

MEMORANDUM

Date: May 16, 2006

To: Prospective Primary Care and Rural Health Program Grantees

From: Karen F. Hughes, Chief 
Division of Family and Community Health Services
Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Year 2007
July 1, 2006-September 30, 2007

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Community Health Services and Systems Development (BCHSSD) announces the availability of grant funds to support the Primary Care and Rural Health Program in Appalachian Ohio. The Primary Care and Rural Health Program is designed to build community capacity in order to address the issue of obesity and reduce obesity-related health disparities in Ohio's Appalachian region. These goals will be addressed through programs developed by community members that involve one or more of the following: childhood health and obesity, community health and fitness, health-related obesity concerns, and healthy living in the workplace. All applicants must serve the residents of one or more of the following counties in Ohio: Adams, Athens, Belmont, Brown, Carroll, Clermont, Columbiana, Coshocton, Fairfield, Gallia, Guernsey, Harrison, Highland, Hocking, Holmes, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Tuscarawas, Vinton, and Washington

To obtain a grant application packet:

1. Go to the ODH website at www.odh.ohio.gov;
2. From the homepage 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 listing current RFPs by name; and
5. Select and highlight the Primary Care and Rural Health Program RFP and click "Submit."
This process launches Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired.

All interested parties must submit a Notice of Intent to Apply for Funding (attached), by June 1, 2006 in order for ODH to 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). All grant applications must be submitted via the internet using GMIS. ODH will assess your organization's GMIS training needs (as indicated on the completed Notice of Intent to Apply for Funding form) and contact you regarding those needs.

The GMIS training date will be determined by ODH. The training is mandatory if your organization has never been trained on GMIS. Organizations with previous GMIS training will automatically receive a grant application account number upon receipt of a completed Notice of Intent to Apply for Funding form.

ODH encourages the immediate submission of Notice of Intent to Apply for Funding forms. Please contact Pam Hunt, Rural Health Coordinator, by phone at (614) 995-5556, via e-mail at pam.hunt@odh.ohio.gov or via fax at (614) 995-4235 if you have any questions.

NOTICE OF AVAILABILITY OF FUNDS

Ohio Department of Health
Division of Family and Community Health Services
Bureau of Community Health Services and Systems Development

Primary Care and Rural Health Program Competitive Grant Applications for State Fiscal Year 2007

Introduction/Background

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Community Health Services and Systems Development (BCHSSD) announces the availability of grant funds to support the Primary Care and Rural Health Program in Appalachian Ohio. The Primary Care and Rural Health Program is designed to build community capacity in order to address the issue of obesity and reduce obesity-related health disparities in Ohio's Appalachian region. These goals will be addressed through programs developed by community members that involve one or more of the following: childhood health and obesity, community health and fitness, health-related obesity concerns, and healthy living in the workplace. Collaborative efforts to create and sustain community-wide wellness plans, or to build upon existing plans, are strongly encouraged.

This grant program was developed from the work of the Appalachian Ohio Healthy Living Task Force and is funded by a partnership between the Governor's Office of Appalachia and the Osteopathic Heritage Foundation of Nelsonville.

Eligibility

Eligible applicants must be public or non-profit agencies serving residents of one or more of the following 30 counties: Adams, Athens, Belmont, Brown, Carroll, Clermont, Columbiana, Coshocton, Fairfield, Gallia, Guernsey, Harrison, Highland, Hocking, Holmes, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Tuscarawas, Vinton, and Washington. Applicants may propose multi-county initiatives.

School districts participating in the Osteopathic Heritage Foundation of Nelsonville Healthy and Fit Initiative are not eligible for funding through this grant program. Applicant agencies must attend or document in writing prior attendance at GMIS training and must have the capacity to accept an electronic funds transfer (EFT).

Program Period and Award Amounts

A total of one hundred thousand dollars (\$100,000) is available for this initiative. Up to four grants will be awarded at twenty-five thousand dollars (\$25,000) each, with a required local match of five thousand dollars (\$5,000) (cash or in-kind). Eligible agencies may apply for \$25,000. The program period will begin July 1, 2006 and end on September 30, 2007. The budget period for this application is October 1, 2006 through September 30, 2007.

To Obtain a Grant Application Packet

Go to the ODH website at www.odh.ohio.gov; from the homepage click on "About ODH;" from the next page click on "ODH Grants;" next lick on "Grant Request for Proposals." This will give you a pull down menu with current RFPs listed by name. Select and highlight the Primary Care and Rural Health Program RFP and click "Submit." This process launches Adobe Acrobat and displays the entire RFP. The

document can then be read and/or printed as desired.

