Oneida Co. Department: Public Health

Competing Proposal _____
Only Respondent _____
Sole Source RFP _____
Other ___X_____

ONEIDA COUNTY SUMMARY

Name & Address of Vendor: New York State Department of Health
Bureau of Tuberculosis Control
ESP Corning Tower, Room 2748
Albany, NY 12237

Title of Activity or Service: Public Health Tuberculosis Control Program

Proposed Dates of Operation: April 1, 2019, through December 31, 2024 (Amended)

Client Population/Number to be served: Oneida County Residents

Summary Statements

1) **Narrative Description of Proposed Services:** The Oneida County Health Department's TB control Program includes early case finding and reporting, prompt diagnosis, appropriate treatment, case management with particular attention to direct observed therapy, aggressive investigations of contacts, treatment of latent TB infection and educational programs.

2) **Program/Service Objectives and Outcomes:** N/A

3) **Program Design and Staffing:** In accordance with grant's work plan.

Total Funding Requested $234,266.00
(This amendment increases the total amount to $234,266.00.)

Account: 4010 4014.109-000 **Rev Act**:4010 4014.3472-100

Oneida County Dept. Funding Recommendation: $234,266.00 (Amended)

Proposed Funding Sources (State $/County $): State

Cost Per Client Served: N/A

Past Performance Data: N/A

O.C. Department Staff Comments: N/A

Mandated: Yes