.
4. Description of expected mechanisms and frequency of interactions between the health department and/or public health laboratory with academic/hospital and commercial laboratories.
5. Description of testing plan, including populations and institutional settings. Plans should align to your jurisdictional testing plans for COVID-19 per legislation[4]. Plans for May – June must be submitted by May 30, 2020. Plans for July – December must be submitted by June 15, 2020. Details about testing plan submission will be shared with recipients via the ELC Program office.
6. Description of use of electronic health systems for surveillance, reporting, and public health action.

Of note: In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC responsibilities include but are not limited to:

1. Provide ongoing guidance, programmatic support (including guidance on evaluation, performance measurement, and workplan changes), technical assistance and subject matter expertise to the activities outlined in this supplemental funding announcement guidance.
2. Convene trainings, meetings, conference calls, and site visits with recipients.
3. Share best practices identified and provide national coordination of activities, where appropriate.
4. Coordinate with the HHS Testing Team as needed, for subject matter expertise and technical assistance to support States testing strategies.

In addition to the programmatic activities noted below in further detail, recipient responsibilities include but are not limited to:

[4] https://www.congress.gov/bill/116th-congress/house-bill/266/

1. Regular participation in calls with CDC/HHS for technical assistance and monitoring of activities supported through this cooperative agreement.
2. On-time submission of all requisite reporting. This may include but is not limited to reporting of performance measures and progress on milestones within REDCap or provision of financial updates.
3. Documentation of any necessary budget change/reallocation through REDCap and, as necessary, GrantSolutions.

Both CDC and recipients should appropriately coordinate with points of contact in relevant stakeholder organizations to maximize the impact of federal dollars (e.g., tribal nations, Health Resources and Services Administration (HRSA), HHS testing team, etc.).

ACTIVITIES

Data collected as a part of the Activities supported with these funds shall be reported to CDC in a form and fashion to be determined and communicated at a later date. Recipients are required to establish electronic reporting systems to support comprehensive, timely, automated reporting of these data to LHD, CDC and others, at a frequency to be determined and communicated at a later date, if such systems are not already in place. Such systems must support reporting for COVID-19, other conditions of public health significance.

Activities supported by these funds include but are not limited to the following:

Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity

1. Train and hire staff to improve laboratory workforce ability to address issues around laboratory safety, accessioning, testing and reporting results.
2. Build expertise for healthcare and community outbreak response and infection prevention and control (IPC) among local health departments.
3. Train and hire staff to improve the capacities of the epidemiology and informatics workforce to effectively conduct surveillance and response of COVID-19 (including contact tracing) and other conditions of public health significance.
4. Build expertise to support management of the COVID-19 related activities within the jurisdiction and the integrate into the broader ELC portfolio of activities (e.g., additional leadership, program and project managers, budget staff, etc.).
5. Increase capacity for timely data management, analysis, and reporting for COVID-19 and other conditions of public health significance.

Strengthen Laboratory Testing

1. Establish or expand capacity to quickly, accurately and safely test for SARS-CoV-2/COVID-19 (which may build capacity to test for other pathogens with potential for broad community spread) among all symptomatic individuals, and secondarily expand capacity to achieve community-based surveillance, including testing of asymptomatic individuals.
    a. Develop systems to improve speed and efficiency of specimen submission to clinical and reference laboratories.
    b. Strengthen ability to quickly scale testing as necessary to ensure that optimal utilization of existing and new testing platforms can be supported to help meet increases in testing demand in a timely manner.
    c. Perform serology testing with an FDA EUA authorized serological assay in order to conduct surveillance for past infection and monitor community exposure.
    d. Work with LHDs to build local capacity for testing of COVID-19/SARS-CoV-2 including within high-risk settings or in vulnerable populations that reside in their communities.

e. Apply laboratory safety methods to ensure worker safety when managing and testing samples that may contain SARS-CoV-2/COVID-19.

