

Application for State Funds for Emergency Mosquito Control and West Nile Virus Surveillance

(Governor's Executive Order of August 13, 2007)

California Department of Public Health
Vector-Borne Disease Section
August 2007

A. Overview

The Governor's executive order of August 13, 2007 provided up to \$10.0 million for emergency surveillance and control efforts to mitigate the threat of West Nile virus (WNV) transmission. The executive order supplements the [emergency proclamation](#) the Governor signed on August 2. Full text of the executive order can be found at: <http://gov.ca.gov/index.php?/press-release/7151/>.

Emergency award funding will be based on both the current risk of WNV transmission and on immediate resource needs of the applicant agency. Local government agencies may apply for funds as detailed in this document. General provisions for the allocation of these funds are provided below.

1. Funds will be distributed via local assistance awards following the evaluation and approval of an award application submitted by the local agency.
2. Any allocated funds must be used for emergency mosquito control or WNV surveillance and can only be expended on:
 - a. salary for temporary (seasonal) personnel engaged in surveillance or mosquito control activities or for overtime not previously budgeted for existing staff
 - b. mosquito control products
 - c. mosquito control or surveillance equipment
 - d. contracts for aerial application of mosquito control products or aerial surveillance for "green" swimming pools or other mosquito producing habitat.
3. Applicants must provide a justification for requested funds, including how the funds will reduce current risk of WNV transmission, and documentation of the risk of WNV transmission within their jurisdiction.
4. There is no limit on funds requested by individual agencies. Funds must be expended as soon as possible and no later than December 31, 2007.

5. Local agencies, such as health or environmental health departments, that do not have an existing mosquito control program may apply for funds under the following circumstances:
 - a. The agency must provide justification for initiation of mosquito control services and define the geographic areas where services will be provided.
 - b. The agency must contract or arrange with a neighboring mosquito control agency that is signatory to a cooperative agreement with the California Department of Public Health (CDPH) to provide mosquito control services for “unserved” regions.
 - c. In the event that a neighboring mosquito control agency is unavailable to expand services into regions lacking mosquito control, then the local agency should contact the CDPH Vector-Borne Disease Section Biologist for that county to discuss options. Funding may be provided for emergency mosquito control operations under the direction of CDPH.

B. Award Application

The application must provide the information outlined below.

1. FORM A: AGENCY INFORMATION

Complete Form A by providing agency background information, such as total annual revenue, amount of reserve funding, size of jurisdiction, and number of people served.

2. FORM B: BUDGET INFORMATION

Complete form B by providing the budget and justification information that will be used to evaluate the merit of the award application.

a. Budget

Part 1 of form B requests a summary budget of funds being requested by the agency. Part 2 of form B requests detailed budget information for the items listed below.

- 1) Personnel (number of temporary staff to be hired under this award, approximate length of employment, monthly salary, time base, or overtime hours per existing position).
- 2) Mosquito control products (name of product, quantity, unit cost).

- 3) Mosquito control or surveillance equipment (description of equipment, unit cost). Note equipment purchased with State funds must be documented on the form "Contractor Equipment Purchased with CDPH Funds." This form will be mailed to award recipient agencies with approved equipment budget requests. The completed form must be returned to CDPH with any applicable progress or final reports (see "F: Reports from Award Recipients" section). Equipment purchased by agencies that are not signatory to a cooperative agreement with CDPH may be subject to return to CDPH at the conclusion of the award agreement period.
- 4) Service contracts for application of mosquito control products, aerial surveillance for "green" swimming pools or other mosquito producing habitat (name of contractor, type of service provided, products to be used, application frequency, total number of acres to be treated/surveyed if applicable).

b. Justification

For each of the four categories listed above, provide a brief justification for the request that explains how funds will reduce current risk of WNV transmission. Specifically describe: why current resources are insufficient; how additional staff will be used; which problem habitats require enhanced control or surveillance; what sources of mosquitoes are currently not controlled; and why additional equipment or contractual services are needed. Part 3 of form B should be used for this purpose.

