

MEMORANDUM

Date: March 21, 2011

To: Prospective Reproductive Health and Wellness Program Applicants

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

Subject: Notice of Availability of Funds – State Fiscal Year 2012
July 1, 2011 – June 30, 2016 Program Period

The Ohio Department of Health (ODH), Division of Family and Community Health Services, Bureau of Child and Family Health Services, Reproductive Health and Wellness Program announces the availability of grant funds. ODH is combining the Family Planning, Women's Health Services and the family planning component of the Child and Family Health Services Programs into one grant program in order to comprehensively address issues of reproductive health and wellness with a focus on populations in greatest need and identified priorities. Funds will be available for applicants to ensure there is an organized effort to improve the overall health and well-being of women and men by promoting healthy lifestyles and encouraging the establishment of a reproductive life plan.

To obtain a grant application packet:

1. Go to the ODH website at <http://www.odh.ohio.gov/>
2. From the home page, click on "Funding Opportunities";
3. From the next page, click on "ODH Grants";
4. Next click "Grant Request for Proposals", this will give you a pull down menu with current RFPs by name; and
5. Select and highlight the ODH Reproductive Health and Wellness Program RFP and click "Submit". This process invokes Adobe Acrobat and displays the entire RFP. You can either read and/or print the document as desired.

Please note that all interested parties must submit a Notice of Intent to Apply for Funding (attached) no later than April 15, 2011, to be eligible for these funds.

All potential applicants are encouraged to participate in a Bidders' Conference that will be held via conference call **Thursday, March 31, 2011 from 12:30 pm – 2 pm**. The Bidders' Conference will provide an opportunity for interested parties to learn more about the RFP and to ask clarifying questions. Information regarding the time and instructions on accessing the webinar will be posted to the ODH website.

All applications and attachments are due **May 9, 2011**. Electronic applications received after May 9, 2011 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. Please complete and submit the ODH GMIS 2.0 Form (Attachment #1) no later than April 15, 2011 to the Grants Administration Unit to begin the process to authorize your account.

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. Contact Lisa Wolfe at 614.466.5878 with any questions.

NOTICE OF AVAILABILITY OF FUNDS

Ohio Department of Health
Division of Family and Community Health Services
Bureau of Child and Family Health Services
Reproductive Health and Wellness Program

Competitive Grant Applications for State Fiscal Year 2012

Introduction/Background

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Child and Family Health Services, Reproductive Health and Wellness Program announces the availability of grant funds. The authorization of funds for this purpose is contained in Public Law 91-572 as amended, Catalog of Federal Domestic Assistance 93.217, Section 3701.046, Amended Substitute House Bill 1, (129th Ohio General Assembly) and the Maternal Health Services Block Grant (Title V, Social Security Act, as amended, Catalog of Federal Domestic Assistance Number 93.994).

The purpose of the Reproductive Health and Wellness Program in Ohio is to improve the overall health and well-being of women and men by promoting healthy lifestyles and encouraging the establishment of a reproductive life plan. Responses from the Ohio Pregnancy Risk Assessment Monitoring System data summary from 2008 indicated that only 52.3 % of Ohio pregnancies were intended. Pregnancy intent is directly linked to timing of prenatal care entry and early and continuous prenatal care is associated with healthy birth outcomes. In addition, the Perinatal Periods of Risk analysis in Ohio indicates that the best opportunity for improving birth outcomes is in helping women get healthy before they become pregnant through preconception and interconception care. A reproductive life plan will allow individuals the opportunity to determine when and if they are physically, emotionally, and financially prepared to become parents. In addition, the life plan can help to lower the risk of adverse perinatal and birth outcomes by assuring access to health care services to low-income, uninsured, under-insured and others, regardless of the individual's religion, race, national origin, handicapping condition, age, sex, number of pregnancies, marital status, culture, ethnicity or sexual orientation;

Eligibility

All applicants must be a local public or non-profit agency. Applicant agencies must attend or document, in writing, prior attendance at GMIS 2.0 training and have the capacity to set up an electronic funds transfer (EFT).

NOTICE OF AVAILABILITY OF FUNDS

Program Period and Award Amount

This is a competitive grant cycle. Appendix 1 lists the maximum dollars which may be available for each county. Applicants may apply for a minimum of \$30,000.

The program period begins July 1, 2011 and ends June 30, 2016. The budget period begins July 1, 2011 and ends June 30, 2012.

To Obtain a Grant Application Packet

1. Go to the ODH website at www.odh.ohio.gov from the home page; click on “Funding Opportunities”; from the next page click on “ODH Grants”; next click on “Grant Request for Proposals”; this will give you a pull down menu with current RFPs by name; and select and highlight ODH Reproductive Health and Wellness Program RFP and click “Submit”. This process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired. In the application packet you will find:
 - a. Request for Proposals (RFP) – This document outlines detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant.
 - b. Notice of Intent to Apply for Funding (NOIAF) – The purpose of this document is to ascertain your intent to apply for available grant funds.
2. When you have accessed the application packet:
 - a. Review the RFP to determine your organization’s ability to meet the requirements of the grant and your intent to apply.
 - b. If after reviewing the RFP you wish to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Fax or e-mail it to ODH, per the listed instructions and by the indicated due date. The *Notice of Intent to Apply for Funding* form is mandatory, if you intend to apply for the grant. Please note: The NOIAF must be submitted no later than April 15, 2011 to be eligible for these funds.

Upon receipt of your completed Notice of Intent to Apply for Funding form, ODH will:

- a. Create a grant application account number for your organization. This account number will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet, using the GMIS 2.0. ODH will assess your organizations’ GMIS 2.0 training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you regarding those needs. GMIS 2.0 training is mandatory if your organization has never been trained on GMIS 2.0.

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

Contact Lisa Wolfe at 614.466.5878 with any questions.

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Family and Community Health Services
Bureau of Child and Family Health Services

ODH Program Title: Reproductive Health and Wellness 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 City Agency Hospital Higher Education Local Schools 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 call into the Bidder's Conference/Webinar

E-mail or Fax to: Randy Berry, Administrative Asst.
Ohio Department of Health
RE: Reproductive Health and Wellness Program
E-Mail: Randy.Berry@odh.ohio.gov
FAX: (614)564-2443

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY April 15, 2011.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF

Family and Community Health Services

BUREAU OF

Child & Family Health Services

Reproductive Health and Wellness Program

REQUEST FOR PROPOSALS (RFP)

FOR

FISCAL YEAR 2012

(07/01/11 – 06/30/12)

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 the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) Manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The GAPP Manual is available on the ODH Website <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “ODH Grants” and then click on “GAPP Manual.”)

B. Application Name: Reproductive Health and Wellness Program

C. Purpose: The purpose of the Reproductive Health and Wellness Program in Ohio is to improve the overall health and well-being of women, men, and children by improving health care access, promoting healthy lifestyles and encouraging the establishment of a reproductive life plan. Responses from the Ohio Pregnancy Risk Assessment Monitoring System data summary from 2008 indicated that only 52.3 % of Ohio pregnancies were intended. In addition, the Perinatal Periods of Risk analysis in Ohio indicates that the best opportunity for improving birth outcomes is in helping women get healthy before they become pregnant through preconception and interconception care. A reproductive life plan will allow individuals the opportunity to determine when and if they are physically, emotionally, and financially prepared to become parents. In addition, the life plan can help to lower the risk of adverse perinatal and birth outcomes by assuring access to health care services to low-income, uninsured, under-insured and others, regardless of the individual’s religion, race, national origin, handicapping condition, age, sex, number of pregnancies, marital status, culture, ethnicity or sexual orientation;

ODH is combining the Family Planning, Women’s Health Services and the family planning component of the Child and Family Health Services Programs into one grant program in order to comprehensively address issues of reproductive health and wellness. The RHWP will ensure a focus on populations in greatest need and identified priorities.

D. Qualified Applicants: All applicants must be a local public or non-profit agency. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training (Attachment A) and must have

the capacity to accept an electronic funds transfer (EFT). To be considered eligible for review, applicant agencies must submit Ohio Department of Health Reproductive Health and Wellness Program Assurances (Attachment C). Applicants must sign the Reproductive Health and Wellness Program Eligibility Certification (Attachment D).

The comprehensiveness of the reproductive health services to be offered and the need for the reproductive health services throughout the state will be factors influencing prioritization for this funding.

Applicants are not required to provide contraceptive services. However, applicants who do not include contraceptive services will not be eligible for 340B drug pricing under the Public Health Service Act for Family Planning. Section 340B limits the cost of covered outpatient drugs to enable these entities to stretch scarce federal resources, reaching more eligible patients and providing more comprehensive services.

- E. Service Area:** Applicants shall clearly define the specific geographic area (county, zip code(s), census tract(s), etc.) and the specific population to be served with the grant funds provided. This grant shall not establish residency requirements for eligible patients. The RHWP service area includes all counties in Ohio.

If other service providers in the applicant's county provide family planning services through Title X funds administered by Planned Parenthood of Central Ohio, Planned Parenthood of Northeast Ohio, or Center for Community Solutions (Ashtabula, Cuyahoga, Lorain, Geauga, Delaware, Franklin, Madison, Marion, Pickaway, Union, Lake, Crawford, Mahoning, Summit, Medina, Portage, Richland, Stark, Trumbull and Wayne counties), the applicant must CLEARLY define how their agency will be serving a different population and that there is no duplication of effort within the county in order to be eligible for Reproductive Health and Wellness Program funding.

- F. Number of Grants and Funds Available:** *The sources of funds supporting the RHWP subgrant program are both state and federal funds.* Only one applicant per county will be awarded funding for this program. Agencies may subcontract with other agencies to provide services. However, only one entity per county may be identified as the applicant agency. Two or more entities may collaborate on an application to provide services. Up to 88 grants may be awarded for a total amount of \$4,727,846 which includes funding from the Maternal and Child Health Block Grant (Title V), Women's Health Services Program and the Population Research and Voluntary Family Planning Programs (Title X). Eligible applicants may apply up to the amount stated in Appendix 1, Reproductive Health and Wellness Available Funds by County.

The funding formula is based on the needs and characteristics of the clientele to be served. Three criteria will be used: (1) the number of women aged 13 – 44 who are able to become pregnant, (2) the number of women aged 20 to 44 seen who are at less than 250% of the federal poverty line, and (3) the number of black or Hispanic female

reproductive-aged women.

No grant award will be issued for less than **\$30,000**. This 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.

Applications to provide services to multiple counties will be accepted. Appendix 1 lists the maximum dollars which may be available for **each** county. Applicants may submit proposals to serve multiple counties and may apply for the sum of the funds available for each county to be served. A detailed budget and budget narrative are required for each county. Dollars designated for a county must be spent for services in that county.

- G. Due Date:** Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by 4:00 p.m. **Monday, May 9, 2011**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Contact BCFHS Lisa Wolfe at Lisa.Wolfe@odh.ohio.gov or 614-466-5878 with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Public Law 91-572 as amended, Catalog of Federal Domestic Assistance 93.217, Amended Substitute House Bill 1, (129th Ohio General Assembly) and the Maternal Health Services Block Grant (Title V, Social Security Act, as amended, Catalog of Federal Domestic Assistance Number 93.994).

- I. Goals:** The goals of the Reproductive Health and Wellness Program are:

Goal 1: To improve the overall reproductive health and well-being of women and men.

- **Core Objective:** By June 30, 2012, 100% of patients will have received comprehensive reproductive health & wellness direct health care services per nationally recognized standards of care.
- **Enhanced Objective 1:** By June 30, 2012, 100% of patients will have been tested for HIV according to CDC guidelines utilizing the rapid testing method.
- **Enhanced Objective 2:** By June 30, 2012 100% of patients will have been screened, per protocol, for cervical cancer with a liquid based pap.
- **Enhanced Objective 3:** By June 30, 2012 100% of patients aged 13 – 26 will have been vaccinated against Human Papilloma Virus (HPV).
- **Enhanced Objective 4:** By June 30, 2012, 100% of all patients will have received RHWP services regardless of age or child bearing status.

Goal 2: To promote the establishment of a reproductive life plan for all RHWP patients.

- **Core Objective:** By June 30, 2012, 100 % of patients will have received counseling and education to establish a reproductive life plan (RLP).
- **Enhanced Objective 1:** By June 30, 2012, the number of postpartum visits per client (up to twelve weeks after delivery) in RHWP agencies will have increased to enhance the number of women optimally spacing pregnancies in order to increase the time between births. Optimal spacing between pregnancies can lead to better birth outcomes.
- **Enhanced Objective 2:** By June 30, 2012, 100% of patients receiving a pregnancy test will have been given vitamins containing folic acid to reduce the incidence of neural tube birth defects
- **Enhanced Objective 3:** By June 30, 2012, the number of women using Long Acting Reversible Contraceptives (LARC) will have increased.
- **Enhanced Objective 4:** By June 30, 2012, prenatal direct health care services will have been provided within a specified target population. The target population must have been justified using local data and data sources cited.

Goal 3: Increase access for target population to a broad range of RHWP Services.

- **Core Objective:** By June 30, 2012, hard-to-reach and vulnerable populations will have been provided access and have been served.
- **Enhanced Objective 1:** By June 30, 2012, provision of evidence based comprehensive reproductive health and wellness education to reproductive aged males and females will have increased.
- **Enhanced Objective 2:** By June 30, 2012, 100% of patients who are unable to access RHWP services during normal business hours will have had the availability of RHWP services offered to them through extended hours of operation.

These goals and objectives are to be accomplished by engaging in a focused, multidisciplinary, collaborative approach to health improvement. This must be done in coordination with internal and external stakeholders, including, but not limited to, local public health agencies, community health centers, community-based organizations, faith-based organizations, private sector organizations and other public health providers (e.g., correctional facilities, immigrant organizations, homeless shelters and organizations that focus on adolescents) that serve populations that are disproportionately affected by poor health outcomes.

All programs are to provide **core** direct reproductive health and wellness care using nationally recognized standards of care. Reproductive Health and Wellness Program **core** services include, but are not limited to the following:

- Pelvic exams and lab testing;
- Breast exams and patient education on breast cancer;
- Screening for cervical cancer;
- Screening and treatment for sexually transmitted diseases (STDs);

- Voluntary choice of contraception, including abstinence and natural family planning;
- Patient education and pre-pregnancy counseling on the dangers of smoking, alcohol, and drug use during pregnancy;
- Education on sexual coercion and violence in relationships; and
- Referral for prenatal care or prenatal care.

All applicants must address the reproductive health and wellness needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, including partnering with other community-based health and social service providers that provide needed services.

An applicant has the option to provide one or more **enhanced services** under each of the goals of the program, in addition to **core** services. RHWP applicants must clearly identify the enhanced service(s) for which they are applying (Attachment E, FY2012 RHWP Budget Overview). In order to be funded for RHWP enhanced services, the applicant must clearly justify the need and health disparity in their service area.

Applicants are required to provide assurance and documentation of collaboration so that programs and services are not overlapping with other programs serving the reproductive health and wellness population with similar approaches and other funding sources.

J. Program Period and Budget Period: The program period will begin 07/01/2011 and end on 06/30/2016. The budget period for this application is 07/01/2011 through 06/30/2012.

K. Local Health Districts Improvement Standards: This grant program will address the Local Health District Improvement Goal 3701-36-05 “Monitor Health Status”, Standard 3701-36-05-01 “Public health assessment processes and tools are in place and are continuously maintained and enhanced” and Standard 3701-36-05-02 “Information about environmental threats and community health status is being collected, analyzed, and disseminated at defined intervals”; Goal 3701-36-07 “Promote Healthy Lifestyles”, Standard 3701-36-07-03 “Prevention, health promotion, early intervention, and outreach services are provided directly”; and Goal 3701-36-08 “Address the Need for Personal Health Services”, Standard 3701-36-08 -04 “Plans to reduce specific gaps in access to critical health services are being developed and implemented through collaborative efforts”. The Local Health District Improvement Standards are available on the ODH web-site <http://www.odh.ohio.gov>. (Click on “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 the Local Health District Improvement Standard(s) to be addressed by grant activities:

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

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

2. Public Health Impact Statement of Support - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that when the program summary is submitted with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available. **(Required for competitive cycle only; not required for continuation cycle, if unchanged).**

M. Statement of Intent to Pursue Health Equity Strategies

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

- Basic Health Equity Concepts:
Certain groups in Ohio experience a disproportionate burden with regard to the incidence, prevalence and mortality of certain diseases or health conditions. These are commonly referred to as health disparities. Health disparities are not mutually exclusive to one disease or health condition and are measurable through

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

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

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **In view of this, the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon submission of the Notice of Intent to Apply for Funding. Please contact Lisa Wolfe at Lisa.Wolfe@odh.ohio.gov, 614-466-5878 with any questions.
- Applicant must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission.
- P. Acknowledgment:** An ‘Application Submitted’ status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **May 9, 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 p.m.** on the application due date. FAX attachments will not be

accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a “Notice of Award” (NOA). 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. Is responsive to the special concerns and program priorities specified in the request for proposal;
 9. **Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;**
 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.**

The RHWP Application Review form (Appendix 2) is the form that will be used by internal and external reviewers to assess and score applications.

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

- U. Freedom of Information and Public Records 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 federally funded grants requested by any member of the public. The Ohio Public Records Act, specifically section 149.43 of the Revised Code requires the release of certain information regarding state funded grants. 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 and Sections 149.43 and 3701.17 of the Revised Code.