2. Enhance laboratory testing capacity for SARS-CoV-2/COVID-19 outside of public health laboratories

a. Establish or expand capacity to coordinate with public/private laboratory testing providers, including those that assist with surge and with testing for high-risk environments.
b. Secure and/or utilize mobile laboratory units, or other methods to provide POC testing at public health-led clinics or non-traditional test sites (e.g., homeless shelters, food processing plants, prisons, Long Term Care Facilities (LTCF), etc.).

3. Enhance data management and analytic capacity in public health laboratories to help improve efficiencies in operations, management, testing, and data sharing.

a. Improve efficiencies in laboratory operations and management using data from throughput, staffing, billing, supplies, and orders. Ensure ability to track inventory of testing reagents by device/platform, among other things.
b. Improve the capacity to analyze laboratory data to help understand and make informed decisions about issues such as gaps in testing and community mitigation efforts. Data elements such as tests ordered and completed (including by device/platform), rates of positivity, source of samples, specimen collection sites, and test type will be used to create data visualizations that will be shared with the public, local health departments, and federal partners.

Advance Electronic Data Exchange at Public Health Labs

1. Enhance and expand laboratory information infrastructure, to improve jurisdictional visibility on laboratory data (tests performed) from all testing sites and enable faster and more complete data exchange and reporting.
    a. Employ a well-functioning Laboratory Information Management System (LIMS) system to support efficient data flows within the PHL and its partners. This includes expanding existing capacity of the current LIMS to improve data exchange and increase data flows through LIMS maintenance, new configurations/modules, and enhancements. Implement new/replacement LIMS where needed.
    b. Ensure ability to administer LIMS. Ensure the ability to configure all tests that are in LIMS, including new tests, EUAs, etc., in a timely manner. Ensure expanding needs for administration and management of LIMS system are covered through dedicated staff.
    c. Interface diagnostic equipment to directly report laboratory results into LIMS
    d. Put a web portal in place to support online ordering and reporting. Integrate the web portal into the LIMS.
    e. Enhance laboratory test ordering and reporting capability.
        i. Implement or improve capacity to consume and produce electronic HL7 test orders and result reporting (ETOR) to allow laboratories and healthcare providers to directly exchange standardized test orders and results across different facilities and electronic information systems using agreed upon standards.
        ii. 100% of results must be reported with key demographic variables including age/gender/race
        iii. Report all testing to the health department and CDC using HL7 ELR.

Improve Surveillance and Reporting of Electronic Health Data

Conducting the activities in this section to enable comprehensive, automated, daily reporting to the CDC and others in a machine-readable format, for data elements to be determined at a later date, is a requirement of accepting these funds.

