

**Sierra County
Board of Supervisors'
Agenda Transmittal &
Record of Proceedings**

MEETING DATE: May 5, 2020	TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Timed <input type="checkbox"/> Consent
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DEPARTMENT: Public Health
APPROVING PARTY: Vickie Clark, Director
PHONE NUMBER: (530) 993-6700

AGENDA ITEM: Resolution of the Board of Supervisors of the County of Sierra Authorizing the Acceptance of additional COVID-19 Crisis Response Funding

SUPPORTIVE DOCUMENTS ATTACHED: Memo Resolution Agreement Other

BACKGROUND INFORMATION: Please see attached memo

FUNDING SOURCE: 0515610
GENERAL FUND IMPACT: No General Fund Impact
OTHER FUND: COVID
AMOUNT: \$ 150,462.00 N/A

ARE ADDITIONAL PERSONNEL REQUIRED? <input type="checkbox"/> Yes, -- -- <input checked="" type="checkbox"/> No	IS THIS ITEM ALLOCATED IN THE BUDGET? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IS A BUDGET TRANSFER REQUIRED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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SPACE BELOW FOR CLERK'S USE

BOARD ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken	<input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____	Resolution 2020- _____ Agreement 2020- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus
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COMMENTS:

CLERK TO THE BOARD

DATE

Memorandum

To: Sierra County Board of Supervisors

From: Vickie Clark, Director

Reference: Agenda Item

Date of memo: April 22, 2020

Date of Board Meeting: May 5, 2020

Requested Action: Resolution of the Board of Supervisors of the County of Sierra Authorizing the Acceptance of additional COVID-19 Crisis Response Funding

Mandated by: Section 311(c)(1) of the Public Health Services Act (42 USC 243 (c)(1), Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123)

Funding

Budgeted? YesX No

Revenue	\$150,462.00	
Expenses	\$150,462.00	
Difference	0	

Background Information: On March 6, 2020, the President signed into law the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123)(Coronavirus Supplemental). This act provides funding to prevent, prepare for, and respond to Corona Virus Disease 2019 (COVID-19). Sierra County was allocated an additional \$150,462.00 for the period of March 5, 2020 through March 15, 2021. The funding is intended to carry out incident management for early crisis response, jurisdictional recovery, information management, countermeasures and mitigation, surge management and biosurveillance.

Potential Issues to consider: None

Alternatives or Impacts of disapproval:

BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA

RESOLUTION NO. _____

**RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SIERRA
AUTHORIZING THE ACCEPTANCE OF ADDITIONAL COVID-19 CRISIS RESPONSE
FUNDING**

WHEREAS, on March 6, 2020, the President signed into law the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123)(Coronavirus Supplemental). This act provides funding to prevent, prepare for, and respond to Corona Virus Disease 2019 (COVID-19).

WHEREAS, to support governmental public health emergency response to COVID-19, the Centers for Disease Control and Prevention (CDC) is awarding funding to provide resources to prevent, prepare for, and respond to COVID-19.

WHEREAS, The Emergency Preparedness Office (EPO) is allocating an additional \$150,462.00 to the County of Sierra.

NOW THEREFORE BE IT RESOLVED, the Sierra County Board of Supervisors authorizes the acceptance of the COVID-19 Crisis Response funding.

ADOPTED by the Board of Supervisors of the County of Sierra, State of California on the 5th day of May, 2020, by the following vote:

**AYES:
NOES:
ABSTAIN:
ABSENT:**

JIM BEARD
Chairman, Board of Supervisors

Date

ATTEST:

APPROVED AS TO FORM:

HEATHER FOSTER
Clerk of the Board

DAVID PRENTICE
County Counsel



Sonia Angell
State Public Health Officer & Director

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



GAVIN NEWSOM
Governor

Invoice Cover Sheet

Directions:

Please note the unsigned copy of the COVERSHEET is no longer required when submitting your Invoices.

Invoice Information			
Invoice Date	04/21/20	Invoice Number	19104COVID
Total Amount to Pay	\$150,462.00	Expedite	Expedite Request
Supplier Information			
Type	CO-Contract	Supplier Name	County of Sierra
FI\$Cal ID:	12009	and/or	
Federal Funds	Yes	Supplier ID	12009
Invoice Coding Information			
Enactment Year	[REDACTED]	Reporting Structure	42657410
Service Location	[REDACTED]	Program #	[REDACTED]
Account	[REDACTED]	Alternate Account	[REDACTED]
Project ID	[REDACTED]	Activity ID	[REDACTED]

Comments:

This invoice is to be paid to:	
Amount to be Paid	\$150,462.00
Speedchart	19ULT50103
Service Location	50103
Fund	890
Reference	111
ENY	2019
Program	4040
Project ID	426511103L00000
Activity ID	WP19PCA50103000
DGS	N/A
Budget Period	19/20

Approved/Received:

Melissa Relles

Date:

4/17/20

Print Name: Melissa Relles , Acting Assistant Deputy Director

COVID- 19 INVOICE

California Department of Public Health
 Emergency Preparedness Office
 Email Scanned Copy to: [LHBTProg@cdph.ca.g](mailto:LHBTProg@cdph.ca.gov)

Date: 4/15/2020

Award Number: COVID-19-4601

County Name/Address (to send warrant)

Check if remittance address changed since last Invoice

Sierra County Public Health

P.O. Box 376

Downieville, CA 95936

Contract Term: 03/05/2020 - 03/15/2021

Billing Period: 03/05/2020 - 03/15/2021

EPO Invoice Number: 19104COVID

Telephone: (530)993-8734

FI\$Cal ID #: 12009

COVID-19 Allocation	County Request	Remaining Balance
\$ 150,462.00	\$ 150,462.00	\$ -
Total Amount Due:		\$ 150,462.00

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.

Victoria A. Clark / Director
 Printed Name and Title of Authorized Representative

Victoria A. Clark 4/15/20
 Signature and Date of Authorized Representative

EPO Use Only	
Service Location: <u>50103</u>	Please Pay: <u>1150462.00</u>

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.

Melissa Relles
 Signature

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



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

SONIA Y. ANGELL, MD, MPH
State Public Health Officer & Director



GAVIN NEWSOM
Governor

April 13, 2020

Dr. Celia Sutton-Pado
Health Officer
County of Sierra
202 Front Street
Loyalton, CA 96118

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)

Dear Dr. Celia Sutton-Pado:

COVID-19 Crisis Response Funding
Award Number COVID-19-4601 County of Sierra

This letter covers COVID-19 Crisis Response reimbursement information for the period of March 5, 2020 through March 15, 2021. The Emergency Preparedness Office (EPO) has received another installment of this funding and is allocating an additional **\$150,462 to County of Sierra** in order to support your greatest response needs to prevent, prepare for, and respond to COVID-19. This allocation and your previous allocation, brings your total allocation to **\$302,643**.

Your Agency may use discretion to allocate this funding to your highest priority response needs in the following categories (Attachment 1 – Allowable Activities):

- Incident Management for Early Crisis Response;
- Jurisdictional Recovery;
- Information Management;
- Countermeasures and Mitigation;
- Surge Management; and
- Biosurveillance

The following costs are unallowable:

- Research;
- Clinical care except as provided above in connection with countermeasures and mitigation; and
- Publicity and propaganda (lobbying):
 - 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 designated to support or defeat the enactment of legislation before any legislative body; and
- 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.

EPO will reimburse your Agency within 72 hours of invoice receipt. In order to receive your allocation, please complete and submit your invoice (Attachment 2 – Invoice) as soon as possible to: LHBTProg@cdph.ca.gov.

Please Submit the following to EPO:

1. Invoice requesting reimbursement at your Agency's full allocation. Use the attached COVID-19 Invoice. Submit your invoice to: LHBTProg@cdph.ca.gov.
2. By April 17, 2020, submit a revised spend plan against your total allocation (Attachment 3 – Spend Plan) to: LHPTProg@cdph.ca.gov.
 - 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 \$189k as required by the funder.
 - Please maintain any supporting documentation for expenditures against this funding.
3. By April 23, 2020, submit a work plan for your total allocation (Attachment 4 – Work Plan) to: LHBTProg@cdph.ca.gov.
4. On a quarterly basis, beginning in June 2020, submit an expenditure report against your total allocation (Attachment 3) and work plan progress report (Attachment 4).

Thank you for the time your Agency has and will continue to invest in this response. I am hopeful that with additional funding your Agency will have the adequate resources for an appropriate response. If you have any questions or need further clarification, please contact your assigned EPO Contract Manager directly.

Sincerely,



Tricia Blocher, Deputy Director
Emergency Preparedness Office
California Department of Public Health

Submit

GOVERNMENT AGENCY TAXPAYER ID FORM

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal Government Agency Name **Sierra County Public Health**

Remit-To Address (Street or PO Box) **P.O. BOX 376**

City: **Downieville** State: **CA** Zip Code+4: **95936**

Government Type: City County Special District Federal Other (Specify)
Federal Employer Identification Number (FEIN) **94-6000536**

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FI\$Cal ID# <small>(if known)</small>	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
FI\$Cal ID# <small>(if known)</small>	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
FI\$Cal ID# <small>(if known)</small>	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
FI\$Cal ID# <small>(if known)</small>	<input type="text"/>	Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>

Contact Person **Shawna Graves** Title **Account tech III**
Phone number **(530)993-6734** E-mail address **sgraves@sierracounty.ca.gov**
Signature  Date **06/18/2019**