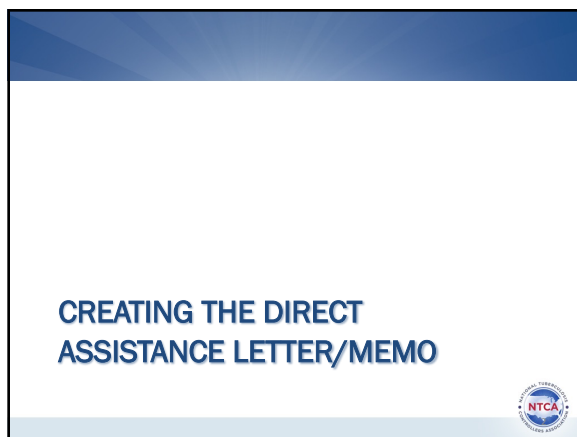
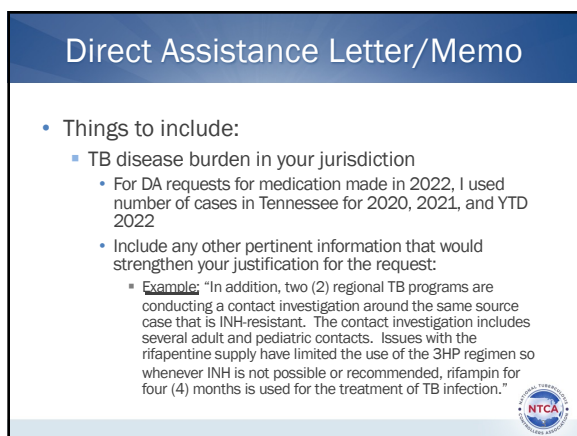




1




2



3

Direct Assistance Letter/Memo (continued)

- Things to include (continued)
 - Program performance
 - NTIP indicator for treatment completion within 12 months (for 2022 DA requests I used performance from 2019 and 2020)
 - Any additional information about performance pertaining to medication administration
 - **Example:** "The Tennessee TB Elimination Program now utilizes in-person, synchronous (live video), and asynchronous (recorded video) methods of delivery of medication in hopes of increasing the proportion of patients who complete treatment within 12 months."




4

Direct Assistance Letter/Memo (continued)


- Things to include (continued)
 - Point of contact information and quantity requested

Site	Shipping Address	Point of Contact	Email	Phone	# Bottles Rifampin 300mg Requested	Expiration Date

- Must be signed by
 - PI/PD
 - Business official
- Letter should be addressed to: Grants Management Specialist in the Office of Grants Services
- Save the letter/memo



5



MEMO

TO: Grants Management Specialist, Office of Grants Services
CC: Valerie Oliver, CPA, MEd, Director of Administrative Services, Assistant Commissioner
FROM: Jason Cummins, MPH, TBEP Program Manager and Senior Epidemiologist
DATE: January 11, 2022
SUBJECT: Direct Assistance Request for Rifampin 300 mg 450 from OTM Stockpile


Please consider this direct assistance request for a total of 113 bottles of Rifampin 300mg from the OTM stockpile. This request will be used to treat patients diagnosed with active TB throughout the State of Tennessee. Below is the information requested in an email from Head Consultant on December 21, 2021.

1. TB Disease Burden in Tennessee (2020): In 2020, a total of 113 persons were diagnosed with active TB throughout the state. For 2021, there have been 88 persons diagnosed with active TB as of January 10, 2022.

2. Program Performance: Tennessee already observed therapy is the standard method of treatment for TB. Medication for these patients is typically completed and discontinued 12 to 18 months after diagnosis. The program has been successful in completing 12 months of treatment for 100% of patients in the state. The Tennessee TB Elimination Program (TTSEP) now utilizes in-person, synchronous (live video), and asynchronous (recorded video) methods of delivery of medication in hopes of increasing the proportion of patients who complete within 12 months.

3. Point of Contact Information and Quantity Requested: The table below details the requests. Requests of Rifampin 300mg are requested by the Tennessee Department of Health TB Elimination Program.

Site	Address	Point of Contact	Email	Phone	# Bottles Rifampin Requested	Expiration Date
East Tennessee Regional Pharmacy	1500 Chambers Avenue, Knoxville, TN 37921	Christina Clark, PharmD	christina.clark@tnhs.gov	865-524-3443	4	4/30/22
Metropolitan Health Department Pharmacy	2200 Chambers Avenue, Nashville, TN 37203	Ulric Akse, PharmD	ulric.akse@methealth.org	615-250-3400	25	4/30/22




MEMO

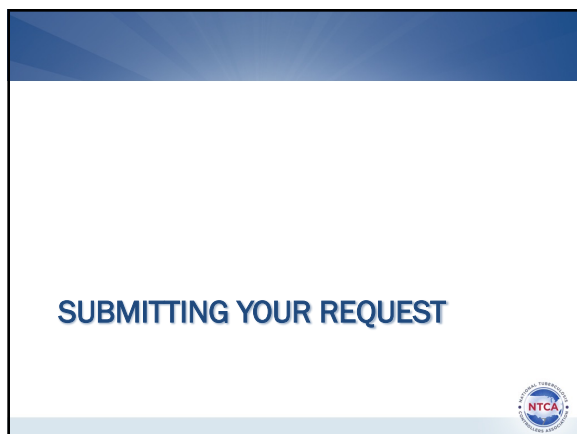
Site/County	Address	Point of Contact	Phone	# Bottles Rifampin Requested	Expiration Date
DeKalb County Health Department	1000 Highway 100, Decatur, GA 30030	Angie Hester, PharmD	404-271-3111	300	10/31/22
Henderson County Health Department	1000 Highway 100, Hendersonville, TN 37075	Andrew Coyle, PharmD	615-838-8238	15	4/30/22
Madison County Health Department	1700 Hart Ln, Nashville, TN 37216	Stephan Gault, PharmD	615-259-8238	14	4/30/22
Meigs County Health Department	1000 Highway 100, Meigs, TN 37551	Michelle Denton, PharmD	423-421-8238	18	4/30/22

Thank you,
Jason Cummins, MPH
 TBEP Program Manager and Senior Epidemiologist
 Tennessee Department of Health
 Email: jcummins@tnhs.gov
 Ph: 615-741-3438

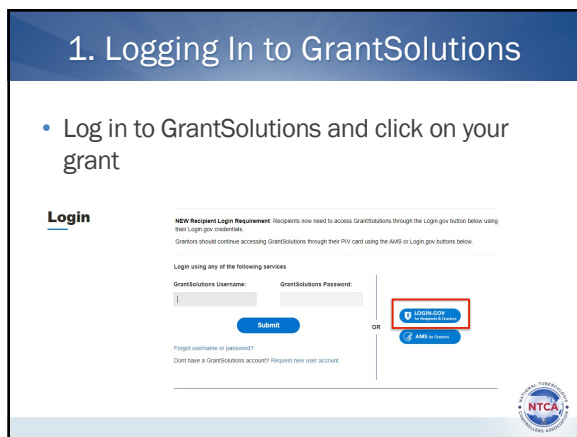
Digitally signed by Valerie Oliver
 Date: 2022.01.11 09:23:45 -0500
 Valerie Oliver, CPA, MEd, Assistant Commissioner, Division of Administrative Services, Tennessee Department of Health
 Email: valerie.oliver@tnhs.gov
 Ph: 615-741-3122



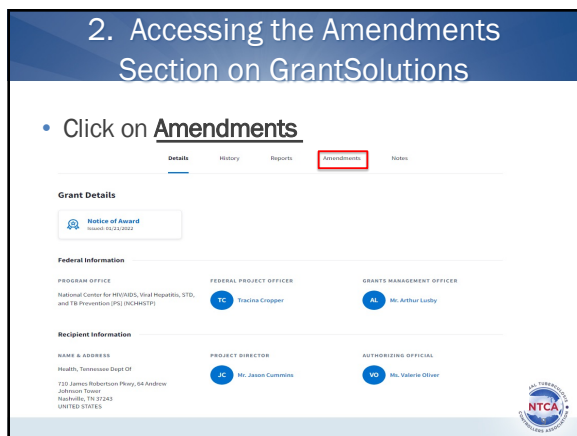
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7



8



9

3. Viewing Amendments

- Click **View Amendments**

Coming Soon!

We're continuously working on improving our contributions experience. This feature is coming soon, but in the meantime you can view notes for this grant in the classic experience.

[View Amendments](#)

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4. Adding a New Amendment

- Click **New**

Amendment #	Status	Submitted Date	Type	Budget Period	Action
NHLP202200014	Work in Progress (Post Award)		Change in Key Personnel	01/01/2021 - 12/31/2023	Full Amended New Amendment Cancel
(To be assigned)	Work in Progress (Post Award)		Administrative Action	01/01/2021 - 12/31/2021	Full Amended New Amendment Cancel
NHLP202200027	Work in Progress (Post Award)		Change of Funds	01/01/2021 - 12/31/2021	Full Amended New Amendment Cancel
NHLP202200026	Complete (Post Award)	02/10/2022 08:58:48 AM	Budget Revision	01/01/2022 - 12/31/2022	Full Amended New Amendment Cancel
NHLP202200024	Review in Progress (Post Award)	02/09/2022 09:23:37 AM	Budget Revision	01/01/2022 - 12/31/2022	Full Amended New Amendment Cancel
NHLP202200020	Review in Progress (Post Award)	02/10/2022 08:18:37 AM	Direct Assistance	01/01/2022 - 12/31/2022	Full Amended New Amendment Cancel

[New](#) [Cancel](#)

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5. Selecting the Type of Amendment

- Click **Direct Assistance**

Select Amendment Type

Grant Number: NHCP201910013
Project Period: 08/01/2020 to 12/31/2024
Budget Period: 08/01/2022 to 12/31/2022

Amendment Type

- Supplement (Type 0)
- Administrative Action (Type 1)
- Budget Revision (Type 2)
- Change of Funds (Type 3)
- Change in Key Personnel (Type 4)
- Change in Key Personnel (Type 5)
- Change in Key Personnel (Type 6)
- Change in Key Personnel (Type 7)
- Change in Key Personnel (Type 8)
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- Change in Key Personnel (Type 100)

[Create Amendment](#) [Cancel](#)

Direct Assistance is usually an option; however, it is not showing up. CDC is aware of this.

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5. Selecting the Type of Amendment

- Click **Direct Assistance**

Select Amendment Type


Grant Number: NS02P9191013
Project Period: 01/01/2021 to 12/31/2024
Budget Period: 01/01/2021 to 12/31/2022

Amendment Type

- Supplement (Type 0)
- Administrative Action (Type 4)
- Budget Revision (Type 6)
- Change of Site (Type 0)
- Change of Sponsor Address (Type 6)
- Change PIPO (Type 6)
- Grant Closure (Type 6)
- No Cost Extension (Type 4)
- Notification of a Contractor or Consultant (Type 6)
- Organization Name Change (Type 6)
- Release of Restrictions on MOA (Type 6)
- Successor of Interest (Type 6)

Direct Assistance is usually an option; however, it is not showing up. CDC is aware of this.

Create Amendment Cancel



13

6. Creating the Amendment

- Click **Create Amendment**


Select Amendment Type

Grant Number: NS02P9191013
Project Period: 01/01/2021 to 12/31/2024
Budget Period: 01/01/2021 to 12/31/2022

Amendment Type

- Supplement (Type 0)
- Administrative Action (Type 4)
- Budget Revision (Type 6)
- Change of Site (Type 0)
- Change of Sponsor Address (Type 6)
- Change PIPO (Type 6)
- Change in Site Personnel (Type 6)
- Grant Closure (Type 6)
- No Cost Extension (Type 4)
- Notification of a Contractor or Consultant (Type 6)
- Organization Name Change (Type 6)
- Release of Restrictions on MOA (Type 6)
- Successor of Interest (Type 6)

Create Amendment Cancel



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7. Adding your Request Letter/Memo

- In the “Additional Information to be Submitted” → “Miscellaneous” section, click **Uploaded Files**

Default Forms	Enclosure(s)	Attachment(s)	Status
SF-424A Budget Information - Non-Construction	Upload	Upload	↕
Financial Annual Summary (Version 2.0)	Upload	Upload	↕
SF-424 Application for Federal Assistance (Version 3.0)	Upload	Upload	↕
SF-424 Disclosure of Lobbying Activities (Version 2.0)	Upload	Upload	↕
Grant Announcement	Enclosure(s)	Attachment(s)	Status
Application Upload	Enclosure(s)	Attachment(s)	Status
Additional Information to be Submitted	Enclosure(s)	Uploaded Files	Status
Miscellaneous		Upload	↕

Amendment Package Status: Work In Progress (Post Award)

Upload Submission Clear



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8. Upload your Letter/Memo

- Click Upload Attachment


Attachments

You may upload the attachments or specify exact items for the enclosure below.

Organization Name: Health, Tennessee Dept Of
 Application Number: (To be assigned)
 Project Title: Tuberculosis Elimination
 Project Period: 01/01/2020 to 12/31/2024

Enclosure: Miscellaneous
 Number of Attachments: 0

Item	Description	Type	Review	Action
				<input type="button" value="Choose File"/> <input type="button" value="Upload"/> <input type="button" value="Delete"/>



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9. Attaching your Letter/Memo

- Add Description (required)
- Select your file by clicking Choose File
- Select file then click Attach

Attachments - Upload

You may upload the attachments or specify exact items for the enclosure below.


Organization Name: Health, Tennessee Dept Of
 Application Number: (To be assigned)
 Project Title: Tuberculosis Elimination
 Project Period: 01/01/2020 to 12/31/2024

Enclosure: Miscellaneous
 Number of Attachments: 0

Item	Description	Type	Review	Action
				<input type="button" value="Choose File"/> <input type="button" value="Upload"/> <input type="button" value="Delete"/>

Step 1: (required)

Step 2: (required)



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10. Attaching your Letter/Memo (continued)

- Click Close


Attachments

You may upload the attachments or specify exact items for the enclosure below.

Organization Name: Health, Tennessee Dept Of
 Application Number: (To be assigned)
 Project Title: Tuberculosis Elimination
 Project Period: 01/01/2020 to 12/31/2024

Enclosure: Miscellaneous
 Number of Attachments: 1

Item	Description	Type	Review	Action
1	Letter	Upload	<input type="button" value="Review PDF"/> <input type="button" value="View Original Version"/>	<input type="button" value="Delete"/>



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11. Verify Submission

- Ensure that the file uploaded successfully (**green** check mark under Status)
- Click **Verify Submission**

Online Form	Enclosure(s)	Attachment(s)	Status
SF-424 Budget Information - Non-Construction	Edit Delete	1 Uploaded File 9/28/2021 10:25:24	
Project Abstract Summary (Version 2.0)	Edit Delete	2 Uploaded Files 9/28/2021 10:25:24	
SF-424 Application for Federal Assistance (Version 3.0)	Edit Delete	1 Uploaded File 9/28/2021 10:25:24	
SF-424 Declaration of Lobbying Activities (Version 2.0)	Edit Delete	1 Uploaded File 9/28/2021 10:25:24	
Grant Announcement	Enclosure(s)	Attachment(s)	Status
Application Opened		1 Uploaded File 9/28/2021 10:25:24	
Additional Information to be Submitted	Enclosure(s)	Attachment(s)	Status
Miscellaneous		1 Uploaded File 9/28/2021 10:25:24	

Amendment Package Status: Open in Progress (Paid Award)


[Verify Submission](#) [Cancel](#)



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12. Next Steps


- Email the appropriate DTBE staff outlined in email correspondence
- Email your DTBE program consultant and attach the direct assistance letter/memo (**you do not have to do this but I do just for situational awareness**)



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Notice of Award

- You will receive a notice of award (NoA) for the direct assistance



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NoA (continued)

11. Award Number
6 NU52PS910187-03-01

12. Unique Federal Award Identification Number (FAIN)
NU52PS910187

13. Statutory Authority
SEC 301(A), SEC 317 PHS ACT AS AMENDED (42 U.S.C. 247B-6)


14. Federal Award Project Title
Tuberculosis Elimination

15. Assistance Listing Number
93.116

16. Assistance Listing Program Title
Project Grants and Cooperative Agreements for Tuberculosis Control Programs

17. Award Action Type
Other

18. Is the Award R&D?
No




22

NoA (continued)

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A+B)
Personnel	\$0.00	\$0.00	\$0.00
Print/Rep. Materials	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$11,012.40	\$11,012.40
Total	\$0.00	\$11,012.40	\$11,012.40



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NoA (continued)

Notice of Funding Opportunity (NOFO): PS20-2001
Award Number: US22PS910187-03-01
Award Type: Cooperative Agreement

ADDITIONAL TERMS AND CONDITIONS


PURPOSE: The purpose of this amendment approve Direct Assistance for TB Emergency Drug Stockpile.

The other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

Please be advised that the recipient must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, necessary and reasonable.

Office of Grants Services Contact
Romero Stokes, Grants Management Specialist
Centers for Disease Control and Prevention
Infectious Diseases Services Branch
Telephone: (770) 488-2075
Email: rh0@cdc.gov


PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE



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Questions

Jason Cummins, MPH
Tennessee TB Elimination Program
615-741-5818 (o)
615-864-2292 (c)
Jason.Cummins@tn.gov



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