



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

**DIVISION OF
Prevention**

**BUREAU OF
Radiation Protection**

**Indoor Radon Program
REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2012
(10/1/2011 – 09/30/2012)**

**Local Public Applicant Agencies
Non-Profit Applicants**

COMPETITIVE GRANT APPLICATION INFORMATION

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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 ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). 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 web-site <http://www.odh.ohio.gov> (Scroll down to “At a Glance and Click on “Funding Opportunities” then click on “ODH Grants” and then click on “GAPP Manual.”)

B. Application Name: Indoor Radon Grant

C. Purpose: ODH has identified radon as a health concern in Ohio. A goal for the state indoor radon program is to achieve public awareness of the health hazards of radon in at least 40% of the population in the State. In addition, a goal is to test and, where necessary, reduce the radon concentrations to less than 4 picoCuries per liter (pCi/l) of air in 10% of the homes in the State. There are two initiatives.

1. To help meet these goals, sub-grants will be awarded to: provide scientific information to the public; conduct outreach to minority and low income groups of the population and provide technical assistance for testing and reduction of radon in residences. The sub grantee will also encourage: building officials to establish healthy indoor air quality through incorporation of radon resistant construction techniques into residential building codes and new school construction plans; builders to incorporate radon resistant features into their new homes as well as to train real estate agents to encourage radon testing as a part of real estate transactions.

Current data identifies 455 zip code areas within Ohio that have geometric mean indoor radon concentrations greater than or equal to 4.0 pCi/l and 75 zip code areas where geometric mean radon levels greater than 10 pCi/l. These areas include Adams, Allen, Clark, Columbiana, Coshocton, Franklin, Greene, Hardin, Harrison, Holmes, Jefferson, Knox, Licking, Mahoning, Pickaway, Richland, Ross, Stark, Summit, and Tuscarawas Counties. Sub grantee

applicants that address the radon problems in these areas are encouraged to apply and will be given higher priority for funding.

2. To help meet these goals, a sub grant will be awarded to a college or University to:
 - Maintain an interactive World Wide Web site on radon in Ohio.
 - Collect data and analyze to extend the Ohio Radon Information System (ORIS) database.
 - Prepare a report of radon data by zip code and county.
 - Continue to collect data on radon in Ohio drinking water and include on the web site.
 - Update a database of radon data on schools tested, by county and school district, with data provided by ODH.
 - Use GIS software to improve presentation of radon data at the county level and by zip code.
 - Continue to manage radon measurement and mitigation data provided by ODH. Prepare quarterly reports of measurement and mitigation activity and download all data to website quarterly.
 - Add and remove information according to ODH needs.

D. Qualified Applicants: Eligible applicants for initiative #1 include county, city, or local health agencies and other non-profit organizations. Applicants are encouraged to include partnerships with other county and city health departments and/or non-profit agency. The eligible applicants for initiative #2 are Colleges and Universities. Individuals, national organizations and other state agencies are ineligible for funding under this grant. The sub grantee must show 40% of the total budget in matching funds. Agencies must attend or document in writing prior attendance at GMIS 2.0 training and must have the capacity to accept an electronic funds transfer (EFT).

E. Service Area: Applicant to provide services within its own county and any other counties specified in its proposal for initiative #1.

The ODH Radon Information System Web Site (radon.utoledo.edu) shall contain information applicable to Ohio for initiative #2.

F. Number of Grants and Funds Available: Federal funds are used for all initiatives. For initiative #1 up to four grants may be awarded for a total amount of \$160,500. For initiative #2, one grant may be awarded for a total amount up to \$30,000.

No grant will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

G. Due Date: Applications including any mailed forms and required attachments mailed

or electronically submitted via GMIS 2.0 are due by 4:00pm **Monday, July 11, 2010**. 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 Chuck McCracken by e-mail at chuck.mccracken@odh.ohio.gov or by phone at (614) 644-2727 or (800) 523-4439 with any questions.

