



TOMÁS J. ARAGÓN, M.D., Dr.P.H.  
Director and State Public Health Officer

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



GAVIN NEWSOM  
Governor

August 31, 2021

Dr. Susan Philip  
Health Officer  
City & County of San Francisco  
101 Grove Street, Room 308  
San Francisco, CA 94102

**COVID-19 Public Health Crisis Response and the  
Public Health Workforce Development Supplemental  
Funding  
Award Number WFD-038  
City & County of San Francisco**

**Authority:**

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

American Rescue Plan Act of 2021 (P.L.  
117-2). Subtitle F Public Health Workforce,  
Sec. 2501 Funding for Public Health  
Workforce

Dear Dr. Susan Philip:

This letter covers the Public Health Workforce Development Supplemental funding through the American Rescue Plan Act of 2021, to establish, expand, train, and sustain the STLT public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs. Funding for these activities is covered for the period beginning July 1, 2021 to June 30, 2023. The California Department of Public Health (CDPH) is allocating **\$1,557,822** to **City & County of San Francisco**. This letter describes the goals and structure of the workforce development strategy, the funding provided, and the expectations.

CDPH was awarded \$173 million and will allocate \$64 million to LHDs for strategically recruiting, hiring, and training personnel to address projected jurisdictional COVID-19 response needs while continuing to distribute and administer vaccine without discriminating on non-public-health grounds within a prioritized group.

**Funding:**

The funding term is July 1, 2021 to June 30, 2023. CDPH will evaluate spending at the local level in June 2022. 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.

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### **Allowable Costs:**

Funding can be used to hire personnel for roles that may range from senior leadership positions to early career or entry-level positions and may include, but is not limited to:

- Permanent full-time and part-time staff
- Temporary or term-limited staff
- Fellows
- Interns
- Contractors or contracted employees

For a detailed listing of allowable costs and activities, please refer to the funding guidance document, Attachment 4.

### **Unallowable Costs:**

The funding associated with the Public Health Workforce grant cannot be used for the following costs:

- Research.
- Clinical care (except as otherwise noted in Domain 5 and as may be provided in further guidance from CDC).
- 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 designed to support or defeat the enactment of legislation before any legislative body.
    - 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.

### **Submission Requirements:**

1. Complete a Workplan and Budget by **September 30, 2021** and submit to CDPH at: [LHBTProg@cdph.ca.gov](mailto:LHBTProg@cdph.ca.gov). See *Attachments 1 and 2*. Your Agency should consider the following when developing your Workplan and Budget:

- Develop approximate goals and metrics regarding diversity of staff hired and equity and inclusion activities. Report on progress against those measures will be required.

- Because overtime costs are a very likely and reasonable expense during the response to COVID-19, CDC is allowing budgets to include projected overtime costs. Overtime costs should be estimated based on current real-time needs.
- It is recommended that your Agency fund an administrative position to ensure fiscal accountability and reporting requirements of this grant.
- Your Agency must work in coordination with tribal governments, community-based organizations, and faith-based organizations, particularly those with experience with high-risk populations based upon county COVID-19 surveillance 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.).
- 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 Public Health Workforce Development Supplemental Funding, the CDC requires submission of the following reporting documents. For your convenience, your Contract Manager will issue reminders as these dates get closer.

1. Quarterly progress reports on status of timelines, goals, and objectives.
  - Progress reports must include status in meeting hiring goals. Progress toward meeting hiring goals including types of staff hired and the general roles they hold.
2. Quarterly fiscal reports summarizing progress in obligating and spending the allocated funds.

Progress reports must be submitted to CDPH following the schedule below. Note, if your workplan or budget is under review by CDPH and has not been approved by the progress report due date, you are still required to submit your progress report to CDPH.

<b>Year/Quarter</b>	<b>Reporting Period</b>	<b>Due Date</b>
Year 1/Q1	July 1, 2021 – September 30, 2021	October 31, 2021
Year 1/Q2	October 1, 2021 – December 31, 2021	January 31, 2022
Year 1/Q3	January 1, 2022 – March 31, 2022	April 30, 2022
Year 1/Q4	April 1, 2022 – June 30, 2022	July 31, 2022
Year 2/Q1	July 1, 2022 – September 30, 2022	October 31, 2022
Year 2/Q2	October 1, 2022 – December 31, 2022	January 31, 2023
Year 2/Q3	January 1, 2023 – March 31, 2023	April 30, 2023
Final	April 1, 2023 – June 30, 2023	July 31, 2023

### **Reimbursement/Invoicing:**

CDPH will reimburse your Agency upon receipt of invoice. In order to receive your reimbursements, please complete and submit your invoice(s) to: [LHBTProg@cdph.ca.gov](mailto:LHBTProg@cdph.ca.gov). See *Attachment 3*.

1. First Quarter Payment: CDPH will issue a warrant (check) to your Agency for 25% of your total allocation, this will be issued as an advance payment.
2. Future payments will be based on reimbursement of expenditures once the 25% advance payment has been fully expended. In order to receive future payments, your Agency must complete and submit reporting documentation within Attachments 1 and 2 following the due dates above within Reporting Requirements.
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 CDPH. 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 jurisdiction and that it provides solutions that allow for a more sustained workforce. If you have any questions or need further clarification, please reach out to [LHBTProg@cdph.ca.gov](mailto:LHBTProg@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: Budget and Expenditure Report  
Attachment 3: Invoice Template  
Attachment 4: Public Health Workforce Supplemental Funding Guidance  
Attachment 5: Local Allocations