



OHIO DEPARTMENT OF HEALTH

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Ted Strickland/Governor

Alvin D. Jackson, M.D./Director of Health

October 2009

To: Prospective Applicants for the 2010 Diabetes Prevention and Control –
Community Diabetes Self-Management Education Program/Network

From: Nan Migliozi, RN, Acting Chief, Office of Healthy Ohio
Ohio Department of Health

Subject: **Notice of Availability of Funds**

**Competitive Grant Applications for Federal Fiscal Year 2010
Diabetes Self-Management Program/Network – 2/01/10-6/30/11**

The Ohio Department of Health (ODH), Office of Healthy Ohio, Bureau of Health Promotion and Risk Reduction, announces the availability of grant funds to support the Ohio Diabetes Prevention and Control Program initiatives. The Request for Proposals (RFP) will provide you guidance in completing the online application for the FY10 competitive program period. **Proposals are due Monday, December 21, 2009 for the funding period of February 01, 2010 through June 30, 2011. Late applications will not be accepted.**

Introduction/Background

The Ohio Department of Health (ODH), Office of Healthy Ohio, Bureau of Health Promotion and Risk Reduction (BHPRR), announces the availability of \$500,000 from Healthy Ohio General Revenue Funds to support the Ohio Diabetes Prevention and Control Program's initiative to **provide evidence-based diabetes self-management education programs for individuals affected by diabetes and to develop a network of locally available diabetes self-management education programs.** In 2008 the estimated prevalence of diabetes among Ohio adult residents was 9.9 percent and diabetes was the sixth leading cause of death. The Healthy Ohio Diabetes Prevention and Control Program's Diabetes Self-Management Education Program/Network funding availability reflects the continued commitment of the ODH to meet community needs with programming implemented at the local level.

High-need populations bear a disproportionate burden of disability and premature mortality from chronic diseases and associated risk factors. A focus on high-need populations is an important strategy to eliminate these disparities. Funding for the local Diabetes Self-Management Education Program/Network is intended to improve the health of Ohioans, support prevention initiatives at the community level, and ultimately reduce the complications and the premature mortality from diabetes through development of diabetes self-management education programs in high-need communities.

Notice of Intent to Apply for Funding

All interested parties must submit a Notice of Intent to Apply for Funding (NOIAF) form, no later than 4:00 PM **NOVEMBER 19, 2009** to be eligible to apply for funding (attached to the RFP).

Once the Notice of Intent to Apply for Funding form is received by ODH, the Grants Management Unit (GAU) will:

- a. Create a grant application account for your organization. This account number will allow you to submit an application via the Internet using the Grants Management Information System (GMIS). All grant applications must be submitted via the Internet using the GMIS. (Note: each applicant agency should have at least two (2) individuals trained to use GMIS 2.0. See GMIS 2.0 training form-Appendix A.)
- b. Assess your organization's GMIS training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you regarding those needs. Applicants must attend GMIS 2.0 training to be eligible to apply for funding. GMIS training is mandatory if your organization has never been trained on GMIS. Please complete and submit the GMIS 2.0 Training form, if applicable.

The RFP will provide detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations and general information about the grant. It will also provide requirements associated with submission of the grant application and administration of the grant.

Bidders Conference

A recommended Bidders Conference is scheduled for **Thursday, November 12, 2009, from 10:00 a.m. to Noon at the Ohio Department of Health**. Potential applicants may either attend in person or via a conference call. If you have questions or need assistance in completing this grant application, every effort should be made to participate in this conference call.

Please submit any RFP questions along with your RSVP to the Bidders Conference on the NOIAF form via email, mail or fax to Nancy D. Schaefer, PH Nutritionist/Health Educator, at nancy.schaefer@odh.ohio.gov by Tuesday, November 10, 2009. Responses to the questions will be discussed at the Bidders Conference.

Important Dates to Remember:

Questions due for Bidders Conference	Tuesday, November 10, 2009
Bidders Conference	Thursday, November 12, 2009
GMIS 2.0 Training request	Thursday, November 19, 2009
Notice of Intent to Apply for Funding due	Thursday, November 19, 2009
Application due	Monday, December 21, 2009



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF
Office of Healthy Ohio

BUREAU OF
Health Promotion and Risk Reduction

PROGRAM NAME
*Diabetes Prevention and Control-Community Diabetes Self-Management Education Program
Network*

REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2010
(02/01/10 – 06/30/11)

Local Public Applicant Agencies
Non-Profit Applicants

Competitive GRANT APPLICATION INFORMATION

Table of Contents

- I. APPLICATION SUMMARY and GUIDANCE..... 1**
 - A. Policy and Procedure 1
 - B. Application Name 1
 - C. Purpose..... 1
 - D. Qualified Applicants 1
 - E. Service Area..... 2
 - F. Number of Grants and Funds Available 2
 - G. Due Date 2
 - H. Authorization 2
 - I. Goals 2
 - J. Program Period and Budget Period..... 3
 - K. Local Health Districts Improvement Standards 4
 - L. Public Health Impact Statement..... 4
 - M. Statement of Intent to Pursue Health Equity Strategies..... 5
 - N. Appropriation Contingency 6
 - O. Programmatic, Technical Assistance and Authorization for Internet Submission 6
 - P. Acknowledgment 6
 - Q. Late Applications 6
 - R. Successful Applicants 6
 - S. Unsuccessful Applicants 6
 - T. Review Criteria 6
 - U. Freedom of Information Act 7
 - V. Ownership Copyright..... 8
 - W. Reporting Requirements 8
 - X. Special Condition(s)..... 9
 - Y. Unallowable Costs 10
 - Z. Audit 10
 - AA. Submission of Application..... 11

- II. APPLICATION REQUIREMENTS AND FORMAT 14**
 - A. Application Information..... 14
 - B. Budget 14
 - C. Assurances Certification 15
 - D. Project Narrative 15
 - E. Civil Rights Review Questionnaire – EEO Survey 21
 - F. Attachments 21
 - G. Electronic Funds Transfer (EFT) Form 21
 - H. Internal Revenue Service (IRS) W-9 Form and Vendor Forms 21
 - I. Public Health Impact Statement Summary 22
 - J. Public Health Impact/Response & Intent to pursue Health Equity Statement..... 22
 - K. Liability Coverage 22
 - L. Non-Profit Organization Status..... 22
 - M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire 22
 - N. Attachments as Required by Program..... 23

- III. APPENDICES 23**
 - A. GMIS 2.0 Training Form 24
 - B. Diabetes Program Work Plan..... 25
 - C. Cost per Participant/Site Analysis Form 26
 - D. Application Review Form 27
 - E. County Prevalence/Diabetes 32

I. APPLICATION SUMMARY and GUIDANCE

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

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

- A. **Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) Manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The GAPP Manual is available on the ODH Website <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “About ODH”, click on “ODH Grants” and then click on “GAPP Manual.”)
- B. **Application Name:** *Diabetes Prevention and Control - Community Diabetes Self-Management Education Program Network*
- C. **Purpose:** To provide an evidence-based diabetes self-management education program at the community level and to work in partnership with the Ohio Diabetes Prevention and Control Program to develop a local network of evidence-based community programs for diabetes self-management education. The programs offered at the community level will utilize proven behavior change strategies that will lead to improved levels of routine physical activity and healthy eating habits for persons with or at risk of developing diabetes. The sub-grantee will develop a program participant referral system with local health care providers, federally qualified health centers, clinics and local health departments.
- D. **Qualified Applicants:** Local public and/or non-profit agencies can apply. Agencies must have local resources in place to provide the components of diabetes self-management education and monitored physical activity by qualified and credentialed individuals. Applicant agencies must provide evidence of partnerships with appropriate participant referral entities as described above. Applicants must have experience providing an evidence-based curriculum providing a minimum of ten weeks of education on diabetes, diabetes self-management (including the importance of physical activity, healthy eating habits and medication management). Appropriate facilities must be available at each program site to provide monitored physical activity by qualified individuals.

Applicant agencies must attend or document in writing prior attendance at GMIS

2.0 training and must have the capacity to accept an electronic funds transfer (EFT). Applicants must also have demonstrated acceptable performance and reporting standards during previous grant periods.

E. Service Area: This is a statewide initiative with special consideration given to those agencies that provide service to areas of greatest need- including areas with high rates of diabetes (see county diabetes prevalence Appendix E), high rates of obesity, economically distressed regions and regions that have limited resources available to provide appropriate diabetes self-management education. All funded projects must target high risk populations (African Americans, Hispanic/Latino and Appalachians) in their county. Applicants are advised to consider developing initiatives that serve multiple sites within one or more counties. It is the intent of this funding opportunity to serve a minimum of 15 communities in the state.

F. Number of Grants and Funds Available:

Up to four grants for a total of **\$500,000** will be awarded and no grant award will be issued for less than **\$50,000**. **Fifty (50) percent of the funds for each grant must be expended by June 30, 2010.** Applications submitted for less than the minimum amount will not be considered for review.

G. Due Date: Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by **4:00 P.M. on Monday December 21, 2009**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Contact Nancy D. Schaefer, R.D., L.D. at 614-728-3775 or Nancy.Schaefer@odh.ohio.gov with any questions.

H. Authorization: Authorization of funds for this purpose is contained in Amended Substitute House Bill 1 and the Catalog of Federal Domestic Assistance (CFDA) Number 93.283.

I. Goals: Estimated rates of diabetes in Ohio (9.9%) are greater than in the nation (8%) and the rates continue to rise. Diabetes is a complex, serious and increasingly common disease. The number of adults with diabetes in Ohio exceeds 1 million individuals. Much of the increase in type 2 diabetes is due to an aging population, unhealthy diets, obesity and sedentary lifestyles.

Diabetes is the most frequent cause of blindness among working-aged adults; the leading cause of non-traumatic lower extremity amputation and end-stage renal disease. Diabetes can cause congenital malformations, perinatal mortality, premature mortality and disability. Persons with diabetes are at increased risk for stroke, ischemic heart disease, peripheral vascular disease and neuropathy.

Evidence has shown that individuals with type 2 diabetes who participate in group self-management education programs to manage their disease show measurable improvements in diabetes control as reflected by blood glucose levels and patients' knowledge of diabetes. Evidence also suggests that participants in diabetes group self-management education programs may reduce their blood pressure and body weight and increase self-empowerment, quality of life, self-management skills and treatment satisfaction.

The goals of this grant are:

1. To implement an evidence-based diabetes self- management program(s) in a minimum of fifteen local communities in Ohio.

A 10- week (minimum duration) multi-faceted, evidence-based program shall be provided to participants that includes education on diabetes self-management and strategies to improve blood sugar control through increased physical activity and improved eating habits. Opportunities for participants to engage in monitored physical activity must be included. Participants for the program must be referred from health care providers, Federally Qualified Health Centers (FQHCs), clinics or local health departments and must have been diagnosed with diabetes, pre-diabetes or at risk of developing diabetes.

2. To assist the Ohio Diabetes Prevention and Control Program (ODPCP) to develop a network of evidence-based programs for diabetes self-management programs at the community level.

The sub-grantee will develop partnerships with additional locally available evidence-based diabetes self-management educators/programs to facilitate the establishment of a network of diabetes self-management programs at the community level. Examples of evidence-based diabetes self-management programs currently recognized by the ODPCP include:

- Chronic Disease Self-Management/Diabetes Self-Management Program (CDSMP/DSMP)- Stanford University
- Activate America/Diabetes-YMCA
- Dining with Diabetes- Ohio State University Extension
- Diabetes Conversation Maps- Healthy Interaction, Inc.

3. To expand the number of Master Trainers and Lay leaders certified to lead the Stanford University Chronic Disease Self-Management Program/Diabetes Self-Management Program (CDSMP/DSMP)

It is a condition of this grant that for every \$50,000 awarded, two individuals from the local community will attend the ODH funded Stanford CDSMP/DSMP Master training to take place in Columbus before June 30, 2010. Participants of this training must sign the Stanford University agreement to provide the required number of CDSMP/DSMP workshops and Lay Leader trainings to be recognized as Master Trainers.

J. Program Period and Budget Period: The program period will begin

February 01, 2010 and end on June 30, 2011. The budget period for this application is February 01, 2010 through June 30, 2011. **Fifty (50) percent of each award must be expended by June 30, 2009.**

K. Local Health Districts Improvement Standards:

This grant program will address Local Health Districts Improvement Goal(s) 3701- 36-07 – “Promote Healthy Lifestyles,” Standard 3701-36-07-01-Health Promotion services are targeted to identified risks in the community, and 3701-36-07-03-Prevention, health promotion, early intervention and outreach services provided directly or through contracts or partnerships.

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

L. Public Health Impact Statement: All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards.

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

- a) The Local Health District Improvement Standard(s) to be addressed by grant activities:
 - A description of the demographic characteristics (e.g., age, race, gender, ethnicity) of the target population and the geographical area in which they live (e.g. census tracts, census blocks, block groups .)
 - A summary of the services to be provided or activities to be conducted; and,
 - A plan to coordinate and share information with appropriate local health districts.

The applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the Local Health Districts Improvement Standards

2. *Public Health Impact Statement of Support* - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that when the program summary is submitted with the grant application. If an

applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available.

M. Statement of Intent to Pursue Health Equity Strategies

The ODH is committed to the elimination of health inequities. All applicant agencies must submit a statement which outlines the intent of this application to address health disparities. This statement should not exceed 1 ½ pages and must: (1) explain the extent in which health disparities are manifested within the health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) focus of this application; (2) identify specific group(s) who experience a disproportionate burden for the disease or health condition addressed by this application; and (3) identify specific social and environmental conditions which lead to health disparities (social determinants). This statement must be supported by data. The following section will provide a basic framework and links to information to understand health equity concepts. This information will also help in the preparation of this statement as well as respond to other portions of this application. **(Required for competitive cycle only; not required for continuation cycle, if unchanged)**

▪ Basic Health Equity Concepts:

Certain groups in Ohio experience a disproportionate burden with regard to the incidence, prevalence and mortality of certain diseases or health conditions. These are commonly referred to as health disparities. Health disparities are not mutually exclusive to one disease or health condition and are measurable through the use of various public health data. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. People in such groups also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as social determinants. Social determinants are necessary to support optimal health. The systematic and unjust distribution of social determinants among these groups is referred to as health inequities. As long as health inequities persist, marginalized groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as health equity. Public health interventions that incorporate social determinants into the planning and implementation of programs will contribute to the elimination of health disparities. For more resources on health equity, please visit the ODH website at:

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

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

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon the posting of the Request for Proposal to the ODH Website. Please contact Nancy D. Schaefer, R.D., L.D. at 614-728-3775 for questions regarding this RFP.

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

P. Acknowledgment: An ‘Application Submitted’ status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.

Q. Late Applications: Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **December 21, 2009 by 4:00 P.M.**

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Administration, Central Master Files but they must be delivered by 4:00 P.M. on the application due date. FAX attachments will not be accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**

R. Successful Applicants: Successful applicants will receive official notification in the form of a “Notice of Award” (NOA) in GMIS 2.0. The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.

S. 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 available in GMIS 2.0 to the unsuccessful applicant.

T. Review Criteria: All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities, equipment and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the request for proposal;
9. **Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds; and**
10. **Has demonstrated compliance to GAPP, Chapter 100.**
11. **Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities.**

Programs will include a scoring sheet and/or provide further details of scoring (competitive required; continuation optional).

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

- U. 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.

- V. **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 ODH. All material(s) must clearly state:

Funded by: Ohio Department of Health
Bureau : Office of Healthy Ohio/Bureau of Health Promotion and Risk
Reduction
Program : Diabetes Prevention and Control

- W. **Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the ODH, 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 agency flexibility status and/or further payments.

Reports shall be submitted as follows:

1. **Program Reports:** Subgrantee Program Reports **must** be completed and submitted **via the Subgrantee Performance Evaluation System (SPES)** by the following dates:
 - a. 1st Quarter, February 01 through March 31, 2010... April 15, 2010
 - b. 2nd Quarter, April 1 through June 30, 2010..... July 15, 2010
 - c. 3rd Quarter, July 1 through September 30, 2010... October 15, 2010
 - d. 4th Quarter, Oct. 1 through Dec. 31, 2010..... January 15, 2011
 - e. 5th Quarter, January 1, through March 31, 2011..... April 15, 2011
 - f. Final program report April 1 through June 30, 2011... July 15, 2011

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

Submission of Subgrantee Program Reports via the ODH's SPES indicates acceptance of the ODH GAPP. SPES training will be provided to successful applicants prior to March 31, 2010.

2. **Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates:
 - 1st Quarter, February 01 through March 31, 2010..... April 15, 2010

2 nd Quarter, April 1 through June 30, 2010.....	July 15, 2010
3 rd Quarter, July 1 through September 30, 2010.....	October 15, 2010
4 th Quarter, October 1 through December 31, 2010....	January 15, 2011
5 th Quarter, January 1, through March 31, 2011.....	April 15, 2011
6 th Quarter, April 1 through June 30, 2011.....	July 15, 2011

Submission of Subgrantee Program Expenditure Reports via the ODH’s GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the “Approve” 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 Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** on or before **August 15, 2011**. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

Submission of the Subgrantee Final Expenditure Report via the GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes 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 GMIS 2.0 as part of the Subgrantee Final Expenditure Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

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

Submission of response to grant special conditions via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Checking the "selection" box and clicking the "approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

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

1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. 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://obm.Ohio.gov/MiscPages/TravelRule/>);
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants; and

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

Z. Audit: *Subgrantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133*

requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than 9 months after the end of the subgrantee's fiscal year.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 (and expend \$500,000 or more in federal awards per fiscal year) are required to have a single audit. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB Circular A-133.

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

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

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

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

AA. Submission of Application:

The GMIS 2.0 application submission must consist of the following:

Complete & Submit Via Internet

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

- Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
 6. Assurances Certification
 7. Attachments as required by Program (Must be submitted in GMIS 2.0):
 - i. Evidence –based Curriculum
 - ii. Personnel/Position and resumes
 - iii. Grant Application Work Plan
 - iv. Cost/participant per site analysis
 - v. Letter of Commitment to participate in Stanford’s Chronic Disease Self-Management Program Training presented by ODH
 - vi. Public Health Impact Statement of Support

An original and one copy of the following forms, available on GMIS 2.0, must be completed, printed, signed in **blue ink** with original signature by the Agency Head or Agency Financial Head and mailed to the address listed below:

**Complete,
Sign &
Mail To
ODH**

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

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

**Copy &
Mail To
ODH**

1. Public Health Impact Statement (**for competitive cycle only; for continuation, only if changed**)
2. Statement of Support from the Local Health Districts (**for competitive cycle only; for continuation, only if changed**)

3. Liability Coverage (**Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period**)
4. Evidence of Non-Profit Status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed**).

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

**Complete
Copy &
Mail To
ODH**

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (**Required by ALL Non-Governmental Applicant Agencies**)
3. Program Attachments must be entered into GMIS 2.0

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

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line GMIS 2.0, will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after the RFP is posted to the ODH Website.

All applications must be submitted via GMIS 2.0. Submission of all parts of the grant application via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Submission of the Application signifies authorization by an agency official and constitutes 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. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. **Budget:** Prior to completion of the budget section, please review page 10 of the RFP for unallowable costs.

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

- 1. **Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the application for additional information.
- 2. **Personnel, Other Direct Costs, Equipment and Contracts):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period February 1, 2010 to June 30, 2011. **Fifty (50) percent of the funds must be expended by June 30, 2010. Please provide information and detailed plan by budget category and include a timeline how this will be achieved.**

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

When appropriate, retain all contracts on file. The contracts should not be

sent to ODH. A completed “Confirmation of Contractual Agreement” (CCA) form must be submitted via GMIS 2.0 for each contract once it has been signed by both parties. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

Submission of the “Confirmation of Contractual Agreement” (CCA) via the ODH’s GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgement and acceptance of GAPP rules and regulations. CCAs cannot be submitted until after the 1st quarter grant payment has been issued.

Where appropriate, itemize all equipment (**minimum \$300 unit cost value**) to be purchased with grant funds in the Equipment Section.

- 3. Compliance Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.
 - 4. Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.
- C. Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- D. Project Narrative:**
- 1. Executive Summary:** Identify the target populations, services and programs to be offered and what agency or agencies will provide those services. Describe the public health problem(s) that the program will address. Describe in detail the process used to recruit participants for the program and the referral mechanism that is established with local providers. State the services and programs to be offered and what community agency or agencies will provide those services. (**Limit the response to one page**)
 - 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.

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

Describe agencies' experience in providing evidence-based diabetes self-management program(s), the ability to provide monitored physical activity for program participants and the curriculum to be used.

Describe the agencies' ability to partner with local health care providers, FQHCs, clinics and local health departments for appropriate program participant referrals/recruitment.

Describe the capacity of the community(s) selected to expand the network of diabetes self-management education programs.

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.

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

Include a description of other agencies/organizations also addressing this problem/need.

- 4. Methodology:** In narrative form, identify the goals and the Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) process objectives, impact objectives and outcome objectives. Indicate how they will be evaluated to determine the level of success of the program. Describe how program activities will address health disparities. Please refer to the Center for Disease Control and Prevention web site: <http://www.thecommunityguide.org>

Include a detailed workplan (Appendix B) The workplan must include information concerning:

a. Partner Recruitment and Participant Referral

It is imperative that diabetes-self management program participants be referred from private health care providers, Federally Qualified Health Centers, Clinics and/or local Health Departments. The referral partners are crucial to assure:

- Individuals are qualified to participate in the diabetes self-management program
- There are sufficient numbers of qualified program participants
- There is documented evidence that monitored physical activity is appropriate for the individual and that ODH is relieved of liability
- Pre and post program (3 month and 6 month) measures of hemoglobin A1c and body weights are reported in an aggregate manner with no specific patient identifiers,

Applicant agencies must submit a detailed plan how this will be achieved at the local level. Include any forms that are developed.

Before participants may enroll in the diabetes self-management program that includes monitored physical activity the participant referral partner must provide written documentation that:

1. The participant has been diagnosed with diabetes, pre-diabetes or has one or more of the following risk factors for diabetes , pre-diabetes or is at risk to develop diabetes:
 - a. The individual is overweight-a body mass index ≥ 25 kg/m² (> if Asian American or > if Pacific Islander)
 - b. Ethnicity- African American, American Indian, Asian American, Hispanic and Latino Americans or Pacific Islander Heritage
 - c. A family history of diabetes-a first degree relative with diabetes
 - d. A history of gestational diabetes or gave birth to an infant weighing nine pounds or more
 - e. Hypertension- blood pressure $>140/90$
 - f. Abnormal lipid levels- HDL cholesterol levels <40 mg/dl for men and <50 mg/dl for women; triglyceride level > 250 mg/dl
 - g. Impaired glucose tolerance or impaired fasting glucose on previous testing

- h. Diagnosed with polycystic ovarian syndrome and/or acanthosis nigricans
 - i. History of vascular disease
 - j. History of inactive lifestyle-individual engages in physical activity less than three times each week
2. Physical activity for the program participant is appropriate and allowed by their medical provider and that ODH shall not be held liable in case of illness/injury resulting from program participation.
 3. Hemoglobin A1C measurements will be conducted by the participant referral partner prior to the program and at 3 month and six month intervals to measure the effectiveness of the intervention. A report of the change in A1C levels will be provided to ODH with no patient identifiers.

b. Marketing/Advertising

Local participant referral partners and persons with diabetes, pre-diabetes or at risk of developing diabetes must be made aware of the availability of the diabetes self-management program opportunity in the local community. Applicant agencies must include strategies how referral partners and participants will be made aware of the initiatives. Include partners and/or contractual agreements that will be necessary. Include information concerning how targeted populations will be reached.

c. Agreements with local partners to develop a diabetes self-management education network:

Applicant must provide in the workplan details concerning how a diabetes self-management education program network at the local community level will be developed. To foster development of a community-based network of diabetes self-management education programs and educators, subgrantees must establish partnerships with available local providers of evidence-based diabetes self-management education programs such as (but not limited to):

- Stanford University's Chronic Disease Self-Management Program/Diabetes Self-Management Program Master Trainers or Lay Leaders
- YMCA Activate America/Diabetes Programs
- OSU Extension's Dining with Diabetes Program Educators
- Healthy's Conversation Map Facilitators

Stanford University's Chronic Disease Self-Management Program (CDSMP) is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems including diabetes attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic disease themselves.

Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility and endurance, 3) appropriate use of medications, 4)

communicating effectively with family, friends, and health professionals, 5) nutrition and, 6) how to evaluate new treatments. **It is a condition of this grant that for every \$50,000 awarded, two individuals from the same community will attend the ODH provided CDSMP Master Trainer class facilitated by trainers from Stanford University.** The training will take place prior to June 30, 2010. **A letter of commitment to participate in the ODH provided CDSMP/DSMP training must be included as an attachment. Travel expenses must be included in the budget.**

Partnerships with available CDSMP/DSMP master trainers may also include but not limited to:

- Mutual program participant referrals
- Providing a meeting facility to conduct CDSMP/DSMP workshops
- Inviting Master Trainers to present information about CDSMP/DSMP during self-management session(s).
- Advertising CDSMP/DSMP workshops.

The Ohio State University Extension Program's Dining with Diabetes Educator (in available counties) provides healthy cooking demonstrations as part of the program curriculum. Dining with Diabetes (DWD) is an evidence-based program that provides persons with or at risk of developing diabetes information concerning appropriate cooking techniques and recipe modification tips to enable them to better manage blood glucose levels and/or body weight. Partnerships can include but are not limited to:

- Contracting with OSU Extension to provide cooking demonstrations as part of the curriculum.
- Mutual participant referral agreements.
- Subgrantee providing a meeting facility to conduct DWD sessions
- Assisting with program advertising

It is also encouraged that applicants establish partnerships with local *Conversation Map Trainers*. *Healthy Interactions, Inc.* have trained health care professionals in Ohio to present Conversation Map training to individuals with diabetes. Conversation Map tools engage people with an interactive verbal and visual learning experience, which can enable them to better internalize information. The group setting and interactive discussion provide the flexibility to discuss topics that are most relevant to the participants. Hearing challenges and successes from others builds confidence and reinforces the fact that they are not alone. Information about this program may be obtained at:

<http://www.healthyinteractions.com/about/healthyinteractions>

Partnerships may include but not limited to:

- Mutual program participant referrals.
- Providing a meeting facility to conduct Conversation Map sessions.
- Advertising Conversation Map program(s)
- Inviting Conversation Map instructor to present information during self-management session as part of program curriculum.

d. Collaboration with Existing ODH-funded Projects

The ODH funds numerous prevention programs throughout Ohio. Please identify any other ODH funded programs in the area that you serve, particularly those that focus on chronic disease and specify how you will collaborate to avoid duplication of services and maximize program activities. It is also **required** that the applicant agency will provide individuals to participate in the ODH funded Stanford University Chronic Disease Self-Management/Diabetes Self-Management Master training programs to be conducted prior to June 30, 2010.

e. Evaluation:

The applicant must include information concerning how program success will be evaluated. The evaluation must include information concerning how program activities will account for changes, if any, in the knowledge, attitudes and/or behavioral changes of program participants. This evaluation plan must include **SMART** objectives, indicators that specify the data you are collecting to measure the objective, and a timeframe for acquiring the data. Evaluation must also specify the source of the data and how the data is collected. Pre and post program Hemoglobin A1C and body weight measurements must also be included in the evaluation plan and the data must be presented to ODH in aggregate form with no patient identifiers.

f. Sustainability:

To support development of a network and continuation of evidence-based diabetes self-management programs in local communities, please provide details how partnerships with additional evidence-based community programs will provide ongoing opportunities for diabetes self-management education. Stanford University's Chronic Disease Self-Management Program/Diabetes Self-Management Program, OSU Extension's Dining with Diabetes Program, Conversation Mapping and other available evidence-based community programs should be included. Include in the sustainability plan how additional funding can be obtained to continue to provide diabetes self-management programs.

Also include in this application as an attachment:

Evidence- Based Curriculum

A diabetes self-management program must be provided to participants. The program must be evidence-based and a minimum of ten weeks in duration. The curriculum for the program must include the following topics:

- Self-blood glucose monitoring
- Diabetes disease information
- Understanding how diabetes affects the entire body and diabetes complications
- Diabetes and physical activity
- Nutrition as a cornerstone for diabetes management and better health

- Grocery store shopping tours and/or understanding nutrition labeling and ingredient lists
- Recipe modification strategies and/or cooking demonstration(s)
- Barriers to blood sugar control
- Instruction and opportunities for monitored physical activity.

The educational sessions must be taught by a combination of physical fitness specialists, registered dietitians, certified diabetes educators, registered nurses and health educators. It is recommended that food preparation demonstrations be conducted by OSU Extension Dining with Diabetes Educators when available.

- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date and time. An original and the required number of copies (3) of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address on or before 4 P.M. on December 21, 2009. All attachments must clearly identify the authorized program name and program number.
- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required only if new agency, thereafter only when banking information has changed.)**
- H. Internal Revenue Service (IRS) W-9 and Vendor Forms:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:**
1. Vendor Information Form (New Agency Only), or
 2. Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s).)
 3. Change request in writing on Agency letterhead (Existing Agency with tax

identification number, name and/or address change(s).)

Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed appropriate Vendor Form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy of each.

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

<http://www.publicsafety.ohio.gov/links/HLS0038.pdf>

- Print a hard copy of the form once it has been downloaded. The form must

be completed in its entirety and your responses must be truthful to the best of your knowledge. **(Required by all Non-Governmental Applicant Agencies.)**

N. Attachments as Required by Program: All attachments must be electronically attached in GMIS 2.0:

1. Evidence-Based curriculum
2. Personnel/Positions and resumes
3. Diabetes Program Work Plan
4. Cost/participant per site analysis
5. Letter of Commitment to participate in Chronic Disease Self-Management Program Training
6. Public Health Impact Statement of Support

III. APPENDICES

- A.** GMIS 2.0 Training Form
- B.** Diabetes Program Work Plan
- C.** Cost/Participant/Site Analysis
- D.** Application Review Form and Score Sheet
- E.** Diabetes Prevalence By County

Appendix A

Ohio Department of Health
GMIS 2.0 TRAINING

ALL INFORMATION REQUESTED MUST BE COMPLETED for EACH EMPLOYEE
FROM YOUR AGENCY WHO WILL ATTEND A GMIS 2.0 TRAINING SESSION.
(Please Print Clearly or Type)

Grant Program _____ RFP Due Date _____

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 and as listed, if applicable, currently in GMIS.

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to attend training _____

Telephone Number _____

E-mail Address _____

GMIS 2.0 Training Authorized by: _____

(Signature of Agency Head or Agency Fiscal Head)

Required

Please Check One:

_____ Yes – I ALREADY have access to the
ODH GATEWAY (SPES, ODRS, LHS, etc)

_____ No – I DO NOT have access to the ODH GATEWAY

Please indicate your training date choices: 1st choice _____, 2nd choice _____, 3rd choice _____

Mail, E-mail, or Fax To:

GAIL BYERS

Grants Administration Unit

Ohio Department of Health

246 N. High Street

Columbus, Ohio 43215

E-mail: gail.byers@odh.ohio.gov

Fax: [614-752-9783](tel:614-752-9783)

CONFIRMATION OF YOUR GMIS 2.0 TRAINING SESSION WILL BE E-MAILED TO YOU

Form Due Date: Thursday, November 19, 2009

Appendix B

Diabetes Program Work Plan

Goal:					
Process (Operational) Objective:					
Process Objective Indicators/Data:					
Program Impact (Knowledge)Objective:					
Impact Evaluation Indicator/Data:					
Outcome (Behavioral) Objectives:					
Outcome Indicators:					
Objectives	Related Activities	Agency or Person Responsible	Specific Dates for Each Activity		Evaluation Measures
			Start	End	
Process					
Impact					
Outcome					

Appendix C
Cost per Participant/Site Analysis

Cost per Participant per Site Analysis Form

Complete one form for each Site

Original Grantee _____

Program Site: _____

Projected Number of Participants _____

Grant Request \$ _____

Cost/Participant _____

Costs Include:

Registered/Licensed Dietitian \$ _____

Registered Nurse \$ _____

CDE Costs \$ _____

OSU Extension Educator \$ _____

Educational Materials \$ _____

Supplies \$ _____

Physical Activity \$ _____

Promotional Costs \$ _____

Administrative Fees \$ _____

Referral \$ _____

Follow up \$ _____

Other Costs \$ _____

Total Costs \$ _____

Appendix D – Application Review Form and Score Sheet

Applicant Agency _____	Requested Budget \$ _____
Applicant Number _____	County(s) to be served _____
Reviewer _____	Date _____

Scoring Summary		
Section	Maximum Score	Reviewer Score
Program Narrative:		
Executive Summary	5	
Applicant Agency	15	
Problem/Need	20	
Methodology	20	
Application Work Plan	70	
Attachments:		
Program Curriculum	20	
Cost/Participant/Site Analysis	10	
Subgrantee letter of commitment to participate in ODH/Stanford CDSMP/DSMP training	20	
Total Score	180	

Maximum Score – 180 points

Minimum Score to be considered for funding – 130 points

General Comments

Special Conditions and/or Changes Needed (Please list)

Technical Assistance or Training Needs (Suggested for this grantee to strengthen the project)

Appendix D – Application Review Form and Score Sheet

Category	Comments	Maximum Score	Reviewer's Score
<p>Executive Summary (5 points, maximum 1 page)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clearly defines the population to be targeted <input type="checkbox"/> Clearly identifies services and programs to be offered <input type="checkbox"/> Describes public health problem addressed <input type="checkbox"/> Describes in detail recruitment of participants and the referral system <input type="checkbox"/> Clearly states what agencies will provide services <p>Total Executive Summary</p>		<p>1 point</p> <p>1 point</p> <p>1 point</p> <p>1 point</p> <p>1 point</p> <p>5 points</p>	
<p>Applicant Agency (15 points)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clearly describe how applicant agency is eligible to apply <input type="checkbox"/> Summarizes how lead agency will manage program <input type="checkbox"/> Describes how communication strategies will be understood by diverse audiences-including those with limited English proficiency <input type="checkbox"/> Describes the relationship between program staff and community partners <input type="checkbox"/> Describes plans for hiring and training and delineates all personnel who will be directly involved in program activities <p>Total Applicant Agency</p>		<p>3 points</p> <p>3 points</p> <p>3 points</p> <p>3 points</p> <p>3 points</p> <p>15 points</p>	
		Subtotal A	

Appendix D – Application Review Form and Score Sheet

Category	Comments	Maximum Score	Reviewer's Score
<p>Problem Need (20 points)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identify and describe the local diabetes health status concern <input type="checkbox"/> Indicators stated are measurable and can serve as baseline data for the evaluation <input type="checkbox"/> Describes segments of the target population who experience a disproportionate burden of the local health status <input type="checkbox"/> Includes a description of other agencies/organizations also addressing the problem/need <p>Total Problem/Need</p>		<p>5 points</p> <p>5 points</p> <p>5 points</p> <p>5 points</p> <p>20 points</p>	
<p>Methodology (20 points)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clearly defines the program goals, process, impact and outcome objectives. <input type="checkbox"/> Objectives are SMART <input type="checkbox"/> Indicates how program will be evaluated to determine the level of success <input type="checkbox"/> Describes how program activities will address health disparities <p>Total Methodology</p>		<p>5 points</p> <p>5 points</p> <p>5 points</p> <p>5 points</p> <p>20 points</p>	