Please note that all interested parties must submit a *Notice of Intent to Apply for Funding* (attached) no later than **June 16, 2006** in order to 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). 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 as well as policy, procedures, and 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 for availability of funds.

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. After your RFP review, if you want to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Fax or mail it to ODH, per the instructions listed and by the due date indicated. 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). All grant applications must be submitted via the Internet using GMIS. ODH will assess your organization's GMIS training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you to schedule a training date if your organization has never been trained on GMIS. GMIS training is mandatory.

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 training requirements, you may proceed with the application process outlined in the RFP.

If you have questions, please contact Pam Hunt, Rural Health Coordinator, by phone at (614) 995-5556, via email at pam.hunt@odh.ohio.gov, or via fax at (614) 995-4235.

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Family and Community Health Services
Bureau of Community Health Services and Systems Development

ODH Program Title: Primary Care and Rural Health 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 School
 City Agency Higher Education Not for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

PLEASE CHECK ONE:

- Yes, our agency will need GMIS training.
- No, our agency has already had GMIS training.

MAIL, E-MAIL or FAX To: Pam Hunt, Rural Health Coordinator
Ohio Department of Health
246 N. High Street
RE: Primary Care and Rural Health Program
P.O. Box 118
Columbus, OH 43215
E-Mail: pam.hunt@odh.ohio.gov
Fax: (614) 995-5556

Health



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF
Family and Community Health Services
BUREAU OF
Community Health Services and Systems Development

APPALACHIAN HEALTHY LIVING INITIATIVE REQUEST FOR PROPOSALS (RFP)

FOR
FISCAL YEAR 2007
(10-01-06 – 09-30-07)
Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

Table of Contents

I APPLICATION SUMMARY and GUIDANCE

- A. Policy and Procedure4
- B. Application Name4
- C. Purpose.....4
- D. Qualified Applicants4
- E. Service Area.....4
- F. Number of Grants and Funds Available4
- G. Due Date5
- H. Authorization5
- I. Goals5
- J. Program Period and Budget Period5
- K. Local Health Districts Improvement Standards.....5
- L. Public Health Impact Statement5
- M. Appropriation Contingency6
- N. Programmatic, Technical Assistance & Authorization for Internet Submission6
- O. Acknowledgment6
- P. Late Applications6
- Q. Successful Applicants7
- R. Unsuccessful Applicants.....7
- S. Review Criteria7
- T. Freedom of Information Act7
- U. Ownership Copyright.....8
- V. Reporting Requirements8
- W. Special Condition(s)9
- X. Unallowable Costs9
- Y. Audit10
- Z. Submission of Application.....11

II. APPLICATION REQUIREMENTS AND FORMAT

- A. Application Information12
- B. Annual Assurances12
- C. Budget.....12
- D. Budget Certification.....13
- E. Program Narrative.....14
- F. Attachments15
- G. Electronic Funds Transfer (EFT) Form15
- H. Internal Revenue Service (IRS) W-9 Form16
- I. Public Health Impact Statement Summary16
- J. Public Health Impact/Response Statement16
- K. Liability Coverage16
- L. Non-Profit Organization Status16
- M. Attachments as Required by Program.....16
Letters of Support (see page 16)

III APPENDICES

- 1. Application Review Form.....17
- 2. Appalachian Healthy Living Initiative Semi-Annual Program Report.....20

Table of Contents (continued)

3. Instructions for Submitting Program Reports via GMIS.....22

I. APPLICATION SUMMARY AND GUIDANCE

An application for an ODH grant consists of a number of required parts – an electronic component submitted via an Internet Website (**which is sent with electronic acknowledgment in lieu of signature page**), 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 website <http://www.odh.ohio.gov> (Click on “About ODH,” click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** *Appalachian Healthy Living Initiative*
- C. Purpose:** The purpose of this initiative is to promote local collaborative efforts to build community capacity in addressing the issue of obesity and obesity reduction efforts. The 29 Appalachian counties and Fairfield County are being targeted, and activities that focus on the following will be considered: childhood health and obesity, community health and fitness, health-related obesity concerns, and healthy living in the workplace. Collaborative efforts to create and sustain community-wide wellness plans, or to build upon existing plans, are strongly encouraged.
- D. Qualified Applicants:** All applicants must be a local public or non-profit agency in one of the following 30 counties: Adams, Athens, Belmont, Brown, Carroll, Clermont, Columbiana, Coshocton, Fairfield, Gallia, Guernsey, Harrison, Highland, Hocking, Holmes, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Tuscarawas, Vinton, and Washington. School districts participating in the Osteopathic Heritage Foundation of Nelsonville Healthy and Fit Initiative are not eligible for funding through this grant program. Applicant agencies must attend or document in writing prior attendance at GMIS training and must have the capacity to accept an electronic funds transfer (EFT).
- E. Service Area:** Applicants must serve the residents of one or more of the 30 counties identified above. Applicants may propose multi-county initiatives.
- F. Number of Grants and Funds Available:** A total of one hundred thousand dollars (\$100,000) is available for this initiative. Up to four grants will be awarded at twenty-five thousand dollars (\$25,000) each, with a required local match of five thousand dollars (\$5,000) (cash or in-kind). Eligible agencies may apply for \$25,000.

No grant will be issued for less than \$25,000. 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:** Deadline for submission of applications via the internet is *July 17, 2006*. Applications including any mailed forms and required attachments are due by Monday, *July 17, 2006*. Attachments and any mailed forms will be considered to be “on time” if they are post marked or received on or before the established due date.

Please contact Pam Hunt, Rural Health Coordinator, at (614) 995-5556, or via e-mail at pam.hunt@odh.ohio.gov with any questions.

- H. Authorization:** “Authorization of funds for this purpose is contained in Am.Sub.H.B. 66 of the 126 General Assembly.”

- I. Goals:** The overarching goal of this initiative is to identify and fund collaborative approaches that build community capacity in order to address the issue of obesity. To have an impact on obesity across the life span, obesity reduction efforts must occur in a variety of settings. This RFP target initiatives that address the following: childhood health and obesity, community health and fitness, health-related obesity concerns, and healthy living in the workplace.

- J. Program Period and Budget Period:** The program period will begin July 1, 2006 and end on September 30, 2007. The budget period for this application is October 1, 2006 through September 30, 2007.

- K. Local Health Districts Improvement Standards:** This grant program will address Local Health Districts Improvement Goal 3701-36-07-03 – “Promote Healthy Lifestyles” Standard 3701-36-07-03 – “Prevention, health promotion, early intervention, and outreach services are provided directly or through contracts or partnerships.” The Local Health District Improvement Standards are available on the ODH Website <http://www.odh.state.oh.us> (Click on “Local Health Districts Improvement Standards,” and click the link “Local Health Districts 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.

N. Programmatic, Technical Assistance and Authorization for Internet Submission: Please contact Pam Hunt, Rural Health Coordinator, at (614) 995-5556, by e-mail at pam.hunt@odh.ohio.gov or by fax at (614) 995-4235 for initial authorization for internet submission.

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

O. Acknowledgment: An electronic mail (e-mail) message will be sent to the valid e-mail address of the program director listed in the applicant agency's "Application Information Page" acknowledging ODH system receipt of the Internet submission.

P. Late Applications: Applications are dated the time of actual submission via the Internet, or are automatically submitted on the application due date. Any required forms and any required attachments will be considered to be "on time" and reviewable if they are postmarked or received on or before the established application due date of July 17, 2006.

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 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;
9. Has demonstrated acceptable past performance in implementing programs that address the issue of obesity; and,
10. Has support of the community as demonstrated through their letters.

The scoring sheet that will be used to evaluate applications is included as Appendix #1.

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/State Government
Governor's Office of Appalachia/State Government
Osteopathic Heritage Foundation
Bureau of Community Health Services and Systems Development
Primary Care and Rural Health 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 Internet** by the following dates: April 16, 2007 and October 15, 2007 (see Appendix #4, Instructions for Submitting Program Reports Via GMIS). Additional required attachments associated with a Program Report may be sent electronically associated with an email. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date.

Program reports must follow the format developed and distributed to the subgrantees by Primary Care and Rural Health (see Appendix #2).

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

- 2. Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via the Internet** by the following dates: January 15, 2007, April 15, 2007, July 15, 2007, October 15, 2007.

Submission of Subgrantee Program Expenditure Reports via the Ohio Department of Health's GMIS 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.

