



# OHIO DEPARTMENT OF HEALTH

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John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

## MEMORANDUM

Date: May 1, 2013

To: Sub-grantee agencies

From: Chief Karen Hughes *KAREN F. HUGHES (CRS)*  
Division of Family and Community Health  
Ohio Department of Health

Subject: Sub-grantee Abstinence Education Program (10/01/13 – 09/30/14)

The Ohio Department of Health (ODH), Division of Family & Community Health Services, Bureau of Community Health Services & Patient-Centered Primary Care announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., Monday, July 1, 2013. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System 2.0 (GMIS 2.0). For new staff requiring GMIS 2.0 access, you must successfully complete GMIS 2.0 training.

Any award made through this program is contingent upon the availability of funds for this purpose. The sub-grantee agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (GAPP) Manual rules and any other program-specific requirements as outlined in the competitive Request for Proposal (RFP). Budget Period: October 1, 2013 – September 30, 2014 for total program period, November 1, 2011 – September 30, 2014. Reference the competitive RFP for more information. The competitive RFP for this grant program can be found on the ODH Web site <http://www.odh.ohio.gov/odhprograms/chss/abstadpt/abstadpt1.aspx>.

If you have questions, please contact Robert J. Marx at (614) 995-7075 or e-mail at [Robert.Marx@odh.ohio.gov](mailto:Robert.Marx@odh.ohio.gov).

## CONTINUATION FUNDING APPLICATION GUIDANCE

The Continuation Funding Application consists of three parts: Program Progress Reports (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP manual rules and any other program-specific requirements as outlined in the competitive RFP. Budget Period: October 1, 2013 – September 30, 2014 for total program period, November 1, 2011 – September 30, 2014. Reference the competitive RFP for more information. The competitive RFP for this grant program can be found on the ODH Web site <http://www.odh.ohio.gov/odhprograms/chss/abstadpt/abstadpt1.aspx>.

**Number of Grants and Funds Available:** The source of the funds for the Abstinence Education Program is Section 510 of the Social Security Act, Section 2954 of the Patient Protection and Affordability Act of 2010, PL 111-14. (CFDA # 93.235)

One grant may be awarded for a total amount of \$1,810,971.

*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.*

### FORMATTING REQUIREMENTS FOR ATTACHMENTS

- Properly label each item of the application packet (ex. budget narrative, program narrative, etc.).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and on 8 ½ x 11 paper.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

#### I. PROGRAM UPDATES:

- a. **Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.**
  1. HHS Administration for Children and Families Progress Report
  2. Target Population Report
- b. **Program Narrative:** Complete and submit a narrative statement (do not exceed 12 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the sub-grantee wishes to share for continuation funding.

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 problem(s) that the program will address.

2. **Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss any changes to the organizational structure or personnel that impact, positively or negatively, your organization's ability to manage this grant as the lead agency.

Discuss any changes with sub-contractors (contract expansion, contract reduction, provider elimination, provider addition, etc.) that impact on the delivery of abstinence education services. Discuss how these changes will impact your organization's ability to expand service delivery to the target population and target counties.

Describe any changes in 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 the second year of this grant. Describe plans for additional 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 any newly created positions since the previous grant year.

Discuss any barriers you have experienced in Year 2 in implementing the abstinence services; and provide the strategies that will be utilized to overcome those barriers, with timelines, in Year 3.

3. **Problem/Need:** Identify the local health concerns for the counties to be targeted for service expansion during the coming year. Discuss the strategy for utilizing local prevalence data, state and national data (i.e. YRBS), experience with other communities, and/or other resources to gain entrance into previously un-served or under-served communities in the targeted counties. Clearly identify the goals and time lines for expansion of services to the target population for Year 3.

Explicitly describe segments of the target population who experience a disproportionate burden of the local health status concern (this information must correlate with the Statement of Intent to Pursue Health Equity Strategies.)

Describe the plan for increasing the number of programs offered to youth in the

targeted counties as identified in the RFP. Expansion in year 3 is needed to ensure that youth in the 11-14 year age range and areas with highest need receive priority when allocating program resources.

Include a description of the sub-contract agencies selected to address this problem/need by county. Discuss their strengths that support their selection; and discuss any concerns, weaknesses, or barriers that you will address to increase their success in engaging previously un-served communities.

**Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive RFP for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. (Please refer to the competitive grant for Work Plan Outline)

Discuss any changes as to how the project will notify prospective subcontract providers of the continued funding opportunity, application requirements, and selection criteria for subcontract providers. Highlight any additions or elimination of past sub-contractors.

Include clear expected deliverables for each sub-contractor including the number of youth to be served, number of programs to be delivered, length of each program, number of hours per student, curriculum to be used, and county of service.

Discuss any changes in the curricula to be used in Year 3 including the process and criteria used for the selection and approval of curricular for the programs.

The narrative should address the progress made in expanding services in the **target counties and with the target population.**

Discuss any changes in the procedure to ensure compliance of subcontractors with the state and federal assurances.

**Barriers:** Describe any barriers to the initial implementation plan and how these barriers were overcome.

**Mechanisms:** Describe the mechanism used to document the agreements with sub-contractors. Describe how the agreements are legally binding and how they hold the sub-contractors to the same expectations and requirements that ODH has for the sub-grantee.

**Monitoring:** Describe the monitoring plan the Applicant will use to assure program integrity and fidelity to the selected curricula; and compliance with the assurances required by ODH and ACYF/FYSB.

**Target Population Involvement:** Describe how the Applicant has involved the target

populations (i.e. youth, parents, teachers, etc.) in the planning, implementation, and evaluation of the abstinence program. Include strategies and activities that will be implemented to increase service delivery in the target counties identified by ODH.

**Efficiency Measures:** The Sub-grantee will continue to be required to collect and report data on the target populations served in the program. The data, required by the federal award, is collected in Performance Progress Report Forms (Unduplicated Count of Clients Served, Hours of Service Received by Clients, Program Completion Data, Communities Served) included in the Appendices. The Sub-grantee will also be required to submit data that includes the number of youth served by county. Describe any changes in procedures that may impact data collection and timely and accurate reporting to ODH.

**Outcome Reporting:** Describe how the Sub-grantee will include the subcontract providers in the development of a continued quality improvement (CQI) process to ensure an evaluation plan achieved through a participatory, consensus-building process. The Sub-grantee will continue to complete and submit reports re: client information quarterly per Ohio Department of Health instructions. The sub-grantee's internal CQI plan will supplement ODH's evaluation process that will be conducted based upon a random sampling process for Year 3.

- c. **Health Disparity/Inequity Activities:** Complete and submit a short summary statement of how program activities over the last year addressed health disparities and/or health inequities based on the focus of your application. This should include: specific objectives to address disparities/inequities; a summary of data to support your statement; and future plans to address this issue. This information should also be reflected in past program reports.

**II. PROGRAM BUDGET:** Prior to completion of the budget section, reference the competitive RFP for unallowable costs and review criteria.

**a. Budget Narrative:**

Provide a detailed budget justification in a narrative that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including plans for out-of-state travel), supplies and training costs. If you have shared costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the original RFP for additional information. Please refer to the GMIS 2.0 bulletin board for attachment instructions.

For your convenience, a budget justification narrative example is available at (GMIS Bulletin Board.)

The Ridge Project, Inc. is the only eligible qualified applicant for the Abstinence Education grant.

A match of \$1,424,704 is required by the program. This match amount must be included in

the applicant share column of the Budget Summary. Complete the form provided by ODH that demonstrates the source of the match, the type of match (cash or in-kind), and the amount of match by sub-contractor. In the budget narrative, include the process used to verify the match source and to determine the value of in-kind match based upon reasonable market value.

**b. 2013 Budget via GMIS 2.0:** Complete requested budget information as follows:

- **Funding, Cash Needs and Justification Sections:** Enter information about the funding sources and forecasted cash needs for the program.
- **Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget completed as necessary to support costs for the period October 1, 2013 to September 30, 2014 funds may be used to support personnel, staff training, travel (see OBM Web site <http://obm.ohio.gov/MiscPages/TravelRule>), and supplies directly related to planning, organizing and conducting the program activity. Itemize all equipment (minimum \$300 unit cost value) to be purchased with grant funds in the Equipment Section.
- Retain all contracts on file; do not send contracts 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. CCAs must not be submitted until after the 1st quarter grant payment has been issued.
- **Compliance:** Answer each question on this form. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.
- **Summary:** Review for accuracy.

### III. OTHER APPLICATION REQUIREMENTS:

**Program Specific Attachments:** Complete and submit the following attachments.

- a. Ohio Department of Health Work Assurances
- b. Work Plan
- c. Summary of match by sub-contractor, source, category, cash or in-kind

**d. Other Required Documentation:**

- The following items or forms must be reviewed and submitted only if there are changes since the last grant application was submitted: **Electronic Funds Transfer (EFT) Form, Internal Revenue Service (IRS) W-9 and Vendor Information Change Form.**
- **Audit:** Sub-grantee agencies are responsible for submitting an audit report. Once an

audit is completed, a copy must be sent to ODH via [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov). Reference the GMIS 2.0 Bulletin Board for more information.

- **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Sub-grantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each sub-grantee must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS 2.0. 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 sub-grantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS 2.0.
- **For Non-Profit Organizations Only:**
  1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS 2.0.
  2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS 2.0 the Internal Revenue Services (IRS) letter approving non-tax exempt status.

**POST SUBMISSION REQUIREMENTS:** Continuation applicants are required to submit sub-grantee program and expenditure reports.

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

Reports shall be submitted as follows:

- a. **Program Reports: Sub-grantee Program Reports must be completed and submitted via GMIS by the following dates:**

1st Quarter, October 1 – December 31.....January, 31, 2014  
2nd Quarter, January 1 – March 31.....April 23, 2014  
3rd Quarter, April 1 – June 30.....July 31, 2014  
4th Quarter, July 1 – September 30.....October 22, 2014)

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.

- b. **Sub-grantee Expenditure Reports:** Sub-grantee Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates:

1<sup>st</sup> Quarter, October 1 – December 31.....January 15, 2014  
2<sup>nd</sup> Quarter, January 1 – March 31.....April 15, 2014  
3<sup>rd</sup> Quarter, April 1 – June 30.....July 15, 2014  
4<sup>th</sup> Quarter, July 1 – September 30.....October 15, 2014

- c. **Final Expenditure Reports:** A Sub-grantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** by 4:00 p.m. on or before November 15, 2014. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Sub-grantee Final Expense Report. The Sub-grantee Final Expense Report serves as an invoice to return unused funds.

*Submission of ALL Sub-grantee Program and Expenditure Reports via the ODH’s GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.*