



Department  
of Health

Mike DeWine, Governor  
Jon Husted, Lt. Governor

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MEMORANDUM

Date: June 18, 2019

To: Subrecipient agencies

From: Sietske de Fijter *SdF*  
State Epidemiologist and Chief, Bureau of Infectious Diseases  
Ohio Department of Health

Subject: Subrecipient Tuberculosis Program (January 1, 2020– December 31, 2020)

The Ohio Department of Health (ODH), Bureau of Infectious Diseases announces the availability of Tuberculosis competitive subgrant funds to assist local TB Control Units working to prevent the transmission of TB in Ohio communities.

All electronic applications and attachments are due by 4:00 p.m., August 19, 2019. 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 **competitive 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>.

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

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The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services.



**ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET**

# **OHIO DEPARTMENT OF HEALTH**

**BUREAU OF**  
*Infectious Diseases*

*Tuberculosis (TB) Program*

**SOLICITATION**  
**FOR**  
**FISCAL YEAR 2020 - 2021**  
**(01/01/20 – 12/31/20)**

**Local Public Applicant Agencies**  
**Non-Profit Applicants**

**COMPETITIVE GRANT APPLICATION INFORMATION**  
**100% Deliverable Funding**

**Revised 02/11/2019**  
**For grant starts 10/1/2019 and thereafter**

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## **I. APPLICATION SUMMARY and GUIDANCE**

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by **July 23, 2019** so access to the application via the Internet website “ODH Application Gateway” can be established.

**NEW AGENCIES ONLY or if UPDATES are needed:** For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current 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.

The application summary information is provided to assist your agency in identifying funding criteria:

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: <https://odh.ohio.gov/wps/portal/gov/odh/home>. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-manual>

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

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.

## **Budget Justification Certification language**

- 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. Application Name:** Tuberculosis (TB) Program

**C. Purpose:** The purpose of the TB Subgrant is to assist local TB Control Units working to prevent the transmission of TB in Ohio communities. Subgrantee administers the incentives, enablers and emergency housing program and coordinates the Ohio Tuberculosis Staff Development Fund. Incentives and enablers are economic interventions which may be given to patients to reward healthy behavior (incentives) or remove economic barriers to accessing healthcare (enablers). Incentives and enablers are used to ensure patient adherence to tuberculosis therapy and complete contact tracing in hard to reach populations. Emergency housing is provided in rare circumstances to support compliance with isolation orders. The Centers for Disease Control and Prevention, and the ODH TB Program recommends the use of these tools in certain situations to ensure TB prevention and control efforts in all 88 Ohio counties.

**D. Qualified Applicants:** All applicants must be non-profit agencies operating in the state with special knowledge of the TB prevention and control structure in Ohio, have knowledge of public health isolation requirements pertaining to TB, and possess the capacity to maintain complete and accurate accounting of resources released to TB Control Units. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B).

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
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, August 19, 2019.**

**E. Service Area:** Applicants must be able to coordinate the TB program for the entire state of Ohio.

- F. Number of Grants and Funds Available:** 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.*

- G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS by **4:00 p.m. by Monday, August 19, 2019**. Applications and required attachments received after this deadline will not be considered for review.

Contact Sarah Mitchell at (614) 387-0652 or [Sarah.Mitchell@odh.ohio.gov](mailto:Sarah.Mitchell@odh.ohio.gov) or Kim Quinn at (614) 752-1354 or [Kim.Quinn@odh.ohio.gov](mailto:Kim.Quinn@odh.ohio.gov) with any questions.

- H. Authorization:** The program is authorized under Section 317E of the Public Health Service Act [42 U.S.C. section 247b-6] as amended. Authorization of funds for this purpose is contained in the Centers for Disease Control and Prevention TB Cooperative Agreement [CDC-FRA-PS15 -1501], Catalog of Federal Domestic Assistance (CFDA) Number 93.116.

- I. Goals:** *The goals of the TB program are to (1) administer the state TB incentives, enablers and emergency housing program by supporting local Ohio TB Control Units on the application process for their TB patients and selected high-risk contacts; (2) maintain an accurate accounting of all purchase and distribution of incentives, enablers and emergency housing funds submitted as required to the ODH TB Program Supervisor; and (3) administer the Ohio Tuberculosis Staff Development Fund in coordination with the ODH TB Program Supervisor.*

- J. Program Period and Budget Period:** The program period will begin January 1, 2020 and end on December 31, 2024. The budget period for this application is January 1, 2020 through December 31, 2020.

- K. Public Health Accreditation Board (PHAB) Standard(s):**

This grant program will address the following PHAB standards:

° Domain 2: Conduct timely investigations of health problems and environmental public health hazards. 2.1.4A: Work collaboratively established governmental and community partnerships on investigations of reportable diseases, disease outbreaks, and environmental public health issues

° Domain 3.1: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

° Domain 7: Promote strategies to improve access to health care. 7.2 Identify and implement strategies to improve access to health care services.

° Domain 8: Maintain a competent public health workforce. 8.1: Encourage the development of a sufficient number of qualified public health workers. 8.2: Assess staff competencies and address gaps by enabling organizational and individual training and development.)

The PHAB standards are available at the following website:

[http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf)

**L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- Standard 10.2: Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. Public Health Impact Statement of Support - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

3. Evidence of Health Equity Strategies

ODH is committed to the elimination of health disparities and health inequities. All applicants are required to:

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
- 2) Identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities. This must be based on data and include geographic reference points (i.e., census tracts, census block groups) to specify where program activities are focused.

- 3) Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.
- 4) Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.
- 5) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but not limited to, current Healthy People goals and objectives; local Community Health Assessments; State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; The Health Opportunity and Equity (HOPE) Initiative.
- 6) The above items should be explicitly incorporated into key components of the application (i.e., Goals, Program Narrative, Objectives, Deliverables and Review Criteria). The applicant cannot decide where to insert this information. Care should be taken to avoid repetition to keep the responses focused and specific.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:

The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are the root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

**M. GMIS Health Equity Module (There are some functionality issues in GMIS and this module may not function properly. Applications can still be submitted without this being marked complete):**

- 1) The GMIS Health Equity Module links important program interventions in grant proposals to health equity strategies identified in local, state or national strategies. These include, but are not limited to, the most current Healthy People goals and objectives; health equity targets in the State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; Ohio Health Opportunity Index and/or the Health Opportunity and Equity (HOPE) Initiative. Applicants are required to select the goals and strategies from the module that best reflect how their particular grant proposal addresses



health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

**N. 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 program)|

**O. Appropriation Contingency:** 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 in the event of a delay in grant payments.**

**P. Programmatic, Technical Assistance and Authorization for Internet Submission:** *Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Contact Sarah Mitchell at (614) 387-0652 or Kim Quinn at (614) 752-1354 for questions regarding this solicitation.*

**Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for internet submission.**

**Q. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

**R. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, August 19, 2019 at 4:00 p.m.**

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

**S. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.

**T. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his

designee, shall be sent to the unsuccessful applicant.

**U. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation.
13. Applications will be evaluated based on the Application Review Form (Appendix D).

ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given Solicitations; **There will be no appeal of the Department's decision.**

**V. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service.

**W. Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, [Bureau of Infectious Diseases], [Tuberculosis Program] and as a sub-award of a grant issued by [the Centers for Disease Control and Prevention] under the [Tuberculosis Elimination and Laboratory Cooperative Agreement] grant, CFDA number [93.116].”

- X. Reporting Requirements:** Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

**Note: Failure to ensure the quality of reporting by 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:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. **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. Subgrantee should use Subgrantee Report Form (Appendix E).

X  Program Reports Required      \_\_\_\_\_ No Program Reports Required

<i>Period</i>	<i>Report Due Date</i>
January 1, 2020 – June 30, 2020	July 15, 2020
July 1, 2020 – December 31, 2020	January 15, 2021

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

<i>Period</i>	<i>Report Due Date</i>
January 1 – 31, 2020	February 10, 2020
February 1 – 29, 2020	March 10, 2020
March 1 – 31, 2020	April 10, 2020
April 1 – 30, 2020	May 10, 2020
May 1 – 31, 2020	June 10, 2020
June 1 – 30, 2020	July 10, 2020
July 1 – 31, 2020	August 10, 2020
August 1 – 31, 2020	September 10, 2020
September 1 – 30, 2020	October 10, 2020
October 1 – 31, 2020	November 10, 2020
November 1 – 30, 2020	December 10, 2020
December 1 – 31, 2020	January 10, 2021

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

<i>Period</i>	<i>Report Due Date</i>
January 1 – March 31, 2020	April 10, 2020
April 1 – June 30, 2020	July 10, 2020
July 1 – September 30, 2020	October 10, 2020
October 1 – December 31, 2020	January 10, 2021

*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, 2021**. 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 the Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.*

- Y. Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

- Z. 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.**

**AA. Audit:** Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

**Subrecipient audit reports** (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

## **AB. Submission of Application**

### **Formatting Requirements:**

- Properly label each item of the application packet (e.g., 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 on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed **10 pages (excludes** appendices, attachments, budget and budget narrative).
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH

The GMIS application submission must consist of the following:

**Complete  
& Submit  
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
  - Primary Reason
  - Funding
  - Justification
  - Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Compliance Section
  - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program [NONE ]

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

**Complete  
Copy &  
E-mail or  
Mail to  
ODH**

**Ohio Department of Health  
Grants Services Unit  
Central Master Files, 4<sup>th</sup> Floor  
35 E. Chestnut Street  
Columbus, Ohio 43215**

## **II. APPLICATION REQUIREMENTS AND FORMAT**

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the Notice of Intent to Apply for Funding for is submitted to ODH.

*All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.*

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review pages 10-11 of the Solicitation for unallowable costs.

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.

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period January 1, 2020 to December 31, 2020.

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

- 3. Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*

- C. Assurances Certification:** Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via 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.

**D. Project Narrative:**

- 1. Executive Summary:** Provide a brief, one-page synopsis of the purpose, methodology, and evaluation plan of this tuberculosis project. Identify the target population, services and programs to be offered and what agency or agencies will provide those services, and the burden of health disparities and health inequities. Describe the public health problems that the program will address.
- 2. Description of Applicant Agency/Documentation of Eligibility and Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

3. **Deliverable Objectives Narrative:** Create a narrative response to each of the following deliverable objectives described below. Use the same deliverable objective numerical sequence as outlined in each deliverable objective.

**Methodology:** In narrative form, identify the program goals, SMART process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. |

**Deliverable Objective 1: Incentives, Enablers and Emergency Housing Program**

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:
  - 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)

D1 Deliverable Outcomes	Reimbursement	When to Submit
Administer and distribute incentives, enablers and emergency housing funds with approved applications and complete reporting requirements. Fix cost per year \$27,000	ODH will reimburse Subgrantee in quarterly installments of \$6,750	Each quarter as completed

**Deliverable Objective 2: Ohio Tuberculosis Staff Development Fund Administration**

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:
  - Inventory/Activity Tracking Report (Appendix F)
  - Staff Development Fund Application (Appendix I)

D2 Deliverable Outcomes	Reimbursement	When to Submit
Administer and distribute staff development funds with approved applications and complete reporting requirements	\$250 per award	Ongoing – quarterly expenditure report

- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire 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.
- F. 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.)**

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original

and the required number of copies 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 Monday, August 19, 2019**.

*A minimum of an original and the indicated number of copies of non-internet attachments are required. If program requires more copies, then insert the appropriate number.*

### **III. APPENDICES**

- A.** Notice of Intent to Apply for Funding
- B.** GMIS Training Form
- C.** C1 Deliverable – Objective Descriptions  
C2 Deliverable – Objective Allocations
- D.** Application Review Form
- E.** Subgrantee 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

**Submission Required**

See Due Date Below

**New Applicants must submit the GMIS Training form with the Notice of Intent to Apply for Funding Form**

**NOTICE OF INTENT TO APPLY FOR FUNDING**

Ohio Department of Health  
Bureau of **Infectious Diseases**

*ODH Program Title:*

**Tuberculosis (TB) Program**

Reimbursement  
Type  
Select one of the  
options below:

- ☐ Monthly  
OR  
☐ Quarterly

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency \_\_\_\_\_ Federal Tax Identification Number \_\_\_\_\_

Geographic Area Applying to Cover \_\_\_\_\_

**NOTE:** The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

**Type of Applicant Agency**  
(Check One)

- ☐ County Agency  
☐ City Agency

- ☐ Hospital  
☐ Higher Education

- ☐ Local Schools  
☐ Not-for Profit

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, NOI AF's will not be accepted if name doesn't match what is listed in GMIS. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.*

Does your agency have at least two staff members who have been trained in and currently have access to the ODH GMIS system? ☐ YES ☐ NO

If yes, no further action is needed.

If no, at least two people from your agency are **REQUIRED** to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.

The NOI AF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and 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 must be set-up and maintained in 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.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOI AF AND REQUIRED FORMS MUST BE EMAILED TO [Sarah Mitchell, Supervisor, TB/HAI Program at Sarah.Mitchell@odh.ohio.gov](mailto:Sarah.Mitchell@odh.ohio.gov) and [Kim.Quinn@odh.ohio.gov](mailto:Kim.Quinn@odh.ohio.gov) BY Monday, July 23, 2019

**NOTE:** NOI AF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOI AF's considered late will not be accepted.

**If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.**

## **GMIS Training, User Access, Access Change or Deactivation Request**

*One request per person.* Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Please note: GMIS Training is only required for New Agencies to ODH. If you are new to your agency someone there should train you. Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. ODH Grants Page - "GMIS Training Resource" Section.* Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH. Also use this form when user changes are needed.

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

**Check the type of access and complete the information requested:**     ☐ **Employee - needs GMIS Training**

☐ **New Employee - needs GMIS Access.** Effective Date of Activation: \_\_\_\_\_

☐ **Existing Employee - New GMIS User or GMIS User Access Change.** Effective/Change Date: \_\_\_\_\_

☐ **Deactivation - User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:**

**Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0):** \_\_\_\_\_

Or **Effective Date of Deactivation (GMIS 2.0 access only):** \_\_\_\_\_

**Agency Name & Address:** \_\_\_\_\_

**Employee Name (no nicknames):** \_\_\_\_\_

**Employee Job Title:** \_\_\_\_\_

**Employee Office Phone Number:** \_\_\_\_\_

**Employee Office Fax Number:** \_\_\_\_\_

**Employee Office Email Address:** \_\_\_\_\_

**User Access Section: Please check all that applies and enter requested information:**

**Email Notifications:** ☐ **Yes**     ☐ **No**

**GMIS Project Number(s) user needs access to:** \_\_\_\_\_

\_\_\_\_\_

**Authorization Signature for User Access/Change/Deactivation:**

\_\_\_\_\_  
Signature of Agency Head or Agency Financial Head

\_\_\_\_\_  
Printed Name of Agency Head or Agency Financial Head

**To be completed by Grants System Officer ONLY - Date Received:**

**Date Processed:**

**Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546**

**Mail: ODH/OFA, 35 E. Chestnut St., 4<sup>th</sup> Floor, Columbus, Ohio 43215 Or**

**Scan & Email: [karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)**

<b>Name of Subgrant Program:</b>	<b>Tuberculosis (TB) Program</b>
<b>Budget Period:</b>	<b>1/1/2020 – 12/31/2020</b>
<b># of Deliverables:</b>	<b>2</b>
<b>Use Budget Justification Scenario #:</b>	<b>1</b>

### **X** Deliverables Only

#### **Deliverable 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:
  - 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 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)
- f. Complete reporting requirements to ODH in GMIS:
- Inventory/Activity Tracking Report (Appendix F)
  - Staff Development Fund Application (Appendix I)

**2020 Tuberculosis (TB) Program  
Grant Objective Allocations**

(Maximum Funds Available)

	Incentives, Enablers and Emergency Housing Program	Ohio Tuberculosis Staff Development Program	Total
Objective	D1	D2	
Budget Allocation	\$39,000	\$6,000	\$45,000

## 2020 Tuberculosis (TB) Program 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 SUBGRANTEE REPORT

☐ Period 1: January 1 – June 30

☐ Period 2: July 1 – December 31

Subgrantee Organization Name	
Grant Number	
Subgrantee Contact Name	
Subgrantee Contact Phone Number	
Subgrantee 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:	

---

 Subgrantee Signature

---

 Date Completed

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

[illegible]

[SUBGRANTEE LETTER HEAD]

**LOCAL HEALTH DEPARTMENT INCENTIVES/ENABLERS RECEIPT**

Name  
Subgrantee  
Subgrantee Address  
City, State, Zip

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

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

Received from the subgrantee:

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.

\_\_\_\_\_  
Subgrantee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

[SUBGRANTEE LETTER HEAD]

**LOCAL HEALTH DEPARTMENT EMERGENCY HOUSING RECEIPT**

Name  
Subgrantee  
Subgrantee Address  
City, State, Zip

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

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

Emergency housing assistance received from the subgrantee:

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.

\_\_\_\_\_  
Subgrantee Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

## 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			

---

Subgrantee Signature

---

Date