3. FORM C: WEST NILE VIRUS RISK ASSESSMENT

- a. The West Nile virus risk assessment table in form C can also be found in the "The California Mosquito-borne Virus Surveillance and Response Plan" <http://westnile.ca.gov> (local agency tab, publications, response plans). The table provides a semi-quantitative measure of WNV transmission risk. The eight surveillance factors listed below are analyzed to determine the potential for virus transmission and thereby gauge the appropriate response level.
 - 1) Environmental conditions (suggested temperature data link: <http://www.ipm.ucdavis.edu/WEATHER/wxretrieve.html>)
 - 2) Adult mosquito vector abundance
 - 3) Virus infection rate in mosquitoes
 - 4) Sentinel chicken seroconversions
 - 5) Fatal infections in birds
 - 6) Infections in equids (e.g. horses)
 - 7) Infections in humans
 - 8) Proximity of detected virus activity to urban or suburban regions
- b. Each factor is scored on an ordinal scale from 1 (least severe) to 5 (most severe). The mean score calculated from these factors corresponds to a

response level as follows: normal season (1.0 to 2.5), emergency planning (2.6 to 4.0), and epidemic conditions (4.1 to 5.0). For surveillance factor 2, the term “average” refers to the average over non-epidemic years in a specific region, such as that within the boundaries of a local mosquito and vector control district. The average typically is determined for the preceding five-year period. The mosquito virus infection rate should be calculated using the most current data. Calculations for surveillance factors 4 through 7 are cumulative for the 2007 “season”. If data are not available for the specified surveillance factor, indicate NA (not available) in the table.

C. Application Submittal

1. There is no application deadline; applications will be processed as received by the Vector-Borne Disease Section. Award applications should be faxed to (916) 552-9725 and the original sent by surface mail to:

California Department of Public Health
Vector-Borne Disease Section, MS 7307
Attention: Vicki Kramer, Application for Funding
1616 Capitol Ave., Suite 74.330
P.O. Box 997377
Sacramento, CA 95899-7377

2. Call (916) 552-9730 if a fax transmission error occurs.

D. Award Notification and Acceptance

CDPH will issue a Letter of Award to the recipient agency indicating the level of funding being granted. The letter will include an authorized signature line for the recipient to acknowledge receipt of the award. If the applicant chooses to accept the emergency funds, the Acceptance of Award must be returned to CDPH with an authorized signature (e.g. signed by manager, director, or an individual that has the authority to enter into an agreement with CDPH). By signing the Acceptance of Award, the recipient agrees to expend funds as indicated in the award application. A signed acknowledgement letter is a prerequisite for distribution of the award funds. These funds will be distributed in advance to the recipient agency via a lump sum payment.

E. Budget Revisions

1. A recipient agency must request prior written approval from CDPH for a proposed budget revision when the revision requires a change of \$5,000 or more in one of the four budget categories (see Form B, Part 1 -- Summary Budget). Requests to modify the budget included in the initial application must be made in writing to CDPH or via email to vicki.kramer@cdph.ca.gov. Provide revised Parts 1 and 2 of form B. In addition, provide a justification for the proposed revision only on Part C of form B. A copy of the approved or disapproved request will be faxed or emailed

to the contact person listed on the budget revision form. Expenditures, resulting in a change to the budget of \$5,000 or more per line item category, incurred prior to receiving written approval from CDPH may be considered disallowable expenditures under this agreement.

2. For budget revisions of less than \$5,000 in any of the four budget categories, CDPH must be notified and a revised Form B submitted; however, prior written approval is not required before the revision can be implemented and funds expended.

F. Reports from Award Recipients

Award recipients shall submit progress and final reports to the CDPH Vector-Borne Disease Section (VBDS) by dates to be determined by CDPH. Under any circumstances, final reports will be required by December 31, 2007. Reports shall include Form D indicating budgeted expenditures to date and a narrative explaining how mosquito control and WNV surveillance were enhanced within your agency's jurisdiction (e.g. increased frequency of inspection and treatment, increased number or acres of habitat treated, decrease in mosquito abundance, increase in mosquito testing). Agencies receiving funds for purchase of mosquito control equipment must include the form "Contractor Equipment Purchased with CDPH Funds" with their progress report. CDPH reserves the right to request information and reports from recipient agencies at any time during the award period (August 2007 through December 31, 2007), and for three years thereafter. Reports shall be mailed to the address indicated in "C: Application Submittal" above.

G. Audits

CDPH reserves the right to audit expenditures of these award funds. Each award recipient agency shall maintain for three years after the expiration of the award (until December 31, 2010) all applicable books, records, documents, and other evidence, accounting procedures, and practices, sufficient to properly reflect all direct and indirect costs of whatever nature claimed to have been incurred in the performance of the award. The award recipient agency's facility or office or such part thereof as may be engaged in the performance of the award agreement and his/her records shall be subject at all reasonable times to inspection, audit, and reproduction.

H. Termination / Cancellation of Award

1. This award agreement may be cancelled or terminated without cause by either party by giving thirty (30) calendar days advance written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final requirements.
2. Upon receipt of a notice of termination or cancellation from CDPH, the award recipient agency shall take immediate steps to stop performance and to cancel or reduce subsequent agreement costs.

3. Award recipient agency shall be entitled to payment for all allowable costs authorized under this agreement, including authorized non-cancelable obligations incurred up to the date of termination or cancellation, provided such expenses do not exceed the stated maximum amounts payable.

I. Use of Advanced Award Funds

Advanced award funds shall be used solely for the purpose of allowable costs incurred under the terms and conditions of this agreement. Funds are to enhance existing mosquito control and surveillance activities.

J. Liquidation of Advanced Award Funds

1. Unless otherwise stipulated in this agreement, advanced award funds shall be liquidated no later than December 31, 2007.
2. If any advanced funds have not been liquidated upon completion or termination of this agreement, the balance thereof shall be promptly paid (within 60 days of effective completion or termination date) by the award recipient agency to CDPH upon demand.

K. Return / Repayment of Advanced Award Funds

1. The award recipient agency may, at any time, repay to CDPH all or any part of the advanced award funds.
2. CDPH may, at any time, demand full repayment of any unliquidated balance. Upon receipt of such demand, the award recipient agency shall promptly repay (within 60 days of effective completion or termination date) the unliquidated balance.

L. Communicating with the Vector-Borne Disease Section, CDPH

Questions regarding the application process and awards can be directed to Linda Parsons at the Vector-Borne Disease Section headquarters office (916) 552-9730 or to the VBDS Public Health Biologist assigned to the respective county.

FORM A: AGENCY INFORMATION

Date: 8/16/07

Agency Name: El Dorado County Environmental Management_____

Agency Address: 2850 Fairlane Ct. Placerville CA, 95667_____

Agency Phone Number: 530-621-5300_____ Fax Number: 530-295-2747_____

County(s) Served: El Dorado County_____

Name of Contact: Greg Stanton or Kerri Williams_____

Contact Phone Number: 530-621-6658/530-621-5309_E-mail: gstanton@co.el-dorado.ca.us, kwilliams@co.el-dorado.ca.us

Authorized Signature: I verify that information contained in this application is accurate and I am authorized to sign on behalf of the above named agency.

Signature

Printed Name and Title

The information contained in this application will be subject to verification via audit.

Does your agency currently provide mosquito control services? Yes No
If yes, proceed to question #1.

If no, are you contracting or making arrangements with a neighboring mosquito control agency that is signatory to a cooperative agreement with CDPH to provide mosquito control services?

Yes Name of collaborating mosquito control agency: El Dorado County Vector/ CSA #3

Name of contact: Virginia Huber, Manager

No Name of VBDS Biologist providing oversight on this award proposal:

If no, then mosquito control must be conducted by pest control businesses that are appropriately licensed and certified by the California Department of Pesticide Regulation.

Non-mosquito control agencies may skip questions #1 – 9.

FORM A: AGENCY INFORMATION (Cont.)

1. What is your agency's total annual revenue? \$ General Fund no additional revenue _____
2. What are the funding mechanisms for your agency (e.g., property taxes, service charge, benefit assessment, contracts)? County General Fund (property taxes) _____

3. Does your agency have reserve funding? Yes _____ No x____

If yes, what is the total amount of reserve funds currently on deposit? _____

How much of the total reserve funding can be appropriated for emergency mosquito control? \$0 _____
4. How many people does your agency serve? 168,100 _____
5. How many full-time staff does your agency employ? 1 _____
6. How many seasonal staff does your agency employ? 1 _____
7. Approximately how many square miles does your agency cover? 1,711 _____
8. Approximately what percentage of the county does your agency cover? 70% _____
9. How many mosquito control agencies are in your county? 1 _____

FORM B: BUDGET INFORMATION
Part 1a – Summary Budget for MOSQUITO CONTROL

Agency Name: El Dorado County Environmental Management_____

Name of Contact: Kerri Williams_____

Contact Phone Number: _530-621-5309_____ E-mail: kwilliams@co.el-dorado.ca.us

Submission Date: __8__ / __17__ / __07__

LINE ITEM CATEGORY	AMOUNT
Temporary Personnel for Control Work	\$ 11,892
Mosquito Control Products	\$ 5,430
Mosquito Control Equipment ¹	\$
Contracts (for application of mosquito control products)	\$
TOTAL BUDGET	\$ 17,322

Kerri Williams, Fiscal Administration Manager
 Prepared by (name, title):

530-621-5309
 Telephone Number:

¹ Equipment purchased by agencies that are not signatory to a cooperative agreement with CDPH may be subject to return to CDPH at the conclusion of the award agreement period.