H. Authorization: Authorization of funds for this purpose is contained in (Federal) USPL Section 306 Toxic Substances Control Act 15 USC and the Catalog of Federal Domestic Assistance (CFDA) #66.032. Included in the grant from the U.S. Environmental Protection Agency (USEPA) to ODH are funds to provide sub grants to local health departments for the localization of the indoor radon program.

I. Goals: Funds are awarded to the ODH by the USEPA to address:

- Radon resistant new residential construction
- Target efforts in high radon risk areas and sensitive populations including minority, low income and *health disparities (social determinants)* homeowners.
- Radon training
- Promote testing and mitigation in homes.
- Public information, presentations, seminars, exhibits and speakers about radon
- Response to citizen inquiries and concerns, consultative services and distribution of information about radon
- Promote testing and mitigation in conjunction with real estate transactions
- Reporting of performance measures that reflect and support testing and mitigation data.
- Licensing and regulatory oversight of those individuals and/or entities providing radon services to the public, including inspections and response to complaints
- Promote radon testing and mitigation in schools

The ODH, in turn awards sub grants to support programs to accomplish:

Initiative #1

- **Radon resistant new construction (RRNC) techniques and adoption of RRNC into local building codes:**

To bring healthy indoor air quality to new buildings through preventive measures, such as, incorporating radon resistant construction techniques into the building codes, and encouraging the building and real estate industries to apply radon-reduction techniques.

Required activities may include, but are not limited to the following:

- * Provide RRNC information, presentations and training to local building code officials.

- * Provide RRNC information, presentations and training to building architects and building construction industry personnel.
- * Provide radon resistant new construction materials kits to builders.
- * Provide financial incentives, such as rebates on septic system permits, to builders who incorporate RRNC features in new homes.
- * Provide seals of approval on construction drawings that incorporate RRNC features in new homes.
- * Provide RRNC information, presentations and training to local real estate agencies and professionals.
- * **Each sub grantee and coalition member shall determine the following in their service areas and report their findings in the quarterly program reports to ODH:**
 - 1) **The number of homes built with RRNC features**
 - 2) **The number of residential builders offering RRNC**
 - 3) **The number of commercial builders offering RRNC**
 - 4) **The number of local building codes requiring RRNC**

- **Outreach to minority, low income and *health disparities (social determinants)* homeowners:**

An objective of the indoor radon program is outreach to minority, low income and *health disparities (social determinants)* individuals by providing the technical assistance for testing and reduction of radon in existing residential homes. **(NOTE: Grant funds and/or match funds cannot be used to fund the installation of radon mitigation systems.)**

Required activities may include, but are not limited to the following:

- * Conduct public information and educational outreach to minority, low income and *health disparities (social determinants)* homeowners.
- * Provide radon test kits (or radon test kit redemption coupons) to minority, low income and *health disparities (social determinants)* homeowners who want to test their homes.
- * **Each sub grantee and coalition member shall conduct at least one outreach or educational activity for minority, low income and/or *health disparities (social determinants)* homeowners. [Note: April is Minority Health Month]**

- **Radon training for staff**

Required activities may include, but are not limited to the following:

- * Identify staff in need of radon measurement or mitigation training. Eligible staff are only those individuals employed by the local agencies awarded the regional grant, and who are working directly toward completion of the grant objectives.

- * Conduct training using an ODH approved training program.
- * **Each sub grantee and coalition member shall attend the annual ODH radon program training / meeting in the Spring of 2012.**

- Public information and education

Required activities may include, but are not limited to the following:

- * Conduct public information and educational outreach
- * Conduct media campaigns
- * Develop information on extent of radon concentrations within the region
- * Purchase of displays and/or models
- * Printing and distribution of literature
- * Materials for presentations, seminars, exhibits and speeches, including the rental of furniture, exhibit space and promotional items, including radon test kits (or test kit redemption coupons).
- * **Each sub grantee and coalition members shall conduct and at least eight (8) outreach and education activities during National Radon Action Month in January 2012.**
- * **Each sub grantee and coalition member shall determine the following in their service areas and report their findings in their quarterly program reports to ODH:**
 - 1) **The number of outreach activities completed**
 - 2) **A description of the activity (health fair, presentation, etc...)**
 - 3) **The total number of persons contacted during each outreach**
 - 4) **The number of radon test kits coupons distributed (if any)**
 - 5) **Total number of radon information phone calls received and the total amount of time spent on the calls.**
 - 6) **The number of real estate related radon calls**
 - 7) **The number of radon information requests received by email.**

- Radon in homes

Required activities include but are not limited to the following:

- * Identify eligible radon testing locations within the geographical limits of the State of Ohio and your jurisdiction. Eligible locations are permanent structures that are privately owned and occupied by the homeowner, and rental homes with the permission of the owner, including condominiums, town homes, duplexes, and mobile homes with permanent foundations or airtight skirting. They should have at least one floor at or below ground level. **(NOTE: No one, other than the property owner, may perform radon testing unless they are licensed by ODH.)**
- * Conduct radon testing in homes. Homeowners with *health disparities (social determinants)* are a priority. **(NOTE: Grant funds shall not be used**

for testing of a home that is under a real estate contract to sell or buy the home.)

- * Provide radon test kit redemption coupons to homeowners who wish to test their own homes.

- Training and education for real estate professional

Required activities include but are not limited to the following:

- * Provide educational training to real estate personnel to encourage testing for radon in real estate transactions. An individual certified to provide CEU's to the students should provide training. *[Note: Historical efforts in this area have been more successful when coordinated with the local Board of Realtors. Such coordination may be required for the approval of CEU's for attending Realtors]*
- * **Each sub grantee shall facilitate at least one (1) real estate educational training during the grant period.**

- Radon in schools

Required activities include but are not limited to the following:

- * Provide educational training to school administration, staff and students about radon.
- * Facilitate school testing by providing training, consultation and technical assistance to school personnel wanting to conduct testing of their school facilities. **[NOTE: Grant funds shall not be used to conduct school testing]**
- * **The sub grantee and coalition member shall collect and report school testing data and school mitigation information to ODH quarterly.**

Initiative #2

Maintenance of a radon database for Ohio and its Internet availability

The University of Toledo, Department of Civil Engineering, has prepared under SIRG 7 through 21 sub grants, data and a web site that provides information regarding health effects from radon and provides radon measurement data by U.S. postal zip code.

In order to make the radon data more available to the public the grantee has developed an interactive World Wide Web site on radon in Ohio (<http://radon.utoledo.edu>). The data and other relevant material are placed on the web site currently maintained by the University of Toledo. Software used for the web site was chosen to enable the contents of the web page to be viewed by the user without his/her being required to purchase

additional software. The web site includes connections to other useful related sites on the Internet. The radon web site is easy to use, colorful and of a user-friendly layout. The information included is interesting, current, educational, and accurate to allow the greatest number of Ohio residents to learn about radon.

The existence and contents of the radon web site is currently advertised on the Internet and through the University of Toledo's public information office. Press releases require prior approval by ODH. A disclaimer is included on the initial page of the radon web site clearly limiting the legal liability of the developers, the University of Toledo, and the ODH.

The maintenance of the web site will include efforts among the following (in order of priority):

- The radon data included in the database shall be updated at least quarterly to include data obtained from radon measurement laboratories and licensees.
- Prepare quarterly updating of radon data by zip code. This will be included as an update to the web page.
- Update a sub data base of radon data on schools tested by name and location, with data provided by ODH, and place this data into the web site quarterly.
- Using radon testing and mitigation data provided by ODH, prepare quarterly summaries of this information.
- Provide results on a quarterly basis to the following queries:
 - Number of homes (and schools) tested
 - Number of homes (and schools) mitigated
 - Number of hits on the website
- Provide security to the data so that other than its release to ODH personnel, only statistical summaries of the data will be released to the public.
- ODH personnel will be available to provide guidance on the information to be included in these summaries during the development of this data management program.
- Use GIS software to better analyze and present the radon data by zip code for each county.
- Data on radon concentrations in Ohio drinking water will be included as available.

