

*California Department of Public Health
Center for Infectious Diseases*

**Office of AIDS
HIV Prevention Program
Budget Guidance**

*for Cooperative Agreement Contracts
Effective January 1, 2016*



Office of AIDS
Center for Infectious Diseases
California Department of Public Health
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I. IMPORTANT CALENDAR YEAR 2016 ADMINISTRATIVE CHANGES

Calendar Year (CY) 2016 is the first year of a new three year Cooperative Agreement Contract with the California Department of Public Health (CDPH), Center for Infectious Diseases, Office of AIDS (OA), HIV Prevention Branch. CDPH has administrative changes that require Local Health Jurisdictions (LHJs) to provide information that has not been required in prior years.

There are three administrative changes in CY 2016 that LHJs are required to provide with their budget documents. They include the following:

1. LHJs need to submit a five line-item budget for the following contract terms:

January 1, 2016 – December 31, 2016

January 1, 2017 – December 31, 2017

January 1, 2018 – December 31, 2018

2. The LHJ must provide for each of their subcontractors a copy of the letter they received from the Internal Revenue Service (IRS) to be tax-exempt under the terms of section 501(c)(3) of the Internal Revenue Code. Community-Based Organizations receiving State funding through this Cooperative Agreement Contract with the LHJ are required to be a non-profit agency. For questions, please refer to the IRS website at: <https://www.irs.gov/>.
3. LHJs will be required to submit supporting documentation with their five-line item invoice that provides details to support how funds are spent in accordance with the budget that is submitted at the beginning of the CY. Invoices submitted each quarter must represent activities performed during the billing period indicated on the invoice and the costs included in the invoice must have occurred during billing period on the invoice.
4. The Service Category Worksheet is included with the 2016 budget requirements. It is intended to provide a summary of how LHJs are allocating their prevention funding for evidence-based interventions in accordance with the Centers for Disease Control and Prevention (CDC) requirements as indicated in the PS 12-1201 HIV Prevention grant with CDPH/OA.

II. FORMULA

As in previous years, the HIV Prevention Branch allocates HIV prevention funds to 18 LHJs within the California Project Area (CPA) with the CDC PS12-1201 grant awarded to CDPH/OA. This funding is determined by a formula that uses the percentage of people living

with HIV/AIDS (PLWH/A), excluding prison cases, percentage of African Americans, Hispanics, and people living below poverty. The weight of the criteria is as follows:

- 75% Percentage of PLWH/A, excluding prison cases (2011 Surveillance data);
- 15% Percentage of African Americans (2010 Census data);
- 5% Percentage of Hispanics (2010 Census data); and
- 5% Percentage of people living below poverty (2010 Census data).

III. PROGRAMMATIC REQUIREMENTS AND CHANGES

CY 2016 is the fifth and final year of the five-year project period for the CDC grant "PS12-1201, Comprehensive HIV Prevention Programs."

The current prevention program activities that have not changed and will be required for CY 2016 include three core services:

1. Targeted HIV testing;
2. Partner Services; and
3. Linkage to Care.

Additionally, funded LHJs must:

4. Meet monitoring and evaluation requirements set by OA;
5. Offer HIV testing through an alternative test site; and
6. Meet the subsidiary requirements that support HIV testing, PS and LTC services.

In jurisdictions where few newly-identified confirmed positive (NICP) cases are anticipated, LTC and PS activities will take priority.

In addition to the three core services, LHJs may choose to provide other effective HIV prevention services. These services are divided into a Tier I and Tier II system that are designed to provide flexibility for LHJs to make decisions that work at the local level, at the same time it prioritizes the evidence-based interventions that can best meet the goals of the National HIV/AIDS Strategy. In accordance with CDC guidelines, Tier II activities are lower priority and cannot exceed 25% of the total prevention budget award.

LHJs must ensure that activities designated as Tier I are provided, using any resources available to the LHJ, before using OA prevention funding Tier II activities (with the exception of Hepatitis C virus [HCV] testing). HCV antibody testing, while designated a Tier II activity, may be conducted by the LHJ without first ensuring that all Tier I activities are being conducted within the LHJ.

The program requirements are described in detail in the [Prevention Program Guidance January-December 2015](#) that is on the OA website. In CY 2016, the Prevention Branch

will be updating this guidance as needed. LHJ's will be notified when the new guidance is released and posted on the OA website.

IV. COMPLETING BUDGET DOCUMENTS

1. In order to complete the budget documents:

- a. Work closely with your Operations Advisor to ensure the budget forms are accurate and will require minimal changes when the final budget is submitted;
- b. For questions about completing the budget documents, please contact your assigned Operations Advisor in advance of the due date for submission;
- c. Refer to the instructions below to complete the budget documents identified in the corresponding tab on the Excel spreadsheet;
- d. Round all figures to the nearest whole dollar; and
- e. Include the Data Universal Numbering System (DUNS) number for both the LHD and each subcontractor where indicated.

V. REQUIRED DOCUMENTS

Please return the following required documents to your assigned Operations on or before **December 16, 2015**:

1. Document Checklist
2. LHJ Contact Information
3. Five Line-Item Budgets for the follow CYs:
 - a. January 1, 2016 - December 31, 2016
 - b. January 1, 2017 - December 31, 2017
 - c. January 1, 2018 - December 31, 2018
4. Budget Detail for 2016
5. Personnel Detail for 2016
6. Subcontractor Information 2016 (if *applicable*)
7. Subcontractor Personnel Detail for 2016 (if *applicable*)
8. Service Category Worksheet

Keep in mind the following points when completing the budget documents:

1. The documents/forms must be prepared by only using the Excel file included in the budgets documents;
2. The Excel file consists of multiple tabs/worksheets;
3. All worksheets in the Excel file contain built-in formulas;
4. Some information that you input into these cells automatically populates other tab/worksheet cells/computations; and
5. Changing the built-in formulas may change data in other parts of the worksheet that weren't intended to change and/or cause math errors throughout the document.

The follow are instructions for completing each required document:

1. Document Checklist

The Document Checklist must be completed and signed by the LHJ to certify that all "Required Documents" have been accurately and thoroughly completed.

2. LHJ Contact Information

In addition to your LHJs DUNS number, the Contact Information form must include your LHJ's key personnel:

- a. HIV/AIDS Director
- b. HIV Prevention Program Coordinator
- c. HIV Prevention Program Fiscal Contact

OA uses this information to keep our records up-to-date, so the information must be completed for each position. Additionally, a revised LHJ Contact Information form must be sent to your Operations Advisor if there is a staffing change at any time during the calendar year.

For the HIV Prevention Program Coordinator, please list the individual that our office will work with on a day-to-day basis.

3. LHJ Five Line-Item budget

LHJs are required to submit a five line-item budget for CY 2016, 2017 and CY 2018 that includes the total for Personnel, Operating Expenses, Capital Expenditures, Other Costs and Indirect Costs.

4. LHJ Budget Detail

LHJs are required to submit a detailed budget for CY 2016. The detailed budget must include the same totals for each line-item as indicated in the five line-item budget. As with the five line-item budget, the detailed budget includes Personnel, Operating Expenses, Capital Expenditures, Other Costs and Indirect Costs.

- a. The Personnel Section of this form has been expanded to include the detail for the LHJ personnel charged to this contract. The information requested for this line-item includes the position title, the annual salary/range and Full Time Equivalent (FTE) percentage for each position.
- b. LHJs are required to **complete the Operating Expenses line-item in its entirety by filling in every blank space that is provided and adding a brief justification for each item requested.** If an item that is listed doesn't apply, include N/A under

the “Detailed Information and Justification” column. If you need to add an item that is not listed, additional rows are available so that you may list the item(s) and provide a justification for each item(s). If the exact cost of an item is unknown, an estimate that is closely aligned with the actual costs is acceptable.

When including items under Operating Expenses, consideration should be given to local needs and how this item will enhance your local prevention program. For example, when choosing a specific conference to attend it is important to identify the most appropriate staff to send to the conference and assess how the subject matter and topic of the conference will enhance and build capacity for your local prevention program.

- c. Capital Expenditures is one of the five line-items included in the Cooperative Agreement Act, Assembly Bill 454. It includes items that can be added to Operating Expenses and purchased with less restrictions. As a result, these items will be included in Operating Expenses and the total amount claimed in the Capital Expenditures line-item should be zero.
- d. Other Costs should only include the total amount for each subcontractor, if applicable. The amount listed for each subcontractor must match the amount included in the five line-item budget for CY 2016 and the subcontractor’s detailed budget.
- e. The Indirect Cost Rate (ICR) the LHJ submits in their budget must be the approved rate on file with CDPH. LHJ may allocate less than this rate but can’t exceed the rate. For questions about the ICR, please refer to the CDPH website at: <http://www.cdph.ca.gov/pubsforms/forms/Pages/default.aspx>.

