Health Equity Lead Onboarding Guide for Local Health Jurisdictions

California Department of Public Health
Office of Health Equity

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Welcome

The Equity Technical Assistance (TA) Team, within the Office of Health Equity (OHE), California Department of Public Health (CDPH), is here as a resource as you begin or continue your health equity journey within your Local Health Jurisdiction. We work with colleagues throughout OHE and CDPH, as well as external partners to ensure we can adequately support your questions and needs.

The onboarding guide can be used by new and existing staff to learn more about what we do, why we do it, and how we can help you in your equity journey. This is an iterative document, and we welcome feedback to improve it.

We look forward to working with you,
The Equity TA team

Who We Are

We are the COVID-19 Equity Technical Assistance Team, also known as the Equity TA Team.

Technical Assistance Manager | Stephany Pizano | Stephany.Pizano@cdph.ca.gov

Rural North | Haley Ni | Haley.Ni@cdph.ca.gov

Greater Sierra-Sacramento | Claudia Medina | Claudia.Medina@cdph.ca.gov

Southern California/Los Angeles | Jessica Medina | Jessica.Medina@cdph.ca.gov

Bay Area | Salina Ramachhita | Salina.Ramachhita@cdph.ca.gov

San Joaquin Valley/Central California | Chantelle Comeau | Chantelle.Comeau@cdph.ca.gov

Vision & Goals

To ensure everyone in California has equal opportunities for optimal physical health, mental health, and well-being, the Equity Technical Assistance (TA) Team within the Office of Health Equity (OHE) at the California Department of Public Health (CDPH) (see Appendix A for organizational charts), seeks to support COVID-19 equitable recovery and resiliency by building equity infrastructure throughout the state of California. The Equity TA Team provides technical assistance to all 61 local health jurisdictions (LHJs) at a local, regional, and statewide level.

The map below shows the state divided into five regions, as determined by regional health officer affiliations: Rural North (in purple), Greater Sierra-Sacramento (in yellow), San Joaquin Valley/Central California (in blue), Bay Area (in red), and Southern California/Los Angeles (in green).

Equity Infrastructure

An “equity approach” recognizes that individuals and groups have different histories and circumstances, and therefore have unequal starting points and unique needs. Individuals and groups need to receive tailored resources, opportunities, support, and/or treatment based on their specific needs to achieve fair outcomes. The COVID-19 pandemic has disproportionately impacted communities of color and has illuminated many inequities in our systems that have left groups falling through the cracks. By building and improving the equity infrastructure of LHJs throughout the state, California can advance health equity for the most underserved groups and be better positioned to respond to future unprecedented events with equitable best practices and strategies.

The Equity TA team acknowledges that LHJs across the state are at different stages in developing and growing their equity capacity and infrastructure. Some LHJs have incorporated equity in their policies and procedures for years, while others have only begun to initiate discussions around equity for leadership buy-in. Our team developed the Organizational Assessment for Equity Infrastructure tool to determine what is our baseline as a state, help with goal setting around equity and develop our TA services.

Organizational Assessment for Equity Infrastructure: In March 2022, all 61 LHJs were invited to take a deep dive into their current equity work and submit a Baseline Organizational Assessment for Equity Infrastructure. The purpose of the Assessment is to provide a streamlined tool whereby LHJs can collect data on their current equity infrastructure and use it to inform their future planning for equity. It is divided into four domains, sub-divided into three competencies per domain (a total of 12 competencies), and each competency was then measured by three levels of progress—Early, Established, and Strong—on a scale from 1 through 6. More information on the Organizational Assessment for Equity Infrastructure can be found here.

Early		Established		Strong	
1	2	3	4	5	6
Not yet, or learning stage	Planned but not started or in initial/pilot stages of implementation	Working towards this but not fully achieved	Fully achieved	In place with evidence of its use (e.g., policies, procedures, robust evaluation plan)	Practices are sustainable and ongoing and may be shared with others as “best practices”

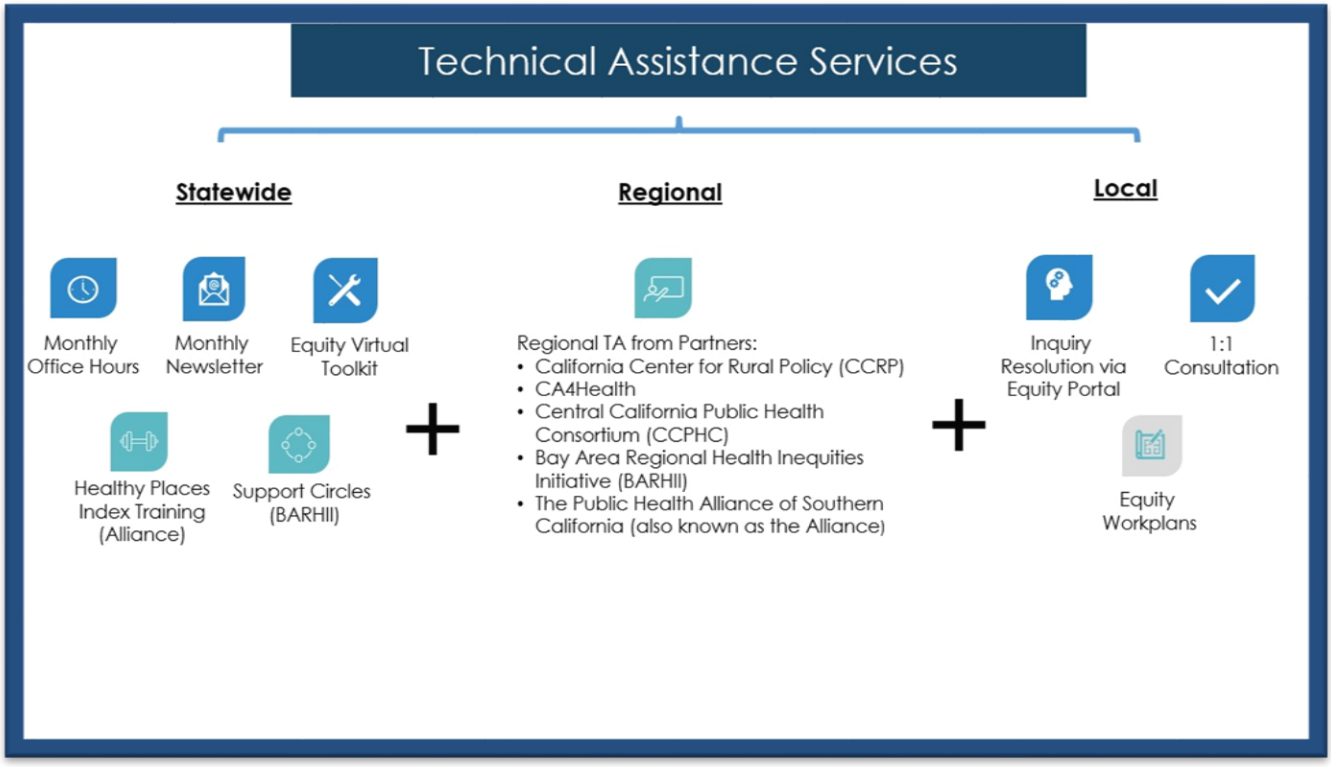
Assessment Scale used for the Baseline Organizational Assessment for Equity Infrastructure

