



OHIO DEPARTMENT OF HEALTH

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Columbus, Ohio 43215

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

Ted Strickland/Governor

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

Date: August 19, 2008

To: Prospective Applicants for Ohio REACH Stroke Telemedicine Project

From: Cynthia Burnell, Director
Office of Healthy Ohio

Subject: **Notice of Availability of Funds**

The Ohio Department of Health (ODH), Office of Healthy Ohio, Bureau of Health Promotion and Risk Reduction announces the availability of grant funds to support two REACH Stroke Telemedicine Networks.

The goals of this project are to increase access to advanced stroke care in underserved regions of Ohio; to improve EMS response; and to enhance quality and efficiency within the healthcare system.

Two REACH grants to establish hub-and-spoke stroke telemedicine networks in defined areas of northwest and southeast Ohio may be awarded for a total amount not to exceed \$315,000. Eligible applicants for these funds are limited to current Joint Commission-certified Primary Stroke Centers in Ohio. One additional award for up to \$75,000 will be made to the Research & Education Foundation of the Ohio Hospital Association to assist ODH and REACH hospitals in developing quality improvement processes and conducting short- and long-term evaluations of the impact of REACH on the stroke system of care in the two regions. **Proposals are due Monday, October 6, 2008.** No subgrantee is guaranteed a certain percentage of the total funds available. No grant award will be issued for less than **\$30,000**.

All interested parties must complete and submit the **Notice of Intent to Apply (NOIAF)** form (attached to the RFP) no later than **Friday, August 29, 2008**, to be eligible to apply for funding.

Applicants must attend GMIS 2.0 training to be eligible to apply for funding. Unless previously done so, complete and return the GMIS 2.0 training form (attached to the RFP) if training for GMIS 2.0 is needed. This training 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.

The RFP will provide detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant. Please read and follow the directions carefully.

Technical assistance will be available for prospective applicants on a conference call to be held Wednesday, September 3 from Noon to 1 p.m. EDT. This conference call can be accessed by calling 1-800-510-7500 and entering Participant Code 1137871#. Prospective applicants are requested to call in using only one telephone line. The purpose of the conference call is to help prospective applicants to: 1) Understand the scope and intent of the REACH RFP; and, 2) Be aware of ODH funding policies and application review procedures.

Please contact Barbara Pryor, (614-644-6963), or barbara.pryor@odh.ohio.gov with any questions regarding this Request for Proposal.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF HEALTHY OHIO

**BUREAU OF HEALTH PROMOTION & RISK REDUCTION
HEART DISEASE & STROKE PREVENTION PROGRAM**

Ohio REACH Stroke Telemedicine Project

REQUEST FOR PROPOSALS (RFP)

FOR

FISCAL YEARS 2009/10

(12/01/2008 – 6/29/2010)

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, including an electronic component submitted via the internet website, ODH Application Gateway - GMIS 2.0, which includes various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date.

Any required part that is not submitted on time will result in the entire application not being considered for review.

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

A. Policy and Procedure: Uniform administration of all ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all prospective subgrantee applications. The GAPP manual is available on the ODH Web site <http://www.odh.ohio.gov>. (Click “About ODH,” then “ODH Grants,” then click “GAPP Manual.”)

B. Application Name: Ohio REACH Stroke Telemedicine Project

C. Purpose: To establish two hub-and-spoke telemedicine systems using the REACH (Remote Evaluation of Acute Ischemic Stroke) technology developed by the Medical College of Georgia, Department of Neurology (www.reachcall.com), in two underserved regions of the state and to work in partnership with the Ohio Hospital Association and ODH Heart Disease & Stroke Prevention Program (HDSP) to evaluate the impact of the REACH project on the prehospital and hospital management of acute stroke patients. Data from the 2006 *Burden of Stroke in Ohio Report* indicate that there are clusters of rural counties with unacceptably long transport times for stroke victims, particularly in the northwest and southeast regions of the state. A number of these counties also have no hospital and limited availability of EMS services. Establishing telemedicine systems for the rapid identification, triage and treatment of stroke victims in these underserved areas would greatly improve patient outcomes. A REACH network, consisting of an Ohio hospital that is a Joint Commission-certified Primary Stroke Center as the "hub," linked via the Internet to a number of smaller Ohio hospitals, the "spokes," would provide neurological evaluation and treatment consultation to smaller rural hospitals that lack the capacity to provide the full range of services to treat acute stroke patients. (Refer to Appendix A, Ohio REACH Telemedicine Project Logic Model – 2008-2011, for a concise summary of the inputs and expected outcomes of the project.)