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

Funded by Ohio Department of Health/Department of Health and Human Services
Bureau of Child & Family Health Services
Reproductive Health and Wellness Program

- W. **Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the ODH, GAPP manual. Reports must be received before the department will release any additional funds.

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

Reports shall be submitted as follows: Subgrantee Program Reports **must** be completed and submitted into the **Subgrantee Performance Evaluation System (SPES)** or by GMIS attachment. 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.

1. Program Reports:

- **ODH Reproductive Health and Wellness Program Revenue Report (Attachment F):** ODH Reproductive Health and Wellness Program subgrantees are required to maintain a financial management system that meets the standards for grant administration, and to document and keep records of all income and expenditures. The Revenue Report identifies the source and amount of funds received during the reporting period that support activities within the scope of the ODH Reproductive Health and Wellness Program grant. The ODH Reproductive Health and Wellness Program Revenue Report must be submitted by GMIS attachment on the following

dates: **February 13, 2012** (mid-year revenue report) and **August 13, 2012** (final revenue report).

- **The Ohio Department of Health Reproductive Health and Wellness Program Services Site(s) and Services Provided** forms (Attachments Ga and Gb): Detailed information about clinical service sites and the services provided are required to be sent with the application and at any point during the grant cycle when changes are made. The Service(s) Site form must include the delegate agency/service site identification; location of all clinical site(s); service area; office hours; clinic service hours; and the number of unduplicated patients projected for the proposed budget period.

The hours of operation information should provide the days and hours of operation for each service site location, including hours of clinical service provision, if different from the total hours of operation. Clinic service hours refer to the times reproductive health and wellness medical services are available; office hours include hours that the clinic sites are actually open. The applicant must provide Services Provided information in Attachment Gb.

- **The Culturally and Linguistically Appropriate Services in Health Care (CLAS) Strategic Plan:** In the project narrative, state that the required FY2012 RHWP CLAS Strategic Plan (Attachment H) will be completed and submitted via GMIS attachment in the Project Comments Section by the due date **October 1, 2011**.
- **Sliding Fee Scale and Schedule of Charges:** The subgrantees 2011 Sliding Fee Scale (Appendix 3) and a current Schedule of Charges that delineates each step of the fee scale and is based on an annual cost analysis, are due via GMIS attachment in the Project Comments Section to ODH **October 17, 2011**.
- **ODH Reproductive Health and Wellness Program Patient Data:** ODH RHWP Patient Data is due electronically to Ahlers & Associates (<http://www.ahlerssoftware.com>) by the **8th of each month**. Final data for CY2011 is due to the data contractor **January 8, 2012**. Failure to submit data accurately and on time may impact the timing and level of funding.
- **ODH Reproductive Health and Wellness Work Plan (Attachment I) is due with the application and demonstrates the goals for the upcoming year.**
 - An **Interim progress report** is due by via GMIS attachment in the Project Comments Section on **February 13, 2012**, for the period **July 1, 2011 – December 31, 2011**. This report will determine whether the applicant has achieved the goals and objectives proposed in the application. If not, funding for the remainder of the budget period may

be reduced accordingly. The applicant agency is responsible for completing the RHWP workplan (Attachment I) and submitting the chart review summary for this time period. In a separate narrative, the agency must also identify and elaborate on problems, delays, and adverse conditions that will affect the subgrantee's ability to meet the program's objectives or time schedules.

- **Final Program Report:** A final progress report that documents accomplishments made on goals and objectives for the period of **July 1, 2011 – June 30, 2012** is due via GMIS attachment in the Project Comments Section by **August 13, 2012**. The applicant agency is responsible for completing the RHWP workplan (Attachment I) and submitting the chart review summary for this time period. The agency must provide a narrative that describes the progress made towards the goals and objectives for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period.

Submission of Subgrantee Program Reports via the ODH's GMIS 2.0 or SPES indicates acceptance of the ODH GAPP.

2. **Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates: **October 15, 2011, January 15, 2012, April 15, 2012 and July 15, 2012.**

Submission of Subgrantee Program Expenditure Reports via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

3. **Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** by 4:00 P.M. on or before **August 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;
22. Payments for total fringe benefits exceeding thirty five percent;
23. Accounting, Fiscal, Secretarial, or Human Resources “cost pools;” and
24. Funding to provide abortion services; or to provide counseling for or referrals for abortion, except in the case of a medical emergency; or if the applicant provides abortion services, the applicant’s services are organized so that Reproductive Health and Wellness Program is physically and financially separate from abortion-providing and abortion-promoting activities.

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

- Z. Audit:** Subgrantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor’s management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor’s report, but not later than 9 months after the end of the subgrantee’s fiscal year.

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

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

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

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

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on sub-grants passed-through the ODH;

- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AA. Submission of Application:

The GMIS 2.0 application submission must consist of the following:

<p>Complete & Submit Via Internet</p>
--

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) Requirements (Attachment B - **located on the GMIS Bulletin Board**). Please see Section I. F.
8. Attachments as required by Program
 - Attachment E. ODH Reproductive Health and Wellness Budget Overview
 - Attachment F. ODH Reproductive Health & Wellness Program Revenue Report
 - Attachment G. ODH Reproductive Health and Wellness Program
 - a. Services Site(s) Information
 - b. Services Provided
 - Attachment I. ODH Reproductive Health and Wellness Program Work Plan

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

<p>Complete, Sign & Mail To ODH</p>
--

1. Electronic Funds Transfer (EFT) Form (**Required if new agency, thereafter only if banking information has changed.**)
2. IRS W-9 Form (**Required if new agency, thereafter only when tax identification number or agency address information has changed.**) **One of the following forms must accompany the IRS W-9 Form:**

- a. Vendor Information Form (**New Agency Only**)
- b. Vendor Information Change Form (**Existing Agency with tax identification number, name and/or address change(s).**)
- c. Change request in writing on Agency letterhead (**Existing Agency with tax identification number, name and/or address change(s).**)

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

<p>Copy & Mail To ODH</p>
--

1. Public Health Impact Statement
2. Statement of Support from the Local Health Districts
3. **Statement of Intent to Pursue Health Equity Strategies Liability Coverage (Non-Profit Organizations only; proof of current liability)**
4. Evidence of Non-Profit Status (**Non-Profit Organizations only**).

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

<p>Complete Copy & Mail To ODH</p>

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 (1) copy of **Attachments** (non-Internet compatible) as required by program:
 - Attachment C - ODH Reproductive Health and Wellness Program Assurances
 - Attachment D – Reproductive Health and Wellness Program Eligibility Certification

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

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line GMIS 2.0, will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after the submission of the NOIAF.

All applications must be submitted via GMIS 2.0. Submission of all parts of the grant application via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP.

Submission of the Application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations in lieu of an executed Signature Page document.

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the applicant and the ODH.
- B. Budget:** Prior to completion of the budget section, please review section X of the RFP for unallowable costs.

Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary.

Program income is required to be reported and includes **all** sources of income, INCLUDING Medicaid and Medicare. Program income is the gross income earned by the grant recipient during the grant period that is directly generated by a supported activity or earned as a result of the award. Program income is formally defined in 45 CFR 74.2(ag) and 92.25(b). Grantees are encouraged to earn income to defray program costs. Details concerning program income must be submitted to ODH via Attachment F - ODH Reproductive Health and Wellness Program Revenue Report. In addition, the narrative section **MUST** also identify additional funding information from all other resources that support the RHWP described in the application.

- 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 of the application for additional information.

The budget narrative for the Reproductive Health and Wellness Program will consist of at least two and up to three parts that add to the total proposed budget for the county or counties. A separate budget narrative must be completed for each county to be served.

Required

- a. Core direct care reproductive health and wellness services (required) – 85% of eligible funding:
 - 1. Applicants must project the number of patients to be seen based on a cost analysis of their current service model and/or based on reliable, documentable data sources (Ahlers, MATCH, billing data, etc.) and include this justification, as well as the cost of services, in the budget

narrative. Discuss the **necessity, reasonableness, and allocability** of the proposed costs.

- b. Outreach Activities (required) – 5% of eligible funding:
 - 1. Applicants must address outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services. Include a justification for planned outreach activities.

Optional

- c. Enhanced Services (optional) – 10% of eligible funding:

An applicant has the option to provide one or more enhanced services under each of the goals of the program. Applicants must clearly identify the services for which they are applying and the cost per strategy on the ODH Reproductive Health and Wellness Budget Overview (Attachment E). These costs must be justified in the budget narrative. Applying for enhanced services in the grant application does not guarantee funding for those services.

- 2. **Personnel, Other Direct Costs, Equipment and Contracts):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period 07/01/2011 to 06/30/2012.

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.

Funds awarded under this sub-grant program may not be used to support total fringe benefit costs in excess of thirty-five percent.

When appropriate, retain all contracts on file. The contracts should not be sent to ODH. A completed “Confirmation of Contractual Agreement” (CCA) form must be submitted via GMIS 2.0 for each contract once it has been signed by both parties. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

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

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

3. **Compliance Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.
 4. **Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.
- C. **Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- D. **Project Narrative:**
1. **Executive Summary:** Identify the target population, services and programs to be offered and what agency or agencies will provide those services. Describe the public health problem(s) that the program will address. Specify the **total** project budget and the portion requested from ODH through this grant. Describe the project goals and measures to reach and serve the priority population. Describe how the project will be evaluated.
 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. Describe the program's potential in improving health outcomes. Use data to substantiate statements of

achievements of past goals and objectives.

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 must be stated in terms of health status (e.g., morbidity and/or mortality) and health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable. Provide baseline data and the target to demonstrate improvement.

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

In the program narrative, the applicant must describe any changes in how this project will improve the health of individuals and communities by partnering with other public health programs (e.g., WIC, Child and Family Health Services, Help Me Grow, Federally Qualified Health Centers, and County Departments of Job and Family Services), and organizations (community health centers, community-based organizations, faith-based organizations, private sector organizations and other public health providers) that work with similar priority populations.

4. **Methodology:** Complete the FY2012 RHWP Program Plan (Attachment I). One comprehensive program plan must be submitted by the applicant agency. Multiple program plans are not acceptable. Applicants must use the format provided in this RFP in order to be considered for funding. Direct reproductive health care services using nationally recognized standards of care are a requirement for all RHWP applicants. Core service objectives must be completed by all applicants.

Enhanced services, which are optional, may be proposed by applicants. These services further the goals of the RHWP. An applicant may choose any number of enhanced services. In order to be funded for enhanced services the applicant must show clear justification (including specific local data), activities and evaluation measures/benchmarks for the proposed service. For Enhanced Services, applicants need only complete the objectives for which they are proposing.

Applicants must address outreach to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services. Outreach activities must be submitted as part of the RHWP Program Plan Goal 3 and must include an evaluation component for planned outreach activities.

5. **Cultural Competency:** Cultural competency in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors,

including tailoring delivery to meet patients' social, cultural and linguistic needs. In 1997, the DHHS Office of Minority Health (OMH) initiated a project to develop recommended National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) that would support a more consistent and comprehensive approach to cultural/linguistic competence in health care. The FY2012 RHWP CLAS Strategic Plan (Attachment H) must be completed and submitted by **October 1, 2011**. Applicants must acknowledge in the project narrative that the RHWP CLAS Strategic Plan will be completed and submitted by the due date.

6. **Program Assurances:** Agencies must sign Attachment C– ODH Reproductive Health and Wellness Program Assurances agreeing to have these assurances in place by July 1, 2011.

- 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 one copy of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address by 4:00 P.M. on or before **May 9, 2011**. All attachments must clearly identify the authorized program name and program number.

- G. **Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required only if new agency, thereafter only when banking information has changed.)**

- H. **Internal Revenue Service (IRS) W-9 and Vendor Forms:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:**
 1. **Vendor Information Form (New Agency Only), or**
 2. **Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s).)**
 3. **Change request in writing on Agency letterhead (Existing Agency with tax identification number, name and/or address change(s).)**

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

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

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

- a. 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:

Provide an original and one (1) hard copy of the following attachments:

- Attachment B - Ohio Department of Health Sub – Awardee Federal Funding Accountability and Transparency Act (FFATA) Reporting Form
- Attachment C - ODH Reproductive Health and Wellness Program Assurances
- Attachment D - ODH Reproductive Health and Wellness Program Eligibility Certification

Provide the following attachments via the GMIS 2.0

- Attachment E - ODH Reproductive Health and Wellness Budget Overview
- Attachment F - ODH Reproductive Health & Wellness Program Revenue Report
- Attachment G - ODH Reproductive Health and Wellness Program
 - a. Services Site(s) Information
 - b. Services Provided
- Attachment H - Culturally and Linguistically Appropriate Services Strategic Plan Report (due October 1, 2011)
- Attachment I - ODH Reproductive Health and Wellness Program Work Plan

P. APPENDICES

1. Reproductive Health and Wellness Available Funds by County
2. Reproductive Health and Wellness Program 2012 Application Review Form
3. Sample Sliding Fee Scale

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, LHMIS, etc)

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

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

Mail, E-mail, or Fax To:

GAIL BYERS

Grants Administration Unit

Ohio Department of Health

246 N. High Street

Columbus, Ohio 43215

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

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

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

Due Date: April 15, 2011

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	

REPRODUCTIVE HEALTH AND WELLNESS PROGRAM ASSURANCES - FY2012

Applicant must provide signed assurance that the following components and/or statements of assurance will be in place by July 1, 2011.

1. Assurance that the applicant is familiar with and will comply with all ODH standards and guidelines, and that those services will be provided in accordance with the *Program Guidelines for Project Grants for Family Planning Services* of the DHHS Office of Population Affairs regulations, mandates and priorities; and the applicable guidelines set forth in Appendix of OAC rule 3701-68-01. (Note: Applicants not providing contraceptive services are exempt **only** from the guidelines related to contraception.)
2. Assurance that the applicant will utilize practice guidelines and recommendations developed by recognized professional organizations and other Federal agencies in the provision of evidence-based reproductive health services;
3. Assurance that at least 62% of the patients served with this grant will have incomes at or below 100% of the Federal poverty level;
4. Assurance that Sliding Fee Scale reflecting the current Federal poverty guidelines will be used to assign charges to patients and that a schedule of charges, with sufficient proportional increments are used for patients with incomes between 101-250% of the Federal Poverty Level. Note: Patients cannot be denied services or be subjected to variation in the quality of services provided because of inability to pay; and will not require proof of income or residence;
5. Assurance that the program does not discriminate in the provision of services based on an individual's religion, race, national origin, handicapping condition, age, sex, number of pregnancies, marital status, culture, ethnicity or sexual orientation;
6. Assurance that the applicant has the capacity to implement the data collection system utilized by the project which documents the provision of services;
7. Assurance that the Health Insurance Portability and Accountability Act (HIPAA) is instituted in the agency;
8. Assurance that the applicant has the capacity to provide services to persons with Limited English Proficiency (LEP);
9. Assurance that the program provides services without subjecting individuals to any coercion to accept services or to employ any particular method of family planning;
10. Assurance that acceptance of services shall be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in, any other program of the service provider;
11. Assurance that staff are trained to provide counseling/education on how to resist sexual coercion and to encourage family participation that promotes positive family relationships;
12. Assurance that the program is in compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest;
13. Assurance that services shall be provided by licensed clinical personnel, including but not limited to licensed doctors, licensed nurses, licensed social workers, and licensed counselors in a medical clinical setting;
14. Assurance that there is expanded access to a broad range of acceptable and effective family planning methods and related preventive health services. The broad range of services does not include abortion as a method of family planning;
15. Assurance that eligible funds will be spent on planned, approved and evaluated outreach strategies to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services;

Name of Agency _____ GMIS User # _____

Signature _____

Reproductive Health and Wellness Program Eligibility Certification

By signing and dating this document, _____,
(Name of Agency)

(GMIS User Name)

certifies that if awarded a grant from the Reproductive Health and Wellness Program, including the Women’s Health Services fund, GRF 440-416, it will comply with Section 3701.046 of the Revised Code and rule 3701-68-01 of the Administrative Code which provides that none of the women’s health services funds, appropriation item 440-416, shall be used to provide abortion services nor shall the funds be used for counseling for and referrals for abortion.

Applicant further certifies that (check one as applicable):

_____ The applicant does not provide abortion services or counseling for abortion or referrals for abortion, except in the case of a medical emergency;

OR

_____ If the applicant provides abortion services or counseling for or referrals for abortion, the applicant’s services are organized so that the women’s health services are physically and financially separate from abortion-providing and abortion-promoting activities.

(Signature)

(Print Name)

(Title)

(Date)

Agency Name: _____ GMIS # _____

FY2012 Reproductive Health and Wellness Program Budget Summary

Goal 1: To improve the overall reproductive health and well-being of women and men.

\$ _____ **Objective 1:** Patients will have been tested for HIV according to CDC guidelines utilizing the rapid testing method.

\$ _____ **Objective 2:** Patients will have been screened, per protocol, for cervical cancer with a liquid based pap. *(Enhanced)*

\$ _____ **Objective 3:** Patients aged 13 – 26 will have been vaccinated against Human Papilloma Virus (HPV).

\$ _____ **Objective 4:** Patients will have received RHWP services regardless age or child bearing status. *(Enhanced)*

Goal 2: To promote the establishment of a reproductive life plan for all Reproductive Health and Wellness Program patients.

\$ _____ **Objective 1:** , The number of postpartum visits per client (up to twelve weeks after delivery) in RHWP agencies will have increased to enhance the number of women optimally spacing pregnancies in order to increase the time between births.*(Enhanced)*

\$ _____ **Objective 2:** Ensure that all patients coming patients receiving a pregnancy test will have been given vitamins containing folic acid to reduce the incidence of neural tube birth defects. *(Enhanced)*

\$ _____ **Objective 3:** Increase the number of patients using Long Acting Reversible Contraceptives (LARC). *(Enhanced)*

\$ _____ **Objective 4:** Prenatal direct health care services will have been provided within a specified target population. *(Enhanced)*

Goal 3: Increase access for target population to a broad range of Reproductive Health and Wellness Services.

\$ _____ **Objective 1:** awareness of evidence based comprehensive reproductive health and wellness education to reproductive aged males and females will have increased. *(Enhanced)*

\$ _____ **Objective 2:** Ensure that patients who are unable to access RHWP services during normal business hours must have had the availability of RHWP services offered to them through extended hours of operation. *(Enhanced)*

**Reproductive Health and Wellness Program
FY2012 Service Site Information**

Subgrantee Agency Name: _____

GMIS # _____

Address	City	Service Area (County)	Office Hours*	Clinic Hours **	Number of Unduplicated Patients Projected for 2012 ***

Administrative Agency Bolded

* – Times of day/days of month that the office is open to patients, such as to receive phone calls, make appointment, etc.

** – Times of day/days of month that clinical/medical services are provided.

*** – Number of Unduplicated Patients projected at the subgrantee agency level.

Reproductive Health and Wellness Program FY2012 Services Provided

Subgrantee Agency Name: _____ GMIS # _____

Complete the grid below by indicating how services are provided at the delegate agency by putting a check in the corresponding numbered column. For those columns with a “/” indicate which of the choices are provided.

- 1=Provided on-site at all delegate sites 2=Provided within delegate system, but not all sites
 3=Referral to off-site, paid for by Title X 4=Referral to off-site, no payment provided
 5=Not Provided

SERVICES	1	2	3	4	5
Informed Consent					
Method Specific Consent					
Client Education/Counseling					
Medical History					
Physical Assessment					
Lab Testing					
Notification of Abnormal Lab Testing					
Pap Testing - slide/liquid pap	/	/	/	/	/
IUD/IUS	/	/	/	/	/
Emergency Contraception					
Hormonal Implant					
3 month Hormonal Injection					
Oral Contraceptives					
Contraceptive Patch					
Vaginal Ring					
Barrier Methods – please list					
Spermicidal Methods or Products – please list					
Fertility Awareness, including Natural Family Planning					
Abstinence Education					
Female Sterilization - Counseling/Procedure	/	/	/	/	/
Male Sterilization- Counseling/Procedure	/	/	/	/	/
Level I Infertility Services					
Pregnancy Diagnosis – history/ testing/physical exam	/ /	/ /	/ /	/ /	/ /
Non-directive Pregnancy Counseling					
Identification of Estrogen-Exposed Offspring					
Male Services					
Minor Gynecological Problems – please list					

<u>SERVICES</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Health Promotion and Disease Prevention					
Special Gynecologic Procedures – please list					
Adolescent Services					
Encouragement of Family Involvement					
Education on Sexual Coercion					
Psychosocial Services					
Postpartum Care					
HPV Vaccination					
Prenatal Vitamins/Folic Acid					
Prenatal Care					
Sexually Transmitted Disease Testing and Treatment For treatment indicate (C) Client, (P) Partner or (B) Both					
Gonorrhea					
Chlamydia					
Syphilis					
Trichomonas					
Herpes					
Hepatitis B					
Human Papilloma Virus (warts)					
HIV Testing/ Post Test Counseling					

FY2012 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

Subgrantee Agency Name: _____

GMIS # _____

This document is being submitted as: *(please check one)*

Initial Plan Annual Progress Report

Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments <i>(See note above)</i>
Standard #1: Understandable and Respectful Care					
Standard #2: Diverse Staff and Leadership					
Standard #3: Ongoing Education and Training	<ul style="list-style-type: none"> • Orient new staff members to cultural competence training • Develop orientation materials related to cultural competency • Encourage all staff to participate in cultural competence training 	Administrative Staff Clinical Staff	July 1 st 2008 – June 30 th , 2009	Staff participation in ongoing training and education will be accounted for in a database. The percentage of staff who have participated in ongoing training will be assessed bi-monthly to monitor progress toward our objective.	The percentage of staff who have participated in ongoing training and education from 75% to 90%
Standard #4: Language Assistance Services					
Right to Receive Language Assistance Services					
Standard #6: Competence of Language Assistance					
Standard #7: Patient-Related Materials					
Standard #8: Written Strategic Plan					
Standard #9: Organizational Self-Assessment					
Standard #10 Patient / Consumer Data					
Standard #11: Community Profile					
Standard #12 Community Partnerships					
Standard #13 Conflict/Grievance Processes					
Standard #14 Implementation					

Instructions for Completing the FY2012 RHWP Program Plan

Objective: Describes the conditions the applicant wants to achieve. This Request For Proposal (RFP) contains both core and enhanced service objectives. All applicants must respond to the core service objectives. Agencies may apply for the enhanced service objectives based on local need. The applicant should not alter the objectives. Objectives in this RFP contain evaluation measures that the applicant should consider when developing program activities. This evaluation measure may not cover all aspects of the objective or subsequent strategies, but is the most encompassing measure determined by the authors of this RFP.

Strategy: Describes how the objective will be met. The strategies under each objective are provided, so that the applicant understands the major expectations of the funder. Additional strategies may be documented for enhanced services. Strategies should be used to design and implement program activities.

Activity: Describes the specific actions that will be taken to meet the provided strategy. The applicant should list the specific activities proposed that will be implemented to respond to each strategy. Activities should provide additional details to demonstrate how each strategy will be implemented. At least one activity must be provided for each strategy under each objective. Providing multiple activities in detail will allow the application reviewers to better understand your program's intentions. Evaluation measures are provided for each strategy, but additional evaluation measures that evaluate specific activities should be considered and documented in the program plan.

Person Responsible: List the most appropriate staff member(s), included in the grant proposal, for carrying out the activity.

Timeline: Enter the date the activity will be completed, as appropriate. It is not acceptable to list "ongoing" or "at the end of the grant period" for all activities.

Benchmarks & Evaluation Measures: Describes a plan for demonstrating, in measurable terms, that the conditions in the Objective are actually achieved and the effectiveness/appropriateness of each activity is determined. Evaluation measures for strategies have been provided, but the applicant should document additional measures that evaluate program specific activities. Evaluation measures that are impact or outcome based are preferred to process based measures.

Accomplishments: Describes how well the program completed the benchmarks and evaluation measures. This column is to be completed for the Mid-Year and Annual Progress Reports.

FY2012 Reproductive Health and Wellness Program Plan

Subgrantee Agency Name: _____ GMIS # _____ Date: _____

This document is being submitted as: *(please check one)*

Initial Program Plan

Revised Program Plan

Mid-Year Program Report (MYPR)

Annual Program Report (APR)

Component: Core Services Enhanced Services

Goal 1: To improve the overall reproductive health and well-being of women and men.

Core Objective: By June 30, 2012, 100% of patients will have received comprehensive reproductive health & wellness direct health care services per nationally recognized standards of care.

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
<p>Ensure comprehensive reproductive health & wellness direct health care services are provided in compliance with recognized protocols. This includes but is not limited to</p> <ul style="list-style-type: none"> • HIV testing • Cervical cancer screening • Body Mass Index documentation • All minors are screened for abuse and reports and referrals are made as appropriate. • All patients are screened for Intimate Partner Violence (IPV), alcohol abuse, tobacco use, drug abuse and other health risks. 				<p>90% of projected visits are completed.</p> <p>Protocols are updated to reflect national standards at least annually.</p> <p>100% of charts audited by the agency and/or ODH are completed quarterly to assure compliance with protocols.</p> <p>Non compliance with protocols will be resolved within 30 days of chart audit and/or Technical Assistance visit.</p> <p>Chart audit summary forms are submitted to ODH as part of the interim and final program reports.</p>	<p><i>(This column to be completed for Mid-Year & Annual Progress Report)</i></p>

				A resource directory is reviewed and updated every 6 months to ensure appropriate and up to date referral information is available.	
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FY2012 Reproductive Health and Wellness Program Plan

Subgrantee Agency Name: _____ GMIS # _____ Date: _____

This document is being submitted as: *(please check one)*

Initial Program Plan

Revised Program Plan

Mid-Year Program Report (MYPR)

Annual Program Report (APR)

Component: Core Services Enhanced Services

Goal 1: To improve the overall reproductive health and well-being of women and men.

Enhanced Objective 1: By June 30, 2012, 100% of patients will have been tested for HIV according to CDC guidelines utilizing the rapid testing method.

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
<p>Ensure all patients between the ages of 13 and 64 receive HIV testing, at least once, in their lifetime.</p> <p>Ensure all high risk patients are tested for HIV, at least annually. This includes</p> <ul style="list-style-type: none"> • injection-drug users and their sex partners • persons who exchange sex for money or drugs • sex partners of HIV-infected persons • MSM (men who have sex with men) or heterosexual persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test. 				<p>100% of charts audited by the agency and/or ODH document appropriate testing per CDC for HIV. Agency will utilize the rapid testing method and provided appropriate referrals and counseling. Non compliance will be resolved within 30 days of chart audit and/or Technical Assistance visit.</p>	<p><i>(Accomplishments column to be completed for Mid-Year and Annual Progress Report)</i></p>

FY2012 Reproductive Health and Wellness Program Plan

Subgrantee Agency Name: _____ GMIS # _____ Date: _____

This document is being submitted as: *(please check one)*

Initial Program Plan

Revised Program Plan

Mid-Year Program Report (MYPR)

Annual Program Report (APR)

Component: Core Services Enhanced Services

Goal 1: To improve the overall reproductive health and well-being of women and men.

Enhanced Objective 2: By June 30, 2012 100% of patients will have been screened, per protocol, for cervical cancer with a liquid based pap

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
Ensure all patients are screened, per protocol, for cervical cancer utilizing a liquid based Pap test.				100% of appropriate patients are screened for cervical cancer utilizing a liquid based Pap test. 100% of charts audited by the agency and/or ODH document liquid based pap testing. Non compliance will be resolved within 30 days of chart audit and/or Technical Assistance visit.	<i>(Accomplishments column to be completed for Mid-Year and Annual Progress Report)</i>

FY2012 Reproductive Health and Wellness Program Plan

Subgrantee Agency Name: _____ GMIS # _____ Date: _____

This document is being submitted as: *(please check one)*

Initial Program Plan

Revised Program Plan

Mid-Year Program Report (MYPR)

Annual Program Report (APR)

Component: Core Services Enhanced Services

Goal 1: To improve the overall reproductive health and well-being of women and men.

Enhanced Objective 3: By June 30, 2012 100% of patients aged 13 – 26 will have been vaccinated against Human Papilloma Virus (HPV).

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
Ensure staff recommends vaccination against HPV to all patients aged 13 – 26 and the injection is provided at the time of service.				100% of charts audited by the agency and/or ODH document recommendation of vaccination against HPV, injection is given at time of service and follow up injections are completed within the guidelines. Non compliance will be resolved within 30 days of chart audit and/or Technical Assistance visit.	<i>(Accomplishments column to be completed for Mid-Year and Annual Progress Report)</i>

FY2012 Reproductive Health and Wellness Program Plan

Subgrantee Agency Name: _____ GMIS # _____ Date: _____

This document is being submitted as: *(please check one)*

- Initial Program Plan Revised Program Plan
 Mid-Year Program Report (MYPR) Annual Program Report (APR)

Component: <input type="checkbox"/> Core Services <input type="checkbox"/> Enhanced Services					
Goal 1: To improve the overall reproductive health and well-being of women and men.					
Enhanced Objective 4: By June 30, 2012, 100% of all patients will have received RHWP services regardless of age or child bearing status.					
Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
Provide RHWP services to men and women who are no longer in need of contraception.				90% of projected visits are completed. Protocols are updated to reflect national standards at least annually. Chart audits are completed quarterly to assure compliance with protocols; summary forms are submitted to ODH as part of the interim and final program reports.	<i>(Accomplishments column to be completed for Mid-Year and Annual Progress Report)</i>

FY2012 Reproductive Health and Wellness Program Plan

Subgrantee Agency Name: _____ GMIS # _____ Date: _____

This document is being submitted as: *(please check one)*

Initial Program Plan

Revised Program Plan

Mid-Year Program Report (MYPR)

Annual Program Report (APR)

Component: Core Services Enhanced Services

Goal 2: To Promote the establishment of a reproductive life plan for all Reproductive Health and Wellness Program patients.

Core Objective: By June 30, 2012, 100 % of patients will have received counseling and education to establish a reproductive life plan (RLP).

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
<p>Provide counseling and education to patients of child bearing age to establish a reproductive life plan for each individual.</p> <p>Participate in training on establishing a reproductive life plan.</p> <p>Ensure all patients with a positive pregnancy test receive all options counseling and referral to care.</p>				<p>100% of patients of childbearing age have a documented reproductive life plan established in the chart.</p> <p>Documentation of staff training on RLP.</p> <p>100% of patients receive all options counseling</p> <p>100% of chart audits conducted by the agency and/or ODH document a RLP. Non compliance will be resolved within 30 days of chart audit and/or Technical Assistance visit. Summary forms are submitted to ODH as part of the interim and final program reports.</p>	<p><i>(This column to be completed for Mid-Year & Annual Progress Report)</i></p>

<p><i>The following strategy is not required for applicants not applying to provide contraception:</i></p> <p>Ensure patients requesting contraception are educated and provided the best individualized method.</p>			<p><i>The following benchmarks are not required for applicants not applying to provide contraception:</i></p> <p>100% of patients with a negative pregnancy test who do not desire to be pregnant at this time have a follow up appointment scheduled for contraceptive services.</p> <p>100% of patients requesting contraception are provided counseling and education on all types of voluntary contraception, including abstinence and natural family planning.</p> <p>100% of patients are assisted in selecting the best individualized method of contraception.</p> <p>100% of clients read and sign a method specific consent form for hormonal contraception.</p> <p>100% of patients under age 18 or starting a new hormonal contraceptive method are contacted within three months in order to discuss method and to assist with compliance of contraceptive method.</p>	
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FY2012 Reproductive Health and Wellness Program Plan

Subgrantee Agency Name: _____ GMIS # _____ Date: _____

This document is being submitted as: *(please check one)*

Initial Program Plan

Revised Program Plan

Mid-Year Program Report (MYPR)

Annual Program Report (APR)

Component: Core Services Enhanced Services

Goal 2: To Promote the establishment of a reproductive life plan for all Reproductive Health and Wellness Program patients.

Enhanced Objective 1: By June 30, 2012, the number of postpartum visits per client (up to twelve weeks after delivery) in RHWP agencies will have increased to enhance the number of women optimally spacing pregnancies in order to increase the time between births. Optimal spacing between pregnancies can lead to better birth outcomes.

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
<p>Ensure women are seen within twelve weeks after delivery to increase the number of women optimally spacing pregnancies.</p> <p>Ensure that outreach is provided to area hospitals and obstetric health care providers to increase referrals for contraceptive services at postpartum visits to the agency.</p> <p>Ensure that a reminder system is established and utilized for postpartum contraceptive services for all patients receiving a positive pregnancy test.</p> <p>Ensure that a relationship is established with WIC for cross-referral.</p>				<p>Increase the number of postpartum visits from ___ to ____.</p> <p>Documentation of outreach plan to increase referrals for contraceptive services for all postpartum patients.</p> <p>Documentation of established reminder system for postpartum contraceptive services of all patients who have received a positive pregnancy test.</p> <p>Documentation of cross-referral plan with WIC.</p>	<p><i>(This column to be completed for Mid-Year & Annual Progress Report)</i></p>

FY2012 Reproductive Health and Wellness Program Plan

Subgrantee Agency Name: _____ GMIS # _____ Date: _____

This document is being submitted as: *(please check one)*

Initial Program Plan

Revised Program Plan

Mid-Year Program Report (MYPR)

Annual Program Report (APR)

Component: Core Services Enhanced Services

Goal 2: To Promote the establishment of a reproductive life plan for all Reproductive Health and Wellness Program patients.

Enhanced Objective 2: By June 30, 2010, 100% of patients receiving a pregnancy test will have been given vitamins containing folic acid to reduce the incidence of neural tube birth defects.

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
Ensure that all patients with a pregnancy test are given vitamins containing folic acid at time of service.				<p>100% of patients with a positive pregnancy test are provided prenatal vitamins with folic acid.</p> <p>100% of patients with a negative pregnancy test are provided multivitamins containing folic acid.</p>	<i>(This column to be completed for Mid-Year & Annual Progress Report)</i>

FY2012 Reproductive Health and Wellness Program Plan

Subgrantee Agency Name: _____ GMIS # _____ Date: _____

This document is being submitted as: *(please check one)*

Initial Program Plan

Revised Program Plan

Mid-Year Program Report (MYPR)

Annual Program Report (APR)

Component: Core Services Enhanced Services

Goal 2: To Promote the establishment of a reproductive life plan for all Reproductive Health and Wellness Program patients.

