



**ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET**

# **OHIO DEPARTMENT OF HEALTH**

## **OFFICE OF**

*Health Improvement and Wellness*

## **BUREAU OF**

*Health Promotion*

*Breast and Cervical Cancer Project*

## **SOLICITATION**

## **FOR**

**FISCAL YEAR 2017**

**(06/30/2016 – 06/29/2017)**

**Local Public Applicant Agencies  
Non-Profit Applicants**

**COMPETITIVE GRANT APPLICATION INFORMATION**

Revised 6/26/15  
For grant starts 1/1/2016 and thereafter

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## **I. APPLICATION SUMMARY and GUIDANCE**

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and Q, the entire application will not be considered for review.**

This is a competitive Solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by February 12, 2016 so access to the application via the Internet website “ODH Application Gateway” can be established.

**NEW AGENCIES ONLY or if UPDATES are needed:** For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

The above mentioned forms are located on the Ohio Department of Administrative Services website at: <http://www.ohiosharedservices.ohio.gov/VendorsForms.aspx>

or directly at the following websites:

- **Request for Taxpayer Identification Number and Certification (W-9),** <http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- **Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)** <http://media.obm.ohio.gov/oss/documents/EFT+FORM+-+REVISED+01+14+2014.pdf>
- **Vendor Information Form** [http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form\\_11+15+2013.pdf](http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form_11+15+2013.pdf)

The application summary information is provided to assist your agency in identifying funding criteria:

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website:

<http://www.odh.ohio.gov>.

(Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser:

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/funding%20opportunities/OGAPP%20Manual%20V100-2%20Rev%2010-1-2014.ashx>

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

- B. Application Name:** Breast and Cervical Cancer Early Detection Project

- C. Purpose:** Congress established the National Breast and Cervical Cancer Early Detection Program in 1991 by enacting the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354). Breast and Cervical Cancer Project (BCCP) funds are intended to increase screening rates, reduce the burden of breast and cervical cancers and to reduce incidence and mortality disparities by race, ethnicity, culture, socioeconomic status, geographic isolation and medically underserved groups. This will be accomplished through evidence-based policy, systems and environmental (PSE) changes at the population-level and

ensured access to high quality screening and follow-up services for low-income women.

\* BCCP Subgrantees do not provide screening and diagnostic services. All screening and diagnostic services are provided by medical professionals under separate contract with the Ohio Department of Health. BCCP subgrantees are awarded funds for operational and administrative costs. Funds to be used for the reimbursement of screening and diagnostic services are not awarded to BCCP subgrantees and are managed by a Third Party Administrator in a separate account.

- D. *Qualified Applicants:*** All applicants must be a local public or non-profit agency. Agencies currently funded under BCCP as well as local agencies not currently funded under BCCP may apply. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). **If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B).**

*The following criteria must be met for grant applications to be eligible for review:*

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
  2. Applicant has not been certified to the Attorney General's (AG's) office.
  3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, March 14, 2016.**
- E. *Service Area:*** The BCCP provides services to women in every county of Ohio. The BCCP has defined 5 regional service areas, as shown on the Regional Map included as Appendix D. One project will be funded per regional service area. Each funded project must be capable of serving women in the entire defined regional service area in which they are applying.
- F. *Number of Grants and Funds Available:*** One grant per region, for a total of five (5) grants are to be awarded. Award amounts will range from approximately \$194,000 to \$650,000 (see table below). The total amount of funds available to award to BCCP Regional Agencies may be approximately \$1,900,000.

The funding structure to be utilized was developed to categorize costs based on population-based activities and services provided to women who received BCCP-funded screening, diagnostic and case management/patient navigation services (Direct Services).

Direct Service costs fall into three categories:

- Services provided to all BCCP-enrolled women or "client services and support" (enrollment, appointment making, etc.);
- Services provided to women with abnormal test results (case management/patient navigation); and
- Other administrative costs (i.e. supplies, mailing costs and billing)

Each regional Direct Services funding allotment is based on the following formula:

$$\begin{aligned} & \text{cap number X \$125 for client services and support} \\ & + \text{cap number X \$30 for other administrative costs} \\ & + \text{cap number X percent of each regional abnormality rate X \$100} \\ & = \text{Direct Services Funding Available For Each Region} \end{aligned}$$

Direct Service cap numbers were determined by combining need (defined as the number of women who meet BCCP eligibility criteria per region, as calculated from the U.S. Census Small Area Health Insurance Estimates (SAHIE) for Counties and States, 2013).

Each regional population-based funding allotment is based on the regional population of women aged 40-64, at or below 200% of Federal Poverty Level and disparities in incidence, mortality and stage at diagnosis at the county level.

The Direct Service client cap and maximum amount of funding available per region is as follows:

Region	Direct Service Cap	Maximum Funds
Northwest Region	619	\$281,642
Southwest Region	1,168	\$444,805
Northeast Region	1,891	\$650,414
Southeast Region	452	\$194,412
Central Region	871	\$343,189

The funding formula was developed using data provided by the Centers for Disease Control and Prevention and other National Breast and Cervical Cancer Early Detection Projects.

A portion of the funds for this project will be based on completion of expected outcomes; see Appendix D. Performance-based deliverables are noted in the “Methodology” section of the Solicitation.

Continued funding for subsequent years may be based on past performance, including spending rate for both grant funds and screening funds and number of women served per region.

*No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.*

*Allotments will be established in GMIS by ODH.*

- G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery–by **4:00 p.m. by Monday, March 14, 2016**. Applications and required attachments received after this deadline will not be considered for review.

Contact Tina Bickert at (614)387-0537 or [tina.bickert@odh.ohio.gov](mailto:tina.bickert@odh.ohio.gov), or Dawn Ingles at (614)728-2173 or [dawn.ingles@odh.ohio.gov](mailto:dawn.ingles@odh.ohio.gov) with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill No. 119, GRF440-438 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 93.238*, PHS Act, Sections 317(k)(2), 42 USC 247B(k)(2) and PHS Act Sections 1501 and 1507 of U.S. Public Law 101-354, enacted 1990..
- I. Goals:** The ODH BCCP goal for releasing these funds is to increase the number of Ohio women screened for breast and cervical cancer according to United States Preventive Services Task Force (USPSTF) recommendations by 2% through the implementation of evidence-based policy, systems and environmental changes at the population level, ensured access to high quality breast and cervical cancer screening and follow-up services for low-income women with a special emphasis on reaching identified populations defined as: uninsured or under-insured, geographically or culturally isolated, older, medically underserved, racial, ethnic and/or cultural minorities.
- J. Program Period and Budget Period:** The program period will begin June 30, 2016 and end on June 29, 2021. The budget period for this application is June 30, 2016 through June 29, 2017.
- K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. This grant program will address PHAB standards 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness; 7.2: Identify and Implement Strategies to Improve Access to Health Care Services; 9.2: Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions; 10.1: Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions; and 10.2: Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices With Appropriate Audiences.) The PHAB standards are available at the following website:
- <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.pdf>
- L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.
1. *Public Health Impact Statement Summary* - Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
    - The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:
      - A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups);
      - A summary of the services to be provided or activities to be conducted; and,
      - A plan to coordinate and share information with appropriate local health districts.

The applicant must submit the above summary as part of the grant application to ODH. This

will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. Public Health Impact Statement of Support - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

## **M. Incorporation of Strategies to Eliminate Health Inequities**

### **Special Note: ODH Staff Who Develop Solicitations**

*ODH supports initiatives that are proactive in the pursuit of health equity. To this end all ODH Solicitations are expected to incorporate interventions which contribute to a sustained and multifaceted approach to overcome health disparities and health inequities in Ohio. ODH programs developing competitive or continuation Solicitations must meet with the Health Equity Office for technical assistance during the design phase of the document.*

*Consultations are done in partnership with ODH program personnel and can cover the spectrum from strategy development to identifying evaluation criteria. Consultations enable ODH programs to effectively customize standard health equity language below. This helps maintain programmatic fidelity, maximize subject-matter expertise and incorporate best practices. Consultations include (1) a determination of the relevancy for health inequity elimination strategies; (2) recommendation of actual health equity language for the Solicitation; and (3) recommendations on the use of data and technology to focus grant activities and enhance effectiveness.*

### **Health Equity Component (Standard Health Equity Language)**

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., Program Narrative, Objectives) applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).
- 2) Explain and identify how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.
- 3) Explain how proposed program interventions will address this problem.

- 4) Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module. These four items should be incorporated into the grant language in specific areas of the application and not left to the applicant to decide where to insert this information. Also care should be taken to avoid repetition to keep the responses focused and specific.

The following section will provide basic framework, links and guidance to information to understand and apply health equity concepts.

*Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:*

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

**GMIS Health Equity Module:**

The GMIS Health Equity Module links health equity initiatives in grant proposals to national health equity strategies such as those found in **Healthy People 2020** or the **National Stakeholder Strategy for Achieving Health Equity**. Applicants are required to select the goals and strategies from the module which best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

For more resources on health equity, please visit the ODH website at:

<http://www.healthyohioprogram.org/healthequity/equity.aspx>.

- N. Human Trafficking:** The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:
  - a. Victims of human trafficking are included in your agency's target population;



1. At-risk population
  2. Mental health population
  3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

Applicable  Not Applicable to Breast and Cervical Cancer Project

- O. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**
- P. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Tina Bickert at (614)387-0537 or [tina.bickert@odh.ohio.gov](mailto:tina.bickert@odh.ohio.gov), or Dawn Ingles at (614)728-2173 or [dawn.ingles@odh.ohio.gov](mailto:dawn.ingles@odh.ohio.gov).

**Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for internet submission.**

- Q. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- R. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, March 14 at 4:00 p.m.**

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- S. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- T. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- U. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation. Applications will be evaluated based on the criteria on the Breast and Cervical Cancer Early Detection Project **Application Review Form (Appendix C)**.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given Solicitations; **There will be no appeal of the Department's decision.**

**Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture.

**U. Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department

of Health, Bureau of Health Promotion, Breast and Cervical Cancer Project and as a sub-award of a grant issued by Centers for Disease Control and Prevention (CDC) under the Cancer Prevention and Control Programs for State, Tribal and Territorial Organizations grant, grant award number 6 NU58DP003936-04-02, and CFDA number 93.283.”

**V. Reporting Requirements:** Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

**Note: Failure to ensure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.**

Reports shall be submitted as follows:

**1. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates: January 15, 2017 (for activities that took place from 6/30/16 – 12/31/16); and July 15, 2017 (for activities that took place from 1/1/2017 – 6/29/2017. Any paper non-Internet compatible report attachments must be submitted to GSU Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

*Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.* Subrecipients must attend all required program meetings, including in-person, teleconference and web-based meetings. Meeting dates will be provided by ODH in the first month of the grant period.

**2. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
June 30 – July 31, 2016	August 10, 2016
August 1 – 31, 2016	September 10, 2016
September 1 – 30, 2016	October 10, 2016
October 1 – 31, 2016	November 10, 2016
November 1 – 30, 2016	December 10, 2016
December 1 – 31, 2016	January 10, 2017
January 1 – 31, 2017	February 10, 2017
February 1 – 29, 2017	March 10, 2017
March 1 – 31, 2017	April 10, 2017
April 1 – 30, 2017	May 10, 2017
May 1 – 31, 2017	June 10, 2017
June 1 – 29	July 10, 2017

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**

Period	Report Due Date
June 30 – September 30, 2016	October 10, 2016
October 1 – December 31, 2016	January 10, 2017
January 1 – March 31, 2017	April 10, 2017
April 1 – June 29, 2017	July 10, 2017

*Note: Obligations not reported on the final monthly or 4<sup>th</sup> quarter expenditure report will not be considered for payment with the final expenditure report.*

- 3. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before (August 5<sup>th</sup>, 2017). The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

*Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.*

- 4. Inventory Report:** A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subrecipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Subrecipient. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

- X. Special Condition(s):** Responses to all special conditions **must be submitted via GMIS within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions within GMIS. This link is viewable only after the issuance of the subrecipient’s first payment. The 30 day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

- Y. Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;

6. Entertainment;
7. Fines and penalties;
8. Membership fees -- unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Promotional items such as plaques, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags..

**Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.**

**Z. Client Incentives and Client Enablers:**

Client incentives are an unallowable cost. The following client incentives are allowed.  
None

Client Enablers are an allowable. The following client enablers are allowed. Enablers may include gas cards, bus passes, taxi or other transportation fare, parking passes and child care assistance. Other enablers may be allowed with prior approval from ODH.

Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive. Subrecipients are required to maintain a log of all client incentives and enablers purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

**AA. Audit:** Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of

the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent via e-mail to [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov) or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

**Subrecipient audit reports** (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

## **AB. Submission of Application**

### **Formatting Requirements:**

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 40 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH

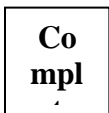
The GMIS application submission must consist of the following:

**Com**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
  - Primary Reason
  - Funding
  - Justification

- Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Compliance Section
  - Summary
5. Civil Rights Review Questionnaire
  6. Assurances Certification
  7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
  8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
  9. Health Equity Module
  10. Public Health Impact Statement Summary (non-health department only)
  11. Statement of Support from the Local Health Districts (non-health department only)
  12. Attachments as required by Program : letters of recommendation or MOUs.

One copy of the following document(s) must be e-mailed to [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov) or mailed to the address listed below:



Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

**Ohio Department of Health  
Grants Services Unit  
Central Master Files, 4<sup>th</sup> Floor  
246 N. High Street  
Columbus, Ohio 43215**

## **II. APPLICATION REQUIREMENTS AND FORMAT**

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the Solicitation is posted to the ODH website.

*All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.*

- A. **Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. **Budget:** Prior to completion of the budget section, please review page 11 of the Solicitation for unallowable costs. :

Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 1. **Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS).
- 2. **Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period June 30, 2016 to June 29, 2017.

Funds may be used to support personnel, their training, travel (see OBM website) <http://obm.ohio.gov/MiscPages/TravelRule> and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

The applicant shall retain all original fully executed contracts on file. A completed “Confirmation of Contractual Agreement” (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. **CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.**

Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

The applicant shall itemize all equipment (**minimum \$1,000, unit cost value**) to be purchased with grant funds in the Equipment Section.

- 3. **Indirect (Facilities and Administration):** Note to **Applicant-** please select one of the 3 options that apply.

Use the indirect cost rate included in the agency’s Indirect Cost Rate Agreement as



negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information please see section B2.10 of OGAPP.

**4. Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*

**C. Assurances Certification:** Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

**D. Project Narrative:**

**1. Executive Summary:** Provide a brief, one page synopsis of the purpose, methodology, and evaluation plan of this project. Identify the target population, services and programs to be offered and what agency or agencies (including subcontracted agencies) will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.

**2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Applicant must indicate plans to hire or retain at least one licensed nurse and appropriate staffing, through hiring or contract, to provide health education to providers and target populations, billing support and patient navigation (*documentation of licenses should be attached in GMIS*). :

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship

between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

- 3. Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only restate national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

*Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.*

*Include a description of other agencies/organizations, in your area, also addressing this problem/need.*

**Methodology:** In narrative form, describe in detail the activities that will be used to meet each of the following objectives. Indicate how they will be evaluated to determine the level of success of the program. Identify health disparities and/or health inequities in the applicant Region and describe how program activities are designed to address these issues. Identify policy, system and environmental (PSE) changes that may impact project outcomes and the activities that will be used to make those changes. Indicate timelines, responsible parties and partners for program activities.

All BCCP activities must be evidence-based. Several reference tools can be used to identify effective activities for increasing breast and cervical cancer screening rates. Applicants are expected to use the following resources when planning program activities:

**Guide to Community Preventive Services.** *Cancer prevention and control: client-oriented interventions to increase breast, cervical, and colorectal cancer screening.* [www.thecommunityguide.org/cancer/screening/client-oriented/index.html](http://www.thecommunityguide.org/cancer/screening/client-oriented/index.html).

**Centers for Disease Control and Prevention.** *Increasing Population-based Breast and Cervical Cancer Screenings: An Action Guide to Facilitate Evidence-based Strategies.* <http://www.cdc.gov/cancer/nbccedp/pdf/breastcanceractionguide.pdf>.

**Engaging/Building/Expanding.** *An NBCCEDP Partnership Development Toolkit.* [http://www.cdc.gov/cancer/nbccedp/pdf/toolkit/nbccedp\\_toolkit.pdf](http://www.cdc.gov/cancer/nbccedp/pdf/toolkit/nbccedp_toolkit.pdf).