3. **Final Expense Reports:** A Subgrantee Final Expense Report reflecting total expenditures for the fiscal year must be completed and submitted **via the Internet** within 45 days after the end of the budget period by November 15, 2007. 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 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 the Internet within 30 days of receipt of the first quarter payment.** A Special Conditions link is available on the Welcome screen 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 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;
22. To support or promote specific points of view on religious issues;
23. To support or promote specific points of view on right-to-life and pro-choice issues;
24. To support programs or projects designed to supplement or replace operating deficits;
25. To support political candidates or specific political positions;
26. To provide for the acquisition of equipment or funding of services from which individuals or organizations will unreasonably benefit through fees-for-service or tuition payments; and

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

- Y. Audit:** An independent audit must be completed no later than nine months after the end of the agency's fiscal year.

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 (\$300,000 for fiscal years ending on or before December 31, 2003). 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 (\$300,000 for fiscal years ending on or before December 31, 2003). 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:

**Complete
& Submit
Via Internet**

1. Application Information
2. Assurances
3. Budget
 - Cover Page
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Confirmation of Contractual Agreements
 - Section D
 - Summary
4. Budget Certification
5. Program Narrative

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 if changed)**

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)**
2. Statement of Support from Local Health Districts **(for competitive cycle only)**
3. Liability Coverage Evidence of Non-Profit Status **(Non-Profit Organizations only; for competitive cycle only)**
4. Evidence of Non-Profit Status **(Non-Profit Organizations only; for competitive cycle only)**

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

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. An original and three copies of **Attachments** (non-Internet compatible) as required by the Program (Letters of Support - See page 16.M).

Complete Copy & Mail To ODH

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

II. APPLICATION REQUIREMENTS AND FORMAT

To access the on-line Grants Management Information System (GMIS), enter the GMIS site address: <http://gap.odh.state.oh.us> and enter the 11-digit program number provided by your program contact, which serves as your username when you log in. Do not submit the grant application until all appropriate sections have been completed and saved. For additional instructions, please refer to the information available on each individual screen through the on-line GMIS System's User Manual.

All applications must be submitted via the Internet. Submission of all parts of the grant application via the Ohio Department of Health's GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Checking the Acknowledge Button signifies your authorization of this submission 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. Applicant Information:** Information on the applicant agency and its administrative staff must be accurately completed in its entirety. Include e-mail addresses for receipt of acknowledgements. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Annual Assurances:** Each subgrantee must submit the "Federal and State Assurances for Subgrantees" form. This form is submitted automatically with each application via the Internet.
- C. Budget:** Prior to completion of the budget section, please review pages 9-10 of the RFP for unallowable costs.

A cash or in-kind match of \$5,000 is required by this program. This match amount **must** be included in the applicant share column of the Budget Summary page with a match plan in the narrative.

1. **Cover Page:** 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 Section D(9) of the application for additional information.

- 2. Personnel, Other Direct Costs, Equipment, Contracts & Confirmation of Contractual Agreement (CCA) Form(s):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period October 1, 2006 to September 30, 2007.

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 the Internet for each contract. 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 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.

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

- 3. 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. Budget Summary:** 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.

D. Budget Certification: The Budget 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 clicking the Acknowledge box when submitting an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

E. Program 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 program 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 local health status concern that will be addressed by the program, do not restate national and state data. 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:**

The following goals must be included in the work plan for all proposals:

Goal 1: To enhance existing community capacity to undertake obesity reduction initiatives.

Goal 2: To strengthen current collaborative partnerships and/or to create new such partnerships within the community to tackle the pervasive issue of obesity.

For proposals addressing childhood health and obesity include the following goal:

Goal 3: To reduce the risk factors for and incidence of obesity in school-age children in the target community.

For proposals addressing community health and fitness include the following goal:

Goal 4: To increase the quality, availability, and/or effectiveness of community

and education-based programs designed to prevent and reverse obesity in order to improve the health and quality of life of citizens in the target community.

For proposals addressing health-related obesity concerns include the following goal:

Goal 5: To reduce risk factors for one or more obesity-related health concern (such as heart disease, hypertension, diabetes, etc.).

For proposals addressing healthy living in the workplace include the following goal:

Goal 6: To implement a worksite wellness, physical activity or weight management program that will increase employee knowledge and participation in obesity reduction activities.

Objectives for each of the goals described above must be included by the applicant. At least one objective must be identified for each required goal. Remember that all objectives need to be measurable and need to state who is involved, the desired outcomes, how progress is measured, and when outcomes will occur. Complete the rest of the work plan as accurately as possible. Technical assistance with the work plan is always available from the Rural Health Coordinator.