Results Report: Of the 61 LHJs that make up California, 59 submitted their assessment. A statewide summary of results indicated that LHJs throughout the state are generally in the Early section of the scale with multiple opportunities to increase and improve equity infrastructure. Of the 12 competencies identified in the assessment, LHJs identified the following areas as top priorities to work on: Training, Development, and Support; Embed Equity Principles; and Inclusive Decision-making. Scores for each of the 4 domains are listed in the report, along with results broken down by region. Results from this assessment are used as part of a statewide process to understand local public health capacity, identify priorities for technical assistance, and inform the State Health Equity Plan (SHEP; see Appendix B for more information on SHEP).

Annual Assessment: The same organizational assessment will be administered to all LHJs in May 2023 as a 1-year post-assessment to capture progress on the domains and competencies. While LHJs have been conducting specific health equity activities in their workplans (as part of the California Equitable Recovery Initiative [CERI] grant or directly funded by the CDC Health Disparities grant), equity work takes time, and we are not expecting leaps in the assessment over the span of just one year. We do hope that we can use post assessment results to gauge changes in needs, document slight improvements, develop a culture of yearly introspection, and readjust our equity technical assistance services. While the CERI grant and the CDC Health Disparities grant will only last until May 2024, the Equity TA team will continue to provide services, and we hope LHJs continue to use different funding sources to continue their equity work. Therefore, the Organizational Assessment for Equity Infrastructure will be administered annually to track progress on the domains and competencies, regardless of specific funding timeframes.

Technical Assistance Services

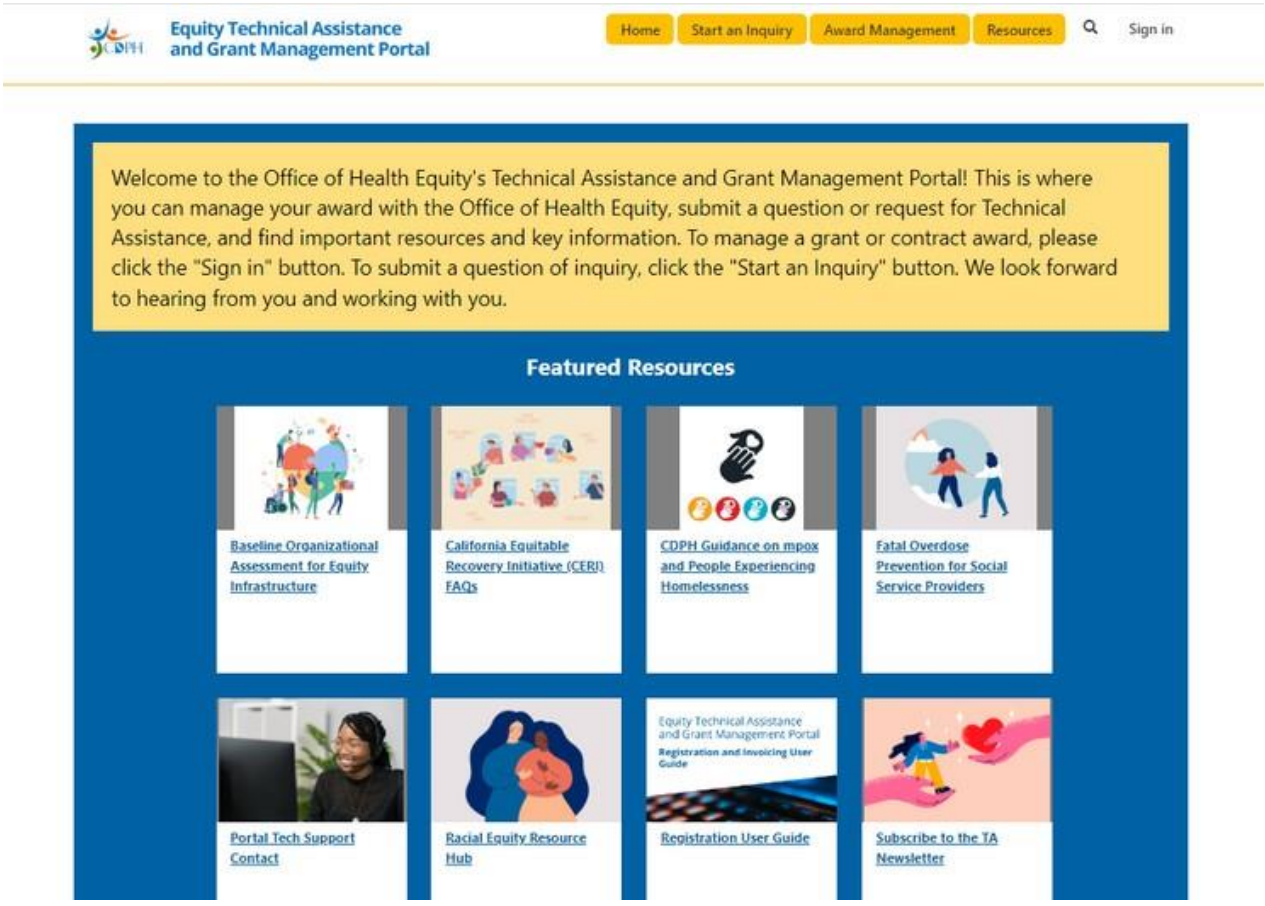
The technical assistance (TA) menu of services was developed based on the needs that LHJs have shared with us and that we have observed. The Equity TA team decided on a three-prong approach of providing services on a statewide, regional, and local level to be as efficient and impactful as possible. Statewide services are general; all 61 LHJs receive the same resources and information with no specific regional or local interest in mind. Tailored regional services are provided to each of our designated regions (Rural North, Greater Sierra-Sacramento, San Joaquin Valley/Central California, Bay Area, Southern California/Los Angeles) by our expert partners (see image below) based on the needs and requests of each region. Two of the Regional TA Partners will also provide statewide services. Lastly, local TA services are focused on 1:1 dialogue to assess and resolve specific inquiries from LHJs.