*Note: A Bidder's Conference will be held on Thursday, February 18, 2016 to provide further guidance on grant expectations and answer questions regarding grant guidance.*

### **BCCP Grant Objectives**

#### **Objective 1: Population-Based Activities to Increase Breast and Cervical Cancer Screening Rates.**

BCCP Grantees will engage in a range of evidence-based activities to increase breast and

cervical-cancer screening rates in ALL counties in the designated Region. Activities will impact PSE changes to improve public awareness and understanding of U.S. Preventive Services Task Force (USPTF) recommended screenings for women aged 21-64 and address Regional health disparities that exist for racial, ethnic, and cultural minorities, socioeconomic status, geographic isolation and other medically underserved populations (i.e. LGBT, low literacy).

- A. Describe the education and outreach activities that your agency will use to increase public awareness of USPSTF recommendations for breast and cervical cancer screening.
- B. Identify disparate populations in your Region. Be specific regarding underserved groups, geographic pockets of need and target populations. Describe the activities that will be used to engage and educate each of the identified groups/target populations, include planned or potential partnerships.
- C. Describe efforts to customize activities to cultural and language preferences of diverse populations in your Region. This description should feature your plans to adhere to the Department of Health and Human Services Culturally and Linguistically Appropriate Services standards (CLAS).
- D. Describe plans for planning, participating in, and/or organizing at least four community-based screening events that offer Pap tests and mammography to women in target areas. Include planned communities, partners and target populations. Include plans to provide screening services at no cost to all women (in accordance with USPSTF recommendations) regardless of insurance status (healthcare provider may bill insurance providers for insured women).

*Note: screening events will be funded on a performance basis. See Appendix E for Reimbursement Model.*

- E. Discuss the development of a population-based Media Plan, due to ODH within 30 days of start of grant, to increase awareness of breast and cervical cancer screening recommendations among target populations (a minimum of 10% of award must be used for media, detailed in Budget Justification) and screening events.

**Objective 2: Direct Service Activities to Increase Breast and Cervical Cancer Screening Rates.**

*BCCP grantees will provide Direct Service activities to ensure access to high quality breast and cervical cancer screening services among women who meet BCCP enrollment criteria. For screening mammography, eligible women are those who are age 50 years and older, live in households with incomes less than 200% of the federal poverty level, and are uninsured. For diagnostic mammography, cervical cancer screening and clinical breast exams, women age 40 and older, who also meet the above criteria, are eligible to participate. Direct Service activities include, but are not limited to, enrollment of eligible women, scheduling screening appointments, addressing obstacles to screening, follow-up on abnormal results, assisting with billing issues, and providing case management/patient navigation services. More detailed guidance for administration of the BCCP program, including direct services, will be provided prior to the start of the grant year.*

*Note: Direct Services will be funded on a performance basis. See Appendix E for Reimbursement Model.*

- A. Describe plans to identify and enroll eligible women in the BCCP program and

- ensure that they receive recommended breast and cervical cancer screening services. Include a discussion of scheduling screening appointments with BCCP-contracted healthcare providers (BCCP providers), patient navigation services that will be offered and enablers that will be used to overcome obstacles to screening.
- B. Describe how your agency will engage and enroll women who experience health disparities due to race, ethnicity, cultural background, socioeconomic status, geographic isolation and other factors.
  - C. Describe the reminder/recall activities and/or system that will be implemented to remind former and current BCCP-enrolled clients of recommended screenings and appointments. Include a discussion of the timeline for reminders, how clients will be identified for reminders/recall and staff responsible. Detail the mechanisms that will be used to contact and communicate with clients.
  - D. Describe case management activities that will be provided to clients when abnormal results are found through screening activities. Discuss how your agency will ensure each client receives follow-up and diagnostic services.
  - E. Discuss plans to enable healthcare providers to enroll eligible women on-site during mobile and/or walk-in screening events/appointments.
  - F. Describe efforts to accommodate healthcare services to cultural and language preferences of diverse populations in your Region. Include plans for staff training and development that specifically addresses cultural competency. This description should feature your plans to adhere to the Department of Health and Human Services Culturally and Linguistically Appropriate Services standards (CLAS).
  - G. Discuss activities that will be used to promote the BCCP program. Include plans to engage target populations in each county of your Region. Include plans to use social and small media; describe specific media that will be used (also to be included in the Media Plan due to ODH within 30 days of start of grant).
  - H. Describe anticipated obstacles to enrolling and providing Direct Services to the cap number of women in your Region. Discuss your agencies strategies for overcoming identified obstacles.

### **Objective 3: Partnerships**

*BCCP grantees will establish partnerships across a broad spectrum of service agencies and organizations to promote breast and cervical cancer screening at the population level. Partner resources, expertise and population access should be leveraged to promote screening activities and incorporate PSE change activities to improve screening rates and promote HPV vaccination.*

- A. Describe plans to develop collaborative partnerships with the following agencies and organizations; discuss activities planned with each:
  - i. Local health departments (include a listing of all health departments in your region)
  - ii. Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC) and other community health centers (include a list of these providers in your region)
  3. Health Systems/Networks (identify at least two target systems, such as hospital systems)
  4. Worksite wellness programs/Employers
  5. County Job and Family Services offices
- B. List and describe other exiting or targeted partner agencies in your Region that will enable your organization to reach target populations, as well as activities

- performed/planned with each.
- C. Describe plans to engage and participate in local health coalitions that serve target populations.