J. Program Period and Budget Period: The program and budget period for this application is October 1, 2011 through September 30, 2012.

K. Local Health Districts Improvement Standards: This grant program will address the Local Health Districts Improvement Goal(s) 3701-36-06, "Assure a Safe and Healthy Environment Standard(s) 3701-36-06-05, Environmental Health Education is provided to the community and is regularly evaluated". The Local Health District Improvement Standards are available on the ODH website <http://www.odh.ohio.gov/localHealthDistricts/lhdImprovementStandards.aspx> . (Click on "Local Health Departments" 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 **(Required for competitive cycle only; not required for continuation cycle, if unchanged)**.

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 **(Required for competitive cycle only; not required for continuation cycle, if unchanged)**.

M. Statement of Intent to Pursue Health Equity Strategies

The Ohio Department of Health 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 who 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 submission of the Notice of Intent to Apply for Funding (NOIAF). Please contact Chuck McCracken at 614-644-2727 or e-mail at chuck.mccracken@odh.ohio.gov with 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 by 4:00 PM on or before the application due date of **Monday, July 11, 2011.**

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 PM on **Monday, July 11, 2011.** 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). 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 sent 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 and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. 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;
10. Has demonstrated compliance to Grants Administration Policy and Procedures (GAPP), Chapter 100; and
 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.**

Appendix A is the scoring sheet that will be used to evaluate the applications.

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

- U. **Freedom of Information Act:** The Freedom of Information Act and the associated Public Information Regulations (40 CFR Part 2) of the U. S. Environmental Protection Agency 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 40 CFR Part 2.
- V. **Ownership Copyright:** Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The Department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the Ohio Department of Health. All material(s) must clearly state:
 - Funded by Ohio Department of Health/Federal Government
 - Bureau of Radiation Protection
 - Indoor Radon Program
- W. **Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the Ohio Department of Health, Grants Administration Policies and Procedures (GAPP) Manual. Reports must be received before the Department will release any additional funds.

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

Reports shall be submitted as follows:

1. **Program Reports:** Subgrantee Program Reports **must** be completed on the ATTACHMENT A forms and submitted **via the SPES (Subgrantee**

Performance Evaluation System) by the following dates: January 30, 2012, April 30, 2012, July 30, 2012, and October 30, 2012. 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 information required in ATTACHMENT A will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

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

2. **Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates: January 15, 2012, April 15, 2012, July 15, 2012, and October 15, 2012.

Submission of Subgrantee Program Expenditure Reports via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "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 November 15, 2012. 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> Then click on OBM Travel Rule.
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 Ohio Department of Health are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than 9 months after the end of the subgrantee's fiscal year.*

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

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 (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.** Refer to 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 connections or effect (direct or indirect) of the Findings on subgrants passed-through the Ohio Department of Health;
- 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. Federal Funding Accountability and Transparency Act (FFATA) reporting form (Attachment B)..
8. Attachments as required by Program: NONE

An original and one (1) 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 (2) copies of the following documents must be mailed to the address listed below:

**Copy &
Mail To
ODH**

1. Public Health Impact Statement **(for competitive cycle only; for continuation, only if changed)**
2. Statement of Support from the Local Health Districts **(for competitive cycle only; for continuation, only if changed)**
3. **Statement of Intent to Pursue Health Equity Strategies (for competitive cycle only: not required for continuation cycle, if unchanged)**
4. Liability Coverage **(Non-Profit Organizations only; proof**

of current liability coverage and thereafter at each renewal period).