Equity Technical Assistance and Grant Management Portal

The **Equity Technical Assistance and Grant Management Portal** (also known as the Equity Portal) serves as a webpage for LHJs to find resources on various topics related to health equity, racial equity, and equitable COVID-19 recovery. The Equity Portal also serves as the central location for LHJs to submit technical assistance inquiries and connect with subject matter experts and their TA specialist.

While registration is not required to access the portal, it is encouraged to save and monitor all your inquiries in one place. Contact your TA specialist if you would like an invitation to register for the Equity Portal. A training of the portal can be found here: How to Submit an Inquiry via the Equity Portal



The Equity Scoop Newsletter

Our team has developed a monthly newsletter called *The Equity Scoop*, which is sent to all 61 LHJs on the first Wednesday of each month. In each edition, we spotlight an LHJ success story, as an opportunity to learn from one another and to stay informed about existing work throughout the state. We also highlight awareness months and national days, such as Native American Heritage Month and National Public Health Week, and briefly discuss how these events connect to equity. Each newsletter also contains Latest News and Program Reminders to inform LHJs of upcoming webinars, funding opportunities, office hours, and CERI program reminders. A Training of the Month and Resources section is also included to showcase free or low-cost trainings and resources to enhance your work. Lastly, there is an anonymous feedback box where you can provide suggestions and concerns on our TA services at any time. Archived newsletters can be found on the Equity Portal. To subscribe to *The Equity Scoop*, click here.

Office Hours

The Equity TA Team holds optional monthly office hours, where we present on specific topics based on the needs and concerns of LHJs. Office hours are held on the second Tuesday of every month from 12:30-1:30pm. Office hours provide an opportunity for LHJs to learn, ask questions, and peer network. These meetings typically start off with facilitators or guest presenters providing an overview of the topic via a PowerPoint presentation for about 15-20 minutes and the rest of the time is dedicated to LHJs asking questions, sharing concerns, and networking with one another to share helpful practices. Occasionally, we have a panel Q&A and/or breakout rooms to facilitate sharing in smaller groups. Previous Office Hours topics have included: CERI reporting, People Experiencing Homelessness, hiring challenges and barriers, and equitable Request for Proposal (RFP) processes. Archived recordings of Office Hours can be found on the Equity Portal.

1:1 Consultations

The TA team offers 1:1 consultations with LHJs to answer questions, provide resources, and discuss equity barriers. LHJs can submit an inquiry via the Equity Portal at any time to request a 1:1 consultation with their assigned TA specialist for support.

Virtual Equity Toolkit 2.0

The Virtual Equity Toolkit (VET) 2.0 is a dynamic and interactive update to the original VET 1.0. The intended audience for this toolkit is local health jurisdiction equity leads and colleagues who are tasked at building equity infrastructure throughout their jurisdiction. The resources are divided into 12 competencies as defined in CDPH's Organizational Assessment for Equity Infrastructure. The VET complements the assessment examples and helps work through the domains of interest.

Directory of Equity Leads

One of the goals of the Equity TA Team is to create dialogue opportunities among peers and encourage the sharing of challenges and best practices. To facilitate peer networking, we developed the Health Equity Lead Directory with the name and email of each LHJ's equity lead or designee. To request access to the SharePoint site where the directory is housed, please submit a request via the Equity Portal.

NOTE: Our TA team regularly sends announcements, reminders, updates, and calendar invites from the EquityTeam@cdph.ca.gov address. If you are not receiving announcements and calendar invites for events, please submit an inquiry via the Equity Portal with a request to be added to our contact list. These announcements and calendar invites do not require a direct email response. Questions and comments should only be submitted via the Equity Portal.

Regional Technical Assistance by Partners (Contractors)

Responding to the need of providing regional technical assistance (not just statewide or local) that honors the uniqueness of each region, there were five regional technical assistance contracts that were developed and extend until the summer of 2024. Each contractor was chosen based on existing experience they have in the region, as well as recommendations received from regional local health officers and public health directors. The scope of work for each contract is tailored to the needs of the corresponding region's strengths, challenges, and needs around regional equitable recovery. Each contractor works with a variety of county staff that ranges from local health officers, public health directors, and equity leads. These contracts are intended to compliment and expand OHE's existing recovery work with the LHJs. If you have any questions on the scopes of work of each contract and/or would like to connect with the partner entity in your region, please submit an inquiry via the Equity Portal.

Rural North | California Center for Rural Policy (CCRP)

Greater Sierra-Sacramento | CA4Health

Southern California/Los Angeles | The Public Health Alliance of Southern California (also known as the Alliance)

Bay Area | Bay Area Regional Health Inequities Initiative (BARHII)

San Joaquin Valley/Central California | Central California Public Health Consortium (CCPHC)

NOTE: BARHII and the Alliance will also provide statewide TA, with BARHII establishing peer support networks, among other activities, and the Alliance hosting Healthy Places Index (HPI) trainings.

California Equitable Recovery Initiative Grant

The California Equitable Recovery Initiative (CERI) grant serves to address COVID-19 related health disparities and advance health equity. The CERI grant is the California rebrand of the CDC Health Disparities grant. Several LHJs in California were directly funded by the CDC and most of the other LHJs were funded by CERI.

California is leveraging this funding opportunity to build equity infrastructure. This grant offers a unique opportunity to focus resources on efforts to address upstream drivers for health and equity efforts. LHJs are encouraged to identify ways to use this funding toward structural and systemic change. The CERI grant runs from September 1, 2021, through May 31, 2023. For LHJs that accepted a No Cost Extension, the CERI grant will run for an extra year, until May 31, 2024.

All CERI-participating LHJs are required to hire a Health Equity Lead(s) or dedicated equity staff, submit the required work plan, progress reports, spend plan, expenditure reports, and invoices on a timely basis, and complete the pre and post Organizational Assessment for Equity Infrastructure. For more information on the CERI grant, please visit California Equitable Recovery Initiative (CERI) Q&A and/or submit an inquiry to your TA specialist via the Equity Portal.