Appendix D– Application Review Form and Score Sheet

Category	Comments	Maximum Score	Reviewer's Score
<p>Application Work Plan (60 points)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Goals/objectives are S.M.A.R.T. <input type="checkbox"/> Objectives are Process, Impact and/or Outcome <input type="checkbox"/> Program Activities included <input type="checkbox"/> Responsible agency/persons defined <input type="checkbox"/> Timeline with start and end time <input type="checkbox"/> Evaluation Measures that are clearly defined & measurable <input type="checkbox"/> Evaluation measures include pre and post program A1c and body weight data reported in aggregate form to ODH <p>Information in workplan includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Partner Recruitment and Participant referral <input type="checkbox"/> Marketing/Advertising Strategies <input type="checkbox"/> Development of local diabetes self-management education network <input type="checkbox"/> Collaboration with existing ODH Projects <input type="checkbox"/> Sustainability plans <p>Application Work Plan: Total=70 Points</p>		<p>5 points</p> <p>5 points</p> <p>5 points</p> <p>5 points</p> <p>5 points</p> <p>10 points</p> <p>5 points</p> <p>5 points</p> <p>10 points</p> <p>5 points</p> <p>5 points</p> <p>70 points</p>	
<p>Subtotal B= 110 points Problem Need/Methodology/Workplan</p>		<p>Subtotal B</p>	

<p>Attachments:</p> <p>Program Curriculum (20 Points)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidence-Based <input type="checkbox"/> At least Ten weeks in duration <input type="checkbox"/> Focus is improved eating habits and increased physical activity <input type="checkbox"/> Includes monitored physical activity 		<p>5 points</p> <p>5 points</p> <p>5 points</p> <p>5 points</p> <p>20 Points</p>	
<p>Cost/Participants/Site Analysis (10 points)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is the cost per participant at each site clearly defined <input type="checkbox"/> Reasonableness of cost per participant for services <p>Cost/Participant/Site Analysis Total:</p>		<p>5 points</p> <p>5 points</p> <p>10 points</p>	
<p>Agency Letter of Commitment to Participate in Stanford CDSMP/DSMP trainings (5 points)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter of commitment to participate in CDSMP/DSMP Master training included-2 individuals for every \$50,000 funded clearly stated 		<p>20 points</p> <p>20 points</p>	
<p>Total</p>	<p>Subtotal C</p>	<p>50 Points</p>	

E. Grant Review Summary

Executive Summary + Applicant (20 points possible)

Problem Need + Methodology +Application Work Plan + (110 points possible)

Attachments

Subtotal A _____

Subtotal B _____

Subtotal C _____

Total Grant Score _____

Appendix E -Estimated Prevalence of Adults Diagnosed with Diabetes, by County, Ohio 2008.

County	Prevalence (%)
Ohio	9.9
Adams	10.5
Allen	10.6
Ashland	9.1
Ashtabula	9.1
Athens	11.9
Auglaize	10.6
Belmont	11.9
Brown	10.5
Butler	10.5
Carroll	11.9
Champaign	10.5
Clark	10.5
Clermont	10.5
Clinton	10.5
Columbiana	9.1
Coshocton	11.9
Crawford	10.6
Cuyahoga	8.9
Darke	10.5
Defiance	10.6
Delaware	8.6
Erie	9.1
Fairfield	8.6
Fayette	10.5
Franklin	9.0
Fulton	10.6
Gallia	11.9
Geauga	9.1
Greene	10.5
Guernsey	11.9
Hamilton	8.4
Hancock	10.6
Hardin	10.6
Harrison	11.9
Henry	10.6
Highland	10.5
Hocking	11.9
Holmes	9.1
Huron	10.6
Jackson	11.9
Jefferson	11.9
Knox	8.6
Lake	9.1
Lawrence	11.9

County	Prevalence (%)
Licking	8.6
Logan	10.5
Lorain	9.1
Lucas	12.2
Madison	8.6
Mahoning	7.9
Marion	8.6
Medina	9.1
Meigs	11.9
Mercer	10.6
Miami	10.5
Monroe	11.9
Montgomery	11.8
Morgan	11.9
Morrow	8.6
Muskingham	11.9
Noble	11.9
Ottawa	10.6
Paulding	10.6
Perry	11.9
Pickaway	8.6
Pike	10.5
Portage	9.1
Preble	10.5
Putnam	10.6
Richland	10.6
Ross	10.5
Sandusky	10.6
Scioto	10.5
Seneca	10.6
Shelby	10.5
Stark	10.4
Summit	9.7
Trumbull	9.1
Tuscarawas	11.9
Union	8.6
Van Wert	10.6
Vinton	11.9
Warren	10.5
Washington	11.9
Wayne	9.1
Williams	10.6
Wood	10.6
Wyandot	10.6