F. Attachment(s): Attachments are documents deemed necessary to the application that are not a part of the GMIS system. Attachments will be sent via GMIS as a file as part of an email utilizing the GMIS Send/Record Comments link. Attachments sent electronically must be transmitted by the application due date. 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 July 17, 2006. All attachments must clearly identify the authorized program name and program number.

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 Form: 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 or agency address information has changed.)**

- 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**).
- 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**).
- 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; for competitive cycle only**).
- 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 501©(3) exempt status (**Non-Profit Organizations only; for competitive cycle only**).
- M. Attachments as Required by Program:** Letters of support from at least 3 agencies or organizations with whom the applicant agency will work in carrying out this initiative are required.

III. APPENDICES

Application Review form
Appalachian Healthy Living Initiative Semi-Annual Program Reports
Instructions for Submitting Program Reports via GMIS

Appendix #1

OHIO DEPARTMENT OF HEALTH

**BUREAU OF COMMUNITY HEALTH SERVICES &
SYSTEMS DEVELOPMENT
PRIMARY CARE AND RURAL HEALTH PROGRAM
APPALACHIAN HEALTHY LIVING INITIATIVE
APPLICATION REVIEW-RATING FORM**

(OCTOBER 1, 2006 TO SEPTEMBER 30, 2007)

Agency: _____

Reviewer: _____

Total Score: _____

Recommended Funding Level: _____

SCORE TABLE:

Use the following table as a guide in completing the review sheet.

Point Value	Poor	Adequate	Good	Very Good	Excellent
	<i>Criterion Unmet</i>	<i>Criterion Partially Met</i>		<i>Criterion Met</i>	
5	0,1	2	3	4	5
10	0,1,2	3,4	5,6	7,8	9,10
15	0,1,2,3	4,5,6	7,8,9	10,11,12	13,14,15
25	0,1,2,3,4,5	6,7,8,9,10	11,12,13,14,15	16,17,18,19,20	21,22,23,24,25

POOR: Does not answer the question or address any of the required issues.

ADEQUATE: Attempts to answer the question, but does not offer specific information.

GOOD: Answers the question and offers some concrete information.

VERY GOOD: Offers substantive information and a complete answer in a clear manner.

EXCELLENT: An exemplary answer (for example uses quantitative measures); is concise and to the point.

NOTE: The maximum point value is shown in each section. Please score each section using the score table as a guide. Your comments are important and provide clarification when necessary.

TOTAL MAXIMUM SCORE: 100 points

COMPONENT OF PROPOSAL	MAXIMUM POINTS POSSIBLE	SCORE	COMMENTS
1. PROGRAM NARRATIVE	20 Points-break out as listed below		
1A. EXECUTIVE SUMMARY <i>A one page summary of the proposal-should include target population, services and programs to be offered and what agency(ies) will provide those services. A description of the public health problems that the project will address.</i>	5 Points		
1B. Problem/Need <i>Application should identify and describe the local health status concern that will be addressed by the project. Do not restate national and state data. The specific health concerns that the project 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 and how you intend to collaborate with them.</i>	10 Points		
1C. Description of Applicant Agency/ Documentation of Eligibility <i>Briefly discusses the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this project and as the lead agency, how it will manage the project. Delineate all personnel who will be directly involved in project activities. Include the relationship between project staff members, staff members of the applicant agency, and other partners and agencies that will be working on this project.</i>	15 Points		
2. Methodology/Work Plan <i>Methodology Narrative & work plan should identify the project goals, objectives and activities and how these will be evaluated to determine the level of success of the project. The work plan should include the required goals and objectives. A project activities timeline should be completed to identify project objectives and activities and the start and completion dates of each.</i>	30 Points		
3. BUDGET	15 Points – Break Out as listed below		
3A. Budget Narrative <i>A detailed narrative budget justification which describes how the categorical costs</i>	5 Points		

<i>are derived should be provided. This should discuss the necessity, reasonableness and allocability of the proposed costs. Specific functions of the personnel and collaborators should be described.</i>			
3B. ODH Subgrantee Program Budget <i>A budget for the period of October 1, 2006 to September 30, 2007 should be submitted.</i>	5 Points		

4. ATTACHMENTS <i>Letters of support from at least 3 agencies or organizations with whom the applicant agency will work in carrying out this initiative are required.</i>	15 Points		
5. Overall Quality <i>Clarity, completeness, adherence to RFP guidelines</i>	15 Points		
<u>TOTAL</u>	100 POINTS		

