

## Tuberculosis Special Needs Funds Application FY 2016-2017

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

Contact name and title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Submission Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

### GENERAL GUIDELINES AND REQUIREMENTS

<b>Use of Funds</b>	<ul style="list-style-type: none"> <li>• Tuberculosis Special Needs Funds may be used to address ad hoc acute, non-enduring tuberculosis (TB) control activities such as extended contact investigations, increased activities associated with multi-drug resistant TB (MDR TB) cases, and outbreaks</li> <li>• Available TB Special Needs Funds may be federal, State or both. Approval of expenditures will be based on the most stringent applicable guidelines.</li> </ul>
<b>Eligible Activities and Expenditures</b>	<ul style="list-style-type: none"> <li>• Eligible expenditures are those listed as “allowable” in <a href="#">Table 2</a>, (page 13) “Allowable and Non-allowable Expenditures” in the Tuberculosis Control Local Assistance Funds: Standards and Procedures Manual, including:             <ul style="list-style-type: none"> <li>○ Personnel (e.g., salary, benefits, overtime)</li> <li>○ Travel</li> <li>○ Translation services</li> <li>○ Supplies</li> </ul> </li> </ul>
<b>Non-Eligible Expenditures and Activities</b>	<ul style="list-style-type: none"> <li>• Ineligible expenditures include on-going or routine TB control expenditures and the following:             <ul style="list-style-type: none"> <li>○ Expenditures that can be paid with another source of funds</li> <li>○ Expenditures listed as “not allowed” in <a href="#">Table 2</a>, (page 13) “Allowable and Non-allowable Expenditures” in the Tuberculosis Control Local Assistance Funds: Standards and Procedures Manual.</li> <li>○ Use of Special Needs Funds for anti-TB medications is dependent on funding source (check with your TBCB Fiscal Analyst) for availability.</li> <li>○ Food, shelter, incentives and enablers (FSIE). Guidance on obtaining additional FSIE funds can be found in Part 2, Section 3 of the <a href="#">Tuberculosis Control Local Assistance Funds: Standards and Procedures Manual</a>.</li> </ul> </li> </ul>

<b>Other Restrictions</b>	<ul style="list-style-type: none"> <li>• The amount of available TB Special Needs Funds varies from year to year</li> <li>• The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) is the payer of last resort</li> <li>• Duration of TB Special Needs Funds awards are six months</li> </ul>
<b>DESCRIPTION OF TB PREVENTION AND CONTROL NEED</b>	

**Identify the acute, non-enduring circumstance prompting your request for funds:**

Extended contact investigation (provide a brief description below. Use an additional sheet of paper if you need more room).

MDR-TB case or cases [provide RVCT number(s)]

**NOTE: If TB Special Needs Funds are requested for activities associated with cases of MDR TB, patients must be receiving directly observed therapy (DOT). Please certify DOT status below.**

RVCT# \_\_\_\_\_ Receiving DOT Y  N

RVCT# \_\_\_\_\_ Receiving DOT Y  N

RVCT# \_\_\_\_\_ Receiving DOT Y  N

Outbreak (provide a brief description below. Use an additional sheet of paper if you need more space).

- Other acute and non-enduring situation (provide a brief description below. Please use an additional sheet of paper if you need more space.)

**What attempts have been made to find other sources of funds and/or payment?**

Health Benefits (check all that apply)

- Patient applied for Medi-Cal and was denied
- Patient applied for county/city indigent program and was denied
- Patient's application is pending approval for:
- Medi-Cal  County/city indigent program  Other (provide brief explanation)
- Patient has not applied for any health benefit coverage
- Patient is not eligible for health benefit coverage
- Patient has private insurance but coverage is not adequate to meet needs (provide brief explanation)

Alternate funding sources

- TB control program is unable to request additional county/city funds (provide brief detail below)

TB control program's request for additional county/city funds was rejected (provide brief detail below. Please use another sheet of paper if you need additional space.)

TB control program requested and received additional county/city funds but funding provided is not sufficient to cover costs (provide brief detail below)

### IMPACT TO LOCAL TB PREVENTION AND CONTROL

Provide a brief description below of the anticipated benefit to local TB prevention and control efforts if this Special Needs Funds request is approved.

### DESCRIPTION OF TB SPECIAL NEEDS FUNDS REQUEST

**Identify the 6-month funding period for this request:**

From:                      To:

**Identify the line items being requested in this Special Needs Funds request (check all that apply)**

- Personnel (e.g., salary, benefits, overtime)
- Travel
- Equipment
- Translation Services
- Public Health Laboratory Services (e.g., rapid diagnostic testing, specimen transport)
- Supplies
- Anti-TB Medication
- TB-Specific Training
- Contractual (specify)
  
- Other; please list:

**REQUIRED TB SPECIAL NEEDS FUNDS DOCUMENTS**

Your TB Special Needs Funds application should include this document, a summary budget and detail budget (with line item justification) that outlines anticipated expenditures. Summary and detail budget templates can be found on the CDPH TBCB, [TB Funding for Local Health Jurisdictions](#) internet site under the heading "Special Needs Resources".

**ACCEPTING YOUR TB SPECIAL NEEDS FUNDS AWARD**

As an official acknowledgement of receipt of the award, the Acceptance of Special Needs Funds Award form (included with the award letter) must be returned to the CDPH TBCB with an authorized signature. By signing the Acceptance of Special Needs Funds Award, the recipient agrees to all the conditions of the award as set forth by the CDPH TBCB. A signed agreement is a prerequisite for reimbursement of invoices.

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature