



Department  
of Health

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Stephanie McCloud, Director

## MEMORANDUM

Date: July 21, 2021

To: Subrecipient agencies

From: Kristen Dickerson  
State Epidemiologist and Chief, Bureau of Infectious Diseases [K.D.](#)  
Ohio Department of Health

Subject: Subrecipient Program name [Tuberculosis Program TB23 (January 1, 2022 – December 31, 2022)]

The Ohio Department of Health (ODH), [Bureau of Infectious Diseases] announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., Monday [September 13, 2021.] Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website [(<https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grant-solicitations>)]. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact [Sarah Mitchell] at [(614) 387-0652] or e-mail at [Sarah.Mitchell@odh.ohio.gov.]

## TABLE OF CONTENTS

I.	CONTINUATION FUNDING APPLICATION GUIDANCE	
A.	Policy and Procedure	2
B.	Number of Grants and Funds Available	2
C.	Formatting Requirement for Attachments	3
D.	Qualified Applicants	3
II.	PROGRAM UPDATES	
A.	Program Progress Report	3
B.	Program Narrative	3
C.	Objectives and Work Plans	3
D.	Documentation & Progress on Health Disparity/Inequity Activities	3
E.	Program Budget	4
F.	Other Application Requirements	5
G.	HumanTrafficking	7
H.	Post Submission Requirements	7
III.	APPENDICES	
A.	Continuation Solicitation ReimbursementType Form	
B.	B1. [Deliverable Descriptions]	
	B2. [Deliverable Allocations]	
C.	Place Matters DocumentationTemplate	
D.	Application Review Form	
E.	Subrecipient Report Form	
F.	Inventory/Activity Tracking Report	
G.	Local Health Departments Incentive/Enablers Receipt form	
H.	Local Health Departments Emergency Housing Receipt form	
I.	Staff Development Fund Application	

## I. CONTINUATION FUNDING APPLICATION GUIDANCE

### 100% Deliverable Funding

- A. Policy and Procedures:** The Continuation Funding Application consists of three parts: Program Updates(if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP(OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [January 1, 2022 – December 31, 2022] of the total project period, [January 1, 2020 – December 31, 2024.] Reference the competitive Solicitation for more information.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples listed on the GMIS bulletin board.

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

- B. Number of Grants and Funds Available:** *[Subgrant Tuberculosis Program supported by Centers for Disease Control and Prevention TB Cooperative Agreement [CDC-RFA-PS20-2001], Catalog of Federal Domestic Assistance (CFDA) Number 93.116, grant # 6 NU52PS910184. One grant will be awarded for this initiative. Total funding for the TB subgrant is expected to be \$45,000. Funds originate from federal funding sources. Eligible agencies may apply for up to \$45,000.]*

*No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.*

### C. Formatting Requirements for Attachments

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

### D. Qualified Applicants:

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday [September 13, 2021.]**

## II. PROGRAM UPDATES:

**A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** Subrecipient should use Subrecipient Report Form (Appendix E).

**B. Program Narrative:** Complete and submit a narrative statement (do not exceed [six] pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. [Address objectives 1 through 2 contained in the application for project number 03160282TB0120.]

**C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed.

**D. Documentation and Progress on Health Disparity/Inequity Activities:** Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations must also use the *Place Matters Documentation Spreadsheet* to document where (i.e., addresses, census tracts, census blockgroups or zip codes) health equity activities occurred during the previous funding period.

**E. Program Budget:** Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

- 1. Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

For your convenience, a budget justification narrative example is available at [GMIS/Bulletin Board/ Budget Justification Deliverable Example Effective March 13 2020.doc (Scenario #1). Posted Date is 03/13/2020.]

Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.]

- 2. [2022] Budget via GMIS:** Complete requested budget information as follows:

- Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period [January 1, 2022] to [December 31, 2022.]

The applicant shall retain all original fully executed contracts on file.

- Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

- 3. Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;

11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;

**Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.**

**F. Other Application Requirements:**

**Program Specific Attachments:** Complete and submit the following attachments. [None.]

**[INTERNAL NOTE ONLY – NOT A PART OF THE ACTUAL CONTINUATION SOLICITATION.]**

Program provides a list of any of its competitive Solicitation specific attachments needed for review and update; for example, clinic operating hours, Public Health Impact Statement. Make every attempt for attachments to be completed and submitted electronically. Clearly state which attachments are submitted via GMIS. (If a paper attachment is absolutely required, indicate that: "An original of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit Central Master Files address by 4:00 p.m. on or before the due date. All attachments must clearly identify the authorized program name and program number. On those paper attachments that require a signature, indicate that a signature is required and that it must be in blue ink.")]

**a. Other Required Documentation:**

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>.

**Note:** Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov). Reference the GMIS Bulletin Board for more information.

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to [www.dnb.com](http://www.dnb.com). For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at [www.usaspending.gov](http://www.usaspending.gov) or the Office of Management and Budget’s website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

**(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)**

- **For Non-Profit Organizations Only:**
  1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
  2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Service (IRS) letter approving non-tax exempt status.

## G. Human Trafficking:

The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

a. Victims of human trafficking are included in your agency's target population;

1. At-risk population
2. Mental health population
3. Homeless population

b. Agency promotes the expansion of services to identify and serve those affected by human trafficking. [Not Applicable to TB Incentives, Enablers and Emergency Housing and Ohio Tuberculosis Staff Development Fund.]

**H. Post Submission Requirements:** Continuation applicants are required to submit subrecipient program and expenditure reports.

**Note:** Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

a. **Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS** by the following dates. [Additional language is optional.] **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required

☐ No Program Reports Required

Period	Report Due Date
January 1, 2022 – June 30, 2022	July 15, 2022
July 1, 2022 – December 31, 2022	January 15, 2023

b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
January 1 – 31, 2022	February 10, 2022
February 1 – 28, 2022	March 10, 2022
March 1 – 31, 2022	April 10, 2022
April 1 – 30, 2022	May 10, 2022
May 1 – 31, 2022	June 10, 2022



June 1 – 30, 2022	July 10, 2022
July 1 – 31, 2022	August 10, 2022
August 1 – 31, 2022	September 10, 2022
September 1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **viaGMIS** by the following dates:

Period	Report Due Date
January 1 – March 31, 2022	April 10, 2022
April 1 – June 30, 2022	July 10, 2022
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023

**Note:** Obligations not reported on the final monthly or 4<sup>th</sup> quarter expenditure report will not be considered for payment with the final expenditure report.

- c. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before [February 5, 2023.] The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

***Submission of ALL Subrecipient Program and Expenditure Reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.***

## APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Objective Descriptions (if applicable)  
B2 Deliverable — Objective Allocations (if applicable)
- C. Place Matters Documentation Template
- D. Application Review Form
- E. Subrecipient Report Form
- F. Inventory/Activity Tracking Report
- G. Local Health Departments Incentive/Enablers Receipt form
- H. Local Health Departments Emergency Housing Receipt form
- I. Staff Development Fund Application

## Appendix A

### Submission Required

CONTINUATION SOLICITATION  
REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health Office of  
[the Medical Director] Bureau of  
[Infectious Diseases]

*ODH Program Title:*  
Tuberculosis Program TB23

**Reimbursement Type (check one)** Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

*Please print:*

Current Project Number \_\_\_\_\_

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_  
\_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Agency Head (Print Name)

\_\_\_\_\_  
Agency Head (Signature)

*Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.*

Due to ODH by [August 16, 2021.]

Please email completed form to Karen Tinsley ([karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)).

## Appendix B1

**Name of Subgrant Program:** Tuberculosis Program TB23

**Budget Period:** 01/01/2022 – 12/31/2022

**# of Deliverables:** 2

**Use Budget Justification Scenario #:** 1

### 100% Deliverables

#### **Deliverable — Objective 1:** Incentives, Enablers and Emergency Housing Fund

Indicate the applicant agency's commitment to administer Ohio's Incentives and Enablers Fund (up to \$10,000 per year) and Emergency Housing Program fund (up to \$2,000 per year) to support prevention of transmission of TB in Ohio communities by encouraging patient adherence to TB therapy, supporting contact tracing in hard to reach populations, and providing emergency housing in rare circumstances to support compliance with isolation orders.

