



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

Ted Strickland/Governor

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

July 14, 2008

To: Prospective Applicants for 2009 Healthy Ohio
Community Obesity Prevention Program Grants

From: Cynthia Burnell, Director
Office of Healthy Ohio
Ohio Department of Health

As part of Ohio's *Envisioned Future State for a Healthy Ohio*, and Governor Strickland's Healthy Ohio initiative, The Ohio Department of Health, Office of Healthy Ohio, is announcing a competitive grant program to support infrastructure investments and comprehensive community-based strategies to control and prevent overweight and obesity in Ohio communities. Specifically, the program will address the Health Visioning Goal that "By 2011, more Ohioans will report being physically active, and eating the recommended number of fruits and vegetables."

The staggering rise of obesity rates in the past three decades is contributing to the increase in costly chronic diseases, such as heart disease and diabetes, along with an unsustainable growth in health care costs. Ohio ranks sixth in the nation with 28.4 percent of adults classified as obese and an additional 35.5 percent as overweight. Seventy-seven percent of Ohio adults report not eating the recommended number of fruits and vegetables and 24.5 percent get no leisure time physical activity. Americans spend nearly \$100 billion to address the consequences of physical activity and poor nutrition annually.

In addition, the growth in obesity threatens the health of children today more than ever. Children are now being diagnosed with diseases like type 2 diabetes, that in the past were only seen in adults. Research shows that sixty percent of overweight 5- to 10-year-olds have at least one cardiovascular disease risk factor such as high blood pressure or high cholesterol. Based on current overweight and obesity trends, one-third of today's children will develop diabetes over their lifetime.

Obesity is a complex public health issue and experts agree that major systems and policy changes, including education and a focus on primary prevention, are necessary to change individual behaviors and support healthier lifestyles. While personal responsibility is crucial to address this major public health challenge, community support with strong collaborations are critical for supporting and providing opportunities to promote healthier lifestyles. Community leadership has the ability to assess major barriers on the local level and identify strategies to change policy, improve the built environment, and use innovation and creativity to support and sustain improvements in nutrition and physical activity that will ensure a healthier population.

The goal of this competitive grant program is to support sustainable community initiatives through system, policy, and environmental changes. **The funding period for this award will be 9 months beginning October 1, 2008, and ending June 30, 2009.** Eligible applicants must be *local public health departments or non-profit groups partnering with the local public health department as the lead applicant.*

An applicant may apply for only one of the following grant options (Note: ***A total of \$900,000 may be awarded.*** This figure may be adjusted based on funding and/or applications):

- 1) **Environmental Change**: A minimum of 5 grants may be awarded, for a total amount not to exceed \$300,000. Eligible agencies may apply for grants ranging from a minimum of \$30,000 to a maximum of \$75,000.
- 2) **Capacity Building**: A minimum of 3 grants may be awarded for a total amount not to exceed \$250,000. Eligible agencies may apply for grants ranging from a minimum of \$30,000 to a maximum of \$85,000.
- 3) **Community-Based Expansion**: A minimum of 3 grants may be awarded for a total amount not to exceed \$350,000. Eligible agencies may apply for grants ranging from a minimum of \$30,000 to a maximum of \$150,000.

All interested parties **must** submit a *Notice of Intent to Apply for Funding*, no later than **August 11, 2008** to be eligible to apply for funding.

Upon receipt of your completed *Notice of Intent to Apply for Funding* form, ODH will create a grant application account number for your organization. ODH will access your organizations' GMIS training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you regarding those needs. GMIS training of two individuals is mandatory if your organization has never been trained on GMIS. (Organizations with previous GMIS training will automatically receive a grant application account number upon receipt of a completed Notice of Intent to Apply for Funding form.) 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.

Once ODH receives your completed *Notice of Intent to Apply for Funding* form, creates the grant application account for your organization, and finalizes all GMIS training requirements, you may proceed with the application process as outlined in the RFP.

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

Technical Assistance Session

All potential applicants are encouraged to participate in a Grant Writing Conference Call on July 24, 2008 at 10AM. The conference call will provide potential applicants the opportunity to learn more about the RFP application and to have questions answered. Please RSVP to Debra.Smith@odh.ohio.gov by July 21, 2008 if you wish to participate.

Please contact Alisa O'Brien, OHO, Chief, Community Wellness and Obesity Prevention at 614-466-1663 by e-mail at healthyO@odh.ohio.gov or by fax at 614-644-0085 with questions. Questions directed to healthyO@odh.ohio.gov must be submitted by July 25, 2008. Responses will be posted on OHO web-site, <http://www.healthyohioprogram.org> by August 1, 2008.

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Office of Healthy Ohio

Healthy Ohio Community Obesity Prevention Grant Program

ALL INFORMATION REQUESTED MUST BE COMPLETED.

(Please Print Clearly or Type)

County of Applicant Agency _____

Federal Tax Identification Number _____

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

Type of Applicant Agency
(Check One)

- County Agency Hospital Local Schools
 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:

- Yes, our agency will need GMIS 2.0 training
 No, our agency has completed GMIS 2.0 training
 First time applying for an ODH grant
 Our agency will participate in the July 24 Bidder's Conference Call
 Environmental Change and/or Capacity Building Application 10% Match
 Community Based Expansion Application 25% Match

Mail, E-mail or Fax To:

Alisa O'Brien, Chief, Community Wellness and Obesity Prevention, Ohio Department of Health
Ohio Community Obesity Prevention Grant Program
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215
E-mail: healthyO@odh.ohio.gov
Fax: 614-644-0085

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY AUGUST 11, 2008



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF HEALTHY OHIO

HEALTHY OHIO COMMUNITY OBESITY PREVENTION GRANT PROGRAM

REQUEST FOR PROPOSALS (RFP) FOR FISCAL YEAR 2009 (10/1/08 – 06/30/2009)

Local Public Applicant Agencies

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> (Click on “About ODH,” click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** *Office of Healthy Ohio Community Obesity Prevention Grant Program*
- C. Purpose:** As part of Ohio’s *Envisioned Future State for a Healthy Ohio*, and the Governor’s Healthy Ohio initiative, this grant program will support infrastructure investments and comprehensive community-based strategies to control and prevent overweight and obesity that address disparities in health status to assure that those populations most in need will be served. Specifically, the program will address the Health Visioning Goal that “By 2011, more Ohioans will report being physically active, and eating the recommended number of fruits and vegetables.” Funding can be used for either (1) targeted environmental changes that will improve nutrition and/or enhance opportunities for physical activity, (2) capacity building which includes needs analysis; or (3) expansion of existing community-based obesity prevention strategies.

The staggering rise of obesity rates in the past three decades is contributing to the increase in costly chronic diseases, such as heart disease and diabetes, along with an unsustainable growth in health care costs. Ohio ranks sixth in the nation with 28.4 percent of adults classified as obese and an additional 35.5 percent as overweight. Seventy-seven percent of Ohio adults report not eating the recommended number of fruits and vegetables and 24.5 percent get no leisure time physical activity. Americans spend nearly \$100 billion to address the consequences of physical activity and poor nutrition annually (Finkelstein, EA, Fiebelkorn, IC, Wang, G. National medical spending attributable to overweight and obesity: How much, and who’s paying? *Health Affairs* 2003;W3;219–226).

In addition, the growth in obesity threatens the health of children today more than ever. Children are now being diagnosed with diseases like type 2 diabetes that were in the past only seen in adults. Research shows that sixty percent of overweight 5- to 10-year-olds have at least one cardiovascular disease risk factor such as high blood pressure or high cholesterol. Based on current overweight and obesity trends, one-third of children today will develop diabetes over their lifetime.

While childhood obesity is prevalent across demographic groups, it disproportionately affects some Ohio children more than others. A report on body mass index of Ohio’s third graders completed by the Department of Health Division of Family and Community Health Services, School and Adolescent Health Section show that low-income third graders are more likely to be overweight or obese than children from other income groups. Children living in Appalachian counties are more likely to be obese than children living in non-Appalachian counties. Among low income preschool-age children, those with Hispanic ethnicity have the greatest prevalence of overweight and obesity.

The prevalence in 2006 was 33.9 percent for Hispanic children, 25.3 percent for black children, and 27.2 percent for white children. The physical and emotional health conditions associated with overweight and obesity will be a constant challenge to overcome as children age. As obese children become obese adults, costly health care bills will accumulate earlier in life.

The current health care system's focus on treatment and disease has not been effective in reducing obesity and overweight. Obesity is a complex public health issue and experts agree that major systems and policy changes, including education and a focus on primary prevention, are necessary to change individual behaviors and support healthier lifestyles. While personal responsibility is crucial to address this major public health challenge, community support with strong collaborations are critical for supporting and providing opportunities to promote healthier lifestyles. Community leadership has the ability to assess major barriers on the local level and identify strategies to change policy, improve the built environment, and use innovation and creativity to support and sustain improvements in nutrition and physical activity that will ensure a healthier population.

- D. Qualified Applicants:** Eligible applicants are: local public health departments (LPH) or non-profit groups partnering with the local public health department as the lead applicant. Applications must be submitted by a local public health department. *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).*
- E. Service Area:** Grant recipients will be expected to perform services within their individual community and eventually share best practices with similar communities e.g., county, city, or township. The applicant shall define the targeted "community or communities" for each project, and shall include a description of its community or communities in its proposal. Examples of such communities could include traditional communities such as the geographic demarcation of a neighborhood, city, county, or group of counties. A community might also include a more non-traditional association or grouping, including a service organization, or a governmental entity such as a local Parks and Recreation Department. A community could be defined as a targeted population with some common characteristics that the project hopes to impact.
- F. Number of Grants and Funds Available:** An applicant may apply for only one of the following grant options (Note: Number and amounts assume \$900,000 will be available. This figure may be adjusted based on funding and/or applications):
- 1) **Environmental Change Grant:** A minimum of 5 grants may be awarded, for a total amount not to exceed \$300,000. Eligible agencies may apply for grants ranging from a minimum of \$30,000 to a maximum of \$75,000.
 - 2) **Capacity Building Grant:** A minimum of 3 grants may be awarded for a total amount not to exceed \$250,000. Eligible agencies may apply for grants ranging from a minimum of \$30,000 to a maximum of \$85,000.
 - 3) **Community-Based Expansion Grant:** A minimum of 3 grants may be awarded for a total amount not to exceed \$350,000. Eligible agencies may apply for grants ranging from a minimum of \$30,000 to a maximum of \$150,000.

No grant award will be issued for less than **\$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review. The ODH reserves the right to modify the number of grants awarded or funding amounts based on applications, geographic representation and funds available.

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

electronically submitted via GMIS 2.0 are due by **Monday, August 25, 2008**. *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.*

H. Authorization: Authorization of funds for this purpose is contained in Amended Substitute House Bill 119 appropriations for the Office of Healthy Ohio within the Department of Health.

I. Goals: The goal of this competitive grant program is to support sustainable community initiatives through system, policy, and environmental change. The risk of obesity will be reduced by implementing one of three interventions which include:

(1) Environmental change; (2) Capacity Building; and (3) Community-Based Obesity Prevention Expansion. These program initiatives will help Ohio communities reach Governor Ted Strickland's goals that, by 2011, more Ohioans will be physically active and eating the recommended number of fruits and vegetables. Applicants can apply for only one of the following three grants:

#1 Environmental Change Grant: This grant program is designed to make changes in the community's physical environment to enhance behaviors conducive to good health and contribute to active community environments. Examples of possible projects include: the establishment of indoor/outdoor playgrounds for children with limited access in winter and/or summer months; creation of bike lanes; development of a safe route to school program; establishment of community gardens to increase accessibility and routine consumption of fresh fruits and vegetables; enhanced sidewalk or path development; or involvement with city planners and developers to locate housing near retail and transit for increased walkability.

#2 Capacity Building Grant: This grant is designed to empower communities without an existing obesity prevention or similar coalition to build leadership and partnerships to reorient organizational policies and develop an infrastructure to implement and sustain comprehensive strategies to reduce risk factors for obesity. Applicants must develop a plan that includes diverse partners to recommend policy and environmental changes to support long-term healthy behaviors.

#3 Community-Based Obesity Prevention Expansion Grant: This grant is designed for established obesity prevention efforts or similar coalitions (with an existing comprehensive plan) to enhance existing interventions to reduce obesity. Applicants must involve diverse partners to implement policy and environmental changes that support long-term healthy behaviors.

Criteria Requirements for All Grants:

- Creation or continuation of a broad-based community coalition designated to address nutrition and/or physical activity for the identified community. The group must include at least one local health department official; a local zoning, urban planning board or transportation official; and representatives from but not limited to employers, schools, early childhood councils, health care providers, faith-based organizations, and elected officials.
- Develop or use a Community Needs Assessment that specifies the current health status and identifies areas of population at greatest need in the community to assure that those populations are served by program activities.
- Describe existing and/or possible policy options or efforts that will promote physical activity and active living by community design through local land-use planning, zoning, open space plans, transportation plans, or other long-range planning activities to support healthier communities.

Additional Criteria for Capacity Building and Community-Based Expansion Grant:

- Develop or expand plans to prevent obesity in a comprehensive manner for the community by supporting sustainable initiatives that use evidence-based practices and focus on system, policy, environmental change, and/or innovative programming.
- Address how the project would develop and implement impact objectives based on at least one of the following activities and demonstrate the effect of program activities relative to policy and environmental change:
 1. Program activities designed to effect conditions that limit opportunities for increased physical activity and create pedestrian-friendly infrastructure that contributes to active community environments. Examples of these activities include the establishment of playgrounds or opportunities for safe recreation in a reasonable distance from home; target policies which result in the enhancement of sidewalk, bike lane or path development to better connect the community; change policies which lead to the development of mixed-use neighborhoods near retail and transit for increased walkability; conduct a needs assessment with tools like Washington State's Active Community Environment Checklist: <http://www.doh.wa.gov/cfh/NutritionPA/Documents/ACEs-Checklist-09-07-final.doc> or PACE EH (<http://www.naccho.org/topics/environmental/CEHA.cfm>) that uses community involvement and empowerment to identify and address environmental health issues related to built environment or
 2. Improve access to healthy food options, especially in areas with limited fresh fruit and vegetable markets. For example, support policy development that encourages healthy snacks in vending machines; develop community gardens, farmers markets, or farm-to-school efforts in areas with limited access to healthy foods or
 3. Establish/implement policies that increase physical activity and healthy nutrition practices at after-school and child care programs through inclusion of physical activity into the curriculum; the replacement of high calorie snacks with healthy snacks; or policies that open school facilities (e.g., gymnasiums and walking tracks) for family use or
 4. Increase the number of employers who promote supportive work environments for improved nutrition and increased physical activity. Examples include working with employers to adopt policies that improve healthier vending options and encourage opportunities for physical activity breaks during the work day, including stair usage promotion programs with motivational signs at elevators and escalators or
 5. Initiate development of faith-based community supported wellness to assist members in adopting behavior conducive to healthier living or
 6. Influence specific changes in family food purchases and meal planning. Examples include: using trusted and influential community role models to educate their peers or cooking demonstrations and interactive shopping experiences to promote healthier food choices.
 7. Interventions to reduce consumption of unhealthy fast foods and sweetened beverages. Examples include working with restaurants to reduce or offer appropriate portion sizes.
 8. Educate and increase the number of physicians using the Ounce of Prevention tool available at no cost to the provider from ODH.
 9. Incorporate physical activity and healthier snack options into youth-oriented programs (e.g, local mentor programs).
 10. Increase breastfeeding. For example, increase the number of worksites with employee policies supportive of breastfeeding.
 11. Increase the number of opportunities for older adults and/or individuals with special needs to engage in physical activity. For example, create partnerships between youth and older adult groups to jointly engage in physical activities.