5. 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. An original and one copy of **Attachments** (non-Internet compatible) as required by Program: NONE

**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 submission of the Notice of Intent to Apply for Funding (NOIAF).

All applications must be submitted via GMIS 2.0. Submission of all parts of the grant application via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Submission of the Application signifies 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 13 of the RFP for unallowable costs.

A match of 40% is required by this program. This match amount must be included in the applicant share column of the Budget Summary page with a match plan in the narrative.

- 1. 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, & Contracts):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period October 1, 2011 through September 30, 2012.

Funds may be used to support 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 Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "approved" 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 \$300.00 unit cost value**) to be purchased with grant funds in the Equipment Section

- 3. Compliance Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.
- 4. Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources 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 sub grantee must submit the Assurances (Federal and State Assurances for Sub grantees) form. This form is submitted as a part of each application via GMIS 2.0. The Assurances Certification sets forth standards of ethical and financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the sub grantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative: 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.

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.

.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.

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).

4. **Methodology:** In a narrative, identify the program goals, objectives, and *Specific, Measureable, Attainable, Realistic & Time-Phased (SMART) process, impact, or outcome objectives* and activities. Indicate how they will be evaluated to determine the level of success of the program. *Describe how program activities will address health disparities.* Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.
- E. **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. **Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address by 4:00 PM on or before **Monday July 11, 2011**. All attachments must clearly identify the authorized program name and program number. A minimum of one original and two copies of these materials are required.
- G. **Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must** be dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required only if new agency, thereafter only when banking information has changed.)**
- H. **Internal Revenue Service (IRS) W-9 & Vendor Forms:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required if new agency, thereafter only when tax identification number or agency address information has changed.)** One of the following forms must accompany the IRS, W-9:
1. **Vendor Information Form (New Agency Only) OR**
 2. **Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s)).**
 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 (1) copy of each

- I. Public Health Impact Statement Summary:** Submit two (2) copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards (**for competitive cycle only; for continuation, only if changed**).
- J. Public Health Impact & Intent to Pursue Health Equity Statements :** Submit two (2) copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards 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 (2) copies of the Certificate of Insurance Liability (**Non-Profit Organizations only; current liability coverage and thereafter at each renewal period**).
- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving 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 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 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. Federal Funding Accountability and Transparency Act (FFATA)

Requirements: The Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. ODH is required to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds required to complete the FFATA Reporting Form. A sample of the FFATA Reporting Form is attached to this RFP.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the information in the grant application, Attachment B. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR go to www.ccr.gov.

Information on Federal Spending Transparency can be located at www.USAspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at www.whitehouse.gov/omb/open.

(Required by all applicants, Attachment B is located on the GMIS Bulletin Board. It must be completed and attached to the GMIS Application/Project Comment Section.)

O. Attachments as Required by Program:

ATTACHMENT A – Program quarterly reporting forms.

ATTACHMENT B - Ohio Department of Health Sub-Awardee Federal Funding Accountability and Transparency Act (FFATA) Reporting Form.

III APPENDICES

- A. Application Review Form
- B. GMIS 2.0 Training Form
- C. Notice of Intent to Apply for Funding

Attachment A – Narrative Report

**INDOOR RADON PROGRAM QUARTERLY REPORT FOR:
Quarter(#)*of (Year)***

Subgrantee Name: _____ Date: _____
Subgrant Number: _____

INITIATIVE #1

OBJECTIVE 1 Radon resistant new construction (RRNC) techniques and adoption of RRNC into local building codes:

Mandatory Activity: Each sub grantee and coalition member shall determine the following in their service areas and report their findings in the quarterly program reports to ODH:

- 1) The number of homes built with RRNC features
- 2) The number of residential builders offering RRNC
- 3) The number of commercial builders offering RRNC
- 4) The number of local building codes requiring RRNC

Supplemental Activities: (add your list of approved activities here)

Quarterly Accomplishments: (Use Attachment A – Data Sheet)

OBJECTIVE 2 Outreach to minority, low income and *health disparities (social determinants)* homeowners:

Mandatory Activity: Each sub grantee and coalition member shall conduct at least one outreach or educational activity for minority, low income and/or *health disparities (social determinants)* homeowners (NOTE: April is Minority Health Month).

Supplemental Activities: (add your list of approved activities here)

Quarterly Accomplishments:

OBJECTIVE 3 Radon training for staff

Mandatory Activity: Each sub grantee and coalition member shall attend the annual ODH radon program training / meeting in the Spring of 2012.

Supplemental Activities: (add your list of approved activities here)

Quarterly Accomplishments:

OBJECTIVE 4 Public Information and education

Mandatory Activities:

- I. Each sub grantee and coalition members shall conduct and at least eight (8) outreach and education activities during National Radon Action Month in January 2012.
- II. Each sub grantee and coalition member shall determine the following in their service areas and report their findings in their quarterly program reports to ODH:
 - 1) The number of outreach activities completed
 - 2) A description of the activity (health fair, presentation, etc...)
 - 3) The total number of persons contacted during each outreach
 - 4) The number of radon test kits coupons distributed (if any)
 - 5) Total number of radon information phone calls received and the total amount of time spent on the calls.
 - 6) The number of real estate related radon calls
 - 7) The number of radon information requests received by email.

Supplemental Activities: (add your list of approved activities here)

Quarterly Accomplishments:

OBJECTIVE 5 Radon in homes

Activities: (add your list of approved activities here)

Quarterly Accomplishments:

OBJECTIVE 6 Training and education for real estate professionals

Mandatory Activity: Each sub grantee shall facilitate at least one (1) real estate educational training during the grant period.

Supplemental Activities: (add your list of approved activities here)

Quarterly Accomplishments:

OBJECTIVE 7 Radon in schools

Mandatory Activity: Each sub grantee and coalition member shall report school testing data and school mitigation information (if any) to ODH each quarter.

Supplemental Activities: (add your list of approved activities here)

Quarterly Accomplishments:

Attachment A – Data Sheet

INDOOR RADON PROGRAM QUARTERLY REPORT FOR:
Quarter(#)*of (Year)*

Subgrantee Name: _____ Date: _____
 Subgrant Number: _____

INITIATIVE #1

OBJECTIVE 1 - RRNC	1st	2nd	3rd	4th
Number of homes built with RRNC features				
Number of residential builders offering RRNC				
Number of commercial builders offering RRNC				
Number of local building codes requiring RRNC				
OBJECTIVE 4 - Public Information				
Number of outreach activities completed				
Number of persons contacted during outreach				
Number of coupons distributed				
Number of radon calls received				
Amount of time spent on radon calls				
Number of real estate related calls				
Number of e-mails received				
OBLECTIVE 7 - Radon in schools				
Number of schools tested				
Number of schools mitigated				
(List any additional activities that produce data – i.e., number of radon information packets distributed with sewer permits, etc...)				

Attachment B
Ohio Department of Health Sub-Awardee
Federal Funding Accountability and Transparency Act (FFATA) Reporting Form

Submission Date
 ____/____/____

Sub-Awardee Data

1	DUNS #	
2	DUNS # plus 4	
3	Name	
4	DBA Name	
5	Address - Street # 1	
6	Address - Street # 2	
7	Address - Street # 3	
8	City	
9	State	
10	County (select from list of Ohio counties)	
11	Zip plus 4	
12	Congressional District	
13	Sub-awardee - Parent DUNS #	
14	Amount of Sub-award/Contract	Completed by ODH
15	Sub-award Obligation/Action Date (i.e., date the NOA and/or Contract is signed/approved)	Completed by ODH
16	CFDA and Program Title	Completed by ODH
17	Federal Agency Name	Completed by ODH
18	Principal Place of Performance (PPP)- City (or County if as a whole)	
19	PPP - State	
20	PPP - County	
21	PPP - Zip + 4	