D. Qualified Applicants: Eligible applicants include:

1. Regional REACH Networks - for the regional REACH Stroke Telemedicine Network project(s) the applicant agency must:
 - a. Be a current Joint-Commission-certified Primary Stroke Center (PSC) in Ohio capable of serving hospitals in one of the defined regions in northwest Ohio or southeast Ohio. (Note: Joint Commission PSC Certification must be maintained throughout the program period to maintain funding status.)
 - b. Be a non-profit tax exempt organization as determined by Section 501c(3) of the Internal Revenue Code, with a current, valid letter of exemption.

- c. Have attended GMIS 2.0 training.
 - d. Identify a REACH Clinical Coordinator at the PSC to serve as the point-of-contact for the project. Grant funds may be used to support up to a .25 full-time equivalent (FTE) for this position.
 - e. Allocate funds from the award to participating spoke hospitals to cover the cost of equipment, training and monthly service fees specific to establishing and maintaining REACH throughout the program period.
 - f. Have the capacity to accept electronic funds transfer (EFT).
 - g. Have at least six (6) letters of commitment to implement the REACH Stroke Telemedicine Project. At least three (3) should be from key clinical and administrative staff at the PSC hub hospital that is applying for the project and three (3) should be from clinical and administrative staff at each proposed spoke hospitals in their identified region of the state confirming their intent to be a functioning spoke hospital before the end of the budget period for this application.
 - h. Document accessibility to the hospitals in the region to be served.
 - i. Document current Joint Commission certification as a PSC.
 - j. Document experience in outreach to other health care facilities for acute stroke management.
 - k. Commit to participation in training and quality improvement initiatives with the REACH Call consultants, Ohio Hospital Association and ODH for the duration of the program period.
 - l. Participate in the development of protocols for the transport and triage of acute stroke patients with EMS providers and spoke hospitals in counties in their identified regions.
 - m. Commit to sharing patient data collected through the REACH system for short-term and long-term evaluation of the impact on patient outcomes.
2. The Research & Education Foundation of the Ohio Hospital Association (OHA) will be awarded up to \$75,000 for the 18-month budget period to:
- a. Assist REACH hospitals in developing and evaluating quality improvement processes.
 - b. Assist the ODH HDSP Program in on-going monitoring and evaluation of the implementation of the Ohio REACH initiative.
 - c. Collect and analyze quality improvement data from participating REACH hospitals and provide reports and other findings to ODH throughout the program period.
 - d. Assist the ODH HDSP Program in conducting a comprehensive evaluation of the impact of REACH on the stroke system of care in the two regions.
 - e. Collaborate with ODH and REACH hospitals in disseminating key findings related to stroke care and telemedicine throughout the program period.

E. Service Areas (see map, Appendix C):

1. NW REACH Region (12 counties): Allen, Auglaize, Defiance, Fulton, Henry, Lucas, Mercer, Ottawa, Paulding, Putnam, VanWert and Williams.
2. SE REACH Region (19 counties): Athens, Carroll, Coshocton, Gallia, Guernsey, Harrison, Hocking, Jackson, Lawrence, Meigs, Morgan, Monroe, Noble, Perry, Pike, Ross, Scioto, Vinton and Washington.

F. Number of Grants and Funds Available:

1. Primary Stroke Centers: Up to two regional REACH grants may be awarded for a total amount of \$315,000 for the 18-month budget period. Eligible agencies may apply for a total amount of \$157,500, apportioned at \$82,500 for the period 12/1/08 to 6/29/09 and \$75,000 for the period 6/30/09 through 6/29/10.
2. OHA may apply for a total amount of \$75,000 for the 18-month budget period apportioned at \$30,000 for the period 12/1/08 to 6/29/09 and \$45,000 for the period 6/30/09 through 6/29/10.

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

- G. Due Date:** Applications including any required forms and required attachments, mailed or electronically submitted via GMIS 2.0, are due **by Monday, October 6, 2008**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Contact Barbara Pryor at 614-644-6963 or barbara.pryor@odh.ohio.gov with questions about this application.

- H. Authorization:** Authorization of funds for this purpose is contained in Section 317(k)(2) of the PHS Act, 42 U.S.C. 247b(k)(2); Section 301(a) of the PHS Act, 42 U.S.C. 241(a); Section 307(a) and (b) of the PHS Act, 42 U.S.C. 2421(a) and (b). The Catalog of Federal Domestic Assistance (CFDA) Number is 93.945.
- I. Goals:** The goals of the project are to increase access to advanced stroke care in underserved regions; to improve EMS response; and to enhance quality and efficiency within the healthcare system.
- J. Program Period and Budget Period:** The program period will begin on December 1, 2008 and end June 29, 2011. The budget period for this application is December 1, 2008 through June 29, 2010.
- K. Local Health Districts Improvement Standards:** This grant program will address the Local Health Districts Improvement Goal 5, "Address the need for Personal Health Services," Standard 5.4, "Plans to reduce specific gaps in access to critical health services are 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 "Local Health Districts," then "Local Health Districts Improvement Standards," then click "Local Health District Improvement Goals/Standards/Measures.")
- L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards.

1. Public Health Impact Statement Summary: Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
 - a. The Local Health District Improvement Standard(s) to be addressed by grant activities;
 - b. A description of the target population to be served;
 - c. A summary of the services to be provided or activities to be conducted; and,
 - d. A plan to coordinate and share information with appropriate local health districts.

The applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the Local Health Districts Improvement Standards. **(Required for competitive cycle only; not required for continuation cycle, if unchanged.)**

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

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

N. Programmatic, Technical Assistance and Authorization for Internet Submission: *Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon the posting of the Request for Proposals (RFP) to the ODH website.*

Please contact Barbara Pryor at 614-644-6963 or barbara.pryor@odh.ohio.gov for questions regarding this RFP.

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

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

P. Late Applications: Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, October 6, 2008.**

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

- Q. Successful Applicants:** Successful applicants will receive official notification in the form of a “Notice of Award” (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- R. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not approve fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- S. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describes specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
 5. Estimates reasonable cost to the Ohio Department of Health considering the anticipated results;
 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program, and the applicant organization has adequate facilities and personnel;
 7. Provides an evaluation plan, including a design for determining program success;
 8. Is responsive to the special concerns and program priorities specified in the request for proposal; and,
 - 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds.**
 - 10. Has demonstrated compliance to GAPP, Chapter 100.**

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

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

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

This [publication, journal article, reference material] was supported by Grant/Cooperative Agreement Number 5U50DP00739 funded by the Division of Heart Disease & Stroke Prevention from the Centers for Disease Control and Prevention (CDC) and administered by the Ohio Department of Health, Bureau of Health Promotion & Risk Reduction, Heart Disease & Stroke Prevention Program. Its contents are solely the responsibility of the Authors and do not necessarily represent the official views of the CDC.

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

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

Reports shall be submitted as follows:

1. Program Reports – Subgrantee Program Reports **must** be completed and submitted **via the SPES (Subgrantee Performance Evaluation System)** by the following dates:

1st Progress Report - December 1, 2008 thru June 29, 2009Due 7/15/09
2nd Progress Report - June 30 thru December 30, 2009Due 1/15/10
3rd Progress Report - January 1 thru June 29, 2010.....Due 7/15/10

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

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

2. Subgrantee Program Expenditure Reports – Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates:

Period 1 - December 1, 2008 thru March 31, 2009Due 4/15/09
Period 2 - April 1 thru June 29, 2009Due 7/15/09
Period 3 - June 30 thru September 30, 2009Due 10/15/09
Period 4 - October 1 thru December 31, 2009Due 1/15/10
Period 5 - January 1 thru March 31, 2010.....Due 4/15/10
Period 6 - April 1 thru June 29, 2010.....Due 7/15/10

Submission of Subgrantee Program Expenditure Reports via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

3. Final Expenditure Reports – A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** on or before **August 15, 2010**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

Submission of the Subgrantee Final Expenditure Report via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

4. Inventory Report – A listing of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS 2.0 as part of the Subgrantee Final Expenditure Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

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

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

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

1. Advancement of political or religious points of view or for fund raising or lobbying, but only used solely for the purpose as specified in this announcement;
2. Dissemination of 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. In-patient services;
14. 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 receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Web site <http://www.obm.ohio.gov/mppr/travel.asp>);
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants; and
22. Research or reimbursement for direct patient care expenditures.
23. Replacement or maintenance of any existing equipment or items that a hospital already has in their inventory;
24. Installation of high-speed internet lines;
25. REACH equipment, training costs or monthly service fees to connect 'spoke' hospitals located in counties outside the defined service areas of northwest or southeast Ohio.

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

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

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

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

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

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

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

Z. Submission of Application: The GMIS 2.0 application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Ethics Certification
8. Attachments as required by Program:
 - a. Application Cover Page
 - b. Program Narrative
 - c. REACH Workplan

An original and one (1) copy of the following forms, available on GMIS 2.0 must be completed, printed, signed in blue ink with original signature by the Agency Head or Agency Financial Head and mailed to the address below:

**Complete,
Sign &
Mail To
ODH**

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

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

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

<p>Copy & Mail To ODH</p>
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- 1. Public Health Impact Statement. **(For competitive cycle only; for continuation, only if changed.)**
- 2. Statement of Support from the Local Health Districts. **(For competitive cycle only; for continuation, only if changed.)**
- 3. Liability Coverage. **(Non-profit organizations only; proof of current liability coverage and thereafter at each renewal period.)**
- 4. Evidence of Non-Profit Status. **(Non-profit organizations only; for competitive cycle only; for continuation, only if changed.)**

One (1) copy of the following documents must be mailed to the address below:

<p>Complete, Copy & Mail To ODH</p>
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- 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 three (3) copies of **Attachments** (non-Internet compatible) as required by program:
 - a. Staffing information - Curriculum Vitae and position descriptions for staff working on the project.
 - b. At least three (3) letters of commitment from key clinical and administrative staff at the PSC that will serve as the hub hospital to establish and maintain the REACH network; and three (3) letters of commitment to join the REACH network as a ‘spoke’ hospital from key clinical and administrative staff at each of the hospitals proposed as spokes.
 - c. A copy of the certification issued by the Joint Commission confirming current status as a Primary Stroke Center.

MAIL TO:
Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 North High Street
Columbus OH 43215

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line Grants Management Information System 2.0 (GMIS 2.0) will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after the Request for Proposals (RFP) is posted to the Ohio Department of Health (ODH) Web site.

All applications must be submitted via GMIS 2.0. Submission of all parts of the grant application via the ODH GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations in lieu of an executed Signature Page document.

- A. **Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. **Budget:** Prior to completion of the budget section, please review pages 7 and 8 of the RFP for unallowable costs.

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

Funds available through this award may not fully cover all costs associated with establishing a REACH telemedicine network in a designated region for the project period through 6/29/11. It is projected that during the 18-month budget period ending 6/29/10, funding for REACH implementation, equipment, training and monthly service fees for the hub hospital and up to three spoke hospitals will be fully supported by this award. During the next budget period ending 6/29/11, grant funds must be allocated to cover the REACH monthly service fees for the three established spoke hospitals if other funding is not available. Grant funds must be allocated for REACH implementation, equipment, training and service fees for the additional three new spoke hospitals that are added to the network during that budget period. Use the narrative section of the application to identify and describe other funds and resources that may be needed to maintain the REACH network in the defined region.

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 allocation of the proposed costs. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the application for additional information.
2. Personnel, Other Direct Costs, Equipment, & Contracts – Submit a budget with these sections and form(s) completed as necessary to support costs for the period December 1, 2008 to June 29, 2010. Funding for up to a .25 FTE identified as the REACH Clinical Coordinator may be included in the budget.

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

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

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

Where appropriate, itemize all equipment (**minimum \$300.00 unit cost value**) to be purchased with grant funds in the Equipment Section.

3. Compliance Section D – Answer each question on this form as accurately as possible. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.
 4. Funding, Cash Needs and Budget Summary Sections – Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.
- C. Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- D. Project Narrative:** Complete the project narrative as a separate Microsoft Word document using the following headings and guidelines and submit as an attachment in GMIS 2.0:

PRIMARY STROKE CENTERS

1. Executive Summary – Provide a concise self-contained description of the project that identifies the region proposed for this application and provides brief descriptions of the hospital serving as the REACH hub and the proposed REACH spoke hospitals. Describe the needs in the spoke hospital communities and how this program will address these needs. Describe how the project will be managed and provide an overview of the role of the PSC serving as the hub hospital in relation to the proposed spoke hospitals. Provide a summary of the implementation plan and evaluation methods. (Note: This summary will be used for legislative and public inquiries about

the project.)

2. Background & Experience/Documentation of Eligibility/Personnel –
 - Discuss the applicant agency's eligibility to apply including past and current experience in acute stroke management.
 - Describe experience in utilizing data for quality improvement activities.
 - Describe outreach to other health care facilities for acute stroke management.
 - Clearly identify all hospitals that will participate in the proposed REACH network and include as baseline data for these hospitals stroke patient volume during the previous 12 months, number of stroke patient transfers, number of patients treated with tPA, and any outreach efforts to local EMS providers related to stroke prehospital management.
 - Summarize your hospital's structure as it relates to this program and, as the lead agency, how it will manage the program. Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities and identify who will serve as the REACH Clinical Coordinator. Include curriculum vitae and position descriptions for these staff in the Attachment section as described in the Attachment instructions on page 10.
 - Describe the relationship between REACH team members, staff members of the applicant agency, and other partners, agencies and contractors that will be working on this program.
3. Implementation Plan – Describe the major steps required to establish and operate the REACH regional telemedicine network including the proposed phase-in periods when each of the three spoke hospitals will go live on the REACH network and how additional spoke hospitals will be identified and recruited. Discuss the resources and expertise that will be needed for training and technical assistance to establish the network and how the network will be sustained after the project period ends.
4. Methodology – Using the template in Attachment A, provide a relevant and realistic work plan to establish the REACH network with impact and process objectives for 12/1/08 through 6/29/10. All objectives must be SMART -- **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-framed-- and include evaluation indicators and data to be collected, timeframes, and person responsible. Include an evaluation plan that identifies evaluation questions and indicators for each work plan objective, describes when and how data will be collected and analyzed, indicates who is responsible, and describes how results will be used and disseminated.

OHIO HOSPITAL ASSOCIATION

1. Executive Summary – Provide a concise self-contained description of the project that describes the training and technical assistance proposed and the type of quality improvement activities that will be conducted. Identify the monitoring and evaluation mechanisms that will be instituted and how communication will be maintained with the REACH hospitals, ODH and other project staff. (Note: This summary will be used for legislative and public inquiries about the project.)

2. Methodology – Submit a Work Plan (see Attachment B) that identifies impact and process objectives for 12/1/08 through 6/29/10. All objectives must be SMART – Specific, Measurable, Achievable, Relevant and Time-framