



MEMORANDUM

Date: May 30, 2024

To: Subrecipient agencies

From: Kara Tarter, MPH, CIC *KT*
Chief
Bureau of Infectious Diseases
Ohio Department of Health

Subject: Subrecipient Program name Tuberculosis Program TB26 (January 1, 2025 – December 31, 2025)

The Ohio Department of Health (ODH), Office of the Medical Director, Bureau of Infectious Diseases announces the availability of grant funds.

All electronic applications and attachments are due by **4:00 p.m., Monday, July 22, 2024**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Applicants are encouraged to attend a Bidder's Conference call on **Monday, June 17, 2024, at 11:00 a.m.** The Bidder's Conference call will provide an opportunity for interested parties to learn more about the solicitation.

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>). 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 Montgomery at (614) 813-8715 or e-mail at sarah.montgomery@odh.ohio.gov.

ALL APPLICATIONS MUST BE SUBMITTED THRU THE GRANT MANAGEMENT SYSTEMS

OHIO DEPARTMENT OF HEALTH

BUREAU OF INFECTIOUS DISEASES

Tuberculosis

SOLICITATION FOR FISCAL YEAR 2026 (01/01/25 –
12/31/2025)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 9/29/2023

For grant starts 4/1/2024 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of several required components including an electronic portion submitted via online 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, **Wednesday, June 12, 2024, at 4:00 p.m.** so access to the online application 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 in the following website: <http://supplier.ohio.gov/>

Note: Subrecipients future payments will be held for any subrecipient that currently receives a paper check if the EFT information is not updated in the supplier portal.

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

- A. Policy and Procedures:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and any 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 the preparation of all subrecipient applications. The OGAPP manual is available on the ODH website (click 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-ogapp-manual>).

Updates to policies and procedures can be 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 templates 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 the agency's policy with 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 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 investigations for people who are medically underserved. 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 recommend 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. The applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. The applicant has not been certified to the Attorney General's (AG's) office.
3. The applicant has submitted an application and all required attachments by **4:00 p.m. on Monday, July 22, 2024.**

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:** 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.

- 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, July 22, 2024**. Applications and required attachments received after this deadline will not be considered for review. Contact Sarah Montgomery at (614) 813-8715 or e-mail at sarah.montgomery@odh.ohio.gov.
- H. **Authorization:** Authorization of funds for this purpose is contained in Section 317E of the Public Health Service Act [42 U.S.C. section 247b-6] and/or the 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, 2025, and end on December 31, 2029. The budget period for this application is January 1, 2025, through December 31, 2025.
- K. **Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. [(An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness)]. The PHAB standards are available at the following website:

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** — Applicants 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, note this when submitting the program summary with the grant application. If an applicant 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*-The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)
 - 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation (See Ohio's State Health Assessment for Ohio's health data) at <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/>.
 - 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused. Ohio Health Improvement Zones (OHIZ) refers to the socioeconomic and demographic factors that affect the resilience of individuals and communities – the ability to prevent human suffering and financial loss in a disaster. By understanding where these populations are located and what factors contribute to their levels of risk, Ohio Health Improvement Zones can aid in all phases of improving health in communities. Interactive maps, census tract information and more can be found on the OHIZ Dashboard, here: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.
 - 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
 - 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review 2030 Target Setting Methodologies for Objectives in Healthy People 2030. <https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>

- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to use.

- 1) Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in the [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments.
 - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Healthy People 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, community organizations, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunities to collaborate across sectors and may serve as a new source of support for the program.