**Objective 4: Provider Education and Quality Improvement**

*BCCP grantees will provide both BCCP and non-BCCP providers with education and quality improvement (QI) tools to improve breast and cervical cancer screening rates in their practices. Grantees will also promote HPV vaccination among healthcare providers and provide educational materials regarding HPV vaccine recommendations for adolescents and young adults. ODH will provide evidence-based educational and QI materials and guidance within one month of the start of the grant period.*

*Note: Provider education and QI activities will be funded on a performance basis. See Appendix E for Reimbursement Model.*

- A. Describe your plans to identify all primary care providers that serve adult women in your Region and submit a list of all practices, by county, to ODH within 90 days of the start of the grant.
- B. Describe plans to conduct provider site visits in primary care provider practices in your region. Identify the number of BCCP providers to be visited and the number of non-BCCP providers; of practices visited, at least 20% should be non-BCCP. *Note: provider site visits should be expected to take between 30 and 40 minutes, each. Each visit will require completing a brief questionnaire/survey and providing education regarding evidence-based practices for improving screening rates.*
- C. Describe plans to conduct a follow-up contact with each visited practice three (3) months after the visit to determine changes implemented by the practice as a result of the visit and offer technical assistance.
- D. Describe your agency's plan to educate BCCP and non-BCCP primary care providers in your county through methods other than the required provider site visits, such as CDC or other web-based trainings, mailings, grand rounds, CME events or other methods.

**Objective 5: Patient Navigation**

*BCCP grantees must offer patient navigation services to BCCP-enrolled women and other target populations. Patient navigation may be provided by grantee staff or other agencies via subcontract or MOU. For the purpose of this project, patient navigation services will include assisting women with enrolling in healthcare coverage, finding primary and screening healthcare providers, scheduling appointments for breast and cervical cancer screenings and necessary follow-up, and overcoming obstacles to screening and diagnostic services, such as access limitations.*

- A. Describe your agency's plan to offer patient navigation services to both BCCP and non-BCCP women. Include a discussion of services to be provided.
- B. Describe activities that patient navigators will perform to assist women with enrolling in appropriate healthcare coverage, including Medicaid and the healthcare marketplace. Discuss plans to enroll women in BCCP Direct Services, when necessary (i.e. denied Medicaid, outside of the healthcare marketplace open enrollment period).
- C. Describe how Patient Navigation will be used to educate women about the importance of primary care, having a regular healthcare provider and how to use healthcare

- coverage. Include a discussion of plans to refer women to primary care providers.
- D. Describe your agency's plan to develop and maintain a robust patient navigation referral system to foster cross-referrals between your agency and patient navigators in your Region.
- E. Discuss submitting a monthly or quarterly Patient Navigation report (to correspond with grantee-selected reimbursement schedule) that includes ODH-required data elements. *Note: ODH will provide a one-page Patient Navigation Report template prior to start of grant year. Patient Navigation funds will be divided into monthly or quarterly reimbursement based on grantee's reimbursement selection. Reimbursement will be contingent on report submission*

### **Objective 6: Program Management and Evaluation**

*BCCP grantees will establish program policies and guidelines in line with the 2016 Ohio Department of Health Breast and Cervical Cancer Project Guidelines (BCCP Guidelines), which will be provided to grantees prior to the start of the grant year. Program management responsibilities will include establishing sound fiscal practices to ensure program funds are fully spent and Region screening and diagnostic funds (administered by ODH BCCP third party administrator) are utilized, hiring and maintaining adequate health education, case management, patient navigation and billing staff (each staff person may fulfill more than one requirement), ensuring all staff are adequately trained, and all reports are completed and submitted, as required by ODH. Grantees will evaluate all aspects of project activities, with special evaluation of selected activities.*

- A. Discuss your agency's plan to establish policies and procedures according to BCCP Guidelines and to achieve the following performance indicators:
- i. At least 20% of the clients receiving their first Pap test in the BCCP must have never had a Pap test or must not have had a Pap test within the last five years.
  - ii. The percentage of mammograms performed on clients 50 years of age and older must be at least 75%.
  - iii. The percentage of abnormal Pap tests that have completed work up with a diagnostic procedure and a final diagnosis must be  $\geq 90\%$ .
  - iv. The median days between the date an abnormal Pap test is performed and the date of final diagnosis should  $\leq 60$  days with not more than 25% of the cases over 90 days.
  - v. The percentage of cases of CIN II, CIN III/CIS, or invasive cervical cancer receiving treatment must be  $\geq 90\%$ .
  - vi. The median days between diagnosis of CIN II, CIN III/CIS and treatment should  $\leq 90$  days with not more than 20% over 90 days.
  - vii. The median days between diagnosis of invasive cervical cancer and treatment should be  $\leq 60$  days with not more than 20% over 60 days.
  - viii. The percentage of abnormal breast screenings and those with diagnostic work up planned for breast cancer that have completed work up with a diagnostic procedure and a final diagnosis must be  $\geq 90\%$ .
  - ix. The median days between the date an abnormal breast screening is performed and the date of final diagnosis should be  $\leq 60$  days with not more than 25% of the cases over 60 days.

- x. The percentage of cases of breast cancer (in situ or invasive) receiving treatment must be  $\geq 90\%$ .
  - xi. The median days between diagnosis of breast cancer and treatment should be  $\leq 60$  days with not more than 20% over 60 days.
  - xii. Report screening and diagnostic services to the ODH on a monthly basis utilizing forms specified by ODH. Reports must be received within 100 days of the date of service.
- B. Discuss your agency's plan to train program staff and maintain ongoing training and development. Training elements must include breast and cervical cancer screening recommendations, screening and diagnostic procedures, abnormality follow up recommendations, and cultural competency; and should include evidence-based intervention, program evaluation and PSE implementation.
  - C. Describe your agency's plan to submit a monthly enrollment and encumbrance report (template to be provided by ODH) by the 15<sup>th</sup> day of the following month.
  - D. Indicate that your agency will utilize ODH-supplied client case management and tracking system (details will be provided during Bidder's Conference).
  - E. Describe your agency's plan to develop and submit evaluation plans on two project components within 90 days of the beginning of the grant period and to submit final evaluation reports with the project final report on July 15, 2017. The two components must be:
    - i. Patient Navigation and
    - ii. One program component of the grantee's choice.