Enhanced Objective 3: By June 30, 2012, the number of women using Long Acting Reversible Contraceptives (LARC) will have increased..

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
Increase the number of patients using LARC.				Increase the number of women using IUD/IUS from _____ to _____. Increase the number of women using Implanon from _____ to _____.	<i>(This column to be completed for Mid-Year & Annual Progress Report)</i>

FY2012 Reproductive Health and Wellness Program Plan

Subgrantee Agency Name: _____ GMIS # _____ Date: _____

This document is being submitted as: *(please check one)*

Initial Program Plan

Revised Program Plan

Mid-Year Program Report (MYPR)

Annual Program Report (APR)

Component: Core Services Enhanced Services

Goal 2: To Promote the establishment of a reproductive life plan for all Reproductive Health and Wellness Program patients.

Enhanced Objective 4: By June 30, 2012, prenatal direct health care services will have been provided within a specified target population. The target population must have been justified using local data and data sources cited.

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
Provide prenatal direct health care services.				90% of projected visits are completed. Protocols are updated to reflect national standards at least annually. Chart audits are completed quarterly to assure compliance with protocols; summary forms are submitted to ODH as part of the interim and final program reports.	<i>(This column to be completed for Mid-Year & Annual Progress Report)</i>

FY2012 Reproductive Health and Wellness Program Plan

Subgrantee Agency Name: _____ GMIS # _____ Date: _____

This document is being submitted as: *(please check one)*

Initial Program Plan

Revised Program Plan

Mid-Year Program Report (MYPR)

Annual Program Report (APR)

Component: Core Services Enhanced Services

Goal 3: Increase access for target population to a broad range of Reproductive Health and Wellness Services.

Core Objective: By June 30, 2012, hard-to-reach and vulnerable populations have been provided access and have been served.

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
<p>Assure access to low income and teen clients.</p> <p>Ensure a culturally appropriate outreach plan is developed and implemented and includes collaboration with community based partners (including rehabilitation and foster care agencies) and local school districts.</p> <p>Ensure an Informational and Educational (I & E) committee is developed and implemented to review and select culturally appropriate materials for patients</p> <p>Ensure that all patients requesting an appointment are scheduled within 14 days of request.</p>				<p>At least 62% of patients are at or below 100% of the Federal Poverty Level.</p> <p>At least 15% of patients are under age 18.</p> <p>Evaluation component of the outreach plan is completed on all objectives and action steps. Changes are made to increase effectiveness of activities.</p> <p>Documentation of collaboration with community-based partners and local school districts.</p> <p>A list of information and education materials reviewed by members of the I&E committee for content and to ensure cultural competency</p>	<p><i>(This column to be completed for Mid-Year & Annual Progress Report)</i></p>

<p>Ensure that clients are satisfied with services provided.</p>			<p>for the service area is maintained on file with appropriate dates and signatures.</p> <p>Patients are seen for an appointment within 14 days of request.</p> <p>Client satisfaction surveys are conducted to determine baseline results and implement changes to improve scores.</p>	
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FY2012 Reproductive Health and Wellness Program Plan

Subgrantee Agency Name: _____ GMIS # _____ Date: _____

This document is being submitted as: *(please check one)*

Initial Program Plan

Revised Program Plan

Mid-Year Program Report (MYPR)

Annual Program Report (APR)

Component: Core Services Enhanced Services

Goal 3: Increase access for target population to a broad range of Reproductive Health and Wellness Services.

Enhanced Objective 1: By June 30, 2012, awareness of evidence based comprehensive reproductive health and wellness education to reproductive aged males and females will have increased.

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
Ensure that evidence based comprehensive reproductive health and wellness education is provided in schools, Community Based Organizations, Faith Based Organizations to reproductive aged males and females.				Utilize evidence based comprehensive reproductive health and wellness education curriculum that is approved by ODH. Document education provided. Complete evaluation per education curriculum.	<i>(This column to be completed for Mid-Year & Annual Progress Report)</i>

FY2012 Reproductive Health and Wellness Program Plan

Subgrantee Agency Name: _____ GMIS # _____ Date: _____

This document is being submitted as: *(please check one)*

Initial Program Plan

Revised Program Plan

Mid-Year Program Report (MYPR)

Annual Program Report (APR)

Component: Core Services Enhanced Services

Goal 3: Increase access for target population to a broad range of Reproductive Health and Wellness Services.

Enhanced Objective 2: By June 30, 2012, 100% of patients who are unable to access RHWP services during normal business hours will have had the availability of RHWP services offered to them through extended hours of operation.

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
Ensure that all patients are offered evening and/or weekend hours for provision of RHWP services.				Monitor extended hours and number of clients seen during extended hours.	<i>(This column to be completed for Mid-Year & Annual Progress Report)</i>

Reproductive Health and Wellness Program
Maximum Available Funds by County
FY2012

Adams County	\$45,000
Allen County	\$95,000
Ashland County	\$45,000
Ashtabula County	\$45,000
Athens County	\$140,000
Auglaize County	\$45,000
Belmont County	\$55,000
Brown County	\$45,000
Butler County	\$300,000
Carroll County	\$45,000
Champaign County	\$45,000
Clark County	\$110,000
Clermont County	\$110,000
Clinton County	\$45,000
Columbiana County	\$95,000
Coshocton County	\$45,000
Crawford County	\$45,000
Cuyahoga County	\$200,000
Darke County	\$45,000
Defiance County	\$45,000
Delaware County	\$45,000
Erie County	\$55,000
Fairfield County	\$95,000
Fayette County	\$45,000
Franklin County	\$165,000
Fulton County	\$45,000
Gallia County	\$45,000
Geauga County	\$45,000
Greene County	\$140,000
Guernsey County	\$45,000
Hamilton County	\$760,000
Hancock County	\$45,000
Hardin County	\$45,000
Harrison County	\$45,000
Henry County	\$45,000
Highland County	\$45,000
Hocking County	\$45,000
Holmes County	\$45,000
Huron County	\$45,000
Jackson County	\$45,000
Jefferson County	\$70,000
Knox County	\$45,000
Lake County	\$45,000
Lawrence County	\$70,000
Licking County	\$95,000
Logan County	\$45,000
Lorain County	\$45,000
Lucas County	\$470,000
Madison County	\$45,000
Mahoning County	\$45,000

Marion County	\$45,000
Medina County	\$45,000
Meigs County	\$45,000
Mercer County	\$45,000
Miami County	\$55,000
Monroe County	\$45,000
Montgomery County	\$490,000
Morgan County	\$45,000
Morrow County	\$45,000
Muskingum County	\$70,000
Noble County	\$45,000
Ottawa County	\$45,000
Paulding County	\$45,000
Perry County	\$45,000
Pickaway County	\$45,000
Pike County	\$45,000
Portage County	\$45,000
Preble County	\$45,000
Putnam County	\$45,000
Richland County	\$45,000
Ross County	\$55,000
Sandusky County	\$45,000
Scioto County	\$70,000
Seneca County	\$45,000
Shelby County	\$45,000
Stark County	\$45,000
Summit County	\$70,000
Trumbull County	\$45,000
Tuscarawas County	\$55,000
Union County	\$45,000
Van Wert County	\$45,000
Vinton County	\$45,000
Warren County	\$95,000
Washington County	\$55,000
Wayne County	\$45,000
Williams County	\$45,000
Wood County	\$140,000
Wyandot County	\$45,000

**Reproductive Health and Wellness Program
2012 Application Review Form**

Applicant Agency: _____

Amount Requested: _____

County/Counties: _____

GMIS 2 User # _____

Applications should 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. Is responsive to the special concerns and program priorities specified in the request for proposal;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
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.

