



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

April 4, 2023

Aline Armstrong  
MCAH Director  
City and County of San Francisco Department of Public Health  
101 Grove Street  
San Francisco, CA 94102

Dear Aline:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT CHVP  
ARP 22- 38 – FISCAL YEARS (FY) 2022-24

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division approves your Agency’s AFA for administration of MCAH related programs.

To carry out the program(s) outlined in your approved SOW(s), during the period of July 1, 2022 through September 30, 2024, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

California Home Visiting Program FY22-24..... \$422,309.00

The availability of ARP funds are based upon funds appropriated in each respective FY (2022-24) Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the CDPH/MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current CDPH/MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed.



## Invoice Submission:

As communicated in CDPH/ MCAH alert letter 20160710 on October 7, 2016, all invoices and supporting documentation must be submitted via email to the MCAH Invoice inbox: [MCAHInvoices@cdph.ca.gov](mailto:MCAHInvoices@cdph.ca.gov). To ensure appropriate processing, please use the following invoice naming convention for the signed invoice cover letter PDF and/or Excel files as well as the subject line of the email:

Agreement Number (space) Agency Name (space) Fiscal Year (space) Invoice One Time Payment

- Example: CHVP ARP 22- 38 City and County of San Francisco FY22-23 One Time Payment

Invoice submission must include:

- Signed cover letter/ invoice instructions on agency letterhead

Please ensure that all necessary individuals within your Agency are notified of this approval and that the approved AFA documents are carefully reviewed. This approval letter constitutes a binding agreement. If any of the information contained within the provided AFA documents is incorrect or different from that negotiated, please contact your contract manager, Susan Yang by e-mail at [Susan.Yang@cdph.ca.gov](mailto:Susan.Yang@cdph.ca.gov) within 14 calendar days from the date of this letter. Non-response constitutes acceptance of your approved AFA documents.

Sincerely,



Angelica Jimenez-Bean  
Section Chief, Contract Management and Allocations Process  
Maternal, Child and Adolescent Health Division  
Center for Family Health  
California Department of Public Health

cc: Joshua Nossiter  
City and County of San Francisco Department of Public Health

Maya Vasquez  
City and County of San Francisco Department of Public Health

Susan Yang  
Contract Manager

Erica Rodriguez  
CHVP Program Consultant