Indicate that the applicant agency will complete the following tasks according to ODH guidance:

- a. Process and manage applications from Ohio local TB Control Units requesting incentives, enablers and/or emergency housing
- b. Purchase and distribute incentives, enablers or emergency housing funds to local TB Control Units with approved applications
- c. Maintain records of applications and related expenditure records such as:
  - Gift cards purchase receipts
  - Inventory/Activity Tracking Report (Appendix F)
  - Local Health Department Incentive/Enablers Receipt form (Appendix G)
  - Local Health Department Emergency Housing Receipt form (Appendix H)
  - Patient sign-off sheet
- d. Complete reporting requirements to ODH in GMIS:
  - Subrecipient Report Form (Appendix E)
  - Gift cards purchase receipts (no specific form required)
  - Inventory/Activity Tracking Report (Appendix F)
  - Local Health Department Incentive/Enablers Receipt form (Appendix G)
  - Local Health Department Emergency Housing Receipt form (Appendix H)

#### **Deliverable — Objective 2:** Ohio Tuberculosis Staff Development Fund

Indicate the applicant agency's commitment to administer the Ohio Tuberculosis Staff Development Fund, which will provide funds to local TB Control Unit staff, up to 8 awards per year, with a \$500 maximum award, to attend TB training or educational events (e.g. World TB Day, Tri-State TB Clinical Intensive).

Indicate that the applicant agency will complete the following tasks according to ODH guidance:

- a. Issue applications to local TB Control Units staff candidates in conjunction with the ODH TB Program
- b. Process and review applications
- c. Award and distribute staff development funds with approved applications
- d. Maintain records for the Ohio Tuberculosis Staff Development Fund and related expenditure records such as:
  - Mileage reimbursement log
  - Parking receipts
  - Lodging receipts

- Inventory/Activity Tracking Report (Appendix F)
- Staff Development Fund Application (Appendix I)
- e. Complete reporting requirements to ODH in GMIS:
  - Subrecipient Report Form (Appendix E)
  - Inventory/Activity Tracking Report (Appendix F)
  - Staff Development Fund Application (Appendix I)

**Appendix B2**  
**Tuberculosis Program**  
**Name of Subgrant Program:TB23**

**Budget Period: January 1, 2022 - December 31, 2022**

**# of Deliverables: 2**

**Use Budget Justification Scenario #: 1**

☐ **Base Only**  
☐ **Base and Deliverables**  
☒ **Deliverables Only**

	<b>Base</b>	<b>Deliverable - Objective 1 Incentives, Enablers and Emergency Housing Program</b>	<b>Deliverable - Objective 2 Ohio Tuberculosis Staff Development Program</b>	<b>Total</b>
<b>Ohio</b>	Not applicable	\$ 39,000.00	\$ 6,000.00	\$ 45,000.00
<b>Total</b>		\$ 39,000.00	\$ 6,000.00	\$ 45,000.00

Appendix C

Place Matters Documentation Template

County:Your County

Budget Period: \_\_\_\_\_

GMISID:\_\_\_\_\_ Agency Name: \_\_\_\_\_ Subgrant Program:\_\_\_\_\_

GeographyType	Specify Geography or Location	Data Source
CensusTract (FIPS Code)		

## Tuberculosis Program TB23 Application Review Form

Applicant / Sub-Applicant Name: \_\_\_\_\_ GMIS #: \_\_\_\_\_

### SCORE SUMMARY

Application Element	Score	Point Value
GMIS 2.0 Budget Issues		3
Executive Summary		2
Description of Applicant Agency/Documentation of Eligibility/Personnel		5
<b>Deliverable Objective 1</b> Incentives, Enablers and Emergency Housing Fund		3
<b>Deliverable Objective 2</b> Ohio Tuberculosis Staff Development Fund		2
<b>Total Application Point Score</b>		15
<b>Total Application % Score</b>		NA
<b>Special Conditions:</b>		
<b>Comments to Sub-grantee:</b>		
<b>Reviewer Signature:</b> _____ <b>Date:</b> _____		

## TUBERCULOSIS (TB) PROGRAM SUBRECIPIENT REPORT

☐ Period 1: January 1 – June 30 ☐ Period 2: July 1 – December 31

Subrecipient Organization Name	
Grant Number	
Subrecipient Contact Name	
Subrecipient Contact Phone Number	
Subrecipient Contact Email Address	

	Total Number of Counties Served
	Number of incentives and enablers program applications were processed
Were there any barriers or challenges? If so, please describe:	
	Number of emergency housing fund applications were processed
Were there any barriers or challenges? If so, please describe:	
	Number of staff development fund applications were processed
Were there any barriers or challenges? If so, please describe:	

\_\_\_\_\_  
Subrecipient Signature

\_\_\_\_\_  
Date Completed



## TUBERCULOSIS (TB) PROGRAM INVENTORY/ACTIVITY TRACKING REPORT

[illegible]

[SUBRECIPIENT LETTER HEAD]

**LOCAL HEALTH DEPARTMENT INCENTIVES/ENABLERS RECEIPT**

Name  
Subrecipient  
Subrecipient Address  
City, State, Zip

Date: \_\_\_\_\_

Local Health Department Contact Name  
Local Health Department  
Address  
City, State, Zip

Received from the subrecipient:

Kroger Gift Cards **(Example)**  
20 Cards @ \$10.00 = \$200.00

These gift cards will be used to/for (please list):

- 1.
- 2.
- 3.

I understand that these gift cards are incentives to ensure patient adherence to tuberculosis therapy and complete contact tracing in hard to reach populations or enablers to support prescription co-pays, bus tokens, fuel cards, or for prepared food that may enable the patient to keep clinic appointments or take medications as prescribed (with food). Alcohol and tobacco products are prohibited. Incentives/enablers cannot exceed the value of \$10/week per person without prior approval.

\_\_\_\_\_  
Subrecipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Department Contact Signature

\_\_\_\_\_  
Date

***Note: Two signed copies of this receipt are sent by the subrecipient with each shipment. The local health department keeps one and sends a signed copy back to the subrecipient.***

[SUBRECIPIENT LETTER HEAD]

LOCAL HEALTH DEPARTMENT EMERGENCY HOUSING RECEIPT

Name  
Subrecipient  
Subrecipient Address  
City, State, Zip

Date: \_\_\_\_\_

Local Health Department Contact Name  
Local Health Department  
Address  
City, State, Zip

Emergency housing assistance received from the subrecipient:

Type of Assistance	Amount	Used for

I understand that emergency housing funds are to be used during the infectious period in rare situations such as when an infectious patient is not suitable for hospitalization and is homeless. Patients must adhere to tuberculosis therapy during the infectious period and while emergency housing is being provided. Use of emergency housing funds requires Ohio Department of Health TB Program approval.

\_\_\_\_\_  
Subrecipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Department Contact Signature

\_\_\_\_\_  
Date

**Note: Two signed copies of this receipt are sent by the subrecipient with each shipment. The local health department keeps one and sends a signed copy back to the subrecipient.**

## OHIO TUBERCULOSIS (TB) STAFF DEVELOPMENT FUND APPLICATION

Event Name: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Jurisdiction: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you worked in TB? \_\_\_\_\_

Please describe your current duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What challenges are you currently facing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you want to gain from this training/educational event? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you apply or share the knowledge you gain? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you available to attend the entire event? \_\_\_\_\_

Is another person from your jurisdiction applying for staff development funds?

☐ Yes ☐ No If yes, who: \_\_\_\_\_

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

*Please remember to attach a letter of recommendation from your supervisor and your proof of fundamental TB knowledge.*

\_\_\_\_\_

**For Administrative Use Only:**

Was this applicant awarded staff development funds? ☐ Yes ☐ No

Type of Expense	Amount Requested	Amount Paid	Proof of Expense
TOTAL			

---

Subrecipient Signature

---

Date