FORM B: BUDGET INFORMATION
Part 1b – Summary Budget for MOSQUITO SURVEILLANCE

Agency Name: _____

Name of Contact: _____

Contact Phone Number: _____ E-mail: _____

Submission Date: ____/____/____

LINE ITEM CATEGORY	AMOUNT
Temporary Personnel for Surveillance	\$
Mosquito Surveillance Equipment ¹	\$
Contracts (for surveillance activities such as aerial “green” pool surveys)	\$
TOTAL BUDGET	\$

 Prepared by (name, title):

 Telephone Number:

¹ Equipment purchased by agencies that are not signatory to a cooperative agreement with CDPH may be subject to return to CDPH at the conclusion of the award agreement period.

FORM B: BUDGET INFORMATION
Part 2 – Detailed Budget
 (use additional pages as needed)

Agency Name: El Dorado County Environmental Management_____

1. Personnel (identify whether personnel are for surveillance or control activities)

Title/Classification of Temporary Personnel	S or C (surveillance or control)	Approximate Length of Employment (months)	Average Monthly Salary *	Time Base (%)
1. Vector Control Technician I	C	4 months	\$2,973	100%
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

* Include fringe benefits if applicable.

2. Mosquito Control Products

Name of Product	Quantity	Unit Cost	Total Amount
Altosid 30-day Briquettes	4 cases	\$400	\$1600
Altosid XR 150-day Briquettes	3 cases	\$640	\$1920
Altosid Pellets	1 case	\$1060	\$1060
Vecto Bac G Granules	10 bags	\$85	\$850

FORM B: BUDGET INFORMATION (Cont.)
Part 2 – Detailed Budget
 (use additional pages as needed)

3. Mosquito Control Equipment

Description of Equipment	Quantity	Unit Cost	Total Amount

4. Mosquito Surveillance Equipment

Description of Equipment	Quantity	Unit Cost	Total Amount

5. Contracts

Name of Contractor: _____

Type of Service Provided: _____

Products to be Applied or Surveillance Activity	Application Frequency	# of Acres to be treated or surveyed	Total Amount

Name of Contractor: _____

Type of Service Provided: _____

Products to be Applied or Surveillance Activity	Application Frequency	# of Acres to be treated or surveyed	Total Amount

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Name of Contractor: _____

Type of Service Provided: _____

Products to be Applied or Surveillance Activity	Application Frequency	# of Acres to be treated or surveyed	Total Amount

FORM B: BUDGET INFORMATION

Part 3 – Budget Justification

(Please attach to Form B)

Agency Name: __El Dorado County Environmental Management Department__

For each of the four categories listed on Part 2 – Detailed Budget, provide a brief justification for the request. Please discuss: 1) why current resources are insufficient, 2) how additional staff will be used, 3) which problem habitats require enhanced surveillance or control, 4) what sources of mosquitoes are currently not controlled, and 5) why additional equipment or contractual services are needed. (You may use no more than two additional pages as needed.)

1. Personnel

One full time vector control technician is funded for the western slope of the County. The current County budget cannot fund the additional help needed for mosquito control and breeding source surveillance. An extra help, certified technician will be employed through the end of this year to monitor and treat breeding sources and help to maintain the dead bird surveillance program. Problem breeding sources currently taking extra time are abandoned swimming pools (home foreclosures) and storm water retention structures. Un-maintained storm water control structures have developed into excellent breeding sources and are difficult to treat due to over growth of vegetation.

2. Mosquito Control Products

Our supply of these products is depleted. This funding will restock our supplies and enable this Department to maintain adequate breeding source control.

(print and fill only)