22	PPP - Congressional District	
23	Sub-award/Contract # (i.e., the project ID for sub-grants)	
24	Q1. In organization's previous FY did it receive 80% or more from federal contracts and \$25,000,000 or more from federal contracts? If yes, please see Q2.	
25	Q2. Does the public have access to compensation of senior executives via the section 6104 of the IRS Code of 1986? If "yes", then the project is not required to report the compensation information. If "no" please enter the compensation information.	
26	1 of 5 highest compensated officials - Name	
27	1 of 5 highest compensated officials - Amount	
28	2 of 5 highest compensated officials - Name	
29	2 of 5 highest compensated officials - Amount	
30	3 of 5 highest compensated officials - Name	
31	3 of 5 highest compensated officials - Amount	
32	4 of 5 highest compensated officials - Name	
33	4 of 5 highest compensated officials - Amount	
34	5 of 5 highest compensated officials - Name	
35	5 of 5 highest compensated officials - Amount	
36	Project Description	Completed by ODH
37	Agency Director/President	
38	Agency Program/Project Director	
39	Agency Phone Number	
40	Program Source/Treasury Account Symbol	Completed by ODH
41	CCR # (of Parent Agency if applicable)	

Complete section below if Agency is not in the State of Ohio

42	If 'Other' County Selected, name of county outside of Ohio	
43	If 'Out of State' Congressional District Selected, provide State and Congressional District	
44	If 'Out of State' PPP - County	
45	If 'Out of State' PPP - Congressional District	

Application Review Form

WORK PLAN EVALUATION

Evaluation Item	Value	Yes	No	Comments	Award Points
Well-written Work Plan	5				
Feasible – planned accomplishments and milestones with reference to time and resources	10				
Clear Work Plan	5				
(a) Objectives/purpose	5				
(b) Strategy/methodology	10				
Address issue of very high radon areas	25				
Contribute to advancement and/or improvement of health	5				
Contribute to accomplish SIRG 22 goals	5				
If well executed, will achieve project objectives	5				
Cost to ODH reasonable considering the anticipated result	5				
Experienced project personnel	5				
Trained project personnel	5				
Evaluation plan includes measurable quality and quantity of work	10				
Responsive to special concerns and program priorities	5				

FINANCIAL SECTION EVALUATION

Evaluation Item	Value	Yes	No	Comments	Award Points
Matching funds available	20				
Expenses projected are acceptable	15				
Personnel allocated are justified	5				
Personnel allocated correspond to the Personnel Section in the special Project Application	5				
Travel expenses are realistic and justified	5				
Additional information/ supporting documentation	10				

SPECIAL PROJECT APPLICATION EVALUATION

Evaluation Item	Value	Yes	No	Comments	Award Points
1. Completeness (A). All forms submitted	5				
(B). All forms properly completed	5				
2. Clarity and quality (A). Work Plan includes summary	5				
(B). Work plan purpose/ objectives/goals and priorities	5				
(C). Each Work Plan includes budget details	10				
(D). Budget details correspond with budget details in Special Project Form Financial Section	5				

**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, LHIS, etc)**
_____ **NO – I DO NOT have access to the ODH
GATEWAY**

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

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Prevention
Bureau of Radiation Protection

ODH Program Title: Indoor Radon Program

ALL INFORMATION REQUESTED MUST BE COMPLETED.
(Please Print Clearly or Type)

County of Applicant Agency _____

Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency County Agency Hospital Local Schools
(Check One) City Agency Higher Education Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

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

Mail, E-mail, or Fax To: Charles D. McCracken, Indoor Radon Program
 Ohio Department of Health
 246 North Street, 7th Floor 35 Bldg.
 Columbus, OH 43215
 E-mail: Chuck.McCracken@odh.ohio.gov
 Fax: 614-466-0381

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY MAY 27, 2011