Recommendation of Reviewer:

- Approval (funding) of proposal as submitted (no conditions)
- Approval (funding) of proposal with conditions (please list conditions below)

1. _____
2. _____
3. _____

- Disapproval of project. State reason(s) below:

1. _____
2. _____
3. _____

Signature of Reviewer

Date

Appendix #2

**General Outline to Follow When Completing the
Appalachian Healthy Living Initiative
Semi-Annual Program Reports**

I. Submit a cover page with the following information:

To: Rural Health Coordinator
Ohio Department of Health
Primary Care and Rural Health Program
Appalachian Healthy Living Initiative
Grant Project Number: _____

From:

Agency/Organization Name: _____

Person(s) Completing Report: _____

Reporting Period: Semi-Annual or Annual

II. Goals/Objectives:

For goals listed in the Work Plan of your Appalachian Healthy Living Initiative grant application, please follow A through D to evaluate each objective of each goal.

A. Goals and Objectives Statement

State the goals and corresponding objectives written in your Work Plan.

For example: for proposals addressing childhood health and obesity the following goals would be included, as well as the appropriate objectives for each goal as they were described in the Work Plan:

Goal 1: To enhance existing community capacity to undertake obesity reduction initiatives.

Goal 2: To strengthen current collaborative partnerships and/or to create new such partnerships within the community to tackle the pervasive issue of obesity.

Goal 3: To reduce the risk factors for and incidence of obesity in school-age children in the target community.

B. Progress/Accomplishments/Successes

State progress made, accomplishments achieved and/or any activities conducted in this section. Also include any qualifiable information, such as number of clients served, related to the topics of progress, accomplishment or success.

C. Difficulties/Barriers Experienced

Describe any problems that have been encountered while implementing the objectives.

D. Plan of Correction

State strategy or method to be used to address and correct the difficulties/barriers identified.

III. Additional Activities

In this section, list any special activities that occurred during this period which you would like to report on. Also describe any aspects of your program which are different from those which were originally proposed. Discuss evolving needs of your target population which have not previously been discussed.

IV. Evaluation

Discuss how your agency is evaluating services provided and how it is monitoring the achievement of all activities by the person responsible according to the timetable originally identified in your Work Plan.

V. Technical Assistance Reports

List any concerns or issues for which assistance is needed from the Ohio Department of Health's Primary Care and Rural Health Program.

VI. Required Program Report Attachments:

Please note: ALL required attachments specified in the Request for Proposals must be received by ODH by the semi-annual program report's due date.

Appendix #3

Instructions for Submitting Program Reports via GMIS

1. Log on to your GMIS account.
2. You will see the Welcome screen.
3. Choose the **Program Report** option.
4. Select the appropriate **Available Report Period**.
5. Click the **Get Information** button.
6. The screen will display the **Subgrantee Program Report** form. This form will display three boxes with questions and text boxes. In the first text box, **I. Comparison of actual accomplishments to the objectives required by the Request for Proposals (RFP)** type a response which indicates that you are submitting the program report with this report (for example, "Program Quarterly Activity Reports for second half FY07 are being submitted on 4/12/07.") You do not need to enter a message in all of the text boxes, just the first one.
7. Scroll down to the bottom and click on **Save Changes**.
8. Then click on **Add Attachments**.
9. An e-mail message box will come up. Scroll down to the **Add New Comments** section. Type in a message indicating that you are submitting your program report.
10. Next to the Attachment box, click on the **Browse** button.
11. Find your saved program report document on your hard drive.
12. Double click on the file name and the file name will appear in the Attachment box on the Add New Comments screen.
13. Click the **Add Comments** button at the bottom of the page.
14. You should get a message that says "Please wait. Sending E-mail. This may take a few minutes."
15. This should be followed by message that says "E-mail Sent Successfully!"
16. If you wish to send another attachment (with optional forms), click on the box that says "Send Another E-mail" and attach your document to this e-mail.
17. If no other attachments are needed, click on **Close**.
18. You should then be back at the **Subgrantee Program Report** screen. Go to the bottom of this page and click on **Save Changes**. Then click on the **Submit Program Report** button. You should get a message box that says "The Program Report has been successfully Submitted!"
19. You are then finished.

If you have any questions or problems, please contact Pam Hunt, Rural Health Coordinator, at (614) 995-5556 or via e-mail at pam.hunt@odh.ohio.gov.