1. Establish complete, up-to-date, automated reporting of morbidity and mortality to CDC and others due to COVID-19 and other conditions of public health significance, with required associated data fields in a machine readable format, by:
    a. Establishing or enhancing community-based surveillance, including surveillance of vulnerable populations, individuals without severe illness, those with recent travel to high-risk locations, or who are contacts to known cases.
    b. Monitoring changes to daily incidence rates of COVID-19 and other conditions of public health significance at the county or zipcode level to inform community mitigation strategies.
2. Establish complete, up-to-date, timely, automated reporting of individual-level data through electronic case reporting to CDC and others in a machine-readable format (ensuring LHD have access to data that is reported):
    a. At the health department, enhance capacity to work with testing facilities to onboard and improve electronic laboratory reporting (ELR), including to receive data from new or non-traditional testing settings. Use alternative data flows and file formats (e.g., CSV or XLS) to help automate where appropriate. In addition to other reportable results, this should include all COVID-19/SARS-CoV-2-related testing data (i.e., tests to detect SAR-CoV-2 including serology testing).
    b. Automate receiving EHR data, including eCR and FHIR-base eCR Now, to generate initial case report as specified by CDC for the reportable disease within 24 hours and to update over time within 24 hours of a change in information contained in the CDC-directed case report, including death. Utilize eCR data to ensure data completeness, establish comprehensive morbidity and mortality surveillance, and help monitor the health of the community and inform decisions for the delivery of public health services.
    c. Increase connectivity with laboratory and healthcare feeds for epidemiologic analysis (including using automated single CSV files).
    d. Expand eCR etc to include all conditions of public health significance
3. Improve understanding of capacity, resources, and patient impact at healthcare facilities through electronic reporting.
    a. Required expansion of reporting facility capacity, resources, and patient impact information, such as patients admitted and hospitalized, in an electronic, machine-readable, as well as human-readable visual, and tabular manner, to achieve 100% coverage in jurisdiction and include daily data from all acute care, long-term care, and ambulatory care settings. Use these data to monitor facilities with confirmed cases of COVID-19/SARS-CoV-2 infection or with COVID-like illness among staff or residents and facilities at high risk of acquiring COVID-19/SARS-CoV-2 cases and COVID-like illness among staff or residents.
    b. Increase ADT messaging and use to achieve comprehensive surveillance of emergency room visits, hospital admissions, facility and department transfers, and discharges to provide an early warning signal, to monitor the impact on hospitals, and to understand the growth of serious cases requiring admission.
4. Enhance systems for flexible data collection, reporting , analysis, and visualization.
    a. Implement new/replacement systems where needed. Ensure systems are interoperable and that data are able to be linked across systems, including adding the capacity for lab data and other data to be used by the software/tools that are being deployed for contact tracing.
    b. Data must be made available at the local, state, and federal level.
    c. Make data on case, syndromic, laboratory tests, hospitalization, and healthcare capacity available on health department websites at the county/zip code level in a visual and tabular manner.
5. Establish or improve systems to ensure complete, accurate and immediate (within 24 hrs) data transmission to a system and open website available to local health officials and the public by county

and zipcode, that allows for automated transmission of data to the CDC in a machine readable format.

a. Track and send 100% of emergency department and outpatient visits for COVID-like illness, as well as other syndromes/illnesses, to CDC.
b. Submit comprehensive syndromic surveillance data for all facilities in the jurisdiction.
c. Send deidentified copies of all admit, discharge, and transfer (ADT) messages to the CDC
d. Submit all case reports in an immediate, automated way to CDC for COVID-19/SARS-CoV-2 and other conditions of public health significance with associated required data fields in a machine-readable format.
e. Provide accurate accounting of COVID-19/SARS-CoV-2 associated deaths. Establish electronic, automated, immediate death reporting to CDC with associated required data fields in a machine-readable format.
f. Report requested COVID-19/SARS-CoV-2-related data, including line level testing data (negatives, positives, indeterminants, serology, antigen, nucleic acid) daily by county or zipcode to the CDC-designated system.
g. Establish these systems in such a manner that they may be used on an ongoing basis for surveillance of, and reporting on, other threats to the public health and conditions of public health significance.

Use Laboratory Data to Enhance Investigation, Response and Prevention

1. Use laboratory data to initiate case investigations, conduct contact tracing and follow up, and implement containment measures.
    a. Conduct necessary contact tracing including contact elicitation/identification, contact notification, and contact follow-up. Activities could include traditional contact tracing and/or proximity/location-based methods, as well as methods adapted for healthcare-specific and congregate settings.
    b. Utilize tools (e.g., geographic information systems and methods) that assist in the rapid mapping and tracking of disease cases for timely and effective epidemic monitoring and response, incorporating laboratory testing results and other data sources.
2. Identify cases and exposure to COVID-19 in high-risk settings or within vulnerable populations to target mitigation strategies.
    a. Assess and monitor infections in healthcare workers across the healthcare spectrum.
    b. Monitor cases and exposure to COVID-19 to identify need for targeted mitigation strategies to isolate and prevent further spread within high-risk healthcare facilities (e.g., hospitals, dialysis clinics, cancer clinics, nursing homes, and other long-term care facilities, etc.).
    c. Monitor cases and exposure to COVID-19 to identify need for targeted mitigation strategies to isolate and prevent further spread within high-risk employment settings (e.g., meat processing facilities), and congregate living settings (e.g., prisons, youth homes, shelters).
    d. Work with LHDs to build local capacity for reporting, rapid containment and prevention of COVID-19/SARS-CoV-2 within high-risk settings or in vulnerable populations that reside in their communities.
3. Implement prevention strategies in high-risk settings or within vulnerable populations (including tribal nations) including proactive monitoring for asymptomatic case detection.
    a. Build capacity for infection prevention and control in LTCFs (e.g., at least one Infection Preventionist (IP) for every facility) and outpatient settings.
        i. Build capacity to safely house and isolate infected and exposed residents of LTCFs and other congregate settings.
        ii. Develop interoperable patient safety information exchange systems.
        iii. Assist with enrollment of all LTCFs into NHSN and provision of related user support.
    b. Increase Infection Prevention and Control (IPC) assessment capacity onsite using tele-ICAR.
    c. Perform preparedness assessment to ensure interventions are in place to protect high-risk populations.

