

OHIO DEPARTMENT OF HEALTH

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BOB TAFT
Governor

J. NICK BAIRD, M.D.
Director of Health

Date: January 30, 2006

To: Prospective *Second Chance Trust Fund* Applicants

From: Barbara Madden-Petering, Deputy Assistant Director ^{BMP}
Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Year 2007
(July 1, 2006-June 30, 2007) Second Chance Trust Fund

The Ohio Department of Health (ODH), Office of the Assistant Director, announces the availability of grant funds to support the Second Chance Trust Fund.

The RFP will be posted on the ODH Web (http://www.odh.ohio.gov/about/grants/grant_sect.asp) page on **Wednesday, February 1, 2006**. The deadline date for the letter of Intent to Apply for Funding is **Monday, March 6, 2006**.

The grant application must be submitted through Grants Management Information System. Any documents that need to be mailed are due by **Monday, April 3, 2006**.

Enclosure

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Office of the Assistant Director



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)

<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> 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 and I will contact you
_____ No - Our agency has already had GMIS training

Mail, E-mail, or Fax To:

Debra Smith
Ohio Department of Health
Second Chance Trust Fund
246 N. High Street
P.O. Box 118
Columbus, Ohio 43215-0118
E-mail: sctf@odh.ohio.gov
Fax: (614) 644-0085

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY March 6, 2006



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

SECOND CHANCE TRUST FUND

REQUEST FOR PROPOSALS (RFP)

FOR

FISCAL YEAR 2007

07/01/06-06/30/07

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

Table of Contents

I. <u>APPLICATION SUMMARY and GUIDANCE</u>	
A. Policy and Procedure	1
B. Application Name	1
C. Purpose	1
D. Qualified Applicants	2
E. Service Area	2
F. Number of Grants and Funds Available	2
G. Due Date	3
H. Authorization	3
I. Goals	3
J. Program Period and Budget Period	3
K. Local Health Districts Improvement Standards	3
L. Public Health Impact Statement	3
M. Appropriation Contingency	3
N. Programmatic, Technical Assistance & Authorization for Internet Submission	3
O. Acknowledgment	4
P. Late Applications	4
Q. Successful Applicants	4
R. Unsuccessful Applicants	4
S. Review Criteria	4
T. Freedom of Information Act	5
U. Ownership Copyright	5
V. Reporting Requirements	5
W. Special Condition(s)	6
X. Unallowable Costs	7
Y. Audit	7
Z. Submission of Application	7
II. <u>APPLICATION REQUIREMENTS AND FORMAT</u>	
A. Application Information	8
B. Annual Assurances	9
C. Budget	9
D. Budget Certification	10
E. Program Narrative	10
F. Attachments	11
G. Electronic Funds Transfer (EFT) Form	11
H. Internal Revenue Service (IRS) W-9 Form	11
I. Public Health Impact Statement Summary	11
J. Public Health Impact/Response Statement	11
K. Liability Coverage	11
L. Non-Profit Organization Status	11
M. Attachments as Required by Program	11
III. <u>APPENDICES</u>	
1. Anatomical Gift Family Survey – Ohio Statewide Survey	attached
2. Executive Summary Graphs and Materials	attached
3. November 2004 thru November, 2005	attached
4. Program Quarterly Status Report	attached
5. RFP Review Criteria	attached
IV. <u>ATTACHMENTS</u>	
1. Instructions for submitting attachments via GMIS	

2. Instructions for submitting program reports via GMIS

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 Sub grantee 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: Second Chance Trust Fund Program

C. Purpose:

The Second Chance Trust Fund (SCTF) works to help solve the critical shortage of organ, eye and tissue donors through education and awareness efforts. The fund is supported by a voluntary \$1 donation made when a person obtains or renews an Ohio driver’s license or state identification card from the Bureau of Motor Vehicles (BMV). This voluntary contribution supports donation education efforts in the State of Ohio to reach students, medical professionals and the general public.

The purpose is to identify and address those project(s) that focus (es) on supporting organ, eye and tissue donation in Ohio and satisfy one or more of the following:

1. Development and implementation of public education programs which may include workplace partnerships and initiatives about anatomical donation, resulting in a decrease in the number of Ohio citizens who are undecided about anatomical donations. The Second Chance Trust Fund Advisory Committee encourages the applicant to address promoting education and awareness among:
 - Local Health Departments
 - Minority donation, minority communities, and/or urban areas
 - Counties below 47% of donor registrants
 - Increase donor registry participants in the over 45 age group
2. Development and implementation of campaigns that explain and promote the Ohio Donor Registry in all 88 counties in Ohio. (Refer to Attachment 3).
3. Development and implementation of campaigns that explain and promote anatomical donation and the Second Chance Trust Fund to residents of all 88 counties in Ohio. (Refer to Attachment 3)

4. Development and implementation of programs to recognize donor families resulting in increased volunteerism, sustained relationships between donors and procurement organizations and increased public acknowledgement of donors.
5. Development and implementation of hospital training programs to encourage and facilitate compliance with state and federal regulations, resulting in a decrease in the disparity between the number of deaths and the number of anatomical donation referrals.

For additional support information please reference the Anatomical Gift Family Survey-Ohio Statewide Survey-(Attachment 1) and the Executive Summary Graphs and Materials (Attachment 2).

All sub grantees must integrate the “Be a Hero” campaign into any printed and/or written materials.

All sub grantees will be required to attend the annual Second Chance Trust Fund Conference in the fall following the completion of their grant period to present the project and findings. Travel will not be reimbursed. A written abstract will also be required to be submitted before the conference is held. Applicants receiving notification of a grant award will be required to submit a biographical data form and resume for each person who will be presenting at the SCTF Grant Conference.

D. Qualified Applicants:

To include all Ohio-based:

- Public agencies
- Non-profit e.g. 501(C) (3) agencies concerned with or having an interest in increasing anatomical gifts (IRS documentation of non-profit status required).
- Not-for-profit hospitals
- 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:

Special attention will be given to statewide projects, although service area may be local if proposal is for a pilot study. Total service area must be defined in any case.

F. Number of Grants and Funds Available:

The total grant funding will be approximately \$400,000. Up to 16 grants may be awarded. Those that exceed \$100,000 will be reviewed with greater scrutiny and with an expectation of a greater statewide impact on outcomes and/or increasing donations. 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:

The due date for a Letter of Intent is Monday, March 6, 2006.

The due date for the electronic submission of application is Monday, April 3, 2006.

Applications including any mailed forms and required attachments are due by **Monday, April 3, 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.

Contact Debra Smith at 1-614-644-8492 with any questions.

H. Authorization:

Authorization of funds for this purpose is contained in Section 2108.15 of the Ohio Revised Code and AM Sub HB66.

I. Goals:

See #1-5 above

J. Program Period and Budget Period:

The program and budget period is from July 1, 2006 to June 30, 2007.

K. Local Health Districts Improvement Standards: not applicable

L. Public Health Impact Statement: not applicable

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 Debra Smith, debra.smith@odh.ohio.gov, 1-614-644-8492

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 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 April 3, 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. Applicants 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.

The Ohio Department of Health will make the final determination and selection of successful/unsuccessful applicants and reserved 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. 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 must clearly state:

Funded by Ohio Department of Health
Second Chance Trust Fund

V. Reporting Requirements:

Successful applicants are required to submit sub grantee 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:** Sub grantee Program Reports must be completed and submitted via the Internet by the following dates: October 15, 2006, January 15, 2007, April 15, 2007 and July 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 Sub grantee Final Expense Report. The Sub grantee Final Expense Report serves as invoice to return unused funds.

Submission of Sub grantee 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. **Sub grantee Program Expenditure Reports:** Sub grantee Program Expenditure Reports **must** be completed and submitted **via the Internet** by the following dates: October 15, 2006, January 15, 2007, April 15, 2007 and July 15, 2007.

Submission of Sub grantee 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 acknowledgment and acceptance of GAPP rules and regulations.

3. **Final Expense Reports:** A sub grantee 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 August 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 Sub grantee Final Expense Report. The Sub grantee Final Expense Report serves as invoice to return unused funds.

Submission of the Sub grantee 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 Sub grantee Final Expense Report. At least once every two years, inventory must be physically inspected by the sub grantee. 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 sub grantee's first payment. The 30-day time period, in which the sub grantee 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; and
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.

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.

Sub grantees 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.

Sub grantees 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 addition audit requirements.

Z. Submission of Application:

The **Internet application submission** must consist of the following:

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
6. Attachments as required by Program - NONE

Complete and submit via internet

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 and
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**)
3. Letters of Collaboration (**if partnering with other groups to do project**)

Copy and
mail to
ODH

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

1. Liability Coverage (Non-Profit Organizations only)
2. Evidence of Non-Profit Status (Non-Profit Organizations 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 one (1) copy of Attachments (non-Internet compatible) as required by Program - none

Complete,
copy and
ma

Complete,

Mail documents to:

Ohio Department of Health

Grants Administration

Central Master Files, 4th Floor

246 N. High Street

Columbus, OH 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. Application 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 sub grantee must submit the "Federal and State Assurances for Sub grantees" form. This form is submitted automatically with each application via the Internet.

C. Budget: Prior to completion of the budget section, please review page six (6) 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. **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 07/01/06 to 06/30/07.

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 sub grantee 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:** 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.

F. Attachment(s): Attachments are documents deemed necessary to the application that are not a part of the GMIS systems. 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 April 3, 2006.

- 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 EFT 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:** not applicable
- J. Public Health Impact Response/Statement:** not applicable
- 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)**.
- 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(c)(3) exempt status (Non-Profit Organizations only).

III. APPENDICES

1. Anatomical Gift Family Survey – Ohio Statewide Survey
2. Executive Summary Graphs and Materials
3. January 2005 thru December 2005 County License/Donor Registry Report
4. Program Quarterly Status Report
5. RFP Review Criteria

Ohio Department of Health
Second Chance Trust Fund

Anatomical Gift Family Survey
Ohio Statewide Survey
January – February 2001

Report

Volume 1

Prepared by:

Kimberly Downing, Ph.D.
Institute of Policy Research
University of Cincinnati

April 2001

Executive Summary

The University of Cincinnati's Institute for Policy Research (IPR) conducted this research for the Ohio Department of Health and Second Chance Trust Fund. The Anatomical Gift Family Survey was conducted with a representative sample of adult residents in four regions of Ohio during January and February 2001. The primary purpose of the survey was to gather information about Ohioans' attitudes, knowledge and awareness of organ, tissue and eye donation.

Two thousand one hundred eighteen (2,118) randomly selected Ohio adults were interviewed. Interviews were conducted by telephone between January 11 and February 12, 2001, by a centrally supervised interviewing staff at the Institute for Policy Research. The sampling error for the survey is 2.2 percent.

The major conclusions that can be drawn from this study include:

Attitudes Toward Organ Donations

- Most Ohioans (89 to 92 percent) say they are positive toward the donation of human organs, human tissue and human eyes for transplant.
- Three-fourths of Ohio adults would want to have one or more of their organs donated for a patient in need of an organ transplant.
 - African-American residents, those who did not complete high school and those with a disability or chronic health problem are more likely than other Ohioans to not want to donate an organ.
 - Forty-two percent of Ohio residents are committed donors. Committed donors are characterized by their desire to have their organs transplanted after death. They have also signed their driver's license or an organ donor card and have verbally discussed their intentions with their family.
- Ohioans want to donate their organs because they want "to help someone", "to save someone's life", "to give someone a second chance" and because they "won't need the organs" after they die.
- Residents who do not want to donate their organs most frequently say their "organs are not useful" or that they are "too old" or "too ill".

Attitudinal Drivers of Organ Donation

- Most Ohio residents say two items are most important when making a decision about organ donation:

- The need of sick people for healthy organs
- The possibility that some day you or someone you love may need an organ transplant.
- A substantial majority of Ohioans agree with the following statements about organ donation:
 - Organ donations allow something positive to come from a death.
 - Everything medically possible will be done to save a person's life before that person's organs are donated to transplant.
 - Most people who receive transplanted organs have an improved quality of life.

Indicated Willingness for Organ Donation

- Fifty-nine percent of Ohioans have granted written permission for organ donation on their driver's license or signed a donor card.
 - However, not all Ohioans who wish to donate their organs have indicated their willingness on their driver's license or on a donor card. More than one-in-five Ohioans who wish to donate their organs have not granted permission on their driver's license or donor card.
 - Ohioans 45 years of age or younger, those who attended college, males and those without a disability or chronic health problem are most likely to have granted written permission for organ donation.
 - Residents 65 years of age or older, African Americans, those who did not complete high school and those with a disability or chronic health condition are least likely to have granted written permission for organ donation.
- Fifty-four percent of Ohioans have discussed with their family their personal wishes about organ donation.
 - However, not all Ohioans who wish to donate their organs have discussed their wishes with their family. More than one-third of Ohio adults who wish to donate their organs have not discussed their personal wishes with their family.
 - Spouses or partners are the family members most frequently talked to about the respondents' personal wishes for organ donation.
 - People give several different reasons for not discussing their wishes with family members; they "never thought about it", they "don't talk about death" and the "topic never came up".

Family Members Discussed Wishes for Organ Donation

- Thirty-seven percent of Ohioans say a family member has discussed their personal wishes about organ donation with them.
 - Organ donors are more likely than non-donors to say a family member has discussed their personal wishes with them.
- A majority of Ohio residents would be likely to donate a family member's organs after their death even if they had not discussed organ donation with the family member.
 - Donors are much more likely than non-donors to say they would donate a family member's organs upon death.
- Most Ohioans (95 percent) say they would be likely to donate a family member's organs if the family member had requested their organs be donated.
- Most residents with children younger than 18 years of age in their household have not discussed the issue of organ donation. Sixteen percent of residents with children in their household have discussed the issue of organ donation with their children.
 - Most residents who have discussed the issue of organ donation with the children in their household are likely to have discussed their personal wishes about whether or not they would want their organs donated after their death.
 - Less than one-third of residents who have discussed the issue of organ donation with their children say they have made a decision about the donation of their children's organs.
- A majority of Ohio residents (87 percent) say they are positive to the idea of children learning about the issue of organ donation in school.

Permission for Organ Donation and Individual Wishes for Organ Donation

- One-half of Ohio residents think a signed organ donor card is all the permission required for a person's organs to be donated. Donors are more likely than non-donors to say this.
- A substantial majority of Ohioans (81 percent) believe the wishes of an individual to donate their organs should be carried out regardless of the family's feelings.

Ohio Registry for Organ Donation

- A majority of Ohio residents (57 percent) support having a registry with only willing donors. Forty percent say the registry should have all names so that individual wishes

will be known.

- A substantial majority of Ohioans (81 percent) believe the wishes of an individual to donate their organs should be carried out regardless so the family's feelings.
- Three-fourths of Ohio residents agree that the wishes of those listed in the registry should take precedence over the wishes of the individual's next-of-kin. Twenty-two percent disagree.

Allocation Options for Donated Organs

- Ohioans vary in their opinions regarding the allocation priorities of donated organs:
 - Thirty-eight percent think organs should be allocated to “the patient with the best chance of survival”, 25 percent think organs should be allocated to “the patient on the transplant waiting list the longest”, and 23 percent think organs should be allocated to “the sickest person”.

Awareness of Organ Donation Information

- Most Ohioans (90 percent) have heard or read about organ, tissue or eye donation.
- A majority of residents have been exposed to information about organ donation in the past year.
 - Residents 30 to 64 years of age, residents who attended college, those from upper-income households, married residents and organ donors are more likely than other Ohioans to have heard or read about organ, tissue or eye donation in the past year.
 - African-American residents, those from lower-income households, residents who did not attend college and non-donors are less likely to have heard about organ, tissue or eye donation in the past year.
- Ohio residents have heard or read “stories about people who donated or needed an organ”, messages about the importance of organ donation and how donation “saves lives” and information about a specific type of anatomical donation.
- Ohioans most often recall hearing or reading about organ, tissue or eye donation when renewing or receiving their driver's license (70 percent). Public service announcements or advertisements on TV were the second most frequently mentioned information source (53 percent).

More or Less Willing to Donate if Incentives Were Available

- A majority of Ohioans say incentives would not make a difference in their decision to donate a loved one's organs. Receiving a higher place on an organ transplant waiting list (24 percent) and having money applied to medical or funeral expenses (14 percent) were the incentives mentioned by more than 10 percent of the Ohio residents surveyed.

Personally Know an Organ Donor or Recipient

- Thirty-nine percent of Ohio residents personally know someone who has donated or received an organ.

Heard About the Second Chance Trust Fund

- Most Ohioans have not heard about the Second Chance Trust Fund of Ohio.

Ohio Department of Health
 Second Chance Trust Fund
 Anatomical Gift Family Survey
 January – February 2001

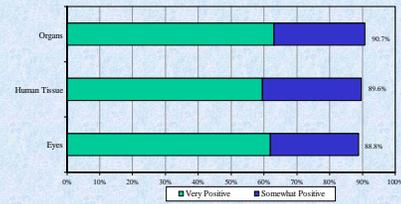
Institute for Policy Research
 University of Cincinnati

Ohio Department of Health
 Second Chance Trust Fund
 Anatomical Gift Family Survey

- Interviews were conducted by telephone between January 11 and February 12, 2001.
- 2,118 Ohio adults were interviewed. Approximately 500 randomly selected households in each of four regions were interviewed.
- The potential sampling error for the survey is ± 2.2 percent.

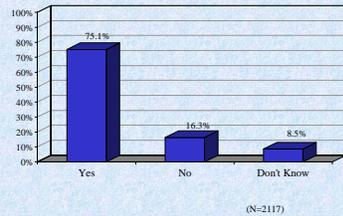
Attitude Toward Organ Donations

Q7, 8 and 9: "How would you describe your attitude toward the donation of organs, tissue or eyes for transplant . . . ?"

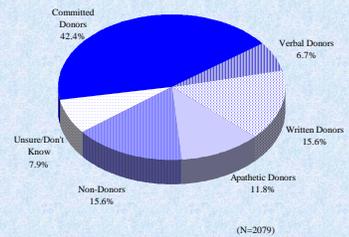


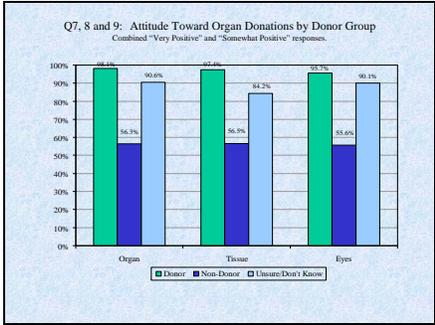
Slide 5

Q10: "Generally speaking, would you want to have one or more of your organs donated for a patient in need of an organ transplant if you were to die?"



Q10, 14a and 16: Donor Groups





Q11: "What is the main reason you want to have your organs, tissue or eyes donated?"
 (Asked only of respondents who answered "Yes" to Question 10.)

- To Help Someone (34.7%)
- I Won't Need Them (24.2%)
- To Save Someone's Life (19.3%)
- Give Someone a Second Chance (5.0%)

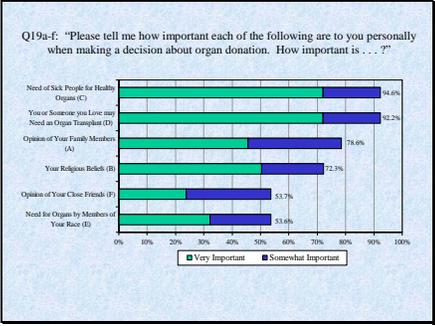
Q12: "What is the main reason you would not want your organs, tissue or eyes donated?"
 (Asked only of respondents who answered "No" to Question 10.)

- Organs not Useful/Too old, Ill (28.3%)
- Religious Reasons (12.4%)
- Want to Keep Organs (10.2%)

Q13: "What is the main reason you are unsure about organ donations?"
 (Asked only of respondents who answered "Don't Know" to Question 10.)

- Never Thought About it (34.7%)
- Organs not Useful (10.0%)

Attitudinal Drivers of Organ Donation



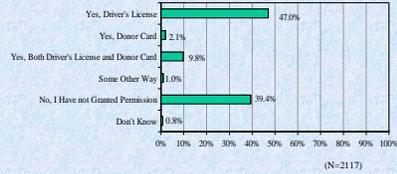
Q20: "Do you agree or disagree with the following statements . . . ?"
 (Percent who "agree.")

- Organ Donations Allow Something Positive to Come From a Death (93.0%)
- Everything Possible Will be Done to Save Life of Donor (88.4%)
- Transplant Recipients Have an Improved Quality of Life (86.2%)
- Organ Transplants are Successful (74.0%)
- Organ Donations Help Families Cope With Grief (71.8%)

Indicate Willingness for Organ Donation

Donor Card or Driver's License
 Talked with Others

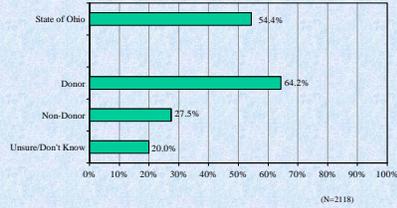
Q14a: "Have you granted permission for organ donation on your driver's license, signed a donor card, or in some other way have you granted permission for organ donation?"



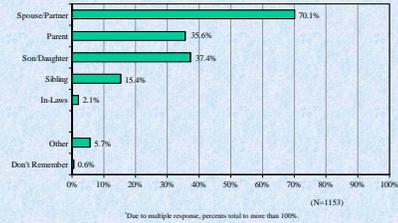
Q15: "What is the main reason you have not indicated your willingness to grant permission for organ donation?"
 (Asked only of respondents who answered "No/Don't Know" to Question 14a.)

- Organs not Useful/Too old, Ill (17.6%)
- Haven't Thought About it (13.8%)
- Don't Want to Donate (13.0%)
- Just Haven't/Don't Know How (9.5%)
- Undecided/No Reason (8.7%)

Q16: "Have you ever discussed with your family your personal wishes about whether or not you would want your organs donated to other people that need them after your death?"
 (Percent responding "Yes.")



Q17: "Who, in your family, have you discussed your personal wishes about whether or not you would want your organs donated to other people that need them after your death?"
 (Asked only of respondents who answered "Yes" to Question 16.)



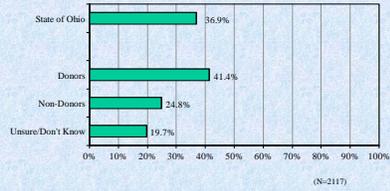
Q18: "What is the main reason you have not discussed your wishes about organ donation with your family?"

- Topic Doesn't Come up (30.2%)
- Don't Talk About Death (20.0%)
- Never Thought About it (14.2%)

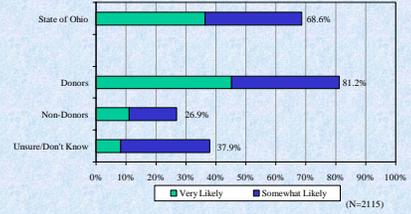
Family Members Discussed Wishes for Organ Donation

Q22: "Has any member of your family discussed their personal wishes about organ donation with you?"

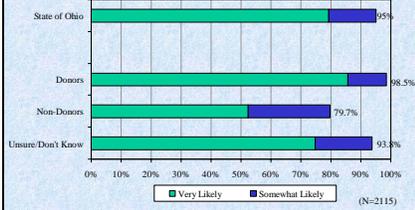
Percent responding "Yes."



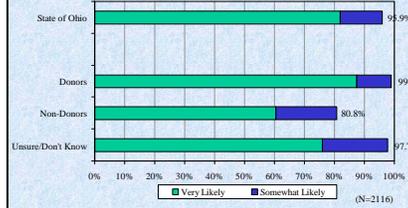
Q23: "Even if you had not discussed organ donation with a family member, how likely would you be to donate their organs upon death?"

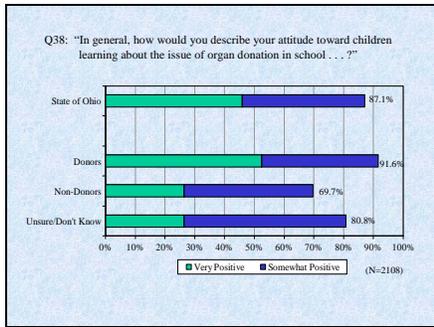
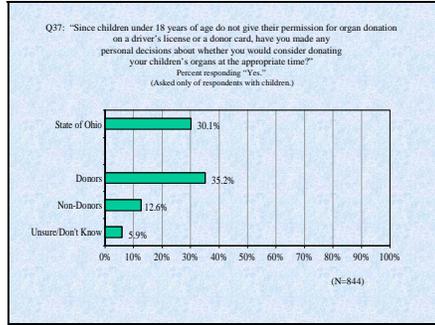
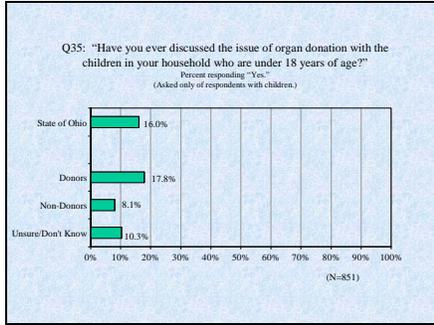


Q24: "If in a discussion with you, a family member had requested that their organs be donated upon death, how likely would you be to donate their organs at the appropriate time?"

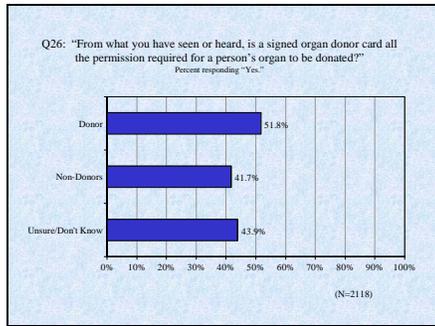
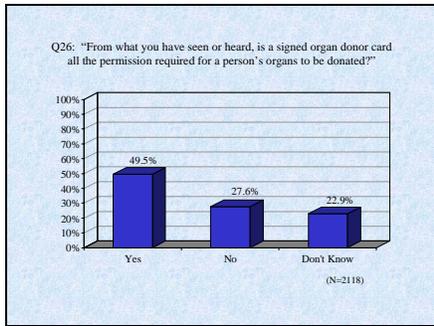


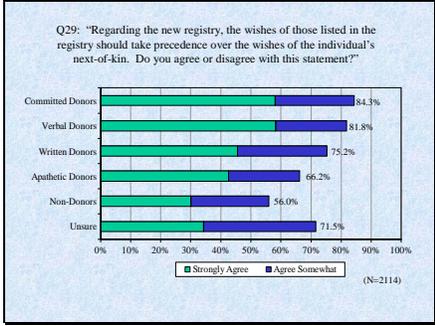
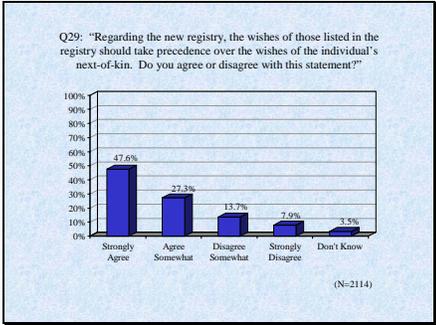
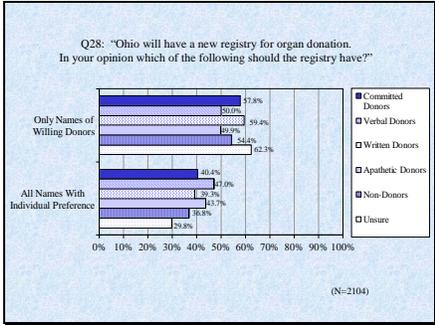
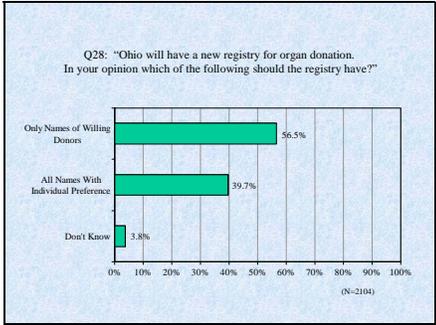
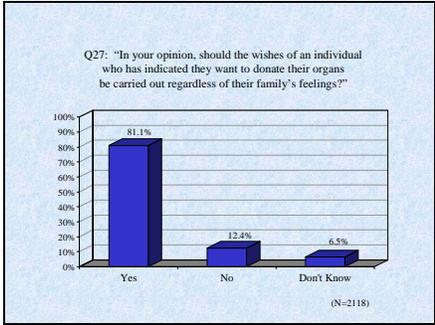
Q25: "If a family member had signed an organ donor card or registered to be a donor, how likely would you be to donate their organs at the appropriate time?"



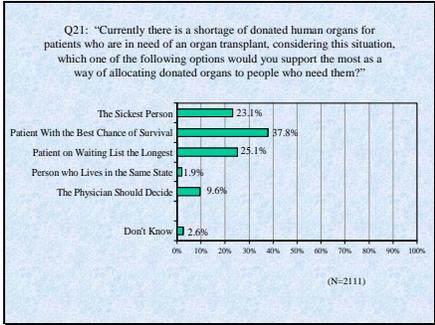


Individual Wishes for Organ Donation
Ohio Registry for Organ Donation

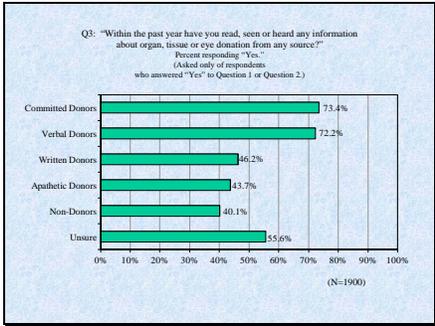
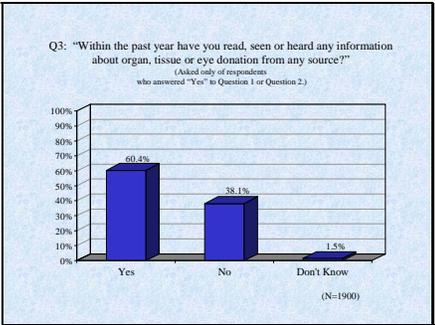
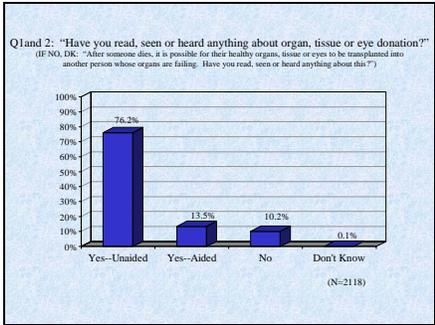




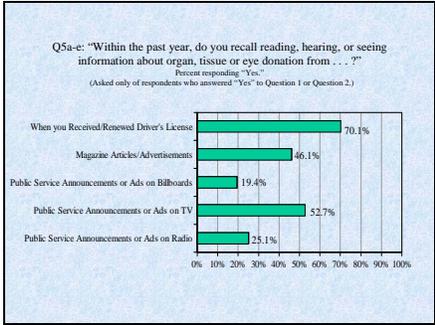
Allocation Options for Donated Organs



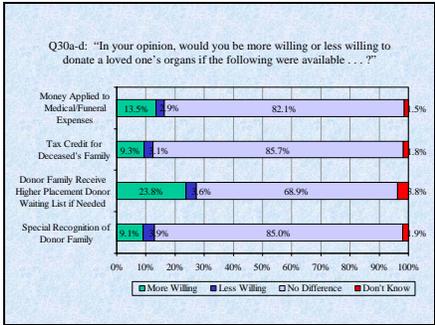
Awareness of Organ Donation Information



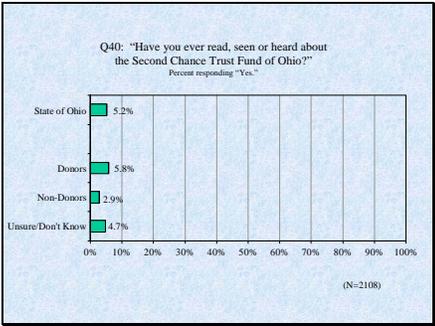
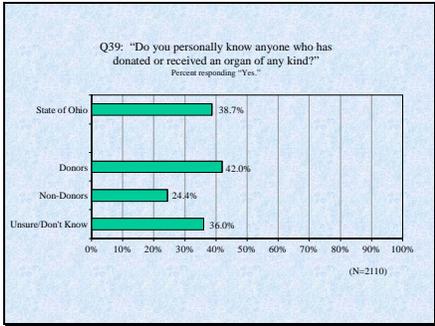
- Q4: "What information do you recall reading, hearing or seeing about organ, tissue or eye donation?"
(Asked only of respondents who answered "Yes" to Question 3.)
- Story About People who Need/Donate Organ (16.2%)
 - Important/Saves Lives (16.1%)
 - Specific Type of Donation/Organ, Tissue, Eye (11.0%)
 - Through Mass Media (10.7%)
 - Organ Shortage/People Need Organs (8.7%)
 - Procedure How to Donate (7.5%)
 - At BMW (7.3%)
 - Don't Know (17.5%)



More or Less Willing to Donate if Incentives Were Available



Personally Know Anyone who has Donated or Received an Organ
Heard About the Second Chance Trust Fund



Percentage of Registrations in ODR between July 1, 2002 and November 30, 2005

Ohio Donor Registry Statewide Registration Percent

County	Percent	County	Percent
Adams	34.9	Logan	51.7
Allen	50.3	Lorain	50.8
Ashland	55.4	Lucas	47.1
Ashtabula	50.4	Madison	51.4
Athens	50.1	Mahoning	39.8
Auglaize	45.7	Marion	48.8
Belmont	40.1	Medina	53.3
Brown	37.1	Meigs	42.6
Butler	50.4	Mercer	56.8
Carroll	42.1	Miami	46.5
Champaign	50.4	Monroe	39.2
Clark	47.7	Montgomery	47
Clermont	52.2	Morgan	44.2
Clinton	48.1	Morrow	49.1
Columbiana	47.1	Muskingum	52.3
Coshocton	48.2	Noble	44.3
Crawford	49.9	Ottawa	51.7
Cuyahoga	43.3	Paulding	47.9
Darke	48.4	Perry	42.2
Defiance	55.9	Pickaway	46.5
Delaware	61	Pike	36.6
Erie	54.2	Portage	52.6
Fairfield	53.2	Preble	49.6
Fayette	42	Putnam	56
Franklin	51.4	Richland	50.2
Fulton	53.7	Ross	47.5
Gallia	38.6	Sandusky	50.7
Geauga	55.2	Scioto	35.9
Greene	51.2	Seneca	52.9
Guernsey	46.4	Shelby	50
Hamilton	51.2	Stark	48.7
Hancock	54.5	Summit	50.6
Hardin	42.8	Trumble	42.9
Harrison	38.8	Tuscarawas	49
Henry	49.4	Union	53.5
Highland	42	Van Wert	53.1
Hocking	42	Vinton	39
Holmes	44	Warren	55.9
Huron	54.2	Washington	46.1
Jackson	37	Wayne	54.4
Jefferson	39.1	Williams	55
Knox	54.9	Wood	58.7
Lake	51.4	Wyandot	50.8
Lawrence	40.1		
Licking	52.4	State Average	48.9

County	Agency	Age Groups	July 2002 through November 2005						Total Issues	Total Issues	Percentage	Online Donors	Online Removals
			Male Issues	Male Donors	Percentage	Female Issues	Female Donors	Percentage					
1	ADAMS	<18	574	239	41.6	586	296	50.5	1,160	535	46.1	0	0
		18-29	2,064	693	33.5	2,076	969	46.6	4,140	1,662	40.1	1	0
		COUNTY TOTALS	2,654	841	31.6	2,555	1,105	43.2	5,209	1,946	37.3	0	0
		46-64	2,752	832	30.2	2,610	944	36.1	5,362	1,776	33.1	0	0
		65+	1,431	311	21.7	1,392	295	21.1	2,823	606	21.4	0	0
		TOTAL	9,475	2,916	30.7	9,219	3,609	39.1	18,694	6,525	34.9	1	0
2	ALLEN	<18	3,567	2,052	57.5	3,480	2,271	65.2	7,047	4,323	61.3	0	0
		18-29	10,404	5,461	52.4	9,614	6,152	63.9	20,018	11,613	58	3	0
		COUNTY TOTALS	11,467	5,345	46.6	11,656	6,923	59.3	23,123	12,268	53	7	1
		46-64	12,041	5,339	44.3	12,147	6,416	52.8	24,188	11,755	48.5	2	0
		65+	5,954	1,971	33.1	7,580	2,364	31.1	13,534	4,335	32	0	0
		TOTAL	43,433	20,168	46.4	44,477	24,126	54.2	87,910	44,294	50.3	12	1
3	ASHLAND	<18	1,249	789	63.1	1,191	783	65.7	2,440	1,572	64.4	1	0
		18-29	3,962	2,485	62.7	3,813	2,680	70.2	7,775	5,165	66.4	0	0
		COUNTY TOTALS	4,556	2,338	51.3	4,680	3,031	64.7	9,236	5,369	58.1	1	0
		46-64	5,211	2,529	48.5	5,245	3,053	58.2	10,456	5,582	53.3	1	0
		65+	2,924	1,088	37.2	3,361	1,277	37.9	6,285	2,365	37.6	0	0
		TOTAL	17,902	9,229	51.5	18,290	10,824	59.1	36,192	20,053	55.4	3	0
4	ASHTABULA	<18	2,455	1,344	54.7	2,381	1,541	64.7	4,836	2,885	59.6	0	0
		18-29	7,743	4,268	55.1	7,166	4,666	65.1	14,909	8,934	59.9	2	0
		COUNTY TOTALS	10,205	4,841	47.4	10,076	5,967	59.2	20,281	10,808	53.2	2	0
		46-64	11,185	4,971	44.4	10,944	5,700	52	22,129	10,671	48.2	0	0
		65+	5,723	1,960	34.2	6,549	2,254	34.4	12,272	4,214	34.3	0	0
		TOTAL	37,311	17,384	46.5	37,116	20,128	54.2	74,427	37,512	50.4	4	0
5	ATHENS	<18	1,290	662	51.3	1,247	781	62.6	2,537	1,443	56.8	0	0
		18-29	7,858	4,530	57.6	7,360	4,905	66.6	15,218	9,435	61.9	6	0
		COUNTY TOTALS	5,226	2,074	39.6	4,877	2,573	52.7	10,103	4,647	45.9	0	0
		46-64	4,817	1,897	39.3	4,712	2,205	46.7	9,529	4,102	43	0	0
		65+	1,816	502	27.6	2,167	621	28.6	3,983	1,123	28.1	0	0
		TOTAL	21,007	9,665	46	20,363	11,085	54.4	41,370	20,750	50.1	6	0
6	AUGLAIZE	<18	914	454	49.6	800	458	57.2	1,714	912	53.2	0	0
		18-29	3,240	1,760	54.3	2,917	1,846	63.2	6,157	3,606	58.5	2	0
		COUNTY TOTALS	4,499	1,991	44.2	4,279	2,361	55.1	8,778	4,352	49.5	2	1
		46-64	4,611	1,887	40.9	4,432	2,089	47.1	9,043	3,976	43.9	0	0
		65+	2,546	674	26.4	3,002	771	25.6	5,548	1,445	26	0	0
		TOTAL	15,810	6,766	42.7	15,430	7,525	48.7	31,240	14,291	45.7	4	1
7	BELMONT	<18	1,742	764	43.8	1,650	861	52.1	3,392	1,625	47.9	0	0
		18-29	5,875	2,751	46.8	5,683	3,170	55.7	11,558	5,921	51.2	0	0
		COUNTY TOTALS	7,550	2,913	38.5	7,531	3,853	51.1	15,081	6,766	44.8	1	0
		46-64	8,780	2,977	33.9	8,672	3,654	42.1	17,452	6,631	37.9	1	0
		65+	4,815	1,101	22.8	5,630	1,220	21.6	10,445	2,321	22.2	0	0
		TOTAL	28,762	10,506	36.5	29,166	12,758	43.7	57,928	23,264	40.1	2	0

County	Agency	Age Groups	July 2002 through November 2005						Total Issues	Total Issues	Percentage	Online Donors	Online Removals	
			Male Issues	Male Donors	Percentage	Female Issues	Female Donors	Percentage						
8	BROWN	<18	635	267	42	639	354	55.3	1,274	621	48.7	0	0	
		18-29	2,600	995	38.2	2,608	1,300	49.8	5,208	2,295	44	1	0	
		COUNTY TOTALS	30-45	3,773	1,200	31.8	3,688	1,697	46	7,461	2,897	38.8	0	0
		46-64	3,947	1,275	32.3	3,833	1,538	40.1	7,780	2,813	36.1	0	0	
		65+	2,107	508	24.1	2,129	505	23.7	4,236	1,013	23.9	0	0	
		TOTAL	13,062	4,245	32.4	12,897	5,394	41.8	25,959	9,639	37.1	1	0	
9	BUTLER	<18	4,977	2,844	57.1	4,852	3,077	63.4	9,829	5,921	60.2	0	0	
		18-29	21,275	11,372	53.4	20,927	13,317	63.6	42,202	24,689	58.5	6	0	
		COUNTY TOTALS	30-45	25,892	12,240	47.2	26,081	15,380	58.9	51,973	27,620	53.1	11	0
		46-64	23,677	10,496	44.3	24,849	12,616	50.7	48,526	23,112	47.6	2	0	
		65+	10,574	3,397	32.1	13,122	4,148	31.6	23,696	7,545	31.8	2	0	
		TOTAL	86,395	40,349	46.7	89,831	48,538	54	176,226	88,887	50.4	21	0	
10	CARROLL	<18	580	285	49.1	591	334	56.5	1,171	619	52.8	0	0	
		18-29	1,814	821	45.2	1,746	1,021	58.4	3,560	1,842	51.7	0	0	
		COUNTY TOTALS	30-45	2,566	1,016	39.5	2,589	1,399	54	5,155	2,415	46.8	0	0
		46-64	3,203	1,203	37.5	3,147	1,339	42.5	6,350	2,542	40	1	0	
		65+	1,904	523	27.4	1,949	520	26.6	3,853	1,043	27	0	0	
		TOTAL	10,067	3,848	38.2	10,022	4,613	46	20,089	8,461	42.1	1	0	
11	CHAMPAIGN	<18	798	457	57.2	818	573	70	1,616	1,030	63.7	0	0	
		18-29	2,766	1,523	55	2,498	1,691	67.6	5,264	3,214	61	1	0	
		COUNTY TOTALS	30-45	4,248	2,019	47.5	3,988	2,459	61.6	8,236	4,478	54.3	1	0
		46-64	4,671	2,081	44.5	4,276	2,248	52.5	8,947	4,329	48.3	1	0	
		65+	2,218	705	31.7	2,547	789	30.9	4,765	1,494	31.3	0	0	
		TOTAL	14,701	6,785	46.1	14,127	7,760	54.9	28,828	14,545	50.4	3	0	
12	CLARK	<18	2,987	1,762	58.9	2,863	1,863	65	5,850	3,625	61.9	0	0	
		18-29	11,344	5,761	50.7	10,788	6,749	62.5	22,132	12,510	56.5	2	0	
		COUNTY TOTALS	30-45	13,161	5,849	44.4	12,723	7,242	56.9	25,884	13,091	50.5	8	0
		46-64	13,727	5,640	41	14,200	7,034	49.5	27,927	12,674	45.3	2	0	
		65+	6,798	2,036	29.9	8,499	2,433	28.6	15,297	4,469	29.2	0	0	
		TOTAL	48,017	21,048	43.8	49,073	25,321	51.5	97,090	46,369	47.7	12	0	
13	CLERMONT	<18	6,547	3,613	55.1	6,645	4,083	61.4	13,192	7,696	58.3	0	0	
		18-29	16,436	8,504	51.7	15,564	9,529	61.2	32,000	18,033	56.3	7	0	
		COUNTY TOTALS	30-45	21,590	10,853	50.2	21,794	13,531	62	43,384	24,384	56.2	5	1
		46-64	20,022	9,287	46.3	19,645	10,524	53.5	39,667	19,811	49.9	2	0	
		65+	7,131	2,313	32.4	7,982	2,618	32.7	15,113	4,931	32.6	3	0	
		TOTAL	71,726	34,570	48.1	71,630	40,285	56.2	143,356	74,855	52.2	17	1	
14	CLINTON	<18	949	567	59.7	950	583	61.3	1,899	1,150	60.5	0	0	
		18-29	3,536	1,810	51.1	3,376	2,043	60.5	6,912	3,853	55.7	0	0	
		COUNTY TOTALS	30-45	4,391	1,984	45.1	4,264	2,400	56.2	8,655	4,384	50.6	2	0
		46-64	4,199	1,764	42	4,175	1,988	47.6	8,374	3,752	44.8	1	0	
		65+	1,834	584	31.8	2,178	642	29.4	4,012	1,226	30.5	0	0	
		TOTAL	14,909	6,709	44.9	14,943	7,656	51.2	29,852	14,365	48.1	3	0	

County	Agency	Age Groups	July 2002 through November 2005						Total Issues	Total Issues	Percentage	Online Donors	Online Removals	
			Male Issues	Male Donors	Percentage	Female Issues	Female Donors	Percentage						
15	COLUMBIANA	<18	2,630	1,405	53.4	2,577	1,582	61.3	5,207	2,987	57.3	0	0	
		18-29	8,500	4,451	52.3	7,718	4,900	63.4	16,218	9,351	57.6	1	0	
		COUNTY TOTALS	30-45	10,904	4,874	44.6	10,559	6,070	57.4	21,463	10,944	50.9	3	0
		46-64	12,165	4,979	40.9	11,863	5,803	48.9	24,028	10,782	44.8	0	0	
		65+	6,396	1,872	29.2	7,480	2,162	28.9	13,876	4,034	29	0	0	
		TOTAL	40,595	17,581	43.3	40,197	20,517	51	80,792	38,098	47.1	4	0	
16	COSHOCKTON	<18	867	517	59.6	853	589	69	1,720	1,106	64.3	0	0	
		18-29	2,895	1,619	55.9	2,574	1,743	67.7	5,469	3,362	61.4	1	0	
		COUNTY TOTALS	30-45	3,785	1,704	45	3,711	2,153	58	7,496	3,857	51.4	0	0
		46-64	4,185	1,764	42.1	4,083	1,921	47	8,268	3,685	44.5	0	0	
		65+	2,321	689	29.6	2,633	766	29	4,954	1,455	29.3	0	0	
		TOTAL	14,053	6,293	44.7	13,854	7,172	51.7	27,907	13,465	48.2	1	0	
17	CRAWFORD	<18	1,297	818	63	1,386	966	69.6	2,683	1,784	66.4	0	0	
		18-29	3,814	2,159	56.6	3,430	2,304	67.1	7,244	4,463	61.6	1	0	
		COUNTY TOTALS	30-45	4,905	2,283	46.5	4,620	2,763	59.8	9,525	5,046	52.9	1	0
		46-64	5,349	2,266	42.3	5,277	2,703	51.2	10,626	4,969	46.7	0	0	
		65+	2,970	928	31.2	3,619	1,126	31.1	6,589	2,054	31.1	0	0	
		TOTAL	18,335	8,454	46.1	18,332	9,862	53.7	36,667	18,316	49.9	2	0	
18	CUYAHOGA	<18	28,026	13,610	48.5	28,581	15,537	54.3	56,607	29,147	51.4	0	0	
		18-29	107,687	48,497	45	105,647	55,993	53	213,334	104,490	48.9	17	1	
		COUNTY TOTALS	30-45	140,881	60,559	42.9	141,132	72,283	51.2	282,013	132,842	47.1	36	1
		46-64	129,016	51,141	39.6	138,300	61,627	44.5	267,316	112,768	42.1	28	0	
		65+	61,599	17,131	27.8	82,263	21,405	26	143,862	38,536	26.7	2	0	
		TOTAL	467,209	190,938	40.8	495,923	226,845	45.7	963,132	417,783	43.3	83	2	
19	DARKE	<18	1,757	1,030	58.6	1,702	1,167	68.5	3,459	2,197	63.5	0	0	
		18-29	4,103	2,110	51.4	3,617	2,287	63.2	7,720	4,397	56.9	2	0	
		COUNTY TOTALS	30-45	5,008	2,228	44.4	4,965	2,876	57.9	9,973	5,104	51.1	1	0
		46-64	5,251	2,262	43	5,232	2,672	51	10,483	4,934	47	0	0	
		65+	2,982	878	29.4	3,546	983	27.7	6,528	1,861	28.5	0	0	
		TOTAL	19,101	8,508	44.5	19,062	9,985	52.3	38,163	18,493	48.4	3	0	
20	DEFIANCE	<18	1,898	1,232	64.9	1,827	1,359	74.3	3,725	2,591	69.5	0	0	
		18-29	3,956	2,307	58.3	3,471	2,363	68	7,427	4,670	62.8	2	0	
		COUNTY TOTALS	30-45	4,022	2,040	50.7	3,677	2,367	64.3	7,699	4,407	57.2	3	0
		46-64	4,075	1,964	48.1	3,708	2,078	56	7,783	4,042	51.9	1	0	
		65+	1,639	592	36.1	1,998	640	32	3,637	1,232	33.8	0	0	
		TOTAL	15,590	8,135	52.1	14,681	8,807	59.9	30,271	16,942	55.9	6	0	
21	DELAWARE	<18	5,085	3,781	74.3	5,238	4,239	80.9	10,323	8,020	77.6	0	0	
		18-29	6,613	3,954	59.7	6,078	4,263	70.1	12,691	8,217	64.7	3	0	
		COUNTY TOTALS	30-45	8,928	4,838	54.1	8,628	5,918	68.5	17,556	10,756	61.2	4	0
		46-64	7,746	4,030	52	7,287	4,409	60.5	15,033	8,439	56.1	6	0	
		65+	2,800	994	35.5	3,296	1,263	38.3	6,096	2,257	37	0	0	
		TOTAL	31,172	17,597	56.4	30,527	20,092	65.8	61,699	37,689	61	13	0	

County	Agency	Age Groups	July 2002 through November 2005						Total Issues	Total Issues	Percentage	Online Donors	Online Removals
			Male Issues	Male Donors	Percentage	Female Issues	Female Donors	Percentage					
22	ERIE	<18	1,728	1,129	65.3	1,805	1,293	71.6	3,533	2,422	68.5	0	0
		18-29	6,493	3,780	58.2	6,188	4,263	68.8	12,681	8,043	63.4	2	0
		COUNTY TOTALS	8,309	4,190	50.4	8,532	5,454	63.9	16,841	9,644	57.2	5	0
		46-64	9,661	4,703	48.6	9,645	5,383	55.8	19,306	10,086	52.2	1	0
		65+	4,886	1,874	38.3	5,664	2,041	36	10,550	3,915	37.1	1	0
		TOTAL	31,077	15,676	50.4	31,834	18,434	57.9	62,911	34,110	54.2	9	0
23	FAIRFIELD	<18	3,370	2,100	62.3	3,436	2,406	70	6,806	4,506	66.2	0	0
		18-29	9,751	5,596	57.3	9,317	6,305	67.6	19,068	11,901	62.4	7	0
		COUNTY TOTALS	12,557	6,091	48.5	13,184	8,350	63.3	25,741	14,441	56.1	8	1
		46-64	11,783	5,381	45.6	12,643	6,720	53.1	24,426	12,101	49.5	8	0
		65+	5,181	1,647	31.7	6,089	1,860	30.5	11,270	3,507	31.1	0	0
		TOTAL	42,642	20,815	48.8	44,669	25,641	57.4	87,311	46,456	53.2	23	1
24	FAYETTE	<18	810	372	45.9	737	414	56.1	1,547	786	50.8	0	0
		18-29	2,468	1,149	46.5	2,362	1,360	57.5	4,830	2,509	51.9	3	0
		COUNTY TOTALS	3,180	1,200	37.7	3,079	1,580	51.3	6,259	2,780	44.4	0	0
		46-64	3,159	1,103	34.9	3,249	1,417	43.6	6,408	2,520	39.3	1	0
		65+	1,573	396	25.1	1,899	469	24.6	3,472	865	24.9	0	0
		TOTAL	11,190	4,220	37.7	11,326	5,240	46.2	22,516	9,460	42	4	0
25	FRANKLIN	<18	20,890	11,569	55.3	20,897	13,068	62.5	41,787	24,637	58.9	0	0
		18-29	125,560	65,134	51.8	121,347	74,311	61.2	246,907	139,445	56.4	43	1
		COUNTY TOTALS	150,941	71,205	47.1	142,474	83,705	58.7	293,415	154,910	52.7	108	0
		46-64	110,139	50,917	46.2	116,301	62,171	53.4	226,440	113,088	49.9	67	5
		65+	39,171	13,629	34.7	50,908	17,055	33.5	90,079	30,684	34	8	0
		TOTAL	446,701	212,454	47.5	451,927	250,310	55.3	898,628	462,764	51.4	226	6
26	FULTON	<18	1,144	722	63.1	1,294	955	73.8	2,438	1,677	68.7	0	0
		18-29	2,812	1,662	59.1	2,705	1,890	69.8	5,517	3,552	64.3	0	0
		COUNTY TOTALS	3,632	1,784	49.1	3,941	2,517	63.8	7,573	4,301	56.7	1	0
		46-64	3,949	1,774	44.9	3,970	2,188	55.1	7,919	3,962	50	0	0
		65+	2,025	715	35.3	2,437	794	32.5	4,462	1,509	33.8	0	0
		TOTAL	13,562	6,657	49	14,347	8,344	58.1	27,909	15,001	53.7	1	0
27	GALLIA	<18	670	254	37.9	650	298	45.8	1,320	552	41.8	0	0
		18-29	2,458	962	39.1	2,407	1,235	51.3	4,865	2,197	45.1	0	0
		COUNTY TOTALS	2,860	1,076	37.6	2,906	1,376	47.3	5,766	2,452	42.5	0	0
		46-64	3,085	1,061	34.3	3,171	1,253	39.5	6,256	2,314	36.9	0	0
		65+	1,506	381	25.2	1,617	350	21.6	3,123	731	23.4	0	0
		TOTAL	10,579	3,734	35.2	10,751	4,512	41.9	21,330	8,246	38.6	0	0
28	GEAUGA	<18	2,842	1,730	60.8	2,658	1,840	69.2	5,500	3,570	64.9	0	0
		18-29	6,589	3,650	55.3	5,765	3,897	67.5	12,354	7,547	61	0	0
		COUNTY TOTALS	9,717	5,257	54.1	10,420	6,968	66.8	20,137	12,225	60.7	2	0
		46-64	12,275	6,282	51.1	12,665	7,570	59.7	24,940	13,852	55.5	1	1
		65+	6,386	2,320	36.3	7,197	2,735	38	13,583	5,055	37.2	1	0
		TOTAL	37,809	19,239	50.8	38,705	23,010	59.4	76,514	42,249	55.2	4	1

County	Agency	Age Groups	July 2002 through November 2005									Online Donors	Online Removals	
			Male Issues	Male Donors	Percentage	Female Issues	Female Donors	Percentage	Total Issues	Total Issues	Percentage			
29	GREENE	<18	4,441	2,689	60.5	4,536	3,084	67.9	8,977	5,773	64.3	1	0	
		18-29	13,251	7,071	53.3	12,795	8,237	64.3	26,046	15,308	58.7	6	0	
		COUNTY TOTALS	30-45	14,977	7,305	48.7	15,414	9,286	60.2	30,391	16,591	54.5	3	0
		46-64	16,731	7,672	45.8	17,129	8,908	52	33,860	16,580	48.9	4	0	
		65+	7,544	2,382	31.5	8,814	2,636	29.9	16,358	5,018	30.6	0	0	
		TOTAL	56,944	27,119	47.6	58,688	32,151	54.7	115,632	59,270	51.2	14	0	
30	GUERNSEY	<18	1,010	597	59.1	1,016	682	67.1	2,026	1,279	63.1	0	0	
		18-29	3,416	1,778	52	3,225	2,007	62.2	6,641	3,785	56.9	2	0	
		COUNTY TOTALS	30-45	4,333	1,800	41.5	4,220	2,365	56	8,553	4,165	48.6	0	0
		46-64	4,495	1,734	38.5	4,551	2,140	47	9,046	3,874	42.8	1	0	
		65+	2,351	693	29.4	2,634	712	27	4,985	1,405	28.1	0	0	
		TOTAL	15,605	6,602	42.3	15,646	7,906	50.5	31,251	14,508	46.4	3	0	
31	HAMILTON	<18	17,370	9,305	53.5	17,270	10,115	58.5	34,640	19,420	56	0	0	
		18-29	82,304	42,944	52.1	79,167	47,832	60.4	161,471	90,776	56.2	17	1	
		COUNTY TOTALS	30-45	100,752	49,357	48.9	96,261	56,524	58.7	197,013	105,881	53.7	36	0
		46-64	85,937	40,881	47.5	90,464	48,319	53.4	176,401	89,200	50.5	16	0	
		65+	36,268	13,160	36.2	48,004	16,627	34.6	84,272	29,787	35.3	3	0	
		TOTAL	322,631	155,647	48.2	331,166	179,417	54.1	653,797	335,064	51.2	72	1	
32	HANCOCK	<18	2,024	1,347	66.5	1,984	1,465	73.8	4,008	2,812	70.1	0	0	
		18-29	6,745	3,933	58.3	6,423	4,438	69	13,168	8,371	63.5	2	0	
		COUNTY TOTALS	30-45	8,064	4,072	50.4	7,588	4,908	64.6	15,652	8,980	57.3	3	0
		46-64	7,385	3,494	47.3	7,366	4,081	55.4	14,751	7,575	51.3	0	0	
		65+	3,473	1,159	33.3	4,288	1,279	29.8	7,761	2,438	31.4	1	0	
		TOTAL	27,691	14,005	50.5	27,649	16,171	58.4	55,340	30,176	54.5	6	0	
33	HARDIN	<18	404	207	51.2	372	209	56.1	776	416	53.6	0	0	
		18-29	1,782	863	48.4	1,612	1,006	62.4	3,394	1,869	55	0	0	
		COUNTY TOTALS	30-45	2,377	903	37.9	2,253	1,249	55.4	4,630	2,152	46.4	1	0
		46-64	2,555	964	37.7	2,492	1,130	45.3	5,047	2,094	41.4	1	0	
		65+	1,432	353	24.6	1,730	406	23.4	3,162	759	24	0	0	
		TOTAL	8,550	3,290	38.4	8,459	4,000	47.2	17,009	7,290	42.8	2	0	
34	HARRISON	<18	210	86	40.9	202	109	53.9	412	195	47.3	0	0	
		18-29	789	362	45.8	751	419	55.7	1,540	781	50.7	0	0	
		COUNTY TOTALS	30-45	1,230	468	38	1,185	565	47.6	2,415	1,033	42.7	0	0
		46-64	1,676	592	35.3	1,463	609	41.6	3,139	1,201	38.2	0	0	
		65+	949	243	25.6	1,016	223	21.9	1,965	466	23.7	0	0	
		TOTAL	4,854	1,751	36	4,617	1,925	41.6	9,471	3,676	38.8	0	0	
35	HENRY	<18	386	214	55.4	396	237	59.8	782	451	57.6	0	0	
		18-29	1,782	1,034	58	1,800	1,258	69.8	3,582	2,292	63.9	1	0	
		COUNTY TOTALS	30-45	2,444	1,152	47.1	2,405	1,470	61.1	4,849	2,622	54	1	0
		46-64	2,692	1,183	43.9	2,615	1,383	52.8	5,307	2,566	48.3	0	0	
		65+	1,446	398	27.5	1,863	491	26.3	3,309	889	26.8	0	0	
		TOTAL	8,750	3,981	45.4	9,079	4,839	53.2	17,829	8,820	49.4	2	0	

July 2002 through November 2005

County	Agency	Age Groups	Male			Female			Total Issues	Total Issues	Percentage	Online Donors	Online Removals	
			Male Issues	Male Donors	Percentage	Female Issues	Female Donors	Percentage						
36	HIGHLAND	<18	747	368	49.2	729	423	58	1,476	791	53.5	0	0	
		18-29	3,502	1,603	45.7	3,395	1,949	57.4	6,897	3,552	51.5	2	0	
		COUNTY TOTALS	30-45	4,590	1,841	40.1	4,511	2,377	52.6	9,101	4,218	46.3	0	0
		46-64	4,773	1,725	36.1	4,943	2,086	42.2	9,716	3,811	39.2	1	0	
		65+	2,735	684	25	2,866	735	25.6	5,601	1,419	25.3	0	0	
	TOTAL	16,347	6,221	38	16,444	7,570	46	32,791	13,791	42	3	0		
	DEPUTY 3703	<18	383	151	39.4	379	188	49.6	762	339	44.4	0	0	
		18-29	1,803	867	48	1,925	1,127	58.5	3,728	1,994	53.4	0	0	
		30-45	2,650	999	37.6	2,678	1,408	52.5	5,328	2,407	45.1	1	0	
		46-64	3,004	1,111	36.9	3,036	1,396	45.9	6,040	2,507	41.5	1	0	
65+		1,589	362	22.7	1,686	428	25.3	3,275	790	24.1	0	0		
TOTAL	9,429	3,490	37	9,704	4,547	46.8	19,133	8,037	42	2	0			
37	HOCKING	<18	383	151	39.4	379	188	49.6	762	339	44.4	0	0	
		18-29	1,803	867	48	1,925	1,127	58.5	3,728	1,994	53.4	0	0	
		COUNTY TOTALS	30-45	2,650	999	37.6	2,678	1,408	52.5	5,328	2,407	45.1	1	0
		46-64	3,004	1,111	36.9	3,036	1,396	45.9	6,040	2,507	41.5	1	0	
		65+	1,589	362	22.7	1,686	428	25.3	3,275	790	24.1	0	0	
	TOTAL	9,429	3,490	37	9,704	4,547	46.8	19,133	8,037	42	2	0		
38	HOLMES	<18	652	286	43.8	677	365	53.9	1,329	651	48.9	0	0	
		18-29	2,988	1,168	39	2,315	1,217	52.5	5,303	2,385	44.9	0	0	
		COUNTY TOTALS	30-45	2,820	1,186	42	2,460	1,339	54.4	5,280	2,525	47.8	0	0
		46-64	2,613	1,097	41.9	2,490	1,187	47.6	5,103	2,284	44.7	0	0	
		65+	1,266	395	31.2	1,352	408	30.1	2,618	803	30.6	0	0	
	TOTAL	10,339	4,132	39.9	9,294	4,516	48.5	19,633	8,648	44	0	0		
39	HURON	<18	2,216	1,375	62	2,194	1,573	71.6	4,410	2,948	66.8	0	0	
		18-29	5,604	3,340	59.6	4,942	3,474	70.2	10,546	6,814	64.6	1	0	
		COUNTY TOTALS	30-45	7,072	3,490	49.3	6,650	4,172	62.7	13,722	7,662	55.8	5	0
		46-64	6,943	3,234	46.5	6,647	3,669	55.1	13,590	6,903	50.7	4	0	
		65+	3,274	1,143	34.9	3,710	1,253	33.7	6,984	2,396	34.3	2	0	
	TOTAL	25,109	12,582	50.1	24,143	14,141	58.5	49,252	26,723	54.2	12	0		
	DEPUTY 4006	<18	853	399	46.7	852	451	52.9	1,705	850	49.8	0	0	
		18-29	3,545	1,383	39	2,825	1,450	51.3	6,370	2,833	44.4	0	0	
		30-45	4,167	1,419	34	3,664	1,645	44.8	7,831	3,064	39.1	0	0	
		46-64	3,690	1,077	29.1	3,469	1,238	35.6	7,159	2,315	32.3	0	0	
65+		1,558	333	21.3	1,779	376	21.1	3,337	709	21.2	0	0		
TOTAL	13,813	4,611	33.3	12,589	5,160	40.9	26,402	9,771	37	0	0			
40	JACKSON	<18	853	399	46.7	852	451	52.9	1,705	850	49.8	0	0	
		18-29	3,545	1,383	39	2,825	1,450	51.3	6,370	2,833	44.4	0	0	
		COUNTY TOTALS	30-45	4,167	1,419	34	3,664	1,645	44.8	7,831	3,064	39.1	0	0
		46-64	3,690	1,077	29.1	3,469	1,238	35.6	7,159	2,315	32.3	0	0	
		65+	1,558	333	21.3	1,779	376	21.1	3,337	709	21.2	0	0	
	TOTAL	13,813	4,611	33.3	12,589	5,160	40.9	26,402	9,771	37	0	0		

County	Agency	Age Groups	July 2002 through November 2005						Total Issues	Total Issues	Percentage	Online Donors	Online Removals	
			Male Issues	Male Donors	Percentage	Female Issues	Female Donors	Percentage						
41	JEFFERSON	<18	1,293	615	47.5	1,269	692	54.5	2,562	1,307	51	0	0	
		18-29	4,627	2,068	44.6	4,405	2,357	53.5	9,032	4,425	48.9	0	0	
		COUNTY TOTALS	30-45	5,901	2,276	38.5	5,830	2,833	48.5	11,731	5,109	43.5	0	0
		46-64	6,799	2,285	33.6	6,810	2,699	39.6	13,609	4,984	36.6	2	2	
		65+	3,667	817	22.2	4,349	965	22.1	8,016	1,782	22.2	0	0	
		TOTAL	22,287	8,061	36.1	22,663	9,546	42.1	44,950	17,607	39.1	2	2	
42	KNOX	<18	1,730	1,143	66	1,820	1,322	72.6	3,550	2,465	69.4	0	0	
		18-29	4,223	2,452	58	3,980	2,772	69.6	8,203	5,224	63.6	0	0	
		COUNTY TOTALS	30-45	5,047	2,561	50.7	5,118	3,311	64.6	10,165	5,872	57.7	2	0
		46-64	5,428	2,558	47.1	5,568	3,133	56.2	10,996	5,691	51.7	3	0	
		65+	2,851	1,046	36.6	3,409	1,221	35.8	6,260	2,267	36.2	0	0	
		TOTAL	19,279	9,760	50.6	19,895	11,759	59.1	39,174	21,519	54.9	5	0	
43	LAKE	<18	4,717	2,642	56	4,851	3,075	63.3	9,568	5,717	59.7	0	0	
		18-29	16,975	9,411	55.4	16,245	10,551	64.9	33,220	19,962	60	8	0	
		COUNTY TOTALS	30-45	25,417	12,752	50.1	25,350	15,864	62.5	50,767	28,616	56.3	3	0
		46-64	26,698	12,566	47	27,564	15,024	54.5	54,262	27,590	50.8	7	0	
		65+	13,455	4,329	32.1	16,772	5,461	32.5	30,227	9,790	32.3	0	0	
		TOTAL	87,262	41,700	47.7	90,782	49,975	55	178,044	91,675	51.4	18	0	
44	LAWRENCE	<18	1,425	590	41.4	1,367	718	52.5	2,792	1,308	46.8	0	0	
		18-29	5,705	2,527	44.2	5,684	3,011	52.9	11,389	5,538	48.6	0	0	
		COUNTY TOTALS	30-45	7,215	2,774	38.4	7,058	3,446	48.8	14,273	6,220	43.5	0	0
		46-64	7,058	2,477	35	7,134	2,835	39.7	14,192	5,312	37.4	0	0	
		65+	3,257	775	23.7	3,685	741	20.1	6,942	1,516	21.8	0	0	
		TOTAL	24,660	9,143	37	24,928	10,751	43.1	49,588	19,894	40.1	0	0	
45	LICKING	<18	3,746	2,291	61.1	3,913	2,706	69.1	7,659	4,997	65.2	0	0	
		18-29	11,944	6,620	55.4	11,566	7,892	68.2	23,510	14,512	61.7	3	2	
		COUNTY TOTALS	30-45	16,882	8,155	48.3	16,756	10,481	62.5	33,638	18,636	55.4	5	1
		46-64	16,338	7,296	44.6	16,739	8,945	53.4	33,077	16,241	49.1	5	0	
		65+	7,271	2,441	33.5	8,375	2,712	32.3	15,646	5,153	32.9	0	0	
		TOTAL	56,181	26,803	47.7	57,349	32,736	57	113,530	59,539	52.4	13	3	
46	LOGAN	<18	1,113	706	63.4	1,088	757	69.5	2,201	1,463	66.4	0	0	
		18-29	3,357	1,782	53	3,268	2,146	65.6	6,625	3,928	59.2	2	0	
		COUNTY TOTALS	30-45	4,444	2,044	45.9	4,258	2,661	62.4	8,702	4,705	54	1	0
		46-64	4,442	1,976	44.4	4,292	2,349	54.7	8,734	4,325	49.5	1	0	
		65+	2,165	766	35.3	2,559	842	32.9	4,724	1,608	34	0	0	
		TOTAL	15,521	7,274	46.8	15,465	8,755	56.6	30,986	16,029	51.7	4	0	
47	LORAIN	<18	6,392	3,752	58.6	6,250	4,017	64.2	12,642	7,769	61.4	0	0	
		18-29	21,045	11,104	52.7	20,523	13,092	63.7	41,568	24,196	58.2	11	0	
		COUNTY TOTALS	30-45	28,654	13,881	48.4	28,988	17,556	60.5	57,642	31,437	54.5	9	1
		46-64	28,138	12,574	44.6	29,220	15,468	52.9	57,358	28,042	48.8	3	0	
		65+	13,184	4,345	32.9	16,173	5,160	31.9	29,357	9,505	32.3	1	0	
		TOTAL	97,413	45,656	46.8	101,154	55,293	54.6	198,567	100,949	50.8	24	1	

County	Agency	Age Groups	July 2002 through November 2005						Total Issues	Total Issues	Percentage	Online Donors	Online Removals	
			Male Issues	Male Donors	Percentage	Female Issues	Female Donors	Percentage						
48	LUCAS	<18	8,466	4,736	55.9	8,386	5,144	61.3	16,852	9,880	58.6	1	0	
		18-29	42,167	20,966	49.7	41,055	24,572	59.8	83,222	45,538	54.7	10	0	
		COUNTY TOTALS	30-45	47,823	20,941	43.7	47,351	26,132	55.1	95,174	47,073	49.4	21	0
		46-64	43,944	18,372	41.8	45,423	21,913	48.2	89,367	40,285	45	11	0	
		65+	19,254	5,566	28.9	25,366	6,849	27	44,620	12,415	27.8	2	0	
		TOTAL	161,654	70,581	43.6	167,581	84,610	50.4	329,235	155,191	47.1	45	0	
49	MADISON	<18	883	547	61.9	879	642	73	1,762	1,189	67.4	0	0	
		18-29	2,488	1,380	55.4	2,278	1,557	68.3	4,766	2,937	61.6	0	0	
		COUNTY TOTALS	30-45	3,534	1,673	47.3	3,335	2,032	60.9	6,869	3,705	53.9	0	0
		46-64	3,517	1,510	42.9	3,331	1,793	53.8	6,848	3,303	48.2	1	0	
		65+	1,667	526	31.5	1,907	598	31.3	3,574	1,124	31.4	0	0	
		TOTAL	12,089	5,636	46.6	11,730	6,622	56.4	23,819	12,258	51.4	1	0	
50	MAHONING	<18	5,361	2,629	49	5,522	3,120	56.5	10,883	5,749	52.8	0	0	
		18-29	19,080	8,456	44.3	18,584	9,789	52.6	37,664	18,245	48.4	3	0	
		COUNTY TOTALS	30-45	23,183	8,921	38.4	23,966	11,987	50	47,149	20,908	44.3	2	0
		46-64	26,428	9,397	35.5	28,038	11,908	42.4	54,466	21,305	39.1	1	0	
		65+	15,080	3,267	21.6	19,168	3,947	20.5	34,248	7,214	21	0	0	
		TOTAL	89,132	32,670	36.6	95,278	40,751	42.7	184,410	73,421	39.8	6	0	
51	MARION	<18	1,291	752	58.2	1,283	866	67.4	2,574	1,618	62.8	0	0	
		18-29	4,805	2,566	53.4	4,601	2,994	65	9,406	5,560	59.1	1	0	
		COUNTY TOTALS	30-45	5,939	2,548	42.9	5,809	3,390	58.3	11,748	5,938	50.5	2	0
		46-64	5,971	2,496	41.8	6,197	3,061	49.3	12,168	5,557	45.6	0	0	
		65+	2,825	923	32.6	3,528	1,047	29.6	6,353	1,970	31	0	0	
		TOTAL	20,831	9,285	44.5	21,418	11,358	53	42,249	20,643	48.8	3	0	
52	MEDINA	<18	4,120	2,545	61.7	4,151	2,842	68.4	8,271	5,387	65.1	0	0	
		18-29	11,135	6,062	54.4	10,241	6,744	65.8	21,376	12,806	59.9	1	0	
		COUNTY TOTALS	30-45	16,601	8,522	51.3	17,035	10,858	63.7	33,636	19,380	57.6	6	0
		46-64	16,180	7,601	46.9	16,451	9,063	55	32,631	16,664	51	3	0	
		65+	7,000	2,336	33.3	7,890	2,499	31.6	14,890	4,835	32.4	1	0	
		TOTAL	55,036	27,066	49.1	55,768	32,006	57.3	110,804	59,072	53.3	11	0	
53	MEIGS	<18	263	111	42.2	269	144	53.5	532	255	47.9	0	0	
		18-29	1,342	682	50.8	1,335	817	61.1	2,677	1,499	55.9	0	0	
		COUNTY TOTALS	30-45	1,823	718	39.3	1,880	949	50.4	3,703	1,667	45	0	0
		46-64	2,237	845	37.7	2,086	911	43.6	4,323	1,756	40.6	0	0	
		65+	1,125	301	26.7	1,244	323	25.9	2,369	624	26.3	0	0	
		TOTAL	6,790	2,657	39.1	6,814	3,144	46.1	13,604	5,801	42.6	0	0	
54	MERCER	<18	1,422	820	57.6	1,189	795	66.8	2,611	1,615	61.8	0	0	
		18-29	3,176	2,120	66.7	2,784	2,113	75.8	5,960	4,233	71	3	0	
		COUNTY TOTALS	30-45	3,740	2,062	55.1	3,563	2,463	69.1	7,303	4,525	61.9	0	0
		46-64	3,872	1,986	51.2	3,615	2,149	59.4	7,487	4,135	55.2	0	0	
		65+	2,216	706	31.8	2,654	837	31.5	4,870	1,543	31.6	0	0	
		TOTAL	14,426	7,694	53.3	13,805	8,357	60.5	28,231	16,051	56.8	3	0	

County	Agency	Age Groups	July 2002 through November 2005						Total Issues	Total Issues	Percentage	Online Donors	Online Removals	
			Male Issues	Male Donors	Percentage	Female Issues	Female Donors	Percentage						
55	MIAMI	<18	2,623	1,310	49.9	2,537	1,443	56.8	5,160	2,753	53.3	1	0	
		18-29	7,718	3,852	49.9	7,166	4,406	61.4	14,884	8,258	55.4	2	0	
		COUNTY TOTALS	30-45	10,052	4,453	44.2	9,857	5,591	56.7	19,909	10,044	50.4	1	0
		46-64	10,179	4,185	41.1	10,261	4,963	48.3	20,440	9,148	44.7	1	1	
		65+	4,785	1,341	28	5,703	1,486	26	10,488	2,827	26.9	0	0	
		TOTAL	35,357	15,141	42.8	35,524	17,889	50.3	70,881	33,030	46.5	5	1	
56	MONROE	<18	248	138	55.6	271	171	63	519	309	59.5	0	0	
		18-29	827	389	47	783	454	57.9	1,610	843	52.3	0	0	
		COUNTY TOTALS	30-45	1,186	431	36.3	1,181	611	51.7	2,367	1,042	44	0	0
		46-64	1,491	476	31.9	1,501	620	41.3	2,992	1,096	36.6	0	0	
		65+	980	206	21	920	193	20.9	1,900	399	21	0	0	
		TOTAL	4,732	1,640	34.6	4,656	2,049	44	9,388	3,689	39.2	0	0	
57	MONTGOMERY	<18	9,331	4,562	48.8	9,213	5,152	55.9	18,544	9,714	52.3	0	0	
		18-29	43,255	21,128	48.8	43,365	25,521	58.8	86,620	46,649	53.8	13	2	
		COUNTY TOTALS	30-45	55,096	25,021	45.4	55,624	31,062	55.8	110,720	56,083	50.6	13	1
		46-64	52,930	22,613	42.7	57,537	28,158	48.9	110,467	50,771	45.9	11	0	
		65+	25,258	8,055	31.8	33,222	9,837	29.6	58,480	17,892	30.5	4	0	
		TOTAL	185,870	81,379	43.7	198,961	99,730	50.1	384,831	181,109	47	41	3	
58	MORGAN	<18	330	187	56.6	342	203	59.3	672	390	58	0	0	
		18-29	1,056	552	52.2	961	579	60.2	2,017	1,131	56	0	0	
		COUNTY TOTALS	30-45	1,449	593	40.9	1,413	783	55.4	2,862	1,376	48	0	0
		46-64	1,710	642	37.5	1,516	691	45.5	3,226	1,333	41.3	0	0	
		65+	1,060	284	26.7	1,023	293	28.6	2,083	577	27.7	0	0	
		TOTAL	5,605	2,258	40.2	5,255	2,549	48.5	10,860	4,807	44.2	0	0	
59	MORROW	<18	424	253	59.6	420	263	62.6	844	516	61.1	0	0	
		18-29	1,749	900	51.4	1,688	1,139	67.4	3,437	2,039	59.3	0	0	
		COUNTY TOTALS	30-45	2,729	1,226	44.9	2,761	1,678	60.7	5,490	2,904	52.8	0	0
		46-64	2,942	1,269	43.1	2,900	1,560	53.7	5,842	2,829	48.4	0	0	
		65+	1,511	431	28.5	1,590	476	29.9	3,101	907	29.2	0	0	
		TOTAL	9,355	4,079	43.6	9,359	5,116	54.6	18,714	9,195	49.1	0	0	
60	MUSKINGUM	<18	1,883	1,188	63	2,092	1,485	70.9	3,975	2,673	67.2	0	0	
		18-29	6,058	3,363	55.5	5,953	4,041	67.8	12,011	7,404	61.6	2	0	
		COUNTY TOTALS	30-45	7,259	3,397	46.7	7,541	4,580	60.7	14,800	7,977	53.8	4	0
		46-64	7,062	3,188	45.1	7,490	3,994	53.3	14,552	7,182	49.3	2	0	
		65+	3,524	1,164	33	4,272	1,407	32.9	7,796	2,571	32.9	0	0	
		TOTAL	25,786	12,300	47.7	27,348	15,507	56.7	53,134	27,807	52.3	8	0	
61	NOBLE	<18	278	154	55.3	278	176	63.3	556	330	59.3	0	0	
		18-29	822	426	51.8	748	470	62.8	1,570	896	57	0	0	
		COUNTY TOTALS	30-45	1,073	459	42.7	1,053	581	55.1	2,126	1,040	48.9	0	0
		46-64	1,220	456	37.3	1,078	454	42.1	2,298	910	39.5	0	0	
		65+	742	187	25.2	739	197	26.6	1,481	384	25.9	0	0	
		TOTAL	4,135	1,682	40.6	3,896	1,878	48.2	8,031	3,560	44.3	0	0	

County	Agency	Age Groups	July 2002 through November 2005						Total Issues	Total Issues	Percentage	Online Donors	Online Removals	
			Male Issues	Male Donors	Percentage	Female Issues	Female Donors	Percentage						
62	OTTAWA	<18	491	251	51.1	499	299	59.9	990	550	55.5	0	0	
		18-29	2,142	1,286	60	1,950	1,311	67.2	4,092	2,597	63.4	1	0	
		COUNTY TOTALS	30-45	3,289	1,644	49.9	3,279	2,110	64.3	6,568	3,754	57.1	0	0
		46-64	4,580	2,193	47.8	4,436	2,508	56.5	9,016	4,701	52.1	1	0	
		65+	3,003	1,174	39	3,236	1,142	35.2	6,239	2,316	37.1	0	0	
		TOTAL	13,505	6,548	48.4	13,400	7,370	55	26,905	13,918	51.7	2	0	
63	PAULDING	<18	268	139	51.8	248	159	64.1	516	298	57.7	0	0	
		18-29	1,217	676	55.5	1,169	785	67.1	2,386	1,461	61.2	0	0	
		COUNTY TOTALS	30-45	1,716	772	44.9	1,638	942	57.5	3,354	1,714	51.1	0	0
		46-64	1,915	825	43	1,869	916	49	3,784	1,741	46	0	0	
		65+	1,022	302	29.5	1,169	350	29.9	2,191	652	29.7	0	0	
		TOTAL	6,138	2,714	44.2	6,093	3,152	51.7	12,231	5,866	47.9	0	0	
64	PERRY	<18	387	201	51.9	367	219	59.6	754	420	55.7	0	0	
		18-29	2,101	1,006	47.8	1,937	1,162	59.9	4,038	2,168	53.6	1	0	
		COUNTY TOTALS	30-45	2,871	1,061	36.9	2,891	1,506	52	5,762	2,567	44.5	2	0
		46-64	3,105	1,121	36.1	2,875	1,233	42.8	5,980	2,354	39.3	1	0	
		65+	1,488	383	25.7	1,575	390	24.7	3,063	773	25.2	0	0	
		TOTAL	9,952	3,772	37.9	9,645	4,510	46.7	19,597	8,282	42.2	4	0	
65	PICKAWAY	<18	1,043	578	55.4	1,041	630	60.5	2,084	1,208	57.9	0	0	
		18-29	2,929	1,485	50.6	2,883	1,753	60.8	5,812	3,238	55.7	1	0	
		COUNTY TOTALS	30-45	4,014	1,736	43.2	4,117	2,377	57.7	8,131	4,113	50.5	1	0
		46-64	4,237	1,667	39.3	4,356	2,067	47.4	8,593	3,734	43.4	1	0	
		65+	2,057	601	29.2	2,321	614	26.4	4,378	1,215	27.7	0	0	
		TOTAL	14,280	6,067	42.4	14,718	7,441	50.5	28,998	13,508	46.5	3	0	
66	PIKE	<18	421	159	37.7	391	170	43.4	812	329	40.5	0	0	
		18-29	2,052	857	41.7	2,077	1,068	51.4	4,129	1,925	46.6	0	0	
		COUNTY TOTALS	30-45	2,958	1,002	33.8	2,873	1,333	46.3	5,831	2,335	40	1	0
		46-64	3,021	932	30.8	2,834	1,012	35.7	5,855	1,944	33.2	1	0	
		65+	1,501	334	22.2	1,571	360	22.9	3,072	694	22.5	0	0	
		TOTAL	9,953	3,284	32.9	9,746	3,943	40.4	19,699	7,227	36.6	2	0	
67	PORTAGE	<18	3,355	1,722	51.3	3,122	1,920	61.4	6,477	3,642	56.2	0	0	
		18-29	12,879	7,237	56.1	12,023	8,057	67	24,902	15,294	61.4	3	0	
		COUNTY TOTALS	30-45	13,846	6,703	48.4	13,659	8,327	60.9	27,505	15,030	54.6	3	0
		46-64	13,920	6,406	46	13,885	7,622	54.8	27,805	14,028	50.4	2	0	
		65+	6,195	2,164	34.9	7,004	2,436	34.7	13,199	4,600	34.8	0	0	
		TOTAL	50,195	24,232	48.2	49,693	28,362	57	99,888	52,594	52.6	8	0	
68	PREBLE	<18	2,175	1,328	61	2,163	1,432	66.2	4,338	2,760	63.6	2	0	
		18-29	4,202	2,232	53.1	3,734	2,374	63.5	7,936	4,606	58	3	0	
		COUNTY TOTALS	30-45	4,974	2,235	44.9	4,711	2,762	58.6	9,685	4,997	51.5	2	0
		46-64	5,166	2,214	42.8	4,966	2,486	50	10,132	4,700	46.3	0	0	
		65+	2,727	864	31.6	3,015	872	28.9	5,742	1,736	30.2	0	0	
		TOTAL	19,244	8,873	46.1	18,589	9,926	53.3	37,833	18,799	49.6	7	0	

County	Agency	Age Groups	July 2002 through November 2005						Total Issues	Total Issues	Percentage	Online Donors	Online Removals	
			Male Issues	Male Donors	Percentage	Female Issues	Female Donors	Percentage						
69	PUTNAM	<18	686	447	65.1	717	511	71.2	1,403	958	68.2	0	0	
		18-29	2,152	1,418	65.8	2,016	1,498	74.3	4,168	2,916	69.9	1	0	
		COUNTY TOTALS	30-45	2,716	1,462	53.8	2,641	1,780	67.3	5,357	3,242	60.5	1	0
		46-64	2,824	1,401	49.6	2,646	1,502	56.7	5,470	2,903	53	0	0	
		65+	1,590	527	33.1	1,918	616	32.1	3,508	1,143	32.5	0	0	
		TOTAL	9,968	5,255	52.7	9,938	5,907	59.4	19,906	11,162	56	2	0	
70	RICHLAND	<18	2,223	1,312	59	2,222	1,485	66.8	4,445	2,797	62.9	0	0	
		18-29	8,867	4,736	53.4	8,559	5,524	64.5	17,426	10,260	58.8	2	0	
		COUNTY TOTALS	30-45	11,315	5,317	46.9	11,134	6,626	59.5	22,449	11,943	53.2	1	0
		46-64	11,941	5,299	44.3	12,566	6,561	52.2	24,507	11,860	48.3	0	0	
		65+	6,229	2,129	34.1	7,447	2,499	33.5	13,676	4,628	33.8	0	0	
		TOTAL	40,575	18,793	46.3	41,928	22,695	54.1	82,503	41,488	50.2	3	0	
71	ROSS	<18	1,893	973	51.3	1,863	1,096	58.8	3,756	2,069	55	0	0	
		18-29	5,499	2,806	51	5,064	3,212	63.4	10,563	6,018	56.9	2	0	
		COUNTY TOTALS	30-45	6,858	2,961	43.1	6,588	3,732	56.6	13,446	6,693	49.7	2	0
		46-64	6,482	2,622	40.4	6,430	3,081	47.9	12,912	5,703	44.1	1	0	
		65+	2,761	817	29.5	3,386	974	28.7	6,147	1,791	29.1	0	0	
		TOTAL	23,493	10,179	43.3	23,331	12,095	51.8	46,824	22,274	47.5	5	0	
72	SANDUSKY	<18	1,708	1,031	60.3	1,606	1,033	64.3	3,314	2,064	62.2	0	0	
		18-29	4,903	2,661	54.2	4,489	3,014	67.1	9,392	5,675	60.4	5	0	
		COUNTY TOTALS	30-45	5,725	2,691	47	5,529	3,331	60.2	11,254	6,022	53.5	3	0
		46-64	5,768	2,544	44.1	5,548	2,893	52.1	11,316	5,437	48	1	0	
		65+	2,753	808	29.3	3,305	968	29.2	6,058	1,776	29.3	0	0	
		TOTAL	20,857	9,735	46.6	20,477	11,239	54.8	41,334	20,974	50.7	9	0	
73	SCIOTO	<18	1,748	842	48.1	1,695	862	50.8	3,443	1,704	49.4	0	0	
		18-29	6,381	2,539	39.7	6,305	3,104	49.2	12,686	5,643	44.4	3	1	
		COUNTY TOTALS	30-45	7,483	2,472	33	7,545	3,319	43.9	15,028	5,791	38.5	1	0
		46-64	7,540	2,285	30.3	7,774	2,741	35.2	15,314	5,026	32.8	1	0	
		65+	3,777	778	20.5	4,792	830	17.3	8,569	1,608	18.7	1	0	
		TOTAL	26,929	8,916	33.1	28,111	10,856	38.6	55,040	19,772	35.9	6	1	
74	SENECA	<18	1,666	987	59.2	1,666	1,103	66.2	3,332	2,090	62.7	0	0	
		18-29	5,028	3,020	60	4,644	3,222	69.3	9,672	6,242	64.5	0	0	
		COUNTY TOTALS	30-45	5,737	2,907	50.6	5,620	3,579	63.6	11,357	6,486	57.1	0	0
		46-64	6,384	2,989	46.8	6,238	3,380	54.1	12,622	6,369	50.4	0	0	
		65+	3,411	1,112	32.6	4,253	1,338	31.4	7,664	2,450	31.9	0	0	
		TOTAL	22,226	11,015	49.5	22,421	12,622	56.2	44,647	23,637	52.9	0	0	
75	SHELBY	<18	1,319	824	62.4	1,308	897	68.5	2,627	1,721	65.5	0	0	
		18-29	3,611	1,995	55.2	3,418	2,320	67.8	7,029	4,315	61.3	0	1	
		COUNTY TOTALS	30-45	5,017	2,238	44.6	4,518	2,706	59.8	9,535	4,944	51.8	3	0
		46-64	4,602	1,877	40.7	4,380	2,164	49.4	8,982	4,041	44.9	1	0	
		65+	2,059	592	28.7	2,373	698	29.4	4,432	1,290	29.1	0	0	
		TOTAL	16,608	7,526	45.3	15,997	8,785	54.9	32,605	16,311	50	4	1	

County	Agency	Age Groups	July 2002 through November 2005						Total Issues	Total Issues	Percentage	Online Donors	Online Removals	
			Male Issues	Male Donors	Percentage	Female Issues	Female Donors	Percentage						
76	STARK	<18	8,568	5,087	59.3	8,716	5,786	66.3	17,284	10,873	62.9	0	0	
		18-29	29,618	15,513	52.3	28,466	17,778	62.4	58,084	33,291	57.3	5	0	
		COUNTY TOTALS	30-45	37,844	17,262	45.6	37,764	22,099	58.5	75,608	39,361	52	9	0
		46-64	39,768	17,207	43.2	41,273	20,769	50.3	81,041	37,976	46.8	3	0	
		65+	20,816	6,423	30.8	25,688	7,791	30.3	46,504	14,214	30.5	0	0	
		TOTAL	136,614	61,492	45	141,907	74,223	52.3	278,521	135,715	48.7	17	0	
77	SUMMIT	<18	11,942	6,923	57.9	12,115	7,844	64.7	24,057	14,767	61.3	0	0	
		18-29	44,846	24,071	53.6	43,662	27,654	63.3	88,508	51,725	58.4	7	0	
		COUNTY TOTALS	30-45	60,636	29,253	48.2	60,764	36,420	59.9	121,400	65,673	54	13	0
		46-64	59,914	27,171	45.3	62,255	32,743	52.5	122,169	59,914	49	16	0	
		65+	28,571	9,569	33.4	36,015	11,569	32.1	64,586	21,138	32.7	1	0	
		TOTAL	205,909	96,987	47.1	214,811	116,230	54.1	420,720	213,217	50.6	37	0	
78	TRUMBULL	<18	4,384	2,140	48.8	4,414	2,500	56.6	8,798	4,640	52.7	0	0	
		18-29	14,786	6,893	46.6	14,293	8,232	57.5	29,079	15,125	52	2	1	
		COUNTY TOTALS	30-45	19,373	7,877	40.6	19,080	10,024	52.5	38,453	17,901	46.5	4	0
		46-64	21,514	8,219	38.2	22,133	10,024	45.2	43,647	18,243	41.7	8	0	
		65+	11,297	2,939	26	13,777	3,462	25.1	25,074	6,401	25.5	1	0	
		TOTAL	71,354	28,088	39.3	73,697	34,242	46.4	145,051	62,310	42.9	15	1	
79	TUSCARAWAS	<18	2,446	1,408	57.5	2,362	1,543	65.3	4,808	2,951	61.3	0	0	
		18-29	8,191	4,067	49.6	6,874	4,290	62.4	15,065	8,357	55.4	2	0	
		COUNTY TOTALS	30-45	9,191	4,172	45.3	8,822	5,339	60.5	18,013	9,511	52.8	2	1
		46-64	9,493	4,195	44.1	9,597	5,066	52.7	19,090	9,261	48.5	0	0	
		65+	5,210	1,636	31.4	6,077	1,783	29.3	11,287	3,419	30.2	0	0	
		TOTAL	34,531	15,478	44.8	33,732	18,021	53.4	68,263	33,499	49	4	1	
80	UNION	<18	660	384	58.1	632	430	68	1,292	814	63	0	0	
		18-29	2,913	1,712	58.7	2,928	1,999	68.2	5,841	3,711	63.5	2	0	
		COUNTY TOTALS	30-45	4,921	2,492	50.6	4,741	3,094	65.2	9,662	5,586	57.8	2	0
		46-64	3,955	1,780	45	3,790	2,025	53.4	7,745	3,805	49.1	2	0	
		65+	1,557	478	30.7	1,909	603	31.5	3,466	1,081	31.1	0	0	
		TOTAL	14,006	6,846	48.8	14,000	8,151	58.2	28,006	14,997	53.5	6	0	
81	VAN WERT	<18	785	532	67.7	756	583	77.1	1,541	1,115	72.3	0	0	
		18-29	2,015	1,170	58	1,988	1,417	71.2	4,003	2,587	64.6	0	0	
		COUNTY TOTALS	30-45	2,479	1,234	49.7	2,440	1,567	64.2	4,919	2,801	56.9	0	0
		46-64	2,632	1,175	44.6	2,764	1,503	54.3	5,396	2,678	49.6	0	0	
		65+	1,454	425	29.2	1,736	515	29.6	3,190	940	29.4	0	0	
		TOTAL	9,365	4,536	48.4	9,684	5,585	57.6	19,049	10,121	53.1	0	0	
82	VINTON	<18	232	110	47.4	203	126	62	435	236	54.2	0	0	
		18-29	899	396	44	898	499	55.5	1,797	895	49.8	1	0	
		COUNTY TOTALS	30-45	1,238	419	33.8	1,173	548	46.7	2,411	967	40.1	0	0
		46-64	1,372	441	32.1	1,182	470	39.7	2,554	911	35.6	0	0	
		65+	682	165	24.1	678	165	24.3	1,360	330	24.2	0	0	
		TOTAL	4,423	1,531	34.6	4,134	1,808	43.7	8,557	3,339	39	1	0	

County	Agency	Age Groups	July 2002 through November 2005						Total Issues	Total Issues	Percentage	Online Donors	Online Removals
			Male Issues	Male Donors	Percentage	Female Issues	Female Donors	Percentage					
83	WARREN	<18	5,537	3,485	62.9	5,697	3,971	69.7	11,234	7,456	66.3	1	0
		18-29	13,597	7,831	57.5	13,033	8,705	66.7	26,630	16,536	62	3	0
	COUNTY TOTALS	30-45	21,464	11,746	54.7	22,661	14,927	65.8	44,125	26,673	60.4	5	1
	46-64	18,825	9,386	49.8	19,258	10,786	56	38,083	20,172	52.9	3	0	
	65+	7,613	2,567	33.7	8,654	2,832	32.7	16,267	5,399	33.1	1	0	
	TOTAL	67,036	35,015	52.2	69,303	41,221	59.4	136,339	76,236	55.9	13	1	
84	WASHINGTON	<18	1,535	770	50.1	1,489	860	57.7	3,024	1,630	53.9	0	0
		18-29	5,426	2,737	50.4	5,145	3,104	60.3	10,571	5,841	55.2	1	0
	COUNTY TOTALS	30-45	6,941	3,020	43.5	6,887	3,862	56	13,828	6,882	49.7	0	0
	46-64	7,554	3,024	40	7,542	3,658	48.5	15,096	6,682	44.2	1	0	
	65+	3,722	1,040	27.9	4,133	1,158	28	7,855	2,198	27.9	0	0	
	TOTAL	25,178	10,591	42	25,196	12,642	50.1	50,374	23,233	46.1	2	0	
85	WAYNE	<18	2,393	1,419	59.2	2,426	1,612	66.4	4,819	3,031	62.8	0	0
		18-29	7,421	4,276	57.6	6,725	4,591	68.2	14,146	8,867	62.6	3	0
	COUNTY TOTALS	30-45	8,967	4,474	49.8	8,732	5,546	63.5	17,699	10,020	56.6	2	0
	46-64	9,322	4,528	48.5	9,308	5,271	56.6	18,630	9,799	52.5	0	0	
	65+	4,516	1,681	37.2	5,159	1,946	37.7	9,675	3,627	37.4	0	0	
	TOTAL	32,619	16,378	50.2	32,350	18,966	58.6	64,969	35,344	54.4	5	0	
86	WILLIAMS	<18	904	553	61.1	877	626	71.3	1,781	1,179	66.1	0	0
		18-29	3,189	1,903	59.6	3,021	2,126	70.3	6,210	4,029	64.8	0	0
	COUNTY TOTALS	30-45	4,161	2,142	51.4	4,167	2,744	65.8	8,328	4,886	58.6	3	0
	46-64	4,465	2,217	49.6	4,514	2,522	55.8	8,979	4,739	52.7	2	0	
	65+	2,350	898	38.2	2,882	1,062	36.8	5,232	1,960	37.4	0	0	
	TOTAL	15,069	7,713	51.1	15,461	9,080	58.7	30,530	16,793	55	5	0	
87	WOOD	<18	3,256	2,219	68.1	3,315	2,466	74.3	6,571	4,685	71.2	0	0
		18-29	12,011	7,602	63.2	11,797	8,618	73	23,808	16,220	68.1	8	0
	COUNTY TOTALS	30-45	11,835	6,372	53.8	11,867	8,027	67.6	23,702	14,399	60.7	4	0
	46-64	12,251	6,189	50.5	12,208	7,253	59.4	24,459	13,442	54.9	3	0	
	65+	4,938	1,754	35.5	6,036	2,050	33.9	10,974	3,804	34.6	0	0	
	TOTAL	44,291	24,136	54.4	45,223	28,414	62.8	89,514	52,550	58.7	15	0	
88	WYANDOT	<18	276	148	53.6	278	182	65.4	554	330	59.5	0	0
		18-29	1,349	803	59.5	1,353	926	68.4	2,702	1,729	63.9	2	0
	COUNTY TOTALS	30-45	1,939	957	49.3	1,856	1,173	63.2	3,795	2,130	56.1	0	0
	46-64	2,137	918	42.9	2,056	1,105	53.7	4,193	2,023	48.2	0	0	
	65+	1,241	419	33.7	1,562	506	32.3	2,803	925	33	0	0	
	TOTAL	6,942	3,245	46.7	7,105	3,892	54.7	14,047	7,137	50.8	2	0	
OH	IO	<18	252,614	141,035	55.8	252,519	158,550	62.7	505,133	299,585	59.3	7	0
		18-29	945,905	487,844	51.5	907,601	556,926	61.3	1,853,506	1,044,770	56.3	261	10
	OHIO TOTAL	30-45	1,191,438	550,854	46.2	1,175,322	680,258	57.8	2,366,760	1,231,112	52	395	10
	46-64	1,136,446	494,162	43.4	1,170,380	590,461	50.4	2,306,826	1,084,623	47	253	9	
	65+	530,512	165,415	31.1	654,694	196,300	29.9	1,185,206	361,715	30.5	35	0	
	TOTAL	4,056,915	1,839,310	45.3	4,160,516	2,182,495	52.4	8,217,431	4,021,805	48.9	951	29	

Summary of Subgrantee Performance

Fiscal Year: 2005-2006 (_____ Quarter) Agency: _____

Project Title: Second Chance Trust Fund Program Number: _____

This format is provided to arrange information on your project goals, objectives and activities. You may have more or fewer activities and objectives per goal than shown below. Use additional copies as necessary.

Goal:						
Timetable of Implementation	Agency/Personnel Responsible	Objectives	Activities or Specific Tasks	Evaluation Tool	Budgeted/Actual Costs	Comments

**Ohio Department of Health
Second Chance Trust Fund Advisory Committee
2006 Grant Proposal Review Form**

Project Name: _____

Lead Agency: _____

Project Director/ Title: _____

Proposal Pre-Review Screening <i>(Proposal proceeds to SCTF Grant Committee Review only if all pre-review criteria are met.)</i>				
	Requirement	Yes	No	Delinquencies/ Omissions
Submission	GMIS Application & Mailed Data Received by Deadline			
	Proposal Packet is Complete			
Eligibility	Agency IRS Determination Letter enclosed with application			
	ODH grants management system training completed			
Content	Minimum of \$30,000 in grant funding requested			
	One or more of the 5 SCTF purposes specified in State Statute addressed in the proposal			
Summary	Proposal eligible to proceed to full review			

Pre-Review Screener Initials _____ Date _____

	SCTF Proposal Review Summary by Category:	Possible Points	Proposal Score
A	Innovation/Creativity	3	
B	Target Population Defined	4	
C	Project Objectives Defined	4	
D	Feasibility/ Achievability	4	
E	Project Intervention/Outcomes	4	
F	Timelines/Resources	4	
G	Evaluation	4	
H	Potential Impact	4	
I	Budget	6	
J	Resource Allocation	4	
K	Project Personnel	4	
L	Project Facilities	4	
	Total Proposal Score	49	

**Ohio Department of Health
Second Chance Trust Fund Advisory Committee
2006 Grant Proposal Review Form**

		Yes	No	N/A
	Acceptable past performance			

Comments:

Reviewer Signature/ _____ **Date** _____
Proposal Review Worksheet

**Ohio Department of Health
Second Chance Trust Fund Advisory Committee
2006 Grant Proposal Review Form**

A. Innovation/Creativity **Category Point Total:** _____

Check all that apply:

- Serves one or more of the specified focus areas identified in the SCTF RFP (1 point)
- Creative intervention (1 point)
- Proposed project builds upon prior efforts within the State of Ohio or nationally to make progress in the focus area addressed by the project (1 point)

Comments:

B. Population Identified and Defined **Category Point Total:** _____

Select the statement below that best describes the proposal.

- It neither identifies nor defines a target population/group (0 points)
- It identifies but does not define the target population. (1 point)
- It identifies and defines, but does not clearly justify the choice of the targeted group. (2 points)
- The proposal identifies and defines the target population with minimal but acceptable justification for choice. (3 points)
- The proposal identifies, thoroughly defines and justifies choice of target group (4 points)

Comments:

C. Project Objectives Defined **Category Point Total:** _____

Select the statement below that best the proposal.

**Ohio Department of Health
Second Chance Trust Fund Advisory Committee
2006 Grant Proposal Review Form**

- It does not include a description of study objectives (0 points)
- It includes a brief or vague description without justifying the importance of objectives. (1 point)
- Objectives are adequately described, but are either too broad or inadequately explained/ justified. (2 points)
- Complete description of study objectives with most terms explained/justified. (3 points)
- Detailed and clear description of study objectives with all terms explained (4 points)

Comments:

D. Project Objectives: Feasibility/Achievability Category Point Total: _____

Select the statement below that best describes feasibility and achievability of proposal objectives.

- Feasibility is not addressed; objectives not given or not achievable. (0 points)
- A very brief justification of study feasibility is included in the proposal (1 point)
- Feasible but inadequately supported. (2 points)
- Feasible and moderately well supported (3 points)
- Feasible, achievable and very well supported (4 points)

Comments:

E. Project Interventions and Outcomes Category Point Total: _____

**Ohio Department of Health
Second Chance Trust Fund Advisory Committee
2006 Grant Proposal Review Form**

Select the statement below that best describes proposed interventions and how they will lead to outcomes.

- No interventions described (no project activity descriptions), no outcomes or no link to outcomes (0 points)
- Interventions/ activities minimally described with failure to link to outcomes (1 point)
- Although adequate description of interventions noted, it only vaguely relates to outcomes (2 points)
- Good description and explains how interventions are expected to lead to outcomes (3 points)
- A thorough description including solid logical path to measurable outcomes is present. (4 points)

Comments:

F. Timelines and Resources for Outcomes	Category Point Total: _____
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Select the statement below that best describes activities, milestones and outcomes with respect to timelines and resources.

- No timeline provided. (0 points)
- Partial timeline included but fails to note activities, milestones or outcomes (1 point)
- Timeline description sketchy, lacking detail but includes reference to activities, milestones and outcomes. (2 points)
- A complex delineation given noting activities, milestones and outcomes with respect to resources needed. (3 points)
- A complete delineation is given with sufficient detail that the project could be replicated. (4 points)

Comments:

G. Evaluation	Category Point Total: _____
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**Ohio Department of Health
Second Chance Trust Fund Advisory Committee
2006 Grant Proposal Review Form**

Select the statement below that best describes how well the project proposes to evaluate the success of the project including a design for measuring project outcomes.

- No evaluation plan or means for outcomes measurement provided. (0 points)
- Plan to evaluate study included but fails to describe how outcomes will be assessed; or plan does not correspond to project objectives or contains serious design flaws. (1 point)
- Evaluation plan assesses outcomes but measurement is not adequately explained. (2 points)
- Evaluation plan is adequate and measurement is explained. (3 points)
- Evaluation plan is complete with measurable outcomes that correspond with project objectives. (4 points)

Comments:

H. Potential Impact	Category Point Total: _____
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Select the statement below that best describes how well the proposed demonstrates impact or potential impact upon the education of the public about organ and tissue donation.

- Impact or potential impact is not addressed or no potential shown. (0 points)
- Impact is referenced but not described. (1 point)
- A brief description of implications for outcomes or future plans to expand the study is included in the proposal. (2 points)
- Potential importance of findings is noted but the argument is vague. (3 points)
- Potential impact or plans to expand pilot are described in full detail with convincing arguments regarding the value of the impact or future expansion of the study. (4 points)

Comments:

I. Budget	Category Point Total: _____
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Please assess the reasonableness of the project budget using the 0-5 scale below.

(1&2--- 0 point 3&4—0.5 point 5—1.0 points)

**Ohio Department of Health
Second Chance Trust Fund Advisory Committee
2006 Grant Proposal Review Form**

(0 points)

- _____ Several major discrepancies exist between budget and management plan; e.g. staff or major equipment in the budget not evident in the management plan or vice versa. (1 point)
- _____ Management and budget plans are generally consistent with only two or three minor discrepancies (2 points)
- _____ The management and budget plans are consistent, but lack the detail to rate an excellent rating. (3 points)
- _____ Budget justification addresses categorical cost derivation, feasibility of expenses, functions of staff, need for equipment, travel and training costs and agrees with the management plan. (4 points)

Comments:

K. Project Personnel	Category Point Total: _____
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Select the statement below that best describes how well the proposed project demonstrates the qualifications of project personnel and/or collaborating organizations and experience in their roles...

- _____ Staff have no relevant qualifications in relation to the management plan, are not identified, or the likelihood of hiring or training the proposed staff is very low or questionable. Staff qualifications do not meet minimum necessary to complete

**Ohio Department of Health
 Second Chance Trust Fund Advisory Committee
 2006 Grant Proposal Review Form**

- activities in the management plan or project is unlikely to attract all necessary staff. (0 points)
- Staff is minimally qualified to complete the project. (1 point)
- Staff appear qualified to complete the activities in the management plan, but documentation insufficient to determine excellence. (2 points)
- Some qualified staff in place with plans to recruit the balance. (3 points)
- Staff qualifications meet or exceed project requirements with all key staff identified and resumes submitted. (4 points)

Comments:

L. Project Facilities	Category Point Total: _____
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Select the statement below that best describes the institutional support and the adequacy of facilities planned for the proposed project.

- No evidence that applicant organization supports the project or adequate facilities are not described. Support and facilities are likely to be inadequate or organization has reputation of failure with similar projects. (0 points)
- Marginal support or facilities are available, and commitment from applicant organization or host-collaborating organizations is indeterminate. (1 point)
- Adequate facilities and support are available with apparent organizational support. (2 points)
- Applicant describes adequate facilities for the project with demonstrated full support from host/collaborating organizations. (3 points)
- Applicant describes adequate facilities for the project with demonstrated full support from host/collaborating organizations and a track record at performing similar projects.

Comments:

Attachment #1
Instructions for Submitting Attachments via GMIS

1. Complete the Word document “FY07 RFP Attach” then save the document to your computer’s hard drive using “FY07 *Your Agency’s Name* RFP Attachment” as a file name.
2. After submission of your FY07 grant application through GMIS, go to the GMIS Welcome screen and click on “**Send-Record Comments.**”
3. 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 FY07 grant attachments.
4. Next to the Attachment box, click on the **Browse** button.
5. Find your saved attachment (FY07 *Your Agency’s Name* RFP Attachment) document on your hard drive.
6. Double click on the file name and the file name will appear in the Attachment box on the **Add New Comments** screen.
7. Click on **Add New Comments** screen at the bottom of the page.
8. You should get a message that says “Please wait Sending E-mail.” This may take a few minutes.
9. This should be followed by a message that says “Email sent successfully!”
10. If no other attachments are needed, click on **CLOSE**. If other attachments are needed, return to step #1 and begin the process again.

If you have any questions or problems, please contact Debra Smith at 614-644-8492.

Attachment #2

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 quarter FY07 are being submitted on 01/15/07.") 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 Debra Smith at 614-644-8492.