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, those living in rural communities, 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 diseases, death, or disability is 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, learn, work, play, and age. 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 and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH is a 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**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

- M. **Human Trafficking:** Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

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. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

☐ Applicable ☒ Not Applicable to Tuberculosis Program

- N. **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.**
- O. **Programmatic, Technical Assistance and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOI AF. Please contact Shelby Hale at (614) 980-4314 or e-mail at Shelby.Hale@odh.ohio.gov.
- P. **Acknowledgment:** An application submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. **Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms must be uploaded into GMIS by **Monday, July 22, 2024, at 4:00 p.m.**
- R. **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 the funds.
- S. **Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, a written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant via GMIS.
- T. **Review Criteria:** All proposals will be graded on the quality, clarity, and completeness of the application. Applications will be graded according to the extent to which the proposal:
- 1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
 - 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 can attain program objectives.
4. Describe Specific, Measurable, Attainable, Realistic, Time-Phased, Inclusive & Equitable (S.M.A.R.T.I.E) objectives, activities, milestones and outcomes with respect to timelines and resources.
5. Estimate reasonable cost to the ODH, considering the anticipated results.
6. Show 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 to reflect the communities served through grant funds.
7. Have an evaluation plan, including a design for determining program success and demonstrate that the community being served will be meaningfully engaged in formative and outcome evaluations.
8. Respond to the special concerns and program priorities specified in the Solicitation.
9. Have acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
10. Are compliant with OGAPP.
11. Explicitly identify 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.
12. Describe activities which support the requirements outlined in Sections I. thru M. of this Solicitation Program.
13. 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.**

- U. **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; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture.
- V. **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 Centers of Disease Control and Protection TB Cooperative Agreement grant, DOHF13P25A, CFDA number 93.116."

W. **Reporting Requirements:** Successful applicants are required to submit subrecipient program and expenditure reports. The reports must be received in accordance with the requirements of the OGAPP manual and this solicitation before the department releases 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 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, 2025 – June 30, 2025	July 15, 2025
July 1, 2025 – December 31, 2025	January 15, 2026

Submission of subrecipient program reports via GMIS indicates acceptance of the OGAPP.

- b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursements (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:

Period	Report Due Date
January 1 – 31, 2025	February 10, 2025
February 1 – 28, 2025	March 10, 2025
March 1 – 31, 2025	April 10, 2025
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025
June 1 – 30, 2025	July 10, 2025
July 1 – 31, 2025	August 10, 2025
August 1 – 31, 2025	September 10, 2025
September 1 – 30, 2025	October 10, 2025
October 1 – 31, 2025	November 10, 2025
November 1 – 30, 2025	December 10, 2025
December 1 – 31, 2025	January 10, 2026

Subrecipient quarterly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**.

Period	Report Due Date
January 1 – March 31, 2025	April 10, 2025
April 1 – June 30, 2025	July 10, 2025
July 1 – September 30, 2025	October 10, 2025
October 1 – December 31, 2025	January 10, 2026

Note: Obligations not reported in the final monthly or 4th 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, 2026**. 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, which serves as an invoice to return unused funds.

- *Submission of the Monthly/Quarterly and Final subrecipient expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button constitutes an authorization of the submission the agency official and serves as an electronic acknowledgment and acceptance of OGAPP rules and regulations.*

- X. **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 to GMIS.

- Y. **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; unless allowable by the grant.
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 spend \$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 material 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 ODH.
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP must be attached to the cover letter.

AB. **Application Submission: Formatting Requirements: [Suggested language provided, but can be updated to reflect program-specific 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 ten (10) pages (**excludes** appendices, attachments, budget, and budget narrative).
- Use a 12-point Calibri font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
submit
online.**

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. Must have an active SAM.gov registration.
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. If not previously submitted, if all federal funding expensed equals or exceeds \$750,000, upload the current audit to <https://harvester.census.gov/facweb/> or if less than \$750,000, email audit to audits@odh.ohio.gov.
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.

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding 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 constitutes an authorization by the agency official and serves as an 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 ODH.
- B. Budget:** Prior to completion of the budget section, please review pages 10 and 11 of the Solicitation for unallowable costs.

A 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:** For deliverable subgrants provide a budget justification narrative outlining how the deliverable will be met. For base grants provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and all allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS).
- 2. Personnel, Other Direct Costs, Equipment and Contracts:** For deliverable subgrants submit a budget for this section and the necessary form(s) to support costs for the period January 1, 2025 to December 31, 2025.