a. Coordinate as appropriate with federally funded entities responsible for providing health services to vulnerable populations (e.g., tribal nations and federally qualified health centers)

Coordinate and Engage with Partners

1. Partner with LHDs to establish or enhance testing for COVID-19/SARS-CoV-2.
    a. Support appropriate LHDs with acquiring equipment and staffing to conduct testing for COVID-19/SARS-CoV-2.
    b. Support LHDs to conduct appropriate specimen collection and/or testing within their jurisdictions.
2. Partner with local, regional, or national organizations or academic institutions to enhance capacity for infection control and prevention of COVID-19/SARS-CoV-2.
    a. Build infection prevention and control and healthcare outbreak response expertise in LHDs.
    b. Partner with academic medical centers and schools of public health to develop regional centers for IPC consultation and support services

PERFORMANCE MEASURES AND REPORTING

Performance Measures: In addition to the metrics and deliverable indicated above, performance measures specific to COVID-19-related activities will be finalized and provided to recipients within 21 days of award. The ELC will utilize existing data sources whenever possible to reduce the reporting burden on recipients and, where appropriate, existing ELC performance measures may be used. While more frequent reporting may be employed within the first year of this supplement, these requirements may be adjusted as circumstances allow. Where it is possible, reporting will be aligned to current performance measure reporting timelines.

Consistent with current ELC practice, progress on Milestones will be reported on a quarterly basis utilizing REDCap. Recipients will be provided 2 weeks to update their progress and note any challenges encountered since the previous update. Financial reporting requirements shall be noted and, as necessary, updated in the Terms and Conditions of the award. The ELC will work with OGS to limit the administrative burden on recipients.

Summary of Reporting Requirements:

1. Quarterly progress reports on milestones in approved workplans via REDCap.
2. Monthly fiscal reports (beginning 60 days after NOAs are issued).
3. Performance measure data.
4. CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.

Please also note: Data collected as a part of the activities supported with these funds shall be reported to CDC in a form and fashion to be determined and communicated at a later date.

Paycheck Protection Program and Health Care Enhancement Act
ELC Enhancing Detection
Attachment 5

Local Health Department	Population	Strategy 1 38M $400K Base + Population	Strategy 2 Lab $38M	Strategy 3 Lab $10M	Strategy 4 $20M $325K Base + Population	Strategy 5 $150M $400K Base + Population, Poverty & Race/Ethnicity	Strategy 6 $30M $400K Base + Population	TOTAL
ALAMEDA (minus Berkeley)	1,545,973	$ 1,171,069	$ 1,900,000	$ 500,000	$ 384,914	$ 6,359,647	$ 754,275	**$ 11,069,906**
ALPINE	1,162	$ 400,580			$ 325,045	$ 404,444	$ 400,266	**$ 1,530,335**
AMADOR	38,294	$ 419,100			$ 326,484	$ 539,104	$ 408,775	**$ 1,693,463**
BERKELEY	123,328	$ 461,511			$ 329,780	$ 939,488	$ 428,262	**$ 2,159,040**
BUTTE	226,466	$ 512,952	$ 700,000	$ 500,000	$ 333,777	$ 1,310,148	$ 451,897	**$ 3,808,774**
CALAVERAS	45,117	$ 422,503			$ 326,749	$ 556,788	$ 410,339	**$ 1,716,378**
COLUSA	22,117	$ 411,031			$ 325,857	$ 505,712	$ 405,068	**$ 1,647,669**
CONTRA COSTA	1,155,879	$ 976,506	$ 1,300,000	$ 300,000	$ 369,796	$ 4,716,633	$ 664,881	**$ 8,327,816**
DEL NORTE	27,401	$ 413,667			$ 326,062	$ 524,401	$ 406,279	**$ 1,670,409**
EL DORADO	191,848	$ 495,686			$ 332,435	$ 1,017,846	$ 443,964	**$ 2,289,931**
FRESNO	1,018,241	$ 907,858	$ 3,300,000	$ 500,000	$ 364,462	$ 5,967,122	$ 633,340	**$ 11,672,782**
GLENN	29,132	$ 414,530			$ 326,129	$ 533,613	$ 406,676	**$ 1,680,948**
HUMBOLDT	135,333	$ 467,499	$ 700,000	$ 300,000	$ 330,245	$ 974,142	$ 431,013	**$ 3,202,898**
IMPERIAL	190,266	$ 494,897	$ 700,000	$ 500,000	$ 332,374	$ 1,575,482	$ 443,601	**$ 4,046,354**
INYO	18,593	$ 409,273			$ 325,721	$ 470,923	$ 404,261	**$ 1,610,178**
KERN	916,464	$ 857,095	$ 500,000	$ 250,000	$ 360,518	$ 5,355,721	$ 610,017	**$ 7,933,351**
KINGS	153,710	$ 476,664	$ 500,000		$ 330,957	$ 1,229,611	$ 435,224	**$ 2,972,457**
LAKE	65,071	$ 432,455			$ 327,522	$ 679,914	$ 414,912	**$ 1,854,802**
LASSEN	30,150	$ 415,038			$ 326,168	$ 526,950	$ 406,909	**$ 1,675,065**
MADERA	159,536	$ 479,570	$ 1,800,000	$ 500,000	$ 331,183	$ 1,268,710	$ 436,559	**$ 4,816,022**
MARIN	262,879	$ 531,113			$ 335,188	$ 1,251,562	$ 460,241	**$ 2,578,105**
MARIPOSA	18,068	$ 409,012			$ 325,700	$ 467,320	$ 404,140	**$ 1,606,172**
MENDOCINO	89,009	$ 444,394			$ 328,450	$ 785,443	$ 420,397	**$ 1,978,684**
MERCED	282,928	$ 541,113	$ 500,000	$ 250,000	$ 335,965	$ 1,966,291	$ 464,836	**$ 4,058,205**
MODOC	9,602	$ 404,789			$ 325,372	$ 440,618	$ 402,200	**$ 1,572,980**
MONO	13,616	$ 406,791			$ 325,528	$ 452,000	$ 403,120	**$ 1,587,439**
MONTEREY	445,414	$ 622,155	$ 800,000	$ 500,000	$ 342,262	$ 2,586,808	$ 502,071	**$ 5,353,296**
NAPA	140,779	$ 470,215			$ 330,456	$ 946,731	$ 432,261	**$ 2,179,663**
NEVADA	98,904	$ 449,329			$ 328,833	$ 732,388	$ 422,665	**$ 1,933,215**