**E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

**F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:**

FFATA was signed on September 26, 2006. FFATA requires ODH to report all subrecipients receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about System for Award Management (SAM) go to [www.sam.gov](http://www.sam.gov).

Information on Federal Spending Transparency can be located at [www.USAspending.gov](http://www.USAspending.gov) or the Office of Management and Budget's website for Federal Spending Transparency at [www.whitehouse.gov/omb/open](http://www.whitehouse.gov/omb/open).

**(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)**

**G. Public Health Impact:** Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).

**H. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the “Project Narratives” section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before** Monday, March 14, 2016.

*A minimum of an original and the indicated number of copies of non-Internet attachments are required. If program requires more copies, then insert the appropriate number. BCCP applicants must attach at least three letters of support and/or Memorandums of Understanding demonstrating the applicant’s ability to perform the required activities of this grant. In addition, license documentation for applicable staff should be included.*

### **III. APPENDICES**

- A.** Notice of Intent to Apply For Funding
- B.** GMIS Training Form
- C.** Application Review Form
- D.** BCCP Region Map
- E.** BCCP Reimbursement Model



Reimbursement

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Office of Health Improvement and Wellness
Bureau of Health Promotion

ODH Program Title:
Breast and Cervical Cancer Project
ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency Federal Tax Identification Number

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency (Check One)
County Agency Hospital Local Schools
City Agency Higher Education Not-for Profit

Applicant Agency/Organization

Applicant Agency Address

Agency Contact Person Name and Title

Telephone Number E-mail Address

Agency Head (Print Name) Agency Head (Signature)

Does your agency have at least two staff members who have been trained in and currently have access to the ODH GMIS system? YES NO

If yes, no further action is needed.

If no, at least two people from your agency are REQUIRED to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), Authorization Agreement for Direct Deposit of EFT Payments Form (EFT), (New Agency Only) Vendor Information Form. These forms are located on the Ohio Department of Administrative Services website at:

http://www.ohiosharedservices.ohio.gov/VendorsForms.aspx. You can also access these forms at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9), http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103
Authorization Agreement for Direct Deposit of EFT Payments Form (EFT) http://media.obm.ohio.gov/oss/documents/EFT+FORM+-+REVISED+01+14+2014.pdf
Vendor Information Form http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form\_11+15+2013.pdf

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY February 12, 2016

Mail, E-mail: Tina Bickert, Program Manager, 614-387-0537
Ohio Department of Health Breast and Cervical Cancer Project
246 North High Street - 6th floor
Columbus, OH 43215
E-mail: tina.bickert@odh.ohio.gov

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.



# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
[www.odh.ohio.gov](http://www.odh.ohio.gov)

John R. Kasich/Governor

health



## (Competitive Solicitations ONLY)

*It is mandatory that all new agencies to ODH have at least two people trained in order to apply of a grant. Each Training form must request training for one person.* Requests will only be processed when this form has been signed *by the Agency Head or Agency Financial Head*. The user will receive his/her username and password via e-mail once they have completed the required GMIS Training.

Agency Name: \_\_\_\_\_ County: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

**NOTE:** The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned and as listed, if applicable, currently in GMIS.

Employee Name: (no nicknames, please) \_\_\_\_\_ Title \_\_\_\_\_

Agency Address: \_\_\_\_\_  
\_\_\_\_\_

Office Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Agency/Financial Head Signature: **X** \_\_\_\_\_

**(\*Signature of Agency/ Financial Head) \*Required**

**X** \_\_\_\_\_

**(\*Printed Name of Agency /Financial Head) \*Required**

Requests may be mailed to ODH address or e-mailed to:

**Gail Byers**, Processing Team Manager  
Office of Finance & Information Technology  
246 N. High Street, 4<sup>th</sup> fl.  
Columbus, Ohio 43215  
Phone: 614-644-5728  
[gail.byers@odh.ohio.gov](mailto:gail.byers@odh.ohio.gov)

**Appendix C – 2017 Breast and Cervical Cancer Early Detection Project (BCCP)  
Application Review Form**

Applicant Name: \_\_\_\_\_

GMIS #: \_\_\_\_\_

<b>GMIS 2.0 Budget Issues</b>	
<b>Q:</b> Do budget items in GMIS 2.0 relate to required grant objectives?	0 1
<b>Q:</b> Is the GMIS 2.0 budget justification section complete (provide info on personnel, other costs, equipment and contracts?)	0 1 2
<b>Q:</b> At least 10% of budget dedicated to media?	0 1 2
<b>Q:</b> Is total funding request at or below maximum funding allowed?	0 1
Requested funding amount:	
List any agencies that will be contractors:	<b>Subtotal ____ / 6</b>
<i>Notes:</i>	
<b>Executive Summary</b>	
<b>Q:</b> Did the applicant provide a poor, average or good overview?	0 1 2
<i>Notes:</i>	<b>Subtotal ____ / 2</b>
<b>Description of Applicant Agency/Documentation of Eligibility/Personnel</b>	
<b>Q:</b> Applicant summarized the agency structure & management of the BCCP grant?	0 1
<b>Q:</b> Describe capacity to communicate to diverse audiences?	0 1 2
<b>Q:</b> Describe capacity to reach women in target populations?	0 1 2
<b>Q:</b> Note any personnel or equipment deficiencies?	0 1
<b>Q:</b> Describe plans for hiring & training required personnel / contractors / Include position descriptions?	0 1
<i>Notes:</i>	<b>Subtotal ____ / 7</b>

<b>Problem / Need</b>	
<b>Q:</b> Describes the burden of breast and cervical cancers in Ohio/Region.	0 1 2
<b>Q:</b> Identifies target populations, including those that experience higher cancer burden within the Region.	0 1 2 3
<b>Q:</b> Identifies gaps in access to appropriate breast and cervical screening by geographic area.	0 1 2 3
<b>Q:</b> Identifies counties in Region with highest incidence, mortality and late stage diagnosis rates.	0 1 2
<b>Q:</b> Describe additional data or community needs assessments for the areas served?	0 1 2
<b>Q:</b> Describe other organizations involved in improving breast and cervical cancer screening rates and/or outcomes?	0 1 2
<i>Notes:</i>	<b>Subtotal ____ / 14</b>
<b>Objective 1: Population-Based Activities to Increase Breast and Cervical Cancer Screening Rates.</b>	
<b>A:</b> Outreach and education activities evidence-based and adequate for Region population?	0 1 2 3
<b>B:</b> Disparate populations specifically identified? Activities planned appropriate and adequate for identified populations? Partners described?	0 1 2 3 4
<b>C:</b> Discussion of plans to customize activities to cultural and language preference detailed and specific?	0 1 2
<b>D:</b> Plans for four screening events detailed?	0 1 2 3 4
<b>E:</b> Planned media evidence-based and comprehensive?	0 1 2
<i>Notes:</i>	<b>Subtotal ____ / 15</b>
<b>Objective 2: Direct Service Activities to Increase Breast and Cervical Cancer Screening Rates.</b>	
<b>A:</b> Plan to provide Direct Services comprehensive?	0 1 2 3
<b>B:</b> Activities to engage and enroll disparate populations comprehensive?	0 1 2 3
<b>C:</b> Reminder/recall plans comprehensive?	0 1 2
<b>D:</b> Description of case management activities adequate to ensure follow-up needs are met?	0 1 2 3
<b>E:</b> Describe on-site enrollment?	0 1
<b>F:</b> Discussion of plans to customize activities to cultural and language preference detailed and specific? Training plan adequate?	0 1 2 3
<b>G:</b> Promotional activity plans inclusive of all counties and utilize social and small media?	0 1 2 3
<b>H:</b> Cap number and obstacles identified? Plans to ensure cap is met?	0 1 2 3
<i>Notes:</i>	<b>Subtotal ____ / 21</b>

<b>Objective 3: Partnerships</b>	
<b>A:</b> Planned partnerships and activities planned for each type of organization:	
<b>1:</b> Local Health Departments?	0 1 2
<b>2:</b> FQHCs, RHCs, other community clinics?	0 1 2
<b>3:</b> Health Systems/networks?	0 1 2
<b>4:</b> Worksite wellness programs/employers?	0 1 2
<b>5:</b> County Job and Family Services offices?	0 1 2
<b>B:</b> Other target organizations identified, plans described?	0 1 2
<b>C:</b> Describe plans to work with coalitions? Coalitions identified?	0 1 2
<i>Notes:</i>	<b>Subtotal</b> ____ / 14
<b>Objective 4: Provider Education and Quality Improvement</b>	
<b>A:</b> Plan to identify providers and develop list?	0 1 2
<b>B:</b> Number of BCCP and non-BCCP providers to be visited identified and adequate?	0 1 2 3
<b>C:</b> Describe three (3) month follow-up?	0 1 2
<b>D:</b> Plans for providing other education?	0 1 2
<i>Notes:</i>	<b>Subtotal</b> ____ /9
<b>Objective 5: Patient Navigation</b>	
<b>A:</b> Plan for patient navigation and services provided comprehensive and inclusive of both BCCP-enrolled and non-BCCP women?	0 1 2 3
<b>B:</b> Plans to assist clients with enrollment in healthcare coverage?	0 1 2 3
<b>C:</b> Plans for primary care education and referrals?	0 1 2 3
<b>D:</b> Regional patient navigation plan robust/ensure cross referrals?	0 1 2
<b>E:</b> Plan to submit monthly or quarterly Patient Navigation Report?	0 1 2
<i>Notes:</i>	<b>Subtotal</b> ____ /13
<b>Objective 6: Program Management and Evaluation</b>	
<b>A:</b> Plans to establish policies and procedures to ensure performance measures are met.	0 1 2
<b>B:</b> Staff training plan comprehensive?	0 1 2
<b>C:</b> Plan to submit monthly enrollment and encumbrance reports?	0 1

<b>D:</b> Plan to use ODH-supplied case management system?	0 1
<b>E:</b> Evaluation plans to be submitted within 90 days and include patient navigation and _____ (fill in blank).	0 1 2
<b>Notes:</b>	<b>Subtotal:</b> ____/8

Reviewer Comments and Special Conditions	
<b>Comments to Subgrantee:</b>	
<b>Special Conditions:</b>	
<b>Reviewer Signature:</b>	<b>Date:</b>

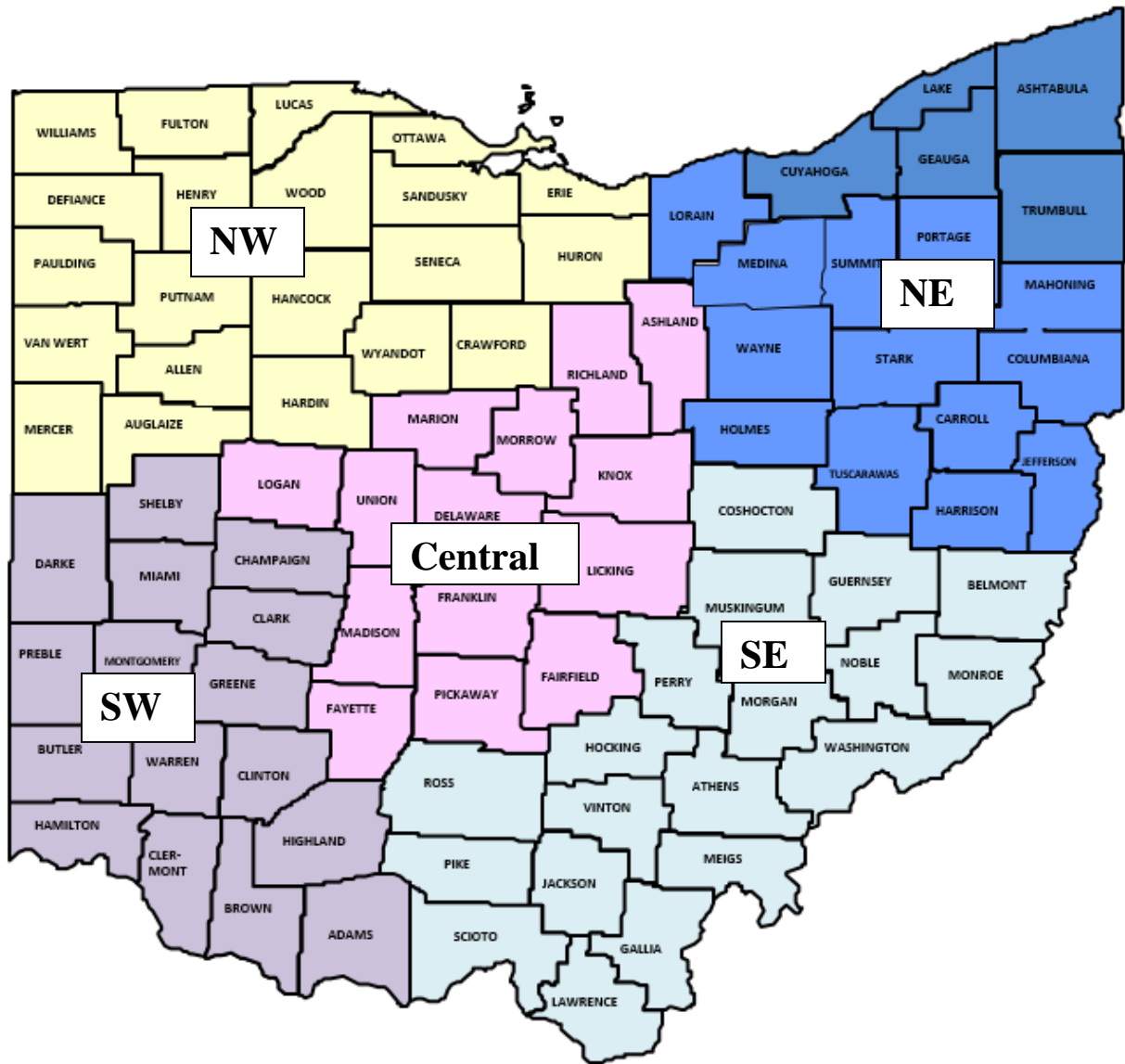
**Appendix C – 2017 Breast and Cervical Cancer Early Detection Project (BCCP)  
Application Review Form**

Applicant / Sub-Applicant Name: \_\_\_\_\_ GMIS #: \_\_\_\_\_

**Score Summary**

<b>Application Element</b>	<b>Score</b>	<b>Point Value</b>
GMIS 2.0 Budget Issues		6
Executive Summary		2
Description of Applicant Agency/Documentation of Eligibility/Personnel		7
Problem/Need		14
Objective 1: Population-Based Activities to Increase Breast and Cervical Cancer Screening Rates.		15
Objective 2: Direct Service Activities to Increase Breast and Cervical Cancer Screening Rates.		21
Objective 3: Partnerships		14
Objective 4: Provider Education and Quality Improvement		9
Objective 5: Patient Navigation		13
Objective 6: Program Management and Evaluation		8
<b>Total Application Point Score</b>		
		109
<b>Total Application % Score</b> (Divide total application score by 104)		
		NA

Appendix D – Ohio Breast and Cervical Cancer Early Detection Project  
Region Map



NW – Northwest Region

SW – Southwest Region

Central – Central Region

NE – Northeast Region

SE – Southeast Region



Appendix E – Ohio Breast and Cervical Cancer Early Detection Project  
Reimbursement Model

Direct Service and/or Population	Direct Service and Population	Direct Services					Direct Service and Population	Population-based		Total Maximum Funds
		Client Cap	Max Cap Funds*	Case Mgmt. % of Cap	Case Mgmt. # of Cases	Max Case Mgmt. Funds*		Provider Visit Max Funds**	Patient Navigation Max Funds***	
Northwest	\$132,433	619	\$77,375	23.1%	143	\$14,300	\$7,255	\$34,279	\$16,000	\$281,642
Southwest	\$198,103	1,168	\$146,000	22.8%	266	\$26,600	\$10,669	\$47,433	\$16,000	\$444,805
Northeast	\$281,026	1,891	\$236,375	20.5%	388	\$38,800	\$14,511	\$63,702	\$16,000	\$650,414
Southeast	\$92,278	452	\$56,500	12.8%	58	\$5,800	\$2,250	\$21,584	\$16,000	\$194,412
Central	\$157,891	871	\$108,875	15.3%	133	\$13,300	\$8,146	\$38,977	\$16,000	\$343,189

\* Per-client or per-event reimbursement

\*\*Percentage reimbursement based on number of planned visits (% visited during each monthly or quarterly reimbursement period)

\*\*\*Reimbursed equally across monthly (1/12 of Patient Navigation Max Funds per month) or quarterly(1/4 of Patient Navigation Funds per quarter).