J. Program Period and Budget Period: The program period will begin October 1, 2008, and end on June 30, 2009. The budget period for this application is October 1, 2008, through June 30, 2009.

K. Local Health Districts Improvement Standards: This grant program will address Local Health

Districts Improvement Goal 3701-36-07: “Promote Healthy Lifestyles,”; Standard 3701-36-07-02: “Community members actively involved in addressing prevention priorities”; and Standard 3701-36-07-03: “Prevention, health promotion, early intervention, and outreach services are provided directly or through contracts or partnerships.” The Local Health District Improvement Standards are available on the ODH 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:

- (1) The Local Health District Improvement Standard(s) to be addressed by grant activities;
- (2) A description of the target population to be served;
- (3) A summary of the services to be provided or activities to be conducted; and,
- (4) A plan to coordinate and share information with appropriate local health districts.

The Applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comments 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, it should be indicated 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. 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.**

N. 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.* Please contact Alisa O’Brien, at 614-466-1663, healthyo@odh.ohio.gov with any questions.

Applicant must attend or must document, in writing, prior attendance at Grants Management Information System 2.0 (GMIS 2.0) training in order to receive authorization for Internet submission.

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

P. 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 August 25, 2008**. 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.**

- Q. Successful Applicants:** Successful applicants will receive official notification in the form of a “Notice of Award” (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- R. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.
- S. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describes specific objectives, activities, milestones, and outcomes with respect to time-lines and resources;
 5. Estimates reasonable cost to the Ohio Department of Health, considering the anticipated results;
 6. 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. Is responsive to the special concerns and program priorities specified in the request for proposal; and,
 9. **Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds.**
 10. **Has demonstrated compliance to GAPP, Chapter 100.**
 11. Describes the assessment of disparities to assure that those populations most in need would be served.
 12. Uses evidenced-based approaches or promising approaches with the potential for sustainability.

Programs will include a scoring sheet and/or provide further details of scoring. See Appendix B

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

- T. Freedom of Information Act:** The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer

to 45 CFR Part 5.

U. Ownership Copyright: Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The Department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the Ohio Department of Health. All material(s) must clearly state:

Funded by Ohio Department of Health

Bureau: Office of Healthy Ohio

Program: Community Wellness and Obesity Prevention

V. Reporting Requirements: Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the Ohio Department of Health, Grants Administration Policies and Procedures (GAPP) Manual. Reports must be received before the Department will release any additional funds.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of 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 SPES (Subgrantee Performance Evaluation System)** by the following dates:

1st Quarter, October 1 – December 31 January 15, 2009

2nd Quarter, January 1 – March 31 April 15, 2009

3rd Quarter, April 1 – June 30 July 15, 2009

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 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:

1st Quarter, October 1 – December 31 January 15, 2009

2nd Quarter, January 1 – March 31 April 15, 2009

3rd Quarter, April 1 – June 30 July 15, 2009

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 **August 15, 2009**. 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 Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (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.

W. 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 Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (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.

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

1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting 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 current state rates (OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>);
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
22. Funds may not be used to supplant currently funded programs. Funds may be used to expand current programming to achieve specific objectives of this RFP
23. Refreshments unless related to nutrition education, outreach, or combined nutrition education and outreach efforts.

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

Examples of Allowed Expenses:

- Funds may be used to pay for project supplies that contribute to achieving the specific objectives of this RFP; e.g., fruits and vegetables that are part of approved grant activities, passes to recreational facilities, or appropriate incentives for progress towards participant goals.
- Funds may be used for the purchase of equipment such as fitness equipment or playground materials.
- Funds may be used to assist with the construction of capital infrastructure that contributes to achieving the specific objectives of this RFP such as a bike path.

- Y. 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.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend \$500,000 or more in Federal awards in its fiscal year are required to have a single audit. 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 and 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.

Z. 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. Ethics Certification
8. Attachments as required by Program:
 - a. Attachment A-Obesity Prevention work plan
 - b. Attachment B- a letter from each member of the broad-based community coalition explaining their specific role in contributing to the proposed community initiatives to promote healthier eating and increase physical activity
 - c. Attachment C- applicants must submit letters of commitment for the match requirement.

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
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 (1) 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 3 copies of **Attachments** (non-Internet compatible) as required by Program:

**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 Grants Management Information System 2.0 (GMIS 2.0), will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after the Request for Proposal (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 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 pages 9-10 of the RFP for unallowable costs.

A match of 10% is required by this program for Environmental Change and Capacity Building Grant applicants. A 25% match is required by this program for Community-Based Expansion Grant applicants. This match amount must be included in the applicant share column of the Budget Summary page with a match plan in the narrative. In-kind contributions can be used for the match.

- 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, 2008 to June 30, 2009.

Funds may be used to support personnel, their training, travel (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>), and supplies directly related to planning, organizing, and conducting the Initiative/program activity described in this announcement.

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 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: *This RFP is for competitive applications; this section must be included. Please respond to the following:*

1. Executive Summary:

a. Grant Information. Insert responses to the below:

Grant Type (Environment, Capacity Building or Community-Based Expansion):

Funding Amount Request:

Name of Project:

Outcome Objective(s):

b. Provide a concise summary of proposal that will respond to the following (3-5 pages double spaced in 12 point font):

- Identify the community and target population.
- Describe the creation or continuation of a broad-based community coalition designated to address nutrition and/or physical activity for the identified community. The group must include at least: one local health department official; a local zoning, city planning board or transportation official; and representatives from but not limited to employers, schools, early childhood councils, health care providers, faith based organizations, and elected officials. Include signed letters from participating members that describe their role in contributing to the proposed initiative.
- Provide a brief description of the project and objectives.
- For Capacity Building and Community-Based Expansion Grant applicants only, describe

development or expansion plans to prevent obesity in a comprehensive manner for the community by supporting sustainable initiatives that use evidence-based practices and focus on system, policy, environmental change, and/or innovative programming. Address how the project would develop and implement impact objectives based on at least one of the following activities and demonstrate the effect of program activities relative to policy and environmental change:

1. Program activities designed to effect conditions that limit opportunities for increased physical activity and create pedestrian-friendly infrastructure that contributes to active community environments. Examples of these activities include the establishment of playgrounds or opportunities for safe recreation in a reasonable distance from home; target policies which result in the enhancement of sidewalk, bike lane or path development to better connect the community; change policies which lead to the development of mixed-use neighborhoods near retail and transit for increased walkability; conduct a needs assessment with tools like Washington State's Active Community Environment Checklist:
<http://www.doh.wa.gov/cfh/NutritionPA/Documents/ACEs-Checklist-09-07-final.doc> or PACE EH (<http://www.naccho.org/topics/environmental/CEHA.cfm>) that uses community involvement and empowerment to identify and address environmental health issues related to built environment or
 2. Improve access to healthy food options, especially in areas with limited fresh fruit and vegetable markets. For example, support policy development that encourages healthy snacks in vending machines; develop community gardens, farmers markets, or farm-to-school efforts in areas with limited access to healthy foods or
 3. Establish/implement policies that increase physical activity and healthy nutrition practices at after-school and child care programs through inclusion of physical activity into the curriculum; the replacement of high calorie snacks with healthy snacks; or policies that open school facilities (e.g., gymnasiums and walking tracks) for family use or
 4. Increase the number of employers who promote supportive work environments for improved nutrition and increased physical activity. Examples include working with employers to adopt policies that improve healthier vending options and encourage opportunities for physical activity breaks during the work day, including stair usage promotion programs with motivational signs at elevators and escalators or
 5. Initiate development of faith-based community supported wellness to assist members in adopting behavior conducive to healthier living or
 6. Influence specific changes in family food purchases and meal planning. Examples include: using trusted and influential community role models to educate their peers or cooking demonstrations and interactive shopping experiences to promote healthier food choices or.
 7. Interventions to reduce consumption of unhealthy fast foods and sweetened beverages. Examples include working with restaurants to reduce or offer appropriate portion sizes or.
 8. Educate and increase the number of physicians using the Ounce of Prevention tool available at no cost to the provider from ODH or.
 9. Incorporate physical activity and healthier snack options into youth-oriented programs (e.g., local mentor programs) or.
 10. Increase breastfeeding. For example, increase the number of worksites with employee policies supportive of breastfeeding or.
 11. Increase the number of opportunities for older adults and/or individuals with special needs to engage in physical activity. For example, create partnerships between youth and older adult groups to jointly engage in physical activities.
- c. Describe efforts to promote and ensure access of the project to target population. Include how

partners will assist in promoting and facilitating sustainability and maintenance of the project. List other Ohio Department of Health funded programs and other services that are available in the community and address the same problem/need; e.g. CFHS, WIC, Action for Healthy Kids, School and Adolescent Health. Identify how the Program will collaborate with these programs (double spaced and 1-2 pages).

- d. Describe existing and/or possible policy options or efforts to promote active community environments through community design by local land-use planning, zoning, open space plans, transportation plans or other long-range planning activities in your community (double spaced and 1-2 pages).
- e. Include a sustainability plan to continue activities and meet objectives after the project period. (double spaced and 1-2 pages).
- f. Expansion Grant applicants only, describe existing community plan to prevent obesity.

2. Description of Applicant Agency/Documentation of Eligibility/Personnel:

- Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. *The local health department may subcontract with other local entities to manage the contract and/or carry out the project activities.*
- 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.
- Identify an individual point person who is responsible for project management. For Capacity building and Expansion Grant applicants, identify one full-time staff person with professional public health experience who will devote 50% of his/her position hours to project management of the grant.

3. Problem/Need:

- Provide a concise description of the local health status concern that will be addressed by the program and used to identify a target population. 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.
- Statement of Need. Identify the target population based on current local health status, needs, contributing factors, and gaps in target communities. Do not restate national and state data.
- Describe the local data and Community Needs Assessment that was used to identify needs, contributing factors, and gaps in target community resources, or if the applicant has not completed a needs assessment then describe the process that will be used to assess health priorities, existing health policies and community environment to meet outcome objectives.
- Clearly identify the demographic characteristics (e.g., age, race, gender, and ethnicity) and geographic locations of the target population to be served by the program. The applicant must explicitly identify the segment(s) of the population that experience Health

Disparities for the health status concern or focus of this application and strategies to address these health disparities. Health Disparities are defined as: differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in your service area.

4. Methodology:

- Describe what baseline data will be determined and how it will be collected. Baseline data should be specific and related directly to the targeted activity. For example, if a playground will be purchased or renovated, identify how many children visited within a certain time period. If interactive videogame equipment that features dancing was purchased for a community program, identify how many children regularly participate and what kind of health benefits are seen. If a bike lane is added to an existing road, describe how many more people are expected to ride bicycles to work. Indicate how the objectives will be evaluated to determine the level of success of the program. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based.
- **Use the Obesity Prevention Work Plan provided in Attachment A** to describe activities that focus on systems, policy, and environmental change approaches to control and prevent obesity by showing the following:
 - Identify **Impact Objectives** that address each targeted setting for that community. The Impact objective is the intended result or accomplishment that the program wants to make an impact. It focuses on changes in policy, a system, the environment or behaviors. For example, increase the reach and quality of policies that increases access to opportunities for physical activity.
 - Briefly state the **Impact Evaluation Indicator** as defined in the objective. What will tell you whether or not you have achieved your impact objective? What are the measurable changes that will occur as a result of impact objective? For example, policies were adopted by ten after-school programs to include 30 minutes of physical activity programming, enabling 150 children to receive more physical activity.
 - For each impact objective write **Process Objectives** which are the intermediate steps or specific, measurable actions that need to be completed in a specific timeframe. It explains what you are going to do and when you are going to do it. For example, work with local after-school programs administrators on accessing current program's opportunity for physical activity. Another example, could be development or distribution of an after-school program physical activity tool-kit.
 - For each process objective, list **Related Activities, target group** (intermediate or ultimate), place and setting with how many individuals will be reached, **specific name of lead staff/partner responsible, specific beginning and ending dates throughout the year, and Evaluation Indicators**.
 - Each **Evaluation Indicator** should be clear and definitive and relate to the objective. Refer to Appendix 1, Page 22 for types of evaluation strategies.

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 on or before **August 25, 2008**. All attachments must clearly identify the authorized program name and program number. *A minimum of an original and 3 copies of non-Internet attachments 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 Response/Statement:** Submit two (2) copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for competitive cycle only; 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 Homeland Security Website:

http://www.homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.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. Ethics Certification: Attach a separate statement in the Project Narrative Section that, as a duly Authorized Representative of the Subgrantee Agency, you certify that in accordance with Executive Order 2007-01S:

- a. Subgrantee Agency has reviewed and understands the Governor’s Executive Order 2007-01S, and
- b. Subgrantee Agency has reviewed and understands the Ohio ethics and conflict of interest laws, and
- c. Subgrantee Agency will take no action inconsistent with those laws and this order, and
- d. Subgrantee Agency understands that failure to comply with the Executive Order 2007-01S is, in itself, grounds for termination of this grant and may result in the loss of other grants with the State of Ohio.

Refer to GMIS 2.0 Bulletin Board – Governor’s Executive Order 2007-01S (Ethics)

O. Attachments as Required by Program:

- Attachment A- Obesity Prevention Work Plan
- Attachment B-a letter from each member of the broad-based community coalition explaining their specific role in contributing to the proposed community initiatives to promote healthier eating and increase physical activity
- Attachment C- applicants must submit letters of commitment for the match requirement.

III. APPENDICES

- A. Program Definitions and Guidelines for Office of Healthy Ohio, *Community Obesity Prevention Grant Program***
- B. Review Criteria/Application Review form**
- C. Attachment A -Obesity Prevention Work Plan**
- D. GMIS 2.0 Training Form**

Appendix A

Program Definitions and Guidelines for Obesity Prevention Plans-2008-2009

Time Frame: October 1, 2008 - June 31, 2009

Program Definitions:

Active Community Environment (ACE): As defined by the CDC, (ACEs) are places where people of all ages and abilities can easily enjoy walking, bicycling, and other forms of recreation. ACEs support and promote physical activity; have sidewalks, on-street bicycle facilities, multi-use paths and trails, parks, open space, and recreational facilities; promote mixed-use development and a connected grid of streets, allowing homes, work, schools, and stores to be close together and accessible by walking and bicycling. The availability of these characteristics can play a significant role in promoting or discouraging physical activity. http://www.cdc.gov/nccdphp/dnpa/physical/health_professionals/active_environments/aces.htm

Built Environment: References the manmade surroundings that provide the setting for human activity, from the largest-scale civic surroundings to the smallest personal place.

Community Coalition: Projects will maintain a coalition which includes representation from all local health departments and from all settings; members from populations and communities identified as high-need as well as appropriate agencies, organizations, and providers

Comprehensive Plan: A written plan compiled by a diverse group of participants that contains strategies to address obesity related health concerns for a community.

