

## **ACCEPTANCE OF AWARD**

### **Santa Barbara County Public Health Department**

**Funding Period – March 25, 2013 through June 30, 2013**

**Letter of Award – Tuberculosis Special Needs Funds Award –  
MDR TB Case Management**

**Funding: \$14,056**

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2012-2013 and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

## Tuberculosis Special Needs Funds Application Summary Budget FY 2012 - 2013

Jurisdiction: County of Santa Barbara

Submission Date: 03/19/13

LINE ITEM CATEGORY	AMOUNT
Personnel (Benefits)	\$ 10,279
Benefits (@ 5 %)	\$ 514
Personnel (Non-Benefits)	\$
Travel	\$ 2,681
Equipment	\$
Supplies	\$ 582
Contractual	\$
Other	\$
<b>TOTAL BUDGET</b>	<b>\$ 14,056</b>

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## Tuberculosis Special Needs Funds Application Detail Budget FY 2012 - 2013

Jurisdiction: County of Santa Barbara

Submission Date: 03/19/13

LINE ITEM CATEGORY	AMOUNT
<b>Personnel (Benefits)</b> <i>(Title, %FTE, duration, i.e., number of weeks or months)</i>	
1. Health Services Aide, Sr.	\$ 10,279
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
<b>Total Personnel (Benefits)</b>	<b>\$ 10,279</b>
<b>Benefits (@ 5%)</b>	
1. Health Services Aide, Sr.	\$ 514
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
<b>Total Benefits</b>	<b>\$ 514</b>
<b>Personnel (Non-Benefits)</b> <i>(Title, %FTE, duration, i.e., number of weeks or months)</i>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
<b>Total Personnel (Non-Benefits)</b>	<b>\$</b>
<b>GRAND TOTAL – PERSONNEL SERVICES</b>	<b>\$ 10,793</b>

## TB Special Needs Funds Application Detail Budget FY 2012 - 2013

Jurisdiction: County of Santa Barbara

Submission Date: 03/19/13

LINE ITEM CATEGORY	AMOUNT
<u>Travel</u>	
<u>Within Jurisdiction</u> (Provide miles x county mileage rate, not to exceed \$0.565/mile)	
	\$2,681
<u>Outside of Jurisdiction</u>	
	\$
Total Travel	\$2,681
<u>Equipment</u> (Itemize)	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
Total Equipment (Equipment purchase cannot exceed \$50,000)	\$
<u>Supplies</u> (Itemize general supplies vs. medical supplies)	
1. Laboratory Services	\$ 582
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
Total Supplies	\$ 582
<b>GRAND TOTAL</b>	<b>\$ 3,263</b>

## TB Special Needs Funds Application Detail Budget FY 2012 - 2013

Jurisdiction: County of Santa Barbara

Submission Date: 03/19/13

LINE ITEM CATEGORY	AMOUNT
<b>Contractual</b> <i>(Identify type of contractor, e.g. CBO). Submit copy of contract</i>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
<b>Total Contractual Services</b>	<b>\$ 0</b>
<b>Other</b> <i>(Itemize)</i>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
<b>TOTAL OTHER</b>	<b>\$ 0</b>