

ACCEPTANCE OF AWARD

Santa Barbara County Public Health Department

Special Needs Funds Award Number: 1842SPND01

Funding Period: July 01, 2018 through December 31, 2018

Funding: \$160,798

I hereby accept this award. By accepting this award, I agree to the requirements as described in the FY 2018-2019 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual 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 FY 2018-2019 Summary Budget

Jurisdiction: Santa Barbara

Submission Date:

LINE ITEM CATEGORY	AMOUNT
Personnel (eligible for benefits)	\$70,680
Benefits	\$33,366
Personnel (non-benefit)	\$25,592
Travel	\$5,500
Equipment	\$0
Supplies	\$20,400
Anti-TB Medication	\$0
Subcontracts	\$3,000
Other	\$2,260
Indirect Costs	\$0
TOTAL BUDGET	\$160,798

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Tuberculosis Special Needs Funds Application FY 2018-2019 Detail Budget

Jurisdiction: Santa Barbara
Submission Date: _____

LINE ITEM CATEGORY						AMOUNT
Personnel - With Benefits (title, new or continuing, annual salary, % FTE, months)						
Title	New/Cont	Annual	FTE	Months		
1. Public Health Nurse, Supv	Cont	\$ 112,817	45.00%	4.0		\$ 16,923
2. Public Health Nurse	Cont	\$ 104,376	45.00%	4.0		\$ 15,656
3. Public Health Nurse	Cont	\$ 101,336	45.00%	4.0		\$ 15,200
5. Health Education Associate	New	\$ 60,768	10.00%	4.0		\$ 2,026
7. Lab Assistant	Cont	\$ 50,480	80.00%	4.0		\$ 13,461
6. Medical Assistant	Cont	\$ 55,602	40.00%	4.0		\$ 7,414
Total Personnel (With Benefits)						\$ 70,680
Benefits (rate, actual salary)						
Title	Rate (%)	Actual				
1. Public Health Nurse, Supv	57.00%	\$ 16,923				\$ 9,646
2. Public Health Nurse	54.00%	\$ 15,656				\$ 8,454
3. Public Health Nurse	45.00%	\$ 15,200				\$ 6,840
5. Health Education Associate	31.00%	\$ 2,026				\$ 628
7. Lab Assistant	37.00%	\$ 13,461				\$ 4,981
6. Medical Assistant	38.00%	\$ 7,414				\$ 2,817
						\$ -
Total Benefits						\$ 33,366
Personnel - Non-Benefit (title, new or continuing, annual salary, % FTE, months)						
Title	New/Cont	Annual	FTE	Months		
1. Public Health Nurse (Extra Help)	New	\$ 101,336	22%	4.0		\$ 7,431
2. Public Health Nurse (Overtime)	Cont	\$ 104,376	27%	4.0		\$ 9,394
3. Public Health Nurse (Overtime)	Cont	\$ 101,336	4%	4.0		\$ 1,351
4. Health Education Assoc (OT)	New	\$ 60,768	10%	4.0		\$ 2,026
5. Lab Assistant (Overtime)	Cont	\$ 50,480	10%	4.0		\$ 1,683
6. Medical Assistant (Overtime)	Cont	\$ 55,602	20%	4.0		\$ 3,707
Total Personnel (Non-Benefit)						\$ 25,592
TOTAL - PERSONNEL SERVICES						\$ 129,638
Travel (within jurisdiction)						
<i>(Provide miles times county mileage rate, not to exceed \$0.545 per mile)</i>						
County Motorpool		Miles	Rate			
Miles and Reimbursement Rate			\$ 0.545			\$ 5,500
Travel (outside of jurisdiction)						
<i>(Provide miles or days of per diem or lodging and rate or amount per day - not to exceed state rate)</i>						
		Miles/Days		Rate/Amount per Day		
Miles:		-	\$ 0.545			\$ -
Days of Per Diem:				\$ -		
Days of Lodging:				\$ -		
Total Travel						\$ 5,500
Equipment (Itemize)						

Tuberculosis Special Needs Funds Application FY 2018-2019 Detail Budget

Jurisdiction: Santa Barbara
Submission Date: _____

LINE ITEM CATEGORY			AMOUNT
Description (Make and model)			
	Units	Cost per Unit	
1.		\$ -	\$ -
2.		\$ -	\$ -
Total Equipment <i>(Equipment purchase cannot exceed \$50,000)</i>			\$ -
Supplies <i>(Provide total for general and office supplies. Itemize laboratory supplies)</i>			
Office Supplies			\$ -
Clinic Supplies			\$ -
Laboratory Supplies (Itemize)			
	Units	Cost per Unit	
1. Microbacteriology AFB	102	\$ 40	\$ 4,080
2. QFT	132	\$ 87	\$ 11,484
3. GeneXpert	6	\$ 286	\$ 1,716
4. Probe	12	\$ 147	\$ 1,764
5. Drug Suseptibility	6	\$ 226	\$ 1,356
Total Supplies			\$ 20,400
Anti-TB Medication			
1.			\$ -
2.			\$ -
Total Anti-TB Medication			\$ -
Subcontracts			
<i>(Identify type of subcontractor, e.g., Printer). Submit a copy of the contract, if available.</i>			
1. Language Interpretation			\$ 3,000
Total Subcontracts			\$ 3,000
Other <i>(Itemize)</i>			
1. Phlebotomy Training & Exam			\$ 2,260
Total Other			\$ 2,260
Indirect Costs <i>(Indicate method used, e.g., direct, indirect and rate)</i>			
<i>(State approved rate based on application submitted by Contractor. Not to exceed 15% of total allowable direct costs or 25% of total personnel costs)</i>			
Personnel Costs	Total Costs	Rate (%)	
	0		\$ -
Total Indirect Costs			\$ -