Funds may be used to support personnel, their training, travel (see OBM website)

<https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement.

All subrecipient personnel paid using any portion of this subgrant must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any service being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

The applicant shall itemize all equipment (minimum \$1,000, unit cost value) to be purchased with grant funds in the Equipment Section.

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

3. For base funded subgrants Indirect (Facilities and Administration): Note to Applicant — please select one of the 3 options that apply.

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information on indirect costs, please see section B2.11 of OGAPP.

4. 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 submitting the application, the subrecipient agency acknowledges the financial standards of conduct as stated herein.

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/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 accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and

Americans with Disabilities Act (ADA) Standards for Effective Communication in a manner and method 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. (see standards below)

- National CLAS Standards
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,culturally%20and%20linguistically%20appropriate%20services.>
- ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>

- 3. Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only provide national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of disparity (e.g., population, location) health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

Include a description of other agencies/organizations, in your area, also addressing this problem/need.

Methodology: In narrative form, identify the program goals, **SMARTIE** 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. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

- 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 online automatically with each application online.
- F. Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grants are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, 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 new applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to <https://sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov.

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

A minimum of an original and the indicated number of copies of non-Internet attachments are required.

- 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 in 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 must be uploaded in GMIS by **4:00 p.m. on or before Monday, July 22, 2024.**

III APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training, User Access, Access Change or Deactivation
- C. C1 Deliverable – Objective Descriptions
C2 Deliverable – Objective Allocations
- D. Application Review Form
- E. Subrecipient Report Form
- F. Inventory/Activity Tracking Report
- G. Local TB Control Unit Incentive/Enablers Receipt form
- H. Local TB Control Unit Emergency Housing Receipt form
- I. Staff Development Fund Application

Appendix A

Reimbursement
Type

Select one of the
options below:

- ☐ Monthly
OR
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Bureau of Infectious Diseases

ODH Program Title:

Tuberculosis Program TB26

Submission Required

See due date below.

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

ALL THE 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

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

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 for a new agency, NOIAF's will not be accepted if the name doesn't match what is listed in GMIS. If the agency head needs to be updated in GMIS, please include a letter on the 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 currently have access to the ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed. If not, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF 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 NOIAF AND REQUIRED FORMS MUST BE EMAILED TO sarah.montgomery@odh.ohio.gov BY **June 12, 2024**.

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

Appendix B

This form must be submitted with the Notice of Intent to Apply for Funding Form for all new ODH applicants.

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 the 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. *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.*

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 Maria Kapenda, Data System Administrator, 614-620-5184

Scan & Email: Maria.Kapenda@odh.ohio.gov

Appendix C1

Name of Subgrant Program: Tuberculosis Program TB26

Budget Period: 01/01/2025 – 12/31/2025

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. Include how this fund helps to improve health equity and access to care by eliminating barriers, such as transportation issues, meals, medication co-pays, and insecure housing situations.

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 TB Control Unit Incentive/Enablers Receipt form (Appendix G).
 - Local TB Control Unit 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 TB Control Unit Incentive/Enablers Receipt form (Appendix G).
 - Local TB Control Unit 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). Include how this fund helps to improve health equity and access to care by supporting training and education of TB public health staff.

