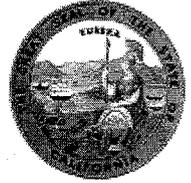




California
Department of
Health Services

SANDRA SHEWRY
Director

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



ARNOLD SCHWARZENEGGER
Governor

April 15, 2005

**TO: MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIRECTORS
ADOLESCENT FAMILY LIFE PROGRAM (AFLP), AND ADOLESCENT
SIBLING PREGNANCY PREVENTION (ASPPP) DIRECTORS**

**SUBJECT: APPLICATION FOR AGREEMENT (AFA) ANNUAL ALTERNATE-YEAR
FUNDING DOCUMENTS SUBMISSION AND NEW SUDDEN INFANT
DEATH SYNDROME (SIDS) ALLOCATIONS FOR FISCAL YEAR
(FY) 2005/2006**

The Maternal, Child, and Adolescent Health/Office of Family Planning Branch is pleased to provide local jurisdictions with information regarding the New AFA process for the Alternate-Year AFA package submissions. As you are aware, MCAH implemented a three-year funding period for the local jurisdictions starting in FY 2004/2005 through 2006/2007. Previously, MCAH required the submission of a complete AFA package for each FY within the funding period. MCAH found that since agencies may have had no changes from the original approved AFA documents, many agencies were submitting duplicate information. In an effort to streamline our current AFA process, we have modified the requirements to eliminate as much of the duplication as possible for the second and third years of your agreement period. The revised requirements are noted below.

New Sudden Infant Death Syndrome (SIDS) Allocation

As mentioned at MCAH Action meetings earlier this year, the Department has redirected a portion of Title V funding for the SIDS program to local jurisdictions. Beginning in FY 2005/2006, each jurisdiction will receive an allocation for SIDS related activities. These new dollars are identified in a separate column on the FY 2005/2006 MCAH Allocation Table, which is available on the MCAH website (see link below). Under Scope of Work (SOW) Objective #4, each jurisdiction will need to identify the SIDS related activities they plan to implement based on the additional allocation. MCAH Directors and SIDS coordinators will soon receive a Program Alert Letter that will provide additional information and guidance regarding use of these dollars.

Required Documents

Following is a list of documents required for submission prior to the start of each fiscal year within the three-year agreement period. In order to complete the AFA process, we ask that you review the instructions and submit the requested documents as applicable.

- 1) Annual Alternate-Year Funding Checklist – This document is similar to the checklist previously submitted, but has been modified specifically for submitting alternate-year funding documents. This is a fill-in document that will allow you to select the appropriate fiscal year by using the drop down arrows and will also allow you to check the “YES” or “NO” box(s) that are applicable.
 - 1.1 Checking the “YES” box will indicate that document(s) you are submitting have changed since the original AFA funding period approval, and are therefore required for submission.
 - 1.2 Checking the “NO” box will indicate that the document(s) have not changed from the original AFA funding period approval, and are therefore not required for submission.
- 2) AFA Alternate-Year Funding Form (four (4) pages with instructions). This is a fill-in document that will allow you to list all applicable agency contact information.
- 3) Updates to any AFA forms on which your agency information has changed since FY 2004/2005.

The required AFA Alternate-Year documents are listed on our MCAH Website located at: <http://www.mch.dhs.ca.gov/administration/afa.htm>. You can navigate the website to locate and download the documents by selecting the link above and completing the following steps:

- 1) Locate the AFA Checklist Heading and choose the appropriate FY link (AFA Alternate-Year Update) open, and then save to your computer.
- 2) Locate the Funding Application Heading and choose the appropriate FY link (AFA Alternate-Year Update) open, and then save to your computer.

This website also includes the following items:

- FY 2005/2006 MCAH Allocation Table
- FY 2005/2006 AFLP/ASPPP Allocation Table
- Budget Templates for each of the three fiscal years
- MCAH and Black Infant Health (BIH) Medi-Cal Factor Tables
- AFLP Only Scope of Work (SOW) (Updated with minor changes and is formatted as a “fill-in document”)
- AFLP/ASPPP SOW (Updated with minor changes and is formatted as a “fill-in document”)

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- BIH, Fetal and Infant Mortality Review (FIMR), BIH FIMR, AND MCAH/SIDS SOW (Revisions Pending)
- Contractor Equipment Purchase with DHS Fund Form
- Inventory/Disposition of DHS Funded Equipment
- Subcontractor Agreement Form
- Travel Reimbursement Information Form
- Sample Invoice Cover Letter
- Contract Manager Information and Agency Agreement Numbers

If you have any difficulty in locating and/or completing the required documents or if you have questions regarding the submission of your FY 2005/2006 AFA, please contact your contract manager as soon as possible for assistance. **Please submit an original and two copies of your AFA Alternate-Year Package no later than June 1, 2005.**

If you find that you are unable to meet the deadline for AFA Submission, please contact your contract manager to request an extension.

Please use the proper address below to submit your AFA Package depending upon your mailing preference:

Regular Mail:

(Contract Manager's Name)

California Department of Health Services

Maternal, Child and Adolescent Health/Office of Family Planning Branch

MS 8305

P.O. Box 997420

Sacramento, CA 95899-7420

FedEx/UPS/Overnight Courier:

(Contract Manager's Name)

California Department of Health Services

Maternal, Child and Adolescent Health/Office of Family Planning Branch

MS 8305

1615 Capitol Avenue, Suite 73.560

Sacramento, CA 95814-5015

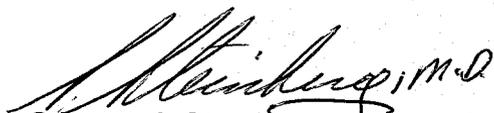
As with all state funding agreements, final funding is contingent on appropriations in the final State Budget Act. For your protection, do not incur any expenses or fiscal liabilities against this funding agreement until you have received your AFA approval letter. Any expenses incurred in advance of that approval are at your own risk and the State acknowledges no responsibility for reimbursement. As a reminder, please do not submit invoices for payment until you have the AFA approval letter. Also, please confirm that your agency is using the correct AFA Agreement number for FY 2005/2006 (**2005 "County #"**). The agreement number is required identification for all of your invoices, correspondence, and reports.

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Please remember the longer your agency retains the AFA Package, the longer it will be before it is reviewed and approved by MCAH/OFP Branch. After all approvals have been secured, an AFA approval letter will be sent to you.

Thank you for your careful review and monitoring of this funding agreement through your agency's administrative approval process.

Sincerely,



Susann J. Steinberg, M.D., Chief

Maternal, Child, and Adolescent Health/Office of Family Planning Branch

cc: Contract Managers
Program Consultants
Central File