

TB LOCAL ASSISTANCE SUMMARY BUDGET

LOCAL HEALTH JURISDICTION NAME:	County of Humboldt	
AWARD NUMBER:	2512BASE-F	2512BASE-S

CATEGORY	FEDERAL	STATE
AWARD FUNDING PERIOD:	7/1/2025 - 12/31/2025	7/1/2025 - 6/30/2026
PERSONNEL (BENEFITED)	\$ 2,976	\$ 2,976
BENEFITS	\$ 1,106	\$ 1,104
PERSONNEL (NON-BENEFITED)	\$ -	\$ -
TRAVEL	\$ -	\$ -
EQUIPMENT	\$ -	\$ -
SUPPLIES	\$ -	\$ -
ANTI-TB MEDICATION (STATE ONLY)		\$ -
SUBCONTRACTS	\$ -	\$ -
OTHER	\$ -	\$ -
FOOD, SHELTER, INCENTIVES, AND ENABLERS	\$ -	\$ -
INDIRECT COSTS	\$ -	\$ -
TOTAL	\$ 4,082	\$ 4,080

Below section is to be used when proposing a budget revision:

CATEGORY	FEDERAL BUDGET REVISION	STATE BUDGET REVISION
PERSONNEL (BENEFITED)	\$ -	\$ -
BENEFITS	\$ -	\$ -
PERSONNEL (NON-BENEFITED)	\$ -	\$ -
TRAVEL	\$ -	\$ -
EQUIPMENT	\$ -	\$ -
SUPPLIES	\$ -	\$ -
ANTI-TB MEDICATION (STATE ONLY)		\$ -
SUBCONTRACTS	\$ -	\$ -
OTHER	\$ -	\$ -
FOOD, SHELTER, INCENTIVES, AND ENABLERS	\$ -	\$ -
INDIRECT COSTS	\$ -	\$ -
REVISED TOTAL	\$ -	\$ -

CERTIFICATION:

I certify the budget submitted for FY 2025 will provide assistance to our local TB program to augment local support for TB prevention and control activities.

Sofia Pereira

AUTHORIZED SIGNER'S NAME

AUTHORIZED SIGNATURE

707-445-6200

TELEPHONE NUMBER

DATE SIGNED

This award is contingent upon the availability of funds appropriated by the State of California and the federal government. The CDPH TBCB reserves the right to reduce, amend, or withdraw funding, in whole or in part, should funding from the state or federal government be reduced, delayed, or otherwise adjusted.

Include this Summary Budget page with an authorized original signature (electronic or in wet ink) as part of the jurisdiction's submission. Include the final Base Award Budget workbook in Excel format with the following file naming convention: LHJ-TB_Award-Budget-25.