2. Personnel, Other Direct Costs, Equipment and Contracts RFP p. 17					
• Justifies need for personnel, training, travel, supplies & other direct costs	1	2	3	4	5
• Justifies need for contractual services	1	2	3	4	5
• Itemizes all equipment over \$300	1	2	3	4	5
Budget Information completed in GMIS	Check Boxes				
• Personnel			<input type="checkbox"/>		
• Other Direct Costs			<input type="checkbox"/>		
• Equipment			<input type="checkbox"/>		
• Contracts			<input type="checkbox"/>		
• Compliance Section			<input type="checkbox"/>		
• Assurances Certification			<input type="checkbox"/>		
• EEO Survey			<input type="checkbox"/>		
Project Narrative <i>(*Note 1-Poor 2-Fair 3-Good 4-Above Average 5-Excellent)</i>	Score 1 - 5				Comments
Sub-total Points (120)					
1. Executive Summary RFP p. 18					
a. Identifies the target population, services and programs to be offered and what agency or agencies will provide those services.	1	2	3	4	5
b. Describes the public health problem (s) that the program will address.	1	2	3	4	5
c. Specify the total project budget and the portion requested from ODH through this grant.	1	2	3	4	5
d. Describes the project goals and measures to reach and serve the priority population.	1	2	3	4	5
e. Describes how the project will be evaluated.	1	2	3	4	5
2. Description of Applicant Agency RFP p. 18					
a. Discusses eligibility to apply	1	2	3	4	5
b. Summarizes agency structure	1	2	3	4	5
c. Describes how it will manage the program	1	2	3	4	5
d. Describes the capacity to communicate effectively with diverse audiences	1	2	3	4	5
e. Notes any personnel or equipment deficiencies (if applicable)	1	2	3	4	5

f. Describes plans for hire/training as needed	1	2	3	4	5		
g. Delineates all personnel involved in program activities	1	2	3	4	5		
h. Discusses the relationship between applicant agency/partners	1	2	3	4	5		
i. Includes position descriptions	1	2	3	4	5		
j. Describes the program's potential in improving health outcomes	1	2	3	4	5		
k. Uses data to substantiate past achievements	1	2	3	4	5		
3. Problem/Need RFP p. 18 The following should be identified/described/explained/justified:							
a. Agency uses nationally recognized standards of care	1	2	3	4	5		
b. Describes the local health concern addressed by the program (does not restate national and state data)	1	2	3	4	5		
c. Describes the specific health status concerns	1	2	3	4	5		
d. Indicators are measurable	1	2	3	4	5		
e. Clearly identifies the target population	1	2	3	4	5		
f. Enhanced services proposed by applicant demonstrates need for services, if applicable [<i>*note to reviewers: enhanced services is an elective option</i>].	1	2	3	4	5		
g. Describes how changes in the project will improve health of individuals by partnering with other public health programs (WIC, FQHCs, etc.)	1	2	3	4	5		
4. Methodology (Attachment I is completed) RFP p. 19						<input type="checkbox"/>	
Public Health Impact Statement Summary RFP p. 20 Describes impact to proposed grant activities on Local Health Districts Improvement Standards	1	2	3	4	5		

Attachments <i>(*Note 1-Poor 2-Fair 3-Good 4-Above Average 5-Excellent)</i>	Score 1 - 5					Score	Comments
Sub-total Points (40)							
Attachment E Budget Overview <ul style="list-style-type: none"> All proposed enhanced services are accounted for within the budget summary 	1	2	3	4	5		
Attachment F Revenue Report Are all sources of revenue reported; is only the first column complete?	1	2	3	4	5		
Attachment G Site and Service Information							
A. Services Site(s) Information	1	2	3	4	5		
B. Services Provided	1	2	3	4	5		
Attachment I Program Work Plan							
For all core and all proposed enhanced services, are the following completed?							
a. Activities – are they appropriate for the objective and specific?	1	2	3	4	5		
b. Person Responsible – is the responsible person appropriate?	1	2	3	4	5		
c. Timeline - have they indicated interim timelines?	1	2	3	4	5		
d. Outreach – is an outreach work plan that includes evaluation components for planned outreach activities completed?	1	2	3	4	5		
Total Score for Proposal (out of 210)							

Review Notes:

Strengths

Weaknesses

Approval

Approval with Modifications

Disapproval (The following criteria constitute grounds for disapproval of applications: 1. Incompleteness of grant proposal or inconsistency with BCFHS goals and/or the purpose of the ODH RHWP program and RFP); 2. Gross inappropriateness in the purpose, objectives, and activities of an application or its budgets measured by BCFHS review criteria; 3. Fraudulent presentation; or 4. Determination that grant funds are to be used as substitute for an existing project's current resources).

Comments

Special Conditions

Reviewer Signature: _____

Date: _____

Email: _____ **Phone:** _____

Sample Sliding Fee Scale 2009 - Ohio Department of Health

Assessed Rate	Household Size									
	1	2	3	4	5	6	7			
annual	\$ 10,830	\$ 14,570	\$ 18,310	\$ 22,050	\$ 25,790	\$ 29,530	\$ 33,270	\$		
0% monthly	\$ 903	\$ 1,214	\$ 1,526	\$ 1,838	\$ 2,149	\$ 2,461	\$ 2,773	\$		
weekly	\$ 208	\$ 280	\$ 352	\$ 424	\$ 496	\$ 568	\$ 640	\$		
annual	\$10,831 - \$ 14,890	\$ 14,571 - \$ 20,033	\$ 18,311 - \$ 25,175	\$ 22,051 - \$ 30,318	\$ 25,791 - \$ 35,460	\$ 29,531 - \$ 40,603	\$ 33,271 - \$ 45,745	\$ 37,011		
20% monthly	\$ 904 - \$ 1,240	\$ 1,215 - \$ 1,668	\$ 1,527 - \$ 2,097	\$ 1,839 - \$ 2,526	\$ 2,150 - \$ 2,954	\$ 2,462 - \$ 3,383	\$ 2,774 - \$ 3,811	\$ 3,085		
weekly	\$ 209 - \$ 285	\$ 281 - \$ 384	\$ 353 - \$ 483	\$ 425 - \$ 582	\$ 497 - \$ 681	\$ 569 - \$ 780	\$ 641 - \$ 879	\$ 713		
annual	\$14,891 - \$ 18,952	\$ 20,034 - \$ 25,497	\$ 25,176 - \$ 32,042	\$ 30,319 - \$ 38,587	\$ 35,461 - \$ 45,132	\$ 40,604 - \$ 51,677	\$ 45,746 - \$ 58,222	\$ 50,889		
40% monthly	\$ 1,241 - \$ 1,578	\$ 1,669 - \$ 2,124	\$ 2,098 - \$ 2,669	\$ 2,527 - \$ 3,215	\$ 2,955 - \$ 3,760	\$ 3,384 - \$ 4,305	\$ 3,812 - \$ 4,851	\$ 4,241		
weekly	\$ 286 - \$ 363	\$ 385 - \$ 489	\$ 484 - \$ 615	\$ 583 - \$ 741	\$ 682 - \$ 867	\$ 781 - \$ 993	\$ 880 - \$ 1,119	\$ 979		
annual	\$18,953 - \$ 23,013	\$ 25,498 - \$ 30,960	\$ 32,043 - \$ 38,908	\$ 38,588 - \$ 46,855	\$ 45,133 - \$ 54,803	\$ 51,678 - \$ 62,750	\$ 58,223 - \$ 70,698	\$ 64,768		
60% monthly	\$ 1,579 - \$ 1,917	\$ 2,125 - \$ 2,579	\$ 2,670 - \$ 3,241	\$ 3,216 - \$ 3,904	\$ 3,761 - \$ 4,566	\$ 4,306 - \$ 5,228	\$ 4,852 - \$ 5,891	\$ 5,397		
weekly	\$ 364 - \$ 442	\$ 490 - \$ 594	\$ 616 - \$ 747	\$ 742 - \$ 900	\$ 868 - \$ 1,053	\$ 994 - \$ 1,206	\$ 1,120 - \$ 1,359	\$ 1,246		
annual	\$23,014 - \$ 27,074	\$ 30,961 - \$ 36,424	\$ 38,909 - \$ 45,774	\$ 46,856 - \$ 55,124	\$ 54,804 - \$ 64,474	\$ 62,751 - \$ 73,824	\$ 70,699 - \$ 83,174	\$ 78,646		
80% monthly	\$ 1,918 - \$ 2,255	\$ 2,580 - \$ 3,034	\$ 3,242 - \$ 3,814	\$ 3,905 - \$ 4,593	\$ 4,567 - \$ 5,372	\$ 5,229 - \$ 6,151	\$ 5,892 - \$ 6,930	\$ 6,554		
weekly	\$ 443 - \$ 520	\$ 595 - \$ 699	\$ 748 - \$ 879	\$ 901 - \$ 1,059	\$ 1,054 - \$ 1,239	\$ 1,207 - \$ 1,419	\$ 1,360 - \$ 1,599	\$ 1,512		
annual	\$ 27,075	\$ 36,425	\$ 45,775	\$ 55,125	\$ 64,475	\$ 73,825	\$ 83,175	\$		
100% monthly	\$ 2,256	\$ 3,035	\$ 3,815	\$ 4,594	\$ 5,373	\$ 6,152	\$ 6,931	\$		
weekly	\$ 521	\$ 700	\$ 880	\$ 1,060	\$ 1,240	\$ 1,420	\$ 1,600	\$		
FOR FAMILY UNITS WITH MORE THAN 8 MEMBERS, ADD \$3,740 FOR EACH ADDITIONAL FAMILY MEMBER.										
SERVICES WILL NOT BE DENIED DUE TO INABILITY TO PAY.										
BASED ON REVISED CSA POVERTY GUIDELINES PUBLISHED IN THE FEDERAL REGISTER ON 01/23/09										
THESE GUIDELINES ARE EFFECTIVE ON 03/01/09.										
Date:	Project#:		Project Name:							
County:			Agency Name:							