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. Upon review and selection of applicants by ODH TB Program, award and distribute staff development funds with approved applications.
- c. 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).
- d. 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 C2

Form#
OFA-011Name of Subgrant Program: **Tuberculosis Program TB26**Budget Period: **1/1/25-12/31/25**# of Deliverables: **2**Use Budget Justification Scenario
#: **1**

☐ Base Only
☐ Base and Deliverables
☒ Deliverables Only

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

Tuberculosis Program TB26 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
Deliverable Objective 1 Incentives, Enablers and Emergency Housing Fund		3
Deliverable Objective 2 Ohio Tuberculosis Staff Development Fund		2
Total Application Point Score		15
Total Application % Score		NA
Special Conditions:		
Comments to Sub-grantee:		
Reviewer Signature: _____ Date: _____		

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
	How many of these were given to residents of Medium-High or High Social Vulnerability Index (SVI) counties in any of the SVI domains, as identified on the Ohio Health Improvement Zones County Dashboard ?
Were there any barriers or challenges? If so, please describe:	
	Number of emergency housing fund applications were processed
	How many of these were given to residents of Medium-High or High Social Vulnerability Index (SVI) counties in any of the SVI domains, as identified on the Ohio Health Improvement Zones County Dashboard ?
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 TB CONTROL UNIT INCENTIVES/ENABLERS RECEIPT

Name
Subrecipient
Subrecipient Address
City, State, Zip

Date: _____

Local TB Control Unit Contact Name
Local TB Control Unit
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 improve health equity and access to care such as 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

Local TB Control Unit Contact Signature

Date

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

[SUBRECIPIENT LETTER HEAD]

LOCAL TB CONTROL UNIT EMERGENCY HOUSING RECEIPT

Name
Subrecipient
Subrecipient Address
City, State, Zip

Date: _____

Local TB Control Unit Contact Name
Local TB Control Unit
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 situations to address health disparities such as when an infectious patient is not suitable for hospitalization and has insecure housing. 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

Local TB Control Unit Contact Signature

Date

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

2024 Ohio Tuberculosis Staff Development Fund Application

Through the Ohio Tuberculosis (TB) Staff Development Fund, Ohio local TB control units have the opportunity to apply for funds (with a \$500 maximum award) to attend the annual World TB Day conference. Funds can cover lodging, meals, and mileage. A maximum of two persons per program may apply. Up to 8 awards will be made this year.

To be eligible for funds, local TB personnel must be able to attend the entire conference. Priority will be given to:

Local TB Control Units that have experienced significant administrative changes. Local TB personnel who have never managed a TB case. Local TB personnel who are currently managing (i.e., still on treatment) their first TB case in three or more years. Application for Funds

The Ohio Department of Health has designated the American Lung Association of Ohio to administer the staff development funds for Ohio. To apply for this program, please complete the following application no later than the date of the 2024 World TB Day Conference, March 28, 2024.

A written recommendation from a supervisor must be included with the application, please attach a word document or PDF to this application.

If you have any questions regarding the application, please feel free to contact Shelby Hale, TB Controller and Program Manager, at Shelby.Hale@odh.ohio.gov or the TB Program at TBProgram@odh.ohio.gov.

Thank you!

Name:

(first last)

Local TB Control Unit/Local Health Department:

Email:

Phone Number:

Role:

(If you cover more than one role within your jurisdiction, please select the role you spend the majority of your time working as.)

- ☐ Public Health Nurse
- ☐ Epidemiologist
- ☐ Health Educator
- ☐ Health Commissioner
- ☐ Medical Consultant
- ☐ Medical Director
- ☐ Other

Other:

How many years have you worked in Tuberculosis (TB) Control?

- ☐ less than 1 year
- ☐ 1 - 3 years
- ☐ = 3-5 years
- ☐ = More than 5 years

Have you managed a case of confirmed TB during in your current role?

- ☐ Yes
- ☐ No

Are you currently managing (receiving treatment or awaiting test results) a case of TB for the first time in 3+ years?

☐ Yes
☐ No

Are you able to attend the entire World TB Day conference?

☐ Yes
☐ No

Please provide a description of your current duties as they pertain to TB Control:

What challenges are you currently facing in your TB Control role?

What do you hope to gain from attending the World TB Day conference?

Is another individual from your jurisdiction applying for TB Staff Development Funds as well?

☐ Yes
☐ No

Please attach a letter of recommendation from your supervisor, manager, or health commissioner, etc.

Signature:

(Please use mouse or finger, if using touchscreen.)