ORANGE	3,222,498	$ 2,007,253	$ 2,400,000	$ 300,000	$ 449,888	$ 13,252,732	$ 1,138,467	**$ 19,548,340**
PLACER	396,691	$ 597,854			$ 340,374	$ 1,654,835	$ 490,906	**$ 3,083,968**
PLUMAS	19,779	$ 409,865			$ 325,767	$ 467,320	$ 404,533	**$ 1,607,484**
RIVERSIDE	2,440,124	$ 1,617,036	$ 1,700,000	$ 300,000	$ 419,567	$ 11,673,131	$ 959,179	**$ 16,668,913**
SACRAMENTO	1,546,174	$ 1,171,170	$ 2,500,000	$ 300,000	$ 384,922	$ 6,998,908	$ 754,321	**$ 12,109,321**
SAN BENITO	62,296	$ 431,071			$ 327,414	$ 677,589	$ 414,276	**$ 1,850,350**
SAN BERNARDINO	2,192,203	$ 1,493,383	$ 1,600,000	$ 500,000	$ 409,959	$ 11,296,877	$ 902,365	**$ 16,202,584**
SAN DIEGO	3,351,786	$ 2,071,736	$ 2,000,000	$ 300,000	$ 454,898	$ 14,182,952	$ 1,168,095	**$ 20,177,682**
SAN FRANCISCO	883,869	$ 840,838	$ 900,000	$ 300,000	$ 359,254	$ 3,538,061	$ 602,547	**$ 6,540,701**
SAN JOAQUIN	770,385	$ 784,237	$ 1,400,000	$ 300,000	$ 354,856	$ 3,956,783	$ 576,541	**$ 7,372,418**
SAN LUIS OBISPO	280,393	$ 539,849	$ 800,000	$ 300,000	$ 335,867	$ 1,490,230	$ 464,255	**$ 3,930,200**
SAN MATEO	774,485	$ 786,282	$ 1,100,000	$ 300,000	$ 355,015	$ 3,129,513	$ 577,481	**$ 6,248,291**
SANTA BARBARA	454,593	$ 626,733	$ 1,900,000	$ 300,000	$ 342,618	$ 2,439,009	$ 504,175	**$ 6,112,534**
SANTA CLARA	1,954,286	$ 1,374,719	$ 2,500,000	$ 300,000	$ 400,738	$ 7,268,562	$ 847,844	**$ 12,691,864**
SANTA CRUZ	274,871	$ 537,095			$ 335,653	$ 1,531,541	$ 462,989	**$ 2,867,278**
SHASTA	178,773	$ 489,165	$ 800,000	$ 500,000	$ 331,928	$ 1,070,867	$ 440,968	**$ 3,632,928**
SIERRA	3,213	$ 401,603			$ 325,125	$ 411,559	$ 400,736	**$ 1,539,022**
SISKIYOU	44,584	$ 422,237			$ 326,728	$ 577,208	$ 410,217	**$ 1,736,389**
SOLANO	441,307	$ 620,106	$ 1,000,000	$ 300,000	$ 342,103	$ 2,130,588	$ 501,130	**$ 4,893,927**
SONOMA	500,675	$ 649,717	$ 900,000	$ 300,000	$ 344,404	$ 2,287,496	$ 514,735	**$ 4,996,351**
STANISLAUS	558,972	$ 678,793			$ 346,663	$ 3,053,787	$ 528,094	**$ 4,607,337**
SUTTER	97,490	$ 448,624			$ 328,778	$ 833,552	$ 422,341	**$ 2,033,295**
TEHAMA	64,387	$ 432,114			$ 327,495	$ 681,334	$ 414,755	**$ 1,855,698**
TRINITY	13,688	$ 406,827			$ 325,530	$ 458,084	$ 403,137	**$ 1,593,578**
TULARE	479,112	$ 638,962	$ 2,900,000	$ 1,000,000	$ 343,568	$ 3,155,745	$ 509,793	**$ 8,548,068**
TUOLUMNE	54,590	$ 427,227			$ 327,116	$ 589,231	$ 412,510	**$ 1,756,084**
VENTURA	856,598	$ 827,237	$ 900,000	$ 300,000	$ 358,197	$ 3,894,187	$ 596,298	**$ 6,875,919**
YOLO	222,581	$ 511,014			$ 333,626	$ 1,462,971	$ 451,007	**$ 2,758,618**
YUBA	77,916	$ 438,861			$ 328,020	$ 749,788	$ 417,855	**$ 1,934,524**
TOTALS	**29,673,599**	**$ 38,000,000**	**$ 38,000,000**	**$ 10,000,000**	**$ 20,000,000**	**$ 150,000,000**	**$ 30,000,000**	**$ 286,000,000**