NOTE: While the CERI grant does not pertain to all LHJs, details of this grant have been included for information sharing and a broader understanding of existing equity efforts.

Below is a summary of the most common documents required to be submitted as part of the CERI grant. All documents are submitted directly to your regional equity TA specialist:

Rural North | Haley Ni | Haley.Ni@cdph.ca.gov

Greater Sierra-Sacramento | Claudia Medina | Claudia.Medina@cdph.ca.gov

Southern California/Los Angeles | Jessica Medina | Jessica.Medina@cdph.ca.gov

Bay Area | Salina Ramachhita | Salina.Ramachhita@cdph.ca.gov

San Joaquin Valley/Central California | Chantelle Comeau | Chantelle.Comeau@cdph.ca.gov

Work Plans

To submit updates to work plan activities, please email your Equity TA Specialist. The TA team must review and approve updates. A screenshot of how work plans look like can be found in Appendix C. To view a work plan example, please reach out to your Equity TA Specialist.

Spend Plans

To submit updates or changes to spend plans, please email your Equity TA Specialist. The TA team must review and approve updates. A screenshot of how spend plans look like can be found in Appendix C. To view a spend plan example, please reach out to your Equity TA Specialist.

Invoicing

When submitting an invoice, please make sure the following are included:

- Date
- Contract Number
- Contract Term
- County Name
- Address
- Telephone Number
- Short Description for Each Line Item
- Printed Name and Title of Authorized Representative
- Signature and Date of Authorized Representative

If you do not know your contract number, please submit an inquiry via the Equity Portal. Submit your completed quarterly invoice by emailing your Equity TA Specialist following quarterly due dates below. A screenshot of how invoices look like can be found in Appendix C. To view an invoice example, please reach out to your Equity TA Specialist.

Calendar of Due Dates

Quarter	Reporting Period	Due Date
Year 1/Q1	September 1, 2021 – September 30, 2021 Quarterly Spend Plan Update	January 14, 2022
Year 1/Q2	October 1, 2021 – December 31, 2021 Quarterly Spend Plan Update	
	August 1- December 31, 2021 Semi-Annual Work Plan Progress Report #1	
Year 1/Q3	January 1, 2022 – March 31, 2022 Quarterly Spend Plan Report	April 15, 2022
Year 1/Q4	April 1, 2022 – June 30, 2022 Quarterly Spend Plan Update	July 15, 2022
	January 1, 2022 – June 30, 2022 Semi-Annual Work Plan Progress Report #2	

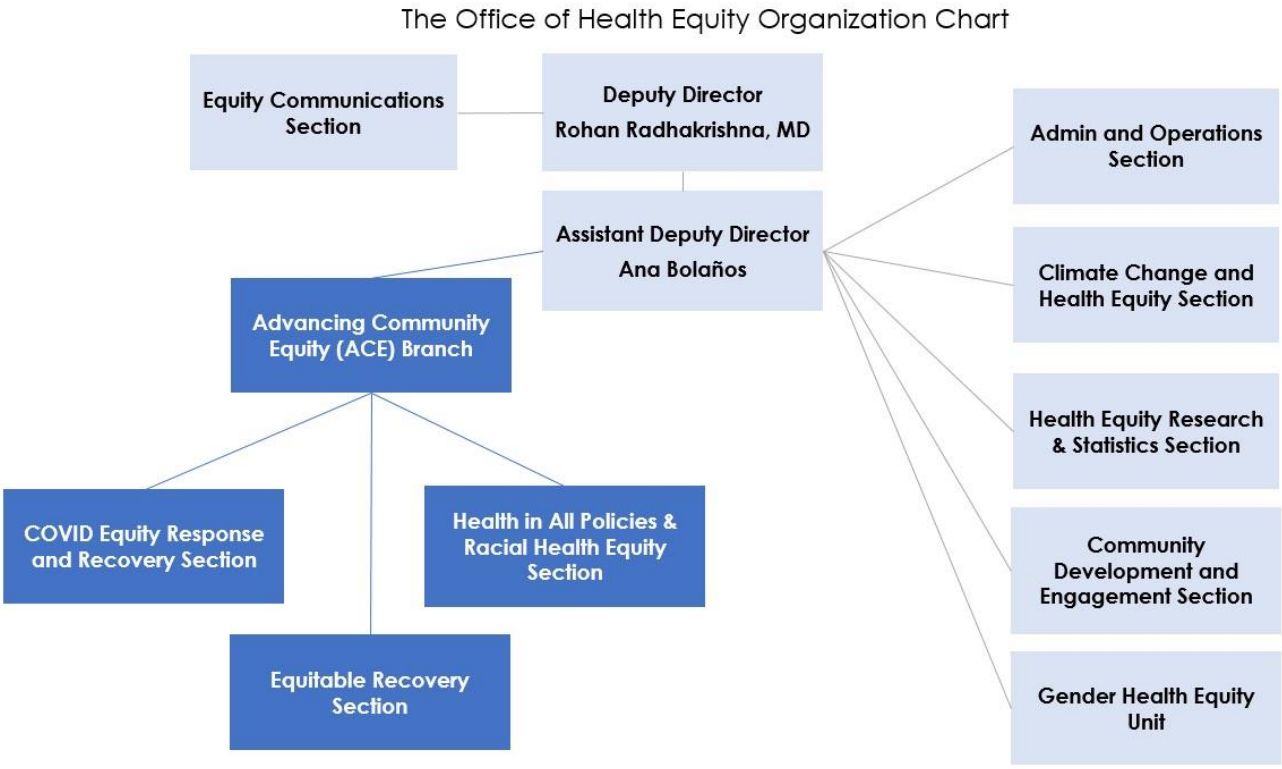
Quarter	Reporting Period	Due Date
Year 2/Q1	July 1, 2022 – September 30, 2022 Quarterly Spend Plan Update	October 14, 2022
Year 2/Q2	October 1, 2022 – December 31, 2022 Quarterly Spend Plan Update	January 20, 2023
	July 1, 2022 – December 31, 2022 Semi-Annual Work Plan Progress Report #3	
Year 2/Q3	January 1, 2023 – March 31, 2023 Quarterly Spend Plan Update	April 21, 2023
Year 2/ Q4	April 1, 2023 – June 30, 2023 Quarterly Spend Plan Update	July 21, 2023
	January 1, 2023 – June 30, 2023 Semi-Annual Work Plan Progress Report #4	