Environmental Change: Refers to changes in both the social, cultural, and political environment, as well as the physical environment, at the community level; a change in organizational practice or policy. For example, marked walking routes added in communities or at worksites.

Policy Change: A shift in the formal operations of organizations and/or governmental institutions that allows new or different activities to occur and thrive. These shifts may arise from information-sharing, community participation, professional input, compromise, and consensus-building and are usually the result of effective advocacy. Some examples include local school board policies to allow adult access to school facilities for physical activity, afterschool programs requiring 30 minutes of active play, and vending machine policies to offer more healthy options.

Sustainability: Ensuring that an effort or change lasts. Note: sustainability is often misunderstood as securing further or ongoing funding for a program that otherwise would end. It is important to understand that sustainability can be achieved without ongoing funding by changing policies, norms, attitudes, etc.

Systems Change: A permanent change to the policies, practices, and decisions of related organizations or institutions in the public and/or private sector.

Objectives: Specific, measurable, attainable, and limited to a single result obtained through completion of planned activities. An objective must identify who or what will change, by what timeline (date) the change will occur, and by how much it will change. The indicator in the objective must reflect a measurable outcome for which data is available. Measurable objectives have a completion date: i.e., a specific point in time when the objective is to be completed for evaluation. Do not develop objectives or activities for which your community and the applicant have no control. Contractors will be held responsible for making progress and reporting on all objectives included in the proposal. Applicants should establish objectives that are attainable within the project period.

Outcome Objective: The ultimate goal of the project. Examples include: increase physical activity rates in the target population or improve dietary behaviors related to the burden of obesity.

Program Objectives and samples:

Impact and Process Objectives must be written in SMART (Specific, M measurable, Achievable, Relevant, and Time-Framed) format and emphasize population-based interventions.

- **Specific** - Identifies a specific event of action that will take place or change that will occur. *Who is expected to change or benefit?*
- **Measurable** - Quantifies the number of events or the amount of change to be achieved. What or how much is expected? Measurable objectives use action verbs such as ‘establish,’ ‘enact,’ ‘train,’ ‘adopt,’ ‘commit,’ ‘institute,’ or ‘organize.’
- **Achievable** - Realistic result given available resources and plans for implementation, yet challenging enough to accelerate program efforts. Use baseline measures to assist in estimating potential success.
- **Relevant** - It is logical and relates to the program’s goals. It is sufficiently meaningful and important. Consider the financial and human resources and the cost benefit of the intervention.
- **Time Specific** - It specifies a time by which the objective will be achieved. When will the event or change occur?

1. Program Impact Objectives

- Complete a separate Work Plan page for each program impact objective.
- Components of Objectives
 - Who? The group of people or system expected to change.
 - What? The action or changes in behavior, health practice, or system change to be achieved.
 - Where? The location of the activity.
 - How Much? The extent of the change to be achieved.
 - By When? The time in which the change is expected to occur.
- Impact objectives can specify health outcomes, behavioral outcomes, policy changes, or environmental outcomes.
- Process objectives should describe the desired program outcome on the primary target populations.

Example: by June 30, policies will adopted by ten after-school programs to include 30 minutes of physical activity programming, enabling 150 children to receive more physical activity.

2. Impact Evaluation Indicator

- Briefly state the impact evaluation indicator as defined in the objective. What will tell you whether or not you have achieved your program impact objective? What changes will have occurred, i.e. policy adopted, systems change is in place, resources/facilities available in the community, or practices adopted.

Example: 100 additional children are physically active on a regular basis at a playground that is within walking distance from their homes.

3. Process Objectives and Related Activities

Sample Process Objectives:

1. By November 1, 2008, 30 family practice physicians will be briefed about the Ounce of Prevention tool and presented with materials to use in talking with patients about healthy weight and nutrition.

Activities:

- a. Work with partners to establish physician list.
 - b. Prepare handouts and presentation for training.
 - c. Assess current level of knowledge with attendees.
 - d. Conduct meeting.
 - e. Evaluate gain of knowledge and openness of physicians.
 - f. Follow up with offices regarding use of materials.
2. By December 31, 2009, a local active community living task force will be created to promote community design and reconstruction that promotes greater walkability and contributes to active community environments.

Activities:

- a. Talk with local elected officials or policymakers about location for such group.
- b. Invite task force participants and form group.
- c. Conduct a needs assessment such as the PACE EH tool to access community concerns and obstacles.
- d. Utilize the media to promote coalition building and concerns of the community found in assessment.
- f. Develop action plan for the task force.

4. Agency or Person Responsible

- Identify the person or agency responsible for each activity.

