



MEMORANDUM

Date: August 28, 2023

To: Subrecipient agencies

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

Subject: Subrecipient Program name Tuberculosis Program TB25 (January 1, 2024 – December 31, 2024)

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., September, 11, 2023. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

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

If you have questions, please contact Shelby Hale at (614) 980-4314 or e-mail at Shelby.Hale@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

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

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

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

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

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

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

C. Formatting Requirements for Attachments [Suggested language provided, but can be updated to reflect program-specific requirements]:

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

D. Qualified Applicants:

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, September 11, 2023.**

II. PROGRAM UPDATES:

- A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** Subrecipient should use Subrecipient Report Form (Appendix E).
- B. Program Narrative:** Complete and submit a narrative statement (do not exceed [six] pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. Address objectives 1 through 2 contained in the application for project number 03160282TB1625.
- C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART-IE) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed.
- D. Documentation and Progress on Health Equity and Disparity Reduction Activities:**
Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan.

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

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

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

- 2. 2024 Budget via GMIS:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period January 1, 2024 to December 31, 2024.

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

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

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

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

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

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

F. Other Application Requirements:

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

a. Other Required Documentation:

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

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

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

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

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

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

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

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

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

G. 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.

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 that may include, but are not limited to the following:
 1. Populations at increased risk
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking. [Not

Applicable to TB Incentives, Enablers and Emergency Housing and Ohio Tuberculosis Staff Development Fund.]

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

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

Reports shall be submitted as follows:

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

☒ Program Reports Required

☐ No Program Reports Required

Period	Report Due Date
January 1, 2024 – June 30, 2024	July 15, 2024
July 1, 2024 – December 31, 2024	January 15, 2025

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

Period	Report Due Date
January 1 – 31, 2024	February 10, 2024
February 1 – 29, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024
July 1 – 31, 2024	August 10, 2024
August 1 – 31, 2024	September 10, 2024
September 1 – 30, 2024	October 10, 2024
October 1 – 31, 2024	November 10, 2024
November 1 – 30, 2024	December 10, 2024
December 1 – 31, 2024	January 10, 2025

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

Period	Report Due Date
January 1 – March 31, 2024	April 10, 2024
April 1 – June 30, 2024	July 10, 2024
July 1 – September 30, 2024	October 10, 2024
October 1 – December 31, 2024	January 10, 2025

Note: Obligations not reported on 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, 2025). The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Objective Descriptions (if applicable) B2
Deliverable — Objective Allocations (if applicable)
- C. Evidence of Health Equity Strategies Checklist[Other Program Documents (Program should list each document included)]
- 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

Submission Required

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

See due date below

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

ODH Program Title:
[Tuberculosis Program TB25]

Reimbursement Type (check one) Monthly

☐

OR Quarterly

☐

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

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

Due to ODH by [September 1, 2023]

Please email completed form to Maria Kapenda at Maria.Kapenda@odh.ohio.gov.

Appendix B1

Name of Subgrant Program: Tuberculosis Program TB25

Budget Period: 01/01/2024 – 12/31/2024

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, Tri-State TB Clinical Intensive). Include how this fund helps to improve health equity and access to care by supporting training and education of TB public health staff in rural and underserved communities.

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

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

such as:

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

Appendix B2

Name of Subgrant Program: Tuberculosis Program
TB25
January 1, 2024 -
December 31, 2024
Budget Period:
of Deliverables: 2
Use Budget Justification Scenario #: 1

- Base Only
- Base and Deliverables
- X 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

ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

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

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 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, 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 are a root cause of health disparities. The systematic nature of health disparities 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.

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 Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.

Consider using the Ohio Health Improvement Zones Dashboard to determine or refine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information and more can be found on the Ohio Health Improvement Zones 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](#).
- 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 toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- 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 [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 that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

Tuberculosis Program TB25 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 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 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]

Appendix G

[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.

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? _____

How will attending this training/educational event help you to improve health equity in rural and underserved communities? _____

Are you available to attend the entire event? _____

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

☐ Yes ☐ No If yes, who: _____

Applicant Signature

Date

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

For Administrative Use Only:

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

Type of Expense	Amount Requested	Amount Paid	Proof of Expense
TOTAL			

Subrecipient Signature

Date