Quarter	Reporting Period	Due Date
Year 3/Q1	July 1, 2023 – September 30, 2023 Quarterly Spend Plan Update	October 20, 2023
Year 3/Q2	October 1, 2023 – December 31, 2023 Quarterly Spend Plan Update	January 19, 2024
	July 1, 2023 – December 31, 2023 Semi-Annual Work Plan Progress Report #5	
Year 3/Q3	January 1, 2024 – March 31, 2024 Quarterly Spend Plan Update	April 19, 2024
Year 3/Q4	April 1, 2024 – May 31, 2024 Final Quarterly Spend Plan Update	June 21, 2024
	January 1, 2024 – May 31, 2024 Final Report Work Plan Progress Report	

Appendix A

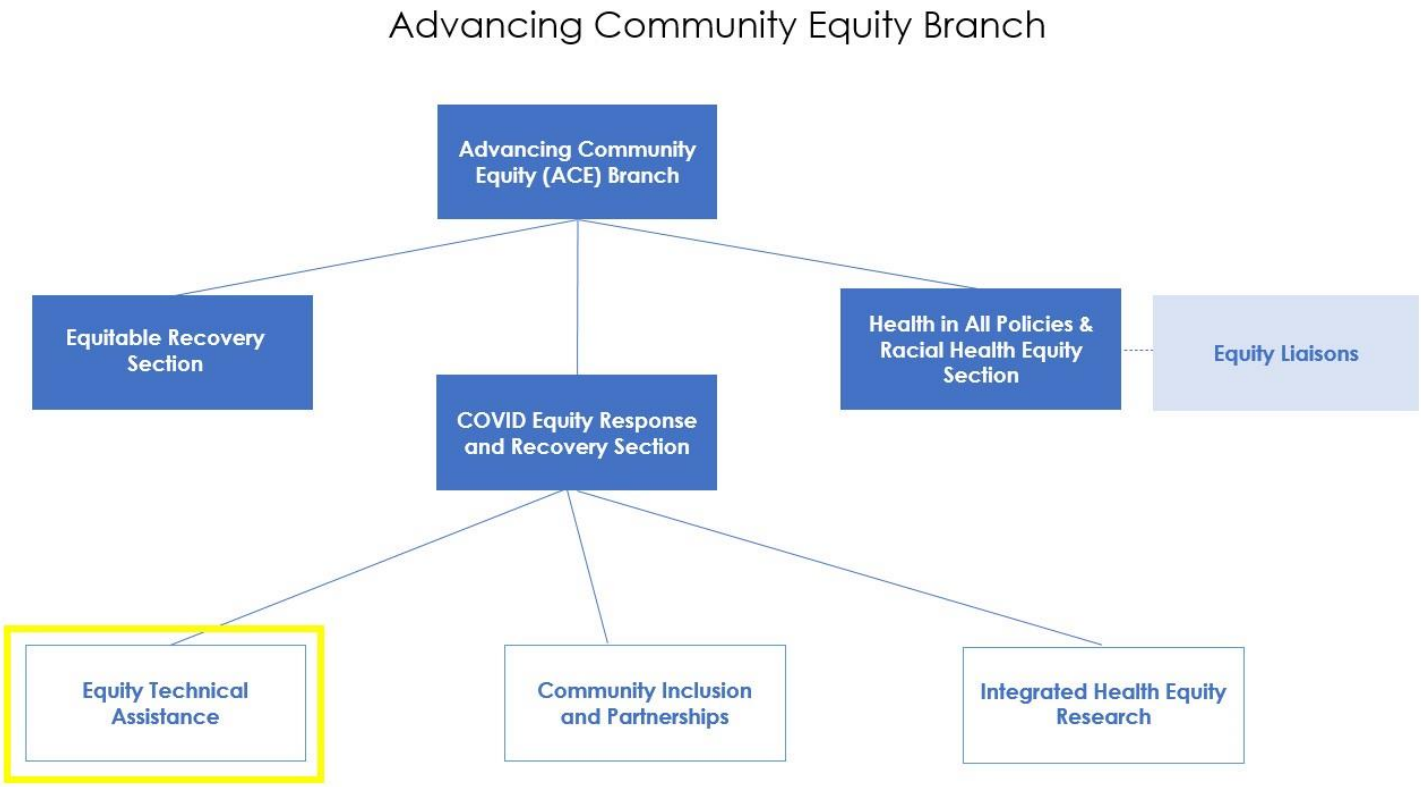
Office of Health Equity Organizational Chart

The Office of Health Equity (OHE) aims to promote equitable social, economic, and environmental conditions to achieve optimal health, mental health, and well-being for all in California. A priority of OHE is the building of cross-sectoral partnerships. OHE works with community-based organizations and local government agencies to ensure that community perspectives and input help to shape a health equity lens in policies and strategic plans, recommendations, and implementation activities. Learn more about OHE here.



Advancing Community Equity Branch Organizational Chart

The Advancing Community Equity (ACE) branch is playing an integral role in centering and engaging community in existing and future initiatives within OHE. It is also supporting CDPH in becoming a healing organization by providing equity technical assistance, subject matter expertise on specific disproportionately impacted populations, and equitable strategies for data collection and analysis. The Equity Technical Assistance team sits within the COVID-19 Equity Response and Recovery section within the ACE branch.



Appendix B

CDPH is working in collaboration with local health jurisdictions (LHJs), community-based organizations (CBOs), and other key partners to develop a State Health Equity Plan (SHEP). The SHEP will provide a shared vision and framework for advancing health equity and improving community health, especially for populations who have been disproportionately impacted by the pandemic and long-standing inequities due to unjust policies and systemic barriers. Leveraging a Results Based Accountability model, the SHEP will align state and local strategies with shared population results in a common equity framework for measuring progress.