5. Evaluation Indicators and Measure(s)

Evaluation can help to identify needed changes, find out how well objectives are being met, determine the effects of the program, and identify ways to improve the program. Coordinators should decide who will conduct the evaluation and develop an evaluation plan when the program objectives are established. Needs assessments surveys, etc. that provide a baseline for measuring progress or impact and behavior are effective in ensuring that the program continues to meet the needs of the population it is intended to serve and that it becomes more fully integrated into institutional functioning. Include a brief description of the

evaluation measure for each Process Objective. Consider what criteria and methods are acceptable to your stakeholders. For example:

- **Records**
 - Utilization of fitness facility or health center services
 - Proficiency exam scores
 - Physical measures, e.g. BMI, HBP, cholesterol, strength, flexibility, aerobic capacity, BMI percentile
 - Documentation, e.g. written policy, adoption of curriculum, meeting minutes, news clippings, medical records, police records
- **Observations**
 - Behavior, e.g. food choices, amount of time spent in activity during physical education class, plate waste, purchasing healthy vending items
 - Environment, e.g. educational messages, safety, improved lighting,
 - Photographs, e.g. before and after pictures of walking paths
- **Questions/surveys/questionnaires/interviews**
 - Paper-pencil tests
 - Face to face interviews
 - Phone interviews
 - Focus groups
 - Key opinion leaders
 - Community forums
 - Survey Monkey

Appendix B

Review Criteria/ Application Review form

Applications will be reviewed internally based on the review criteria listed below (100 points total).

A. Executive Summary (30 points)

- Identifies grant type (Environment, Capacity Building or Community-based Expansion), funding amount request, name of project, and outcome objective(s).
- Identifies target population, community, and details members of broad-based community coalition and individual responsibilities in assisting with project activities. Includes signed letters from participating members that describe their role in contributing to the proposed initiative to promote healthier eating and increased physical activity. Includes letter regarding match contributions.
- Provides brief description of project and objectives. For Capacity Building and Community-Based Expansion Grant applicants, the proposal also describes how a comprehensive obesity plan will be developed or expanded to prevent obesity in a comprehensive manner that use evidence-based practices to promote and create healthier eating and/or increase physical activity. Provides details on activities that will focus on system, policy, environmental change, and/or innovative programming. The proposal also identifies activities that will be used to target one of the required impact objectives.
- Describes activities to promote and ensure access of the project to target population. Includes how partners will assist in promoting and facilitating sustainability and maintenance of the project. Lists other Ohio Department of Health-funded programs and other services that are available in the community and address the same problem/need.
- Describes policy options or efforts to promote active community environments through community design by local land-use planning or other long-range planning activities.
- Include a sustainability plan to continue activities and meet objectives after the project period. (1-2 pages):
- For Expansion Grant applicants, a description of existing community plan to prevent obesity is included.

B. Description of Applicant Agency/Documentation of Eligibility/Personnel (5 points)

- Briefly discusses applicant agency's eligibility to apply, summarizes the agency's structure as it relates to the program and, as the lead agency, how it will manage the program including subcontracting with other local entities.
- Describes hiring and training, as necessary.
- Identifies an individual point person who is responsible for project management. For Capacity building and Expansion Grant applicants, identifies one full-time staff person with professional public health experience who will devote 50% of his/her hours to project management of the grant.

C. Problem/Need (15 points)

- Identifies the target population, current local health status and needs, contributing factors, and gaps in target communities.
- Describes Community Needs Assessment or, if the applicant has not completed one, describes the

process that will be used to assess health priorities, existing health policies and community environment to meet outcome objectives.

- Identifies the demographic characteristics and geographic locations of the target population including the segment(s) of the population that experience Health Disparities for the health status concern or focus of this application and strategies to address these health disparities. Describes how program interventions will be integrated to address the health disparities.

D. Methodology/Community Work Plans for 2008 (40 points)

- Describes how baseline data will be collected and used in evaluation.
- Describes work plan activities in required attachment including descriptions of impact and process objectives and evaluation indicators.
- Objectives focus on systems, policy and environmental change approaches to control and prevent obesity that adequately describe the steps needed to accomplish the Impact Objective and addresses sustainability.
- Follows the SMART format.

E. Budget (10 points)

- Narrative is satisfactory and relates expenditures to Work Plan.
- 10% or 25% Match, a signed letter of organization supplying match is included.
- Other program staff identified and appropriate to program scope of work.
- Budget is reasonable and adequate to meet the goals and objectives of the project. Contractors identified by name and role with project defined.
- Other Direct Costs itemized and appropriate.

**Obesity Prevention
Work Plan Form**
(Use a separate sheet for each impact objective)

Type of Grant:	(Environmental Change, Capacity-building or Community-based Expansion)					
Impact Objective:	What is the intended result or accomplishment that the program wants to make an impact on?					
Type of Impact Objective (circle one):	(policy, environment change, interpersonal or individual)					
Baseline Measure:	What is the initial measurement that will be compared with final results to determine if the objective was met?					
Impact Evaluation Indicator:	What is the measurable change you expect to see as a result of impact objective, that when compared to the baseline, determines if impact objective was met?					
Process Objectives and related Strategies and Activities	Target Group	Place/Setting & Individuals reached	Lead Staff	Key Partners to assist in this activity	Timeline Beginning and End dates	Evaluation Indicators
What strategies and actions will be taken (Examples: needs assessment information, planning or contract development)	Who or what is the target of change?	Where will the intervention be available and how many individuals will be reached? Examples: Community-wide, schools, families, religious organizations, and hospitals)	Which staff is responsible?	Are there specific partners or committees who can take a lead role?	Indicate the timeline to meet specific project goals	What indicators will be used to show an objective has been reached?
						Indicator: An observable and measurable characteristic or change that shows the progress a program is making toward achieving a specified action or outcome

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

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**

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