5. LHJ Personnel Detail Form

LHJs are required to submit this form to provide a detailed description of the major responsibilities for LHJ personnel charged to this contract.

The name should be included for each staff person occupying the positions listed. If a position is vacant, include the estimated date that the position will be filled. Indicate the salary for each staff member occupying a specific position, the FTEs and benefits. In the case of a staff member that receives an hourly rate, indicate the total number of hours for the year instead of FTE. The total for this form(s) must match the amount entered in the total personnel line of the five line-item budget for CY 2016 and the Budget Detail form.

Personnel classifications and/or professional disciplines must be appropriate for the major responsibilities outlined in the description of duties, and for the management

and oversight of the specific HIV prevention programs that OA funds. The administrative staff funded under this contract must perform duties that are necessary to support local HIV prevention program activities. This funding may be used for staff time dedicated to entering data into LEO, in order to meet the OA requirement that data be entered within five days of an encounter.

Duty statements must be available for all project personnel and must be maintained by the LHJ for review by OA's HIV Prevention staff upon request.

6. Subcontractor Budget Detail Form

LHJs are required to submit this form for each subcontractor and/or consultant funded through this HIV Prevention Program cooperative agreement. It is in a similar format as the LHJs Budget Detail form but displays the subcontractor costs instead of the LHJs costs.

Each subcontractor is also required to provide a DUNS number on the Subcontractor Budget Detail page.

Additionally, each subcontractor must submit a copy of the letter they received from the Internal Revenue Service (IRS) to be tax-exempt under the terms of section 501(c)(3) of the Internal Revenue Code. Community-Based Organizations receiving State funding through this Cooperative Agreement Contract with the LHJ are required to be a non-profit agency. For questions, please refer to the IRS website at: <https://www.irs.gov/>.

Both sections 1 and 2 must be completed. Section 1 includes subcontractor information. Section 2 includes Personnel Costs, Operating Expenses, Capital Expenditures, Other Costs and Indirect Costs for the subcontractor.

7. Subcontractor Personnel Detail Form

This form is required for each subcontractor and/or consultant funded by LHJ through this contract. It is in the same format as the LHJs Personnel Detail form, but includes the subcontractor(s) personnel instead of the LHJs personnel.

8. Service Category Worksheet

The purpose of the service category worksheet is to provide both the LHJ and OA a summary of how CY 2016 PS12-1201 HIV Prevention Grant are allocated within the LHJ.

The worksheet is designed to respond to the CDC annual report required of OA. The worksheet must also mirror the HIV Prevention five Line-Item Budget Document and the LEO Contract Annual Review screen, and the "Total Allocation," "Total to be Reached," and "Cost per Client" fields within the Intervention Details Screen for each intervention in LEO.

Please note that based on the CDC requirements the Intervention Costs calculation method has changed for 2016 to provide consistency when stating the cost per intervention. Instructions regarding how to determine Intervention Costs are included in the instructions that follow. At this time, there is no specific definition of what is an appropriate cost per intervention or cost per client. If an intervention cost or cost per client seems extraordinarily low or high compared with other CDPH OA HIV Prevention funded interventions, OA will work with the LHJ to adjust costs or to document the reasons for the determined costs.

This worksheet is designed to assist the LHJs in HIV Prevention Program planning, prepare the LHJs to edit or add interventions into LEO, and provide OA with information to fulfill CDC reporting requirements.

VI. REPORTING REQUIREMENTS

1. Progress Reports

Progress reports are required on a semi-annual basis, and must be submitted to your assigned Operations Advisor via e-mail.

The progress reports for CY 2016 will cover the first six months of the contract, from January 1, 2016 to June 30, 2016, and the second six-month period, from July 1, 2016 to December 31, 2016. The two six-month progress reports for activities conducted in CY 2016 will be due on August 15, 2016 and February 15, 2017.

The progress reports should address, 1) all applicable services performed in Tier I and/or Tier II; 2) required information as outlined in the [Prevention Program Guidance January-December 2015](#); and 3) follow-up items outlined in the feedback provided from the previous progress report.

Please report on all activities implemented by your LHJ, and include the activities of all your subcontracted agencies.

The progress report should follow the guidance instructions that will be provided in the progress report template prior to the reporting period.

VII. INVOICING AND LINE-ITEM BUDGET REVISION

1. Invoicing

LHJs must submit invoices for reimbursement of expenses incurred on a monthly or quarterly basis. Invoices must be based on actual expenses incurred within the month/quarter specified, and the expenses claimed must be within the dollar amounts indicated for each of the five line-items in your approved budget.

LHJs will be required to submit supporting documentation with their five-line item invoice that provides details to substantiate how funds were spent in accordance with the budget that was submitted at the beginning of the CY.

Signed electronic copies of invoices must be submitted **forty-five days** following the end of each billing period to OOAInvoicedesk@cdph.ca.gov. When submitting invoices to OA, LHJs must ensure that the invoice includes the name of LHJ, OA contract number and authorized signature.

LHJs should continuously assess their budgets and shift funding based on expenditures and need. Line-Item Budget Revisions can be submitted quarterly or as needed to assist contractors in moving funds to accommodate the service needs of their LHJs.

Contractors are allowed line-item shifts up to fifteen percent (15%) of the annual contract total, not to exceed a maximum of one hundred thousand (\$100,000) annually. Prior approval by your assigned Operations Advisor is required. The LHJ must submit a brief justification by e-mail describing the proposed revision to their budget. Once the justification is approved, the LHJ will be provided with a form to complete and submit to your Operations Advisor. LHJs should retain a copy for your records and invoice accordingly. Line-item shifts may not increase the LHJs approved annual budget.

VIII. HOW, WHEN, AND WHERE TO SUBMIT REQUIRED BUDGET DOCUMENTS

Please e-mail the completed budget documents and Service Category Worksheet **to your assigned Operations Advisor by December 16, 2015.**

HIV Prevention Program		
HIV Prevention Branch Chief	Amy.Kile-Puente@cdph.ca.gov	(916) 449-5805
HIV Prevention Operations Section Chief	Sandy.Simms@cdph.ca.gov	(916) 449-5538
HIV Prevention Program Section Chief	Matthew.Millsbaugh@cdph.ca.gov	(916) 449-5293

HIV Prevention Operations Advisors	Assigned Local Health Jurisdictions
<p>Cheryl Austin (916) 449-5810 Cheryl.Austin@cdph.ca.gov</p>	<ul style="list-style-type: none"> • Alameda • Long Beach • Monterey • Riverside • Santa Barbara • Santa Cruz • San Diego
<p>Sandy Simms (Temporary) (916) 449-5538 Sandy.Simms@cdph.ca.gov</p>	<ul style="list-style-type: none"> • Contra Costa • Sacramento • San Joaquin • Stanislaus
<p>Andrea Vazquez (916) 322-0773 Andrea.Vazquez@cdph.ca.gov</p>	<ul style="list-style-type: none"> • Fresno • Kern • Orange • Santa Clara • Solano • Sonoma
<p>Vivian Noble (916) 319-9652 Vivian.Noble@cdph.ca.gov</p>	<ul style="list-style-type: none"> • San Bernardino • Ventura

Other HIV Prevention Program Contacts

The following HIV prevention program specialists at the Office of AIDS are available to provide Local Health Jurisdiction staff with technical assistance when developing local HIV prevention program goals as outlined in the HIV Prevention Program Guidance.

<i>Program Specialists</i>	<i>Service Area</i>
Matthew Willis (916) 449-5797 Matthew.Willis@cdph.ca.gov	Targeted Testing and HCV Testing
Clark Marshall (916) 650-6752 Clark.Marshall@cdph.ca.gov	Routine Opt-Out Testing Category B
Jennifer Olson (916) 449-5940 Jennifer.Olson@cdph.ca.gov	Routine Opt-Out Testing in Health Care Settings
Dennese Neal (916) 440-7744 Dennese.Neal@cdph.ca.gov	Linkage to Care, Comprehensive Prevention with Positives
Kevin Sitter (916) 449-5814 Kevin.Sitter@cdph.ca.gov	Comprehensive Prevention with Positives, Risk Reduction Activities, Social Marketing, PrEP
Manny Rios (916) 449-5824 Manny.Rios@cdph.ca.gov	Partner Services
Alessandra Ross (916) 449-5796 Alessandra.Ross@cdph.ca.gov	Injection Drug Using Target Population, Syringe Services Programs
Carol Crump (916) 449-5965 Carol.Crump@cdph.ca.gov	Comprehensive Prevention with Positives, Re-engagement in Care
Kama Brockmann (916) 449-5964 Kama.Brockmann@cdph.ca.gov	Use of Surveillance Data in High-Impact HIV Prevention Programming
Karin Hill (916) 319-9461 Karin.Hill@cdph.ca.gov	HIV Test Counselor Training