

## **MEMORANDUM**

Date: October 9, 2007

To: Prospective Autism Diagnosis Education Pilot Program Applicants

From: Karen Hughes, MPH, Chief *KAH*  
Division of Family and Community Health Services  
Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Years 2008-2009 (01/01/08 to 06/30/09)  
ODH – Autism Diagnosis Education Pilot Program

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Early Intervention Services, Autism Diagnosis Education Pilot Program announces the availability of grant funds. Funds will be available to educate health care professionals, teachers and other educational personnel, child care providers, parents, early intervention and developmental disabilities providers, and other community-based services providers in Ohio regarding the diagnosis of autism spectrum disorders; to promote appropriate standards for the diagnosis of autism spectrum disorders in children including screening tools and treatment planning for children diagnosed with autism spectrum disorders; encourage physicians and other health care professionals with expertise in screening, diagnosing and treating autism spectrum disorders to share that information with other health care Professionals in Ohio; and to encourage the regional coordination of services to facilitate the effective, timely treatment of children diagnosed with autism spectrum disorders.

To obtain a grant application packet:

1. Go to the ODH website at <http://www.odh.ohio.gov/>
2. From the home page, click on "About ODH";
3. From the next page, click on "ODH Grants";
4. Next click on "Grant Request for Proposals", this will give you a pull down menu with current RFPs by name; and
5. Select and highlight the ODH Autism Diagnosis Education Pilot Program RFP and click "Submit". This process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired.

Please note that all interested parties must submit a Notice of Intent to Apply for Funding (attached) no later than Monday, October 22, 2007, to be eligible to apply for these funds.

All applications and attachments are due Monday, November 19, 2007. Electronic applications received after Monday, November 19, 2007 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using GMIS 2.0. All organizations are required to attend GMIS 2.0 training, complete and return the GMIS 2.0 training form by October 18th. Training will be provided on Thursday, October 25, 2007, 10:00am to 1:00pm at the Ohio Department of Health.

If you have questions regarding this application, please contact Marybeth Boster by phone at (614) 387-5462, by e-mail at [MaryBeth.Boster@odh.ohio.gov](mailto:MaryBeth.Boster@odh.ohio.gov) or by fax at (614) 728-9163.

# NOTICE OF AVAILABILITY OF FUNDS

Ohio Department of Health  
Division of Family and Community Health Services  
Bureau of Early Intervention Services

## Competitive Grant Applications for State Fiscal Years 2008-2009

### Introduction/Background

Autism is a neurobehavioral syndrome resulting from a dysfunction of the central nervous system that leads to disordered development. The onset of symptoms in autism occurs within the first three years of life. Recent studies suggest prevalence of autism is up to or greater than 60 in 10,000. Diagnosis is usually made between age eighteen months to three years, with some children showing features in the first year of life. Therefore, screening of all toddlers for a possible diagnosis of Autism Spectrum Disorder (ASD) is recommended.

### Eligibility

All applicants must be a statewide association representing pediatric physicians. Applicant agencies must attend or document, in writing, prior attendance at GMIS 2.0 training and have the capacity to set up an electronic funds transfer (EFT).

## NOTICE OF AVAILABILITY OF FUNDS

### Program Period and Award Amount

This is a competitive grant cycle. The number of Grants and Funds Available: One grant will be awarded. Approximately \$800,000 will be awarded over the program period. \$500,000 is available for January 1, 2008 through June 30, 2008; \$300,000 is available for July 1, 2008 through June 30, 2009.

Program Period and Budget Period: The program and budget period will begin January 1, 2008 and end on June 30, 2009.

### To Obtain a Grant Application Packet

1. Go to the ODH website at [www.odh.ohio.gov](http://www.odh.ohio.gov) from the home page click on "About ODH"; from the next page click on "ODH Grants"; next click on "Grant Request for Proposals", this will give you a pull down menu with current RFPs by name; and select and highlight Ohio Autism Diagnosis Education Pilot Program RFP and click "Submit". This process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired. In the application packet you will find:
  - a. Request for Proposals (RFP) – This document outlines detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant.
  - b. Notice of Intent to Apply for Funding – The purpose of this document is to ascertain your intent to apply for available grant funds.

2. When you have accessed the application packet:
  - a. Review the RFP to determine your organization's ability to meet the requirements of the grant and your intent to apply.
  - b. If after reviewing the RFP you wish to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Fax or e-mail it to ODH, per the listed instructions and by the indicated due date. The *Notice of Intent to Apply for Funding* form is mandatory, if you intend to apply for the grant.

Upon receipt of your completed Notice of Intent to Apply for Funding form, ODH will:

- a. Create a grant application account number for your organization. This account number will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet, using the GMIS 2.0. ODH will assess your organizations' GMIS 2.0 training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you regarding those needs. GMIS 2.0 training is mandatory if your organization has never been trained on GMIS 2.0.

Once ODH receives your completed *Notice of Intent to Apply for Funding* form, creates the grant application account for your organization and finalizes all GMIS 2.0 training requirements, you may proceed with the application process as outlined in the RFP.

If you have questions, please contact Marybeth Boster at (614) 387-5462, by e-mail at [MaryBeth.Boster@odh.ohio.gov](mailto:MaryBeth.Boster@odh.ohio.gov), or by fax at (614) 728-9163.

# NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health  
Division of Family and Community Health Services  
Bureau of Early Intervention Services

*ODH Program Title: Autism Diagnosis Education Pilot Program*

## ALL INFORMATION REQUESTED MUST BE COMPLETED.

*(Please Print Clearly or Type)*

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/Title** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Please check all applicable:**     Our agency will need GMIS 2.0 training  
    Our agency has completed GMIS 2.0 training  
    First time applying for an ODH grant

**Mail, E-mail or Fax to: Marybeth Boster, Autism Diagnosis Education Pilot Program**  
**Ohio Department of Health**  
**246 North High Street**  
**Columbus, OH 43215**  
**E-mail: [MaryBeth.Boster@odh.ohio.gov](mailto:MaryBeth.Boster@odh.ohio.gov)**  
**Fax: 614/728-9163**

**NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY MONDAY, OCTOBER 22, 2007.**





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

# **OHIO DEPARTMENT OF HEALTH**

**DIVISION OF  
*FAMILY AND COMMUNITY HEALTH SERVICES***

**BUREAU OF  
EARLY INTERVENTION SERVICES**

***OHIO AUTISM DIAGNOSIS EDUCATION PILOT PROGRAM  
(OADEPP)***

**REQUEST FOR PROPOSALS (RFP)  
FOR  
FISCAL YEAR 2008-2009  
(01/01/08 – 06/30/09)**

**Non-Profit Applicants**

**COMPETITIVE GRANT APPLICATION INFORMATION**

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

An application for an ODH grant consists of a number of required parts – an electronic component submitted via the internet website: ODH Application Gateway – GMIS 2.0 which includes various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted on time will result in the entire application not being considered for review.**

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

- A. Policy and Procedure:** Uniform administration of all ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to assure adherence to the rules, regulations and procedures for preparation of all Subgrantee applications. The GAPP manual is available on the ODH web-site <http://www.odh.ohio.gov> (Click on “About ODH,” click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** Ohio Autism Diagnosis Education Pilot Program (OADEPP)
- C. Purpose:** The purpose of the Ohio Autism Diagnosis Education Pilot Program is to educate health care professionals, teachers and other educational personnel, child care providers, parents, early intervention and developmental disabilities providers, and other community-based services providers in Ohio regarding the diagnosis of autism spectrum disorders; to promote appropriate standards for the diagnosis of autism spectrum disorders in children including screening tools and treatment planning for children diagnosed with autism spectrum disorders; encourage physicians and other health care professionals with expertise in screening, diagnosing and treating autism spectrum disorders to share that information with other health care professionals in Ohio; and to encourage the regional coordination of services to facilitate the effective, timely treatment of children diagnosed with autism spectrum disorders.
- D. Qualified Applicants:** All applicants must be non-profit organizations that represent pediatric physicians statewide. Only one grant will be awarded. For competitive RFPs only, applicant agencies must attend or document in writing prior attendance at GMIS 2.0 training and must have the capacity to accept an electronic funds transfer (EFT).
- E. Service Area:** Applicant agencies must be able to coordinate the OADEPP for the entire state of Ohio.
- F. Number of Grants and Funds Available:** One grant will be awarded. Total funding for the OADEPP grant is not to exceed \$800,000 (up to \$500,000 for state fiscal year 2008 and up to \$300,000 for state fiscal year 2009). 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

- G. Due Date:** Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by Monday, November 19, 2007. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Contact Marybeth Boster by phone at (614) 387-5462 or by e-mail at [MaryBeth.Boster@odh.ohio.gov](mailto:MaryBeth.Boster@odh.ohio.gov) with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 119.

- I. Goals:** To increase education of health professionals and screening for autism spectrum disorders.

- J. Program Period and Budget Period:** The program period will begin January 1, 2008 and end on June 30, 2009. The budget period for this application is January 1, 2008 through June 30, 2009.

- K. Local Health Districts Improvement Standards:** This grant program will address:

**3707-36-05: Monitor health status, Standard 3701-36-05-03** “A community health plan based on an assessment is developed, implemented and evaluated”.

**3701-36-07: Promote Healthy Lifestyles, Standard 3701-36-07-03** “Prevention, health promotion, early intervention and outreach services provided through partnerships”

**3701-36-08: Address the Need for Personal Health Services, Standard 3701-36-08-04** “Plans to reduce specific gaps in access to critical health services being developed and implemented through collaborative efforts”

The Local Health District Improvement Standards are available on the ODH web-site <http://www.odh.ohio.gov>. (Click on “Local Health Districts” then “Local Health Districts Improvement Standards.” Then click “Local Health District Improvement Goals/Standards/Measures.”)

- 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 Local Health Districts Improvement Standards.

1. *Public Health Impact Statement Summary* - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

- (1) The Local Health District Improvement Standard(s) to be addressed by grant activities;
- (2) A description of the target population to be served;
- (3) A summary of the services to be provided or activities to be conducted; and,
- (4) A plan to coordinate and share information with appropriate local health districts.

The Applicant must submit the above summary as part of their 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 Local Health Districts Improvement 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 when the program summary is submitted with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available.

**M. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **In view of this, the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**

**N. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon the posting of the Request for Proposal to the ODH website. Please contact Marybeth Boster by phone at (614) 387-5462 or by e-mail at [MaryBeth.Boster@odh.ohio.gov](mailto:MaryBeth.Boster@odh.ohio.gov)

For competitive RFPs ONLY: Applicant must attend or must document, in writing, prior attendance at Grants Management Information System 2.0 (GMIS 2.0) training in order to receive authorization for Internet submission.

**O. Acknowledgment:** An 'Application Submitted' status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.

**P. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. 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, November 19, 2007.

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 Administration, Central Master Files; but they must be delivered by 4:00 p.m. on the application due date. FAX attachments will not be accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**

- Q. Successful Applicants:** Successful applicants will receive official notification in the form of a “Notice of Award” (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- R. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.
- S. 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. Describes specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
  - 5. Estimates reasonable cost to the Ohio Department of Health, considering the anticipated results;
  - 6. Demonstrates 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 request for proposal; and,
  - 9. Has demonstrated acceptable past performance.
  - 10. Has demonstrated compliance to GAPP, Chapter 100, Section 108.1, Independent Audit Scope.

Programs will include a scoring sheet and/or provide further details of scoring.

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

- T. Freedom of Information Act:** The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services 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 to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5.
- U. Ownership Copyright:** Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The Department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the Ohio Department of Health. All material(s) must clearly state:
- Funded by Ohio Department of Health/Federal Government
  - Bureau of Early Intervention Services
  - Ohio Autism Diagnosis Education Pilot Program
- V. Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the Ohio Department of Health, Grants Administration Policies and Procedures (GAPP) Manual. Reports must be received before the Department will release any additional funds.

**Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of your agency flexibility status and/or further payments.**

Submit reports as follows:

- 1. Program Reports:** Subgrantee Program Reports **must** be completed and submitted **via the SPES (Subgrantee Performance Evaluation System)** by the following dates:

First quarter progress report for the period of January 1, 2008, through March 31, 2008, is due **April 15, 2008;**

Second quarter progress report for the period of April 1, 2008, through June 30, 2008, is due **July 15, 2008;**

An annual summary report for the period of January 1, 2008, through June 30, 2008, is due **August 15, 2008**.

Third quarter progress report for the period of July 1, 2008, through September 30, 2008, is due **October 15, 2008**;

Fourth quarter progress report for the period of October 1, 2008, through December 31, 2008, is due **January 15, 2009**;

Fifth quarter progress report for the period of January 1, 2009, through March 31, 2009, is due **April 15, 2009**;

Sixth quarter progress report for the period of April 1, 2009, through June 30, 2009, is due **July 15, 2009**;

An annual summary report for the period of July 1, 2008, through June 30, 2009, is due **August 15, 2009**.

Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

*Submission of Subgrantee Program Reports via the Ohio Department of Health's SPES indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP).*

**2. Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates:

First quarter expenditure report for the period of January 1, 2008, through March 31, 2008, is due **April 15, 2008**;

Second quarter expenditure report for the period of April 1, 2008, through June 30, 2008, is due **July 15, 2008**;

Third quarter expenditure report for the period of July 1, 2008, through September 30, 2008, is due **October 15, 2008**;

Fourth quarter expenditure report for the period of October 1, 2008, through December 31, 2008, is due **January 15, 2009**;

Fifth quarter expenditure report for the period of January 1, 2009, through March 31, 2009, is due **April 15, 2009**;

Sixth quarter expenditure report for the period of April 1, 2009, through June 30, 2009, is due **July 15, 2009**;

*Submission of Subgrantee Program Expenditure Reports via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.*

3. **Final Expense Reports:** A Subgrantee Final Expense Report reflecting total expenditures for the budget period must be completed and submitted **via GMIS 2.0** on or before **August 15, 2009**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as invoice to return unused funds.

*Submission of the Subgrantee Final Expense Report via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.*

4. **Inventory Report:** A listing of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via the Internet as part of the Subgrantee Final Expense Report. At least once every two years, inventory must be physically inspected by the subgrantee. 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.

- W. **Special Condition(s):** Responses to all special conditions **must be submitted via GMIS 2.0 within 30 days of receipt of the first quarter payment**. A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30-day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

*Submission of response to grant special conditions via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.*

**X. 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, but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fee for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>);
17. All costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts, for compensation, with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants; and

**Use of grant funds for prohibited purposes will result in the loss or recovery of those funds.**

**Y. Audit:** *Subgrantees currently receiving funding from the Ohio Department of Health are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, 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 not later than 9 months after the end of the subgrantee's fiscal year.*

*Potential subgrantees not currently receiving funding from the Ohio Department of Health must submit an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, and if applicable, a corrective action plan and a data collection form (for single audits) with this grant application.*

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend \$500,000 or more in Federal awards in its fiscal year are required to have a single audit. 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 Circular A-133.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The financial audit is not an allowable cost to the program.

Once the audit is completed, a copy must be sent to the ODH, Grants Administration, Central Master Files address within 30 days. Reference GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

**Z. Submission of Application:**

The Internet application submission must consist of the following:

<b>Complete &amp; Submit Via Internet</b>
---

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
  - Primary Reason
  - Funding
  - Cash Needs
  - Justification
  - Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Compliance Section D
  - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Ethics Certification
8. Attachments as required by Program - None

An original and one (1) copy of the following forms, available on the Internet, must be completed, printed, signed in blue ink with original signatures and mailed to the address listed below:

Complete,  
Sign &  
Mail To  
ODH

1. Electronic Funds Transfer (EFT) Form. **(Required if new agency, thereafter only if banking information has changed)**
2. IRS W-9 Form **(Required if new agency, thereafter only when tax identification number or agency address information has changed)**. **One of the following forms must accompany the IRS W-9 Form:**
  - a. Vendor Information Form **(New Agency Only)**
  - b. Vendor Information Change Form **(Existing Agency with tax identification number, name and/or address change(s) with a letter requesting change(s) on agency letterhead.**

Two (2) copies of the following documents must be mailed to the address listed below:

Copy &  
Mail To  
ODH

1. Public Health Impact Statement **(for competitive cycle only; for continuation, only if changed)**
2. Statement of Support from the Local Health Districts **(for competitive cycle only; for continuation, only if changed)**
3. Liability Coverage **(Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period)**
4. Evidence of Non-Profit Status **(Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed)**

One (1) copy of the following documents must be mailed to the address listed below:

Complete  
Copy &  
Mail To  
ODH

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire **(Required by ALL Non-Governmental Applicant Agencies)**
3. An original and two (2) copies of **Attachments** (non-Internet compatible) as required by Program: - None

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

## II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line Grants Management Information System 2.0 (GMIS 2.0), will be provided after your GMIS 2.0 training session for those agencies requiring training. All others will receive access after the Request for Proposal (RFP) is posted to the ODH website.

*All applications must be submitted via GMIS 2.0. Submission of all parts of the grant application via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Submission of the Application signifies your authorization as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP 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 in its entirety. 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 8 of the RFP 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 narrative budget justification 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. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D(9) of the application for additional information.

**2. Personnel, Other Direct Costs, Equipment, & Contracts):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period 01/01/08 to 06/30/09.

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

Where appropriate, retain all contracts on file. The contracts should not be sent to ODH. A completed "Confirmation of Contractual Agreement" (CCA) form must be

submitted via GMIS 2.0 for each contract once it has been signed by both parties. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

*Submission of the “Confirmation of Contractual Agreement” (CCA) via the Ohio Department of Health’s GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the “submit” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations. CCAs cannot be submitted until after the grant period begins.*

Where appropriate, itemize all equipment (**minimum \$300.00 unit cost value**) to be purchased with grant funds in the Equipment Section

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

**4. Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources, budget categories and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete this section will cause delays in receipt of grant funds.

**C. Assurances Certification:** Each subgrantee must submit the “Federal and State Assurances for Subgrantees” form. This form is submitted automatically with each application via the Internet. 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. Complete the form by entering the State and Congressional Districts. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

#### **D. Project Narrative**

**1. Executive Summary:** Identify the target population, services and programs to be offered and what agency or agencies will provide those services. Describe the public health problems that the project will address.

**2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** 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. 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 health status concern that will be addressed by the program using national and state data to support the application. 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. Include a description of other agencies/organizations also addressing this problem/need.

**4. Methodology:** In a narrative, identify the program goals, objectives, and activities. Indicate how they will be evaluated to determine the level of success of the program. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. 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 Administration Central Master Files address on or before (Due Date). All attachments must clearly identify the authorized program name and program number. A minimum of an original and two copies of non-Internet attachments are required.
- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must** be dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required only if new agency, thereafter only when banking information has changed.)**
- H. Internal Revenue Service (IRS) W-9 & Vendor Forms:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must** be dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:**

1. **Vendor Information Form (New Agency Only) OR**
2. **Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s) with a letter requesting the change(s) on agency letterhead.**

Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed appropriate Vendor Form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy with the IRS, W-9 form.

- I. **Public Health Impact Statement Summary:** Submit two (2) copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed).**
- J. **Public Health Impact Response/Statement:** Submit two (2) copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for competitive cycle only; for continuation, only if changed).**
- K. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two (2) copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; current liability coverage and thereafter at each renewal period).**
- L. **Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving your non-tax exempt status **(Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed).**
- M. **Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire:** The DMA is a Questionnaire that must be completed by all grant applicant agencies to certify that they have not provided "material assistance" to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head's signature. The DMA Questionnaire (in PDF format. [Adobe Acrobat](#) is required) is located at the Ohio Homeland Security Website:

[http://www.homelandsecurity.ohio.gov/DMA\\_Terrorist/HLS\\_0038\\_Contracts.pdf](http://www.homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.pdf)

- Print a hard copy of the form once it has been downloaded. The form must be completed in its entirety and your responses must be truthful to the best of your knowledge. **(Required by all Non-Governmental Applicant Agencies)**

**N. Ethics Certification:** Attach a statement in the Project Narrative Section that, as a duly Authorized Representative of the Subgrantee Agency, you certify that in accordance with Executive Order 2007-01S:

- a. Subgrantee Agency has reviewed and understands the Governor's Executive Order 2007-01S.
- b. Subgrantee Agency has reviewed and understands the Ohio ethics and conflict of interest laws, and
- c. Subgrantee Agency will take no action inconsistent with those laws and this order.
- d. Subgrantee Agency understands that failure to comply with the Executive Order 2007-01S is, in itself, grounds for termination of this grant and may result in the loss of other grants with the State of Ohio.

Refer to GMIS 2.0 Bulletin Board – Governor's Executive Order 2007-01S (Ethics)

**O. Attachments as Required by Program - None**

### **III. APPENDICES**

1. Application Review form

Appendix 1

**ADEPP Application Review Form – Year 2008**

Applicants are required to submit an evaluation plan that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the "Application Summary and Guidance" section of this announcement. Measures must be objective and quantitative and must measure the intended outcome. The measures of effectiveness must be submitted with the application and will be an element of evaluation. An independent review group appointed by ODH will evaluate each application against the following criteria

	<b>Possible Points</b>
1. Cover Page / Budget Narrative	5
2. Executive Summary	2
3. Description of Applicant Agency/Documentation of Eligibility/Personnel	5
4. Problem/Need Statement	2
5. ADEPP Presentation Development	4
6. ADEPP Presentation Support	14
7. Training the Trainers	6
8. Ongoing Design and Development	6
9. Marketing	6
10. Program Administration and Evaluation	10
<b>Total Possible Score:</b>	<b>60</b>

Reviewer (signature) \_\_\_\_\_ Total Score: \_\_\_\_\_

Reviewer: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Approve: \_\_\_\_\_ Approve with conditions: \_\_\_\_\_ Disapprove: \_\_\_\_\_

Please state conditions (use back side if necessary):

1.

2.