WNV Surveillance Factor	Assessment Value	Benchmark	Assigned Value
1. Environmental Conditions Rural transmission may favor El Niño conditions, whereas urban transmission may favor La Niña conditions. Temperature data link: http://www.ipm.ucdavis.edu/WEATHER/wxretrieve.html	1	Avg daily temperature during preceding month <56 ° F	
	2	Avg daily temperature during preceding month 57-65° F	
	3	Avg daily temperature during preceding month 66-74° F	
	4	Avg daily temperature during preceding month 75-83 ° F	
	5	Avg daily temperature during preceding month >83 ° F	
2. Adult <i>Culex tarsalis</i> and <i>Cx. pipiens complex</i> abundance Determined by trapping adults, identifying them to species, and comparing numbers to those previously documented for an area for current time period.	1	Vector abundance well below average (<50%)	
	2	Vector abundance below average (50-90%)	
	3	Vector abundance average (90-150%)	
	4	Vector abundance above average (150-300%)	
	5	Vector abundance well above average (>300%)	
3. Virus infection rate in <i>Culex tarsalis</i> and <i>Cx. pipiens complex</i> mosquitoes Tested in pools of 50. Test results expressed as minimum infection rate (MIR) per 1,000 female mosquitoes tested (or per 20 pools).	1	MIR / 1000 = 0	
	2	MIR / 1000 = 0-1.0	
	3	MIR / 1000 = 1.1-2.0	
	4	MIR / 1000 = 2.1-5.0	
	5	MIR / 1000 > 5.0	
4. Sentinel chicken seroconversion Number of chickens in a flock that develop antibodies to WNV. If more than one flock is present in a region, number of flocks with seropositive chickens is an additional consideration. Typically 10 chickens per flock.	1	No seroconversions	
	2	One seroconversion in single flock over broad region	
	3	One to two seroconversions in a single flock in specific region	
	4	More than two seroconversions in single flock or one to two seroconversions in multiple flocks in specific region	
	5	More than two seroconversions per flock in multiple flocks in specific region	
5. Dead bird infection Includes zoo collections.	1	No WNV positive dead birds	
	2	One WNV positive dead bird in broad region	
	3	One WNV positive dead bird in specific region	
	4	Two to five WNV positive dead birds in specific region	
	5	More than five WNV positive dead birds and multiple reports of dead birds in specific region	
6. Equine cases	1	No equine cases	
	3	One equine case in broad region	
	4	One or two equine cases in specific region	
	5	More than two equine cases in specific region	
7. Human cases	1	No human cases	
	3	One human case in broad region	
	4	One human case in specific region	
	5	More than one human case in specific region	
8. Proximity to urban or suburban regions (score only if virus activity detected) Risk of outbreak is highest in urban areas because of high likelihood of contact between humans and vectors.	1	Virus detected in remote area	
	2	Virus detected in rural areas	
	3	Virus detected in small towns	
	4	Virus detected in suburban areas	
	5	Virus detected in urban area	
Response Level / Average Rating: Normal Season (1.0 to 2.5) Emergency Planning (2.6 to 4.0) Epidemic (4.1 to 5.0)		TOTAL	
		AVERAGE	

**FORM D: BUDGET EXPENDITURE REPORT
Part 1a – Summary Budget for MOSQUITO CONTROL**

Agency Name: _____

Progress Report (due at discretion of CDPH): _____

Final Report (due 12/31/07): _____

Submission Date: ____/____/____

LINE ITEM CATEGORY	AWARD AMOUNT	AMOUNT EXPENDED	PERCENTAGE OF BUDGET EXPENDED
Temporary Personnel for Control Work	\$	\$	%
Mosquito Control Products	\$	\$	%
Mosquito Control Equipment	\$	\$	%
Contracts (for application of mosquito control products)	\$	\$	%
TOTAL BUDGET	\$	\$	%

Prepared by (name, title):

Telephone Number:

FORM D: BUDGET EXPENDITURE REPORT
Part 1b – Summary Budget for MOSQUITO SURVEILLANCE

Agency Name: _____

Progress Report (due at discretion of CDPH): _____

Final Report (due 12/31/07): _____

Submission Date: ____/____/____

LINE ITEM CATEGORY	AWARD AMOUNT	AMOUNT EXPENDED	PERCENTAGE OF BUDGET EXPENDED
Temporary Personnel for Surveillance	\$	\$	%
Mosquito Surveillance Equipment	\$	\$	%
Contracts (for surveillance activities such as aerial "green" pool surveys)	\$	\$	%
TOTAL BUDGET	\$	\$	%

 Prepared by (name, title):

 Telephone Number:

FORM D: BUDGET INFORMATION (Cont.)
Part 2 – Detailed Budget
 (use additional pages as needed)

3. Mosquito Control Equipment

Description of Equipment	Award Amount	Amount Expended	Percentage of Budget Expended

4. Mosquito Surveillance Equipment

Description of Equipment	Award Amount	Amount Expended	Percentage of Budget Expended

5. Contracts

Name of Contractor: _____

Type of Service Provided: _____

Products Applied or Surveillance Activity	Award Amount	Amount Expended	Percentage of Budget Expended

Name of Contractor: _____

Type of Service Provided: _____

Products Applied or Surveillance Activity	Award Amount	Amount Expended	Percentage of Budget Expended

Name of Contractor: _____

Type of Service Provided: _____

Products Applied or Surveillance Activity	Award Amount	Amount Expended	Percentage of Budget Expended