

**Office of AIDS  
HIV/AIDS Surveillance  
Budget Guidance  
Fiscal Years 2010 – 2013**

**Office of AIDS  
California Department of Public Health  
MS 7700  
P.O. Box 997426  
Sacramento, CA 95899-7426**



## I. Introduction

Your Local Health Jurisdiction's (LHJ) Master Agreement (MA) contract will begin July 1, 2010 and end June 30, 2013. The MA will include, as an exhibit, the Memorandum of Understanding (MOU) for the HIV/AIDS Surveillance Program.

In order to prepare the HIV/AIDS Surveillance Program MOU, OA needs budget information for your LHJ. At this time, we need budget summaries for each on the three years of the MOU and budget detail for year 1 (FY 2010/11). Budget detail for years 2 and 3 will be requested prior to the beginning of each of those years. OA is requesting that each LHJ submit the documents listed below in the Required Documents, Section III of this guidance.

## II. HIV/AIDS Surveillance Program

Services are funded by the State General Fund.

The allowable activities for the HIV/AIDS Surveillance Program are outlined in HIV/AIDS Surveillance Program Activities, Section IV.

[Click here](#) for detailed information regarding the allocation process.

For questions regarding the program or completing the budget forms, please contact your assigned Operations Advisor, as noted in Section V.

## III. Required Documents

The following budget documents are [available here](#) as a Microsoft Excel file, with a tab for each of the required documents. Budgets must be prepared using this file.

- Document Checklist
- LHJ Contact Information
- HIV/AIDS Surveillance Program Five Line Item Budget for Each of Three Years
- HIV/AIDS Surveillance Program Budget Detail for Year 1
- HIV/AIDS Surveillance Program Personnel Detail for Year 1

### HIV/AIDS Surveillance Program Five Line Item Budget for Each of Three Years

In order to prepare the HIV/AIDS Surveillance Program MOU, OA needs budget information for the five line item budget. Indirect Expenses are limited to 15 percent of the total Personnel Costs for the Contractor.

HIV/AIDS Surveillance Program Budget Detail Form for Year 1

This form identifies detailed information to support the five-line item budget for Year 1.

HIV/AIDS Surveillance Program Personnel Detail Form for Year 1

The HIV/AIDS Surveillance Program Personnel Detail form identifies the LHJ personnel charged to the HIV/AIDS Surveillance Program MOU. The total at the bottom of the form must match the amount entered in the Total Personnel line of the HIV/AIDS Surveillance Program Budget.

**IV. HIV/AIDS Surveillance Program Activities**

<b>Active Surveillance Activities</b>	Establish and enhance active and passive HIV/AIDS case surveillance in other health and social service settings, including laboratories and confidential test sites. Improve the timeliness, completeness, accuracy, and reliability of the local HIV/AIDS case data. This includes ensuring testing and treatment history (for incidence surveillance) and Western Blot accession number are available. Investigate reported HIV/AIDS cases in order to establish an accurate mode of HIV transmission, and in conjunction with the California Department of Public Health, Office of AIDS (CDHS/OA) staff, conduct investigations of cases of public health importance.
<b>HIV/AIDS Case Registry Operations</b>	Improve the timeliness, accuracy and reliability of the local HIV/AIDS case data.
<b>HIV/AIDS Case Investigations</b>	Investigate reported HIV/AIDS cases in order to identify the mode of HIV transmission, and in conjunction with Office of AIDS staff, to conduct investigations of Cases of Public Health Importance (COPHI)
<b>Ensure Confidentiality of All Information</b>	Protect the rights of individuals infected with HIV/AIDS by assuring that identifying information is safeguarded both in original case reports and in disseminated data.
<b>Analysis, Dissemination, And Use Of Surveillance Data</b>	In collaboration with the OA, plan, conduct, and disseminate studies of HIV/AIDS morbidity and mortality. All studies should adhere to confidentiality guidelines.
<b>Evaluation Of HIV/AIDS Surveillance System</b>	Monitor the timeliness and completeness of HIV/AIDS name based case reporting and direct HIV/AIDS case finding activities to ensure optimal use of surveillance resources.

V. HIV/AIDS Surveillance Program Contacts

HIV/AIDS Surveillance Program		
Surveillance, Research, and Evaluation Branch Chief	<a href="mailto:Karen.Mark@cdph.ca.gov">Karen.Mark@cdph.ca.gov</a>	(916) 449-5905
Surveillance Section Chief	<a href="mailto:Steven.Starr@cdph.ca.gov">Steven.Starr@cdph.ca.gov</a>	(916) 449-5954

Surveillance Coordinators	Assigned Contracts	
<p>Gary Horpedahl (916) 445-6047 <a href="mailto:Gary.Horpedahl@cdph.ca.gov">Gary.Horpedahl@cdph.ca.gov</a></p>	<ul style="list-style-type: none"> <li>• Alameda</li> <li>• Berkeley</li> <li>• Contra Costa</li> <li>• Long Beach</li> <li>• Los Angeles</li> <li>• Marin</li> <li>• Monterey</li> <li>• Orange</li> <li>• Pasadena</li> </ul>	<ul style="list-style-type: none"> <li>• Riverside</li> <li>• San Benito</li> <li>• San Bernardino</li> <li>• San Diego</li> <li>• San Francisco</li> <li>• Santa Barbara</li> <li>• Santa Clara</li> <li>• Santa Cruz</li> <li>• Ventura</li> </ul>
<p>Frank Dionisio (916) 341-6047 <a href="mailto:Frank.Dionisio@cdph.ca.gov">Frank.Dionisio@cdph.ca.gov</a></p>	<ul style="list-style-type: none"> <li>• Alpine</li> <li>• Amador</li> <li>• Butte</li> <li>• Calaveras</li> <li>• Colusa</li> <li>• Del Norte</li> <li>• El Dorado</li> <li>• Fresno</li> <li>• Glenn</li> <li>• Humboldt</li> <li>• Imperial</li> <li>• Inyo</li> <li>• Kern</li> <li>• Kings</li> <li>• Lake</li> <li>• Lassen</li> <li>• Madera</li> <li>• Mariposa</li> <li>• Mendocino</li> <li>• Merced</li> <li>• Modoc</li> </ul>	<ul style="list-style-type: none"> <li>• Mono</li> <li>• Napa</li> <li>• Nevada</li> <li>• Placer</li> <li>• Plumas</li> <li>• Sacramento</li> <li>• San Joaquin</li> <li>• San Luis Obispo</li> <li>• San Mateo</li> <li>• Shasta</li> <li>• Sierra</li> <li>• Siskiyou</li> <li>• Solano</li> <li>• Sonoma</li> <li>• Stanislaus</li> <li>• Sutter</li> <li>• Tehama</li> <li>• Trinity</li> <li>• Tulare</li> <li>• Tuolumne</li> <li>• Yolo</li> <li>• Yuba</li> </ul>

## VI. How, When, and Where to Submit Required Documents

Please email the complete [Excel file](#) by **May 24, 2010** to [MAMOUdocs@cdph.ca.gov](mailto:MAMOUdocs@cdph.ca.gov).