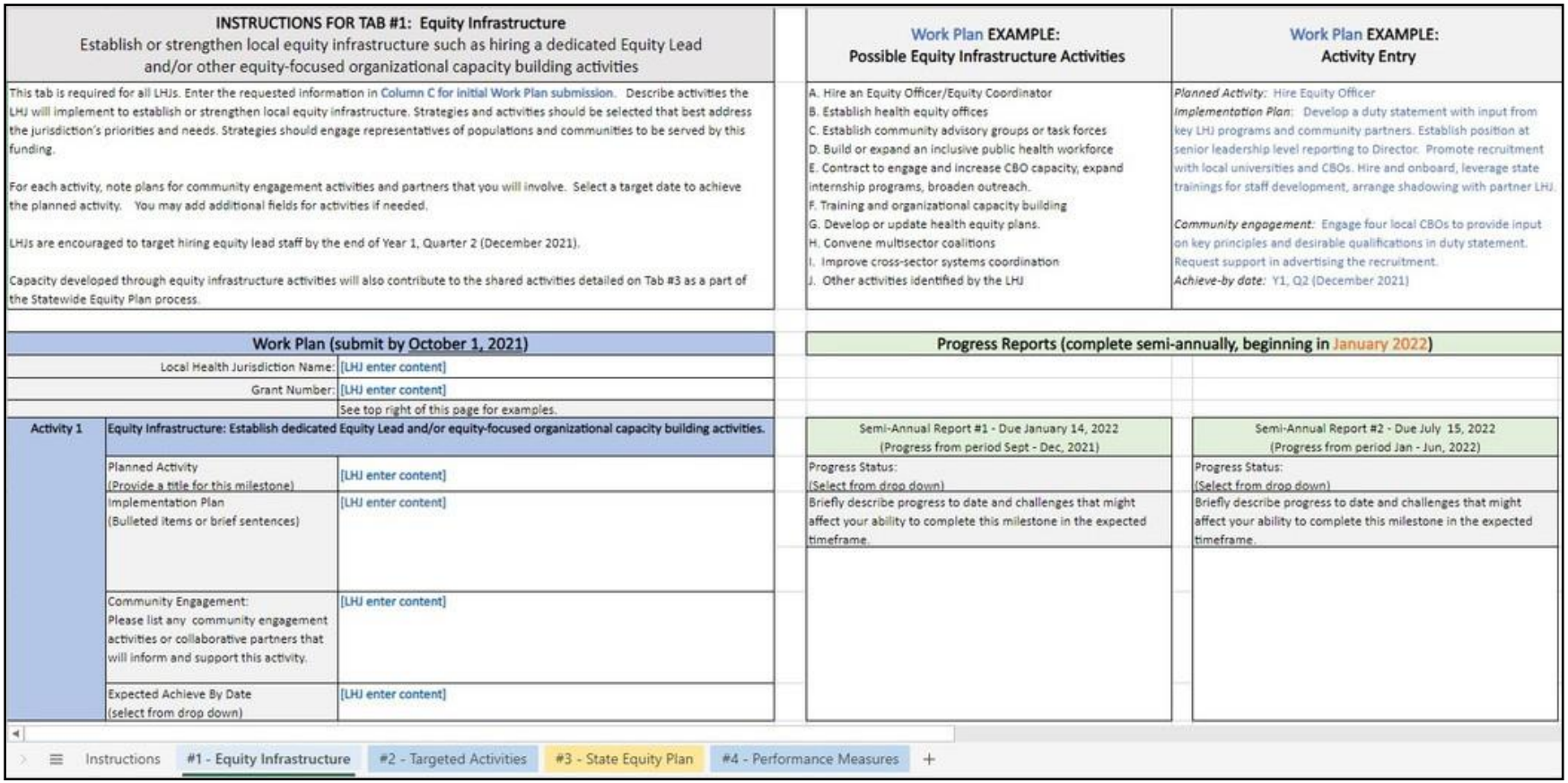
The purpose of the SHEP is to:

- Elevate equity as a strategic priority
- Reflect and align existing health equity efforts
- Provide clear guidance, establish priorities, and set goals for health equity statewide
- Build the evidence base for long-term equity infrastructure investments (local and state)
- Finally—meet a deliverable of the California Equitable Recovery Initiative (CERI) and fulfill elements for both the Office of Health Equity's legislative mandate and the Office of Policy and Planning's requirements from the public health accreditation standards related to the state health assessment and improvement plan.

For more information or questions on the SHEP, please submit an inquiry via the Equity Portal.

Appendix C

Work Plan – Please reach out to your TA specialist to see the full example.



INSTRUCTIONS FOR TAB #1: Equity Infrastructure
Establish or strengthen local equity infrastructure such as hiring a dedicated Equity Lead and/or other equity-focused organizational capacity building activities

This tab is required for all LHJs. Enter the requested information in Column C for initial Work Plan submission. Describe activities the LHJ will implement to establish or strengthen local equity infrastructure. Strategies and activities should be selected that best address the jurisdiction's priorities and needs. Strategies should engage representatives of populations and communities to be served by this funding.

For each activity, note plans for community engagement activities and partners that you will involve. Select a target date to achieve the planned activity. You may add additional fields for activities if needed.

LHJs are encouraged to target hiring equity lead staff by the end of Year 1, Quarter 2 (December 2021).

Capacity developed through equity infrastructure activities will also contribute to the shared activities detailed on Tab #3 as a part of the Statewide Equity Plan process.

Work Plan EXAMPLE: Possible Equity Infrastructure Activities

A. Hire an Equity Officer/Equity Coordinator
B. Establish health equity offices
C. Establish community advisory groups or task forces
D. Build or expand an inclusive public health workforce
E. Contract to engage and increase CBO capacity, expand internship programs, broaden outreach.
F. Training and organizational capacity building
G. Develop or update health equity plans.
H. Convene multisector coalitions
I. Improve cross-sector systems coordination
J. Other activities identified by the LHJ

Work Plan EXAMPLE: Activity Entry

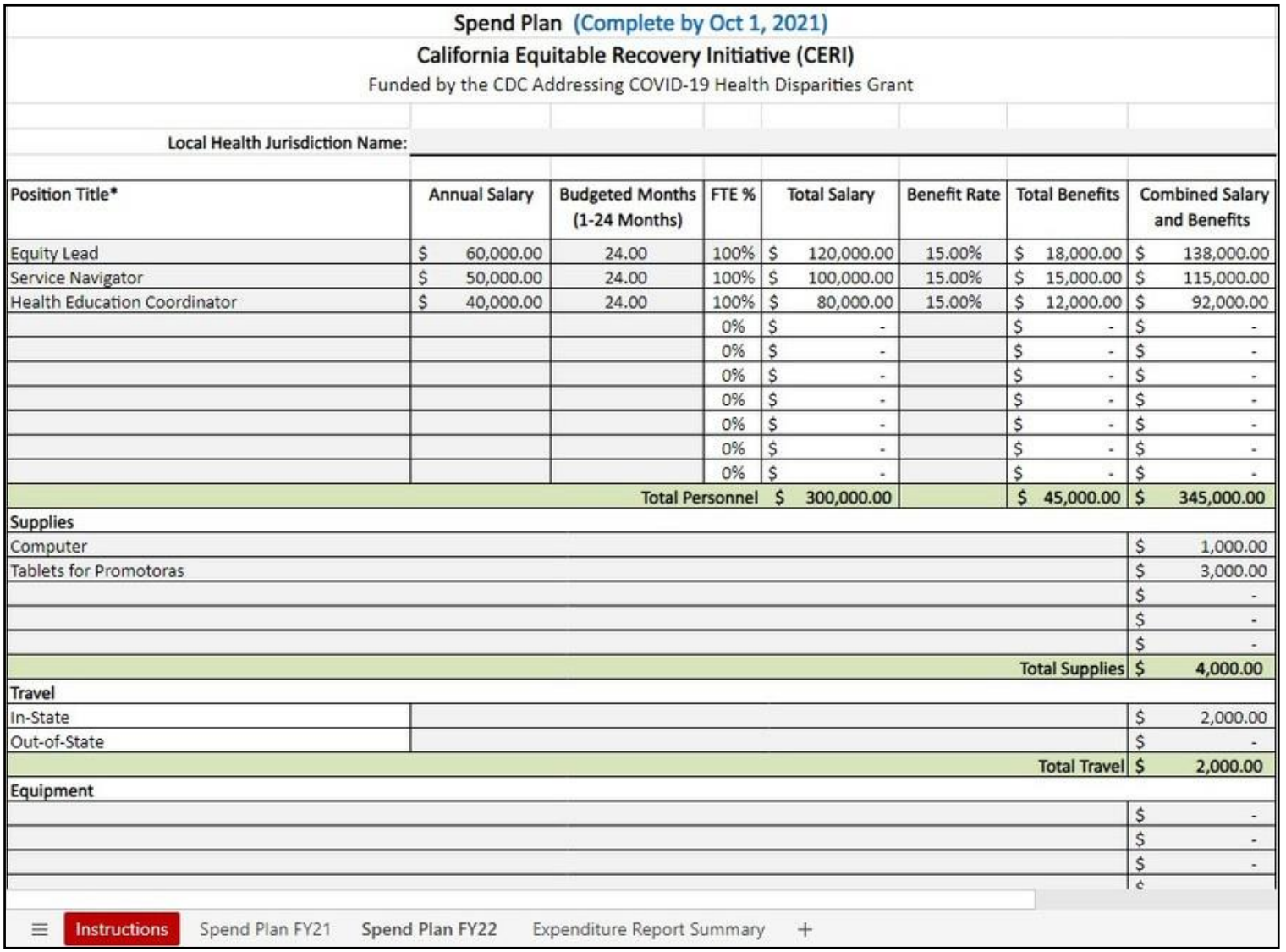
Planned Activity: Hire Equity Officer
Implementation Plan: Develop a duty statement with input from key LHJ programs and community partners. Establish position at senior leadership level reporting to Director. Promote recruitment with local universities and CBOs. Hire and onboard, leverage state trainings for staff development, arrange shadowing with partner LHJ.

Community engagement: Engage four local CBOs to provide input on key principles and desirable qualifications in duty statement. Request support in advertising the recruitment.
Achieve-by date: Y1, Q2 (December 2021)

Work Plan (submit by October 1, 2021)			Progress Reports (complete semi-annually, beginning in January 2022)	
Local Health Jurisdiction Name:	[LHJ enter content]			
Grant Number:	[LHJ enter content]			
	See top right of this page for examples.			
Activity 1	Equity Infrastructure: Establish dedicated Equity Lead and/or equity-focused organizational capacity building activities.		Semi-Annual Report #1 - Due January 14, 2022 (Progress from period Sept - Dec, 2021)	Semi-Annual Report #2 - Due July 15, 2022 (Progress from period Jan - Jun, 2022)
	Planned Activity (Provide a title for this milestone)	[LHJ enter content]	Progress Status: (Select from drop down)	Progress Status: (Select from drop down)
	Implementation Plan (Bulleted items or brief sentences)	[LHJ enter content]	Briefly describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.	Briefly describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.
	Community Engagement: Please list any community engagement activities or collaborative partners that will inform and support this activity.	[LHJ enter content]		
	Expected Achieve By Date (select from drop down)	[LHJ enter content]		

Instructions | #1 - Equity Infrastructure | #2 - Targeted Activities | #3 - State Equity Plan | #4 - Performance Measures

Spend Plan – Please reach out to your TA specialist to see the full example.



Spend Plan (Complete by Oct 1, 2021)

California Equitable Recovery Initiative (CERI)

Funded by the CDC Addressing COVID-19 Health Disparities Grant

Local Health Jurisdiction Name:

Position Title*	Annual Salary	Budgeted Months (1-24 Months)	FTE %	Total Salary	Benefit Rate	Total Benefits	Combined Salary and Benefits
Equity Lead	$ 60,000.00	24.00	100%	$ 120,000.00	15.00%	$ 18,000.00	$ 138,000.00
Service Navigator	$ 50,000.00	24.00	100%	$ 100,000.00	15.00%	$ 15,000.00	$ 115,000.00
Health Education Coordinator	$ 40,000.00	24.00	100%	$ 80,000.00	15.00%	$ 12,000.00	$ 92,000.00
			0%	$ -		$ -	$ -
			0%	$ -		$ -	$ -
			0%	$ -		$ -	$ -
			0%	$ -		$ -	$ -
			0%	$ -		$ -	$ -
			0%	$ -		$ -	$ -
			0%	$ -		$ -	$ -
		Total Personnel		$ 300,000.00		$ 45,000.00	$ 345,000.00
Supplies							
Computer							$ 1,000.00
Tablets for Promotoras							$ 3,000.00
							$ -
							$ -
							$ -
						Total Supplies	$ 4,000.00
Travel							
In-State							$ 2,000.00
Out-of-State							$ -
						Total Travel	$ 2,000.00
Equipment							
							$ -
							$ -
							$ -

Instructions | Spend Plan FY21 | Spend Plan FY22 | Expenditure Report Summary | +

Expenditure Report – Please reach out to your TA specialist to see the full example.

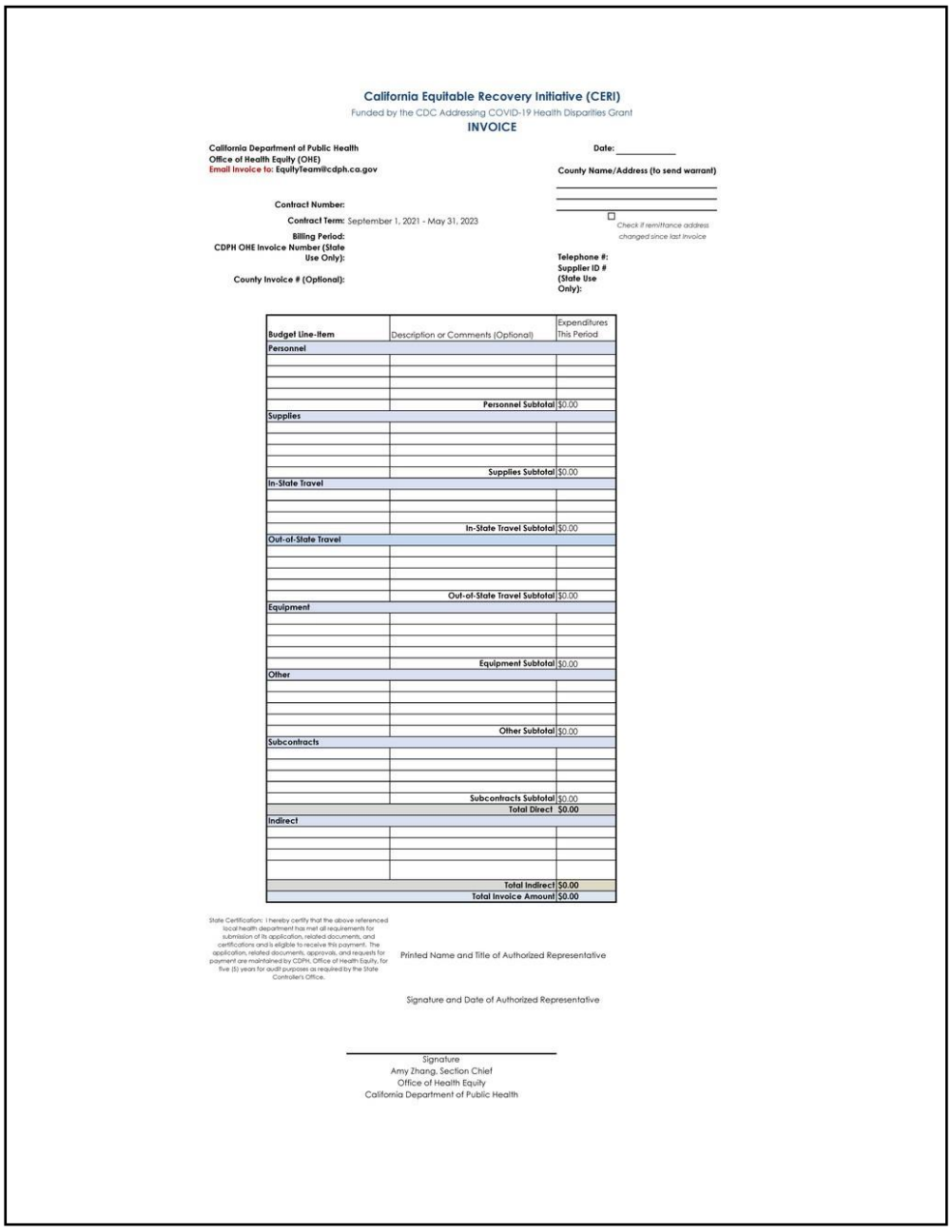
Budget		Year 1 Expenditures				Year 2 Expenditures				Year 3 Expenditures			
Budget Category	Budgeted Amount	Sep 2021*	Oct-Dec 2021	Jan-Mar 2022	Apr-Jun 2022	Jul-Sept 2022	Oct-Dec 2022	Jan-Mar 2023	April-June2023	July-Sept 2023	Oct-Dec 2023	Jan-Mar 2024	April-May 2024
		Y1.Q1 Total	Y1.Q2 Total	Y1.Q3 Total	Y1.Q4 Total	Y2.Q1 Total	Y2.Q2 Total	Y2.Q3 Total	Y2.Q4 Total	Y3.Q1 Total	Y3.Q2 Total	Y3.Q3 Total	Y3.Q4 Total
Salary	$ 232,000					$ -							
Supplies	$ 4,000												
In State Travel	$ 2,000												
Out of State Travel													
Equipment													
Subcontracts	$ 13,000					$ -							
Other costs													
Total Direct Costs	$ 250,000												
Total Indirect Costs	$ 50,000												

*Y1 Q1 reporting only includes September. Y2 Q4 only includes two months.

	Budget	Expenditures	Balance
Totals	$ 300,000	$ -	$ 300,000.00

Instructions | Spend Plan FY21 | Spend Plan FY22 | Expenditure Report Summary | +

Invoice – Please reach out to your TA specialist to see the full example.



California Equitable Recovery Initiative (CERI)

Funded by the CDC Addressing COVID-19 Health Disparities Grant

INVOICE

California Department of Public Health
Office of Health Equity (OHE)
Email Invoice to: EquityTeam@cdph.ca.gov

Date: _____

County Name/Address (to send warrant)

Contract Number:

Contract Term: September 1, 2021 - May 31, 2023

Billing Period:

CDPH OHE Invoice Number (State Use Only):

County Invoice # (Optional):

☐ *Check if remittance address changed since last invoice*

Telephone #:
Supplier ID # (State Use Only):

Budget Line-Item	Description or Comments (Optional)	Expenditures This Period
Personnel		
	Personnel Subtotal	$0.00
Supplies		
	Supplies Subtotal	$0.00
In-State Travel		
	In-State Travel Subtotal	$0.00
Out-of-State Travel		
	Out-of-State Travel Subtotal	$0.00
Equipment		
	Equipment Subtotal	$0.00
Other		
	Other Subtotal	$0.00
Subcontracts		
	Subcontracts Subtotal	$0.00
	Total Direct	**$0.00**
Indirect		
	Total Indirect	**$0.00**
	Total Invoice Amount	**$0.00**

State Certification: I hereby certify that the above referenced local health department has met all requirements for submission of its application, related documents, and certifications and is eligible to receive this payment. The application, related documents, approvals, and requests for payment are maintained by CDPH, Office of Health Equity, for five (5) years for audit purposes as required by the State Controller's Office.

Printed Name and Title of Authorized Representative

Signature and Date of Authorized Representative

Signature
Amy Zhang, Section Chief
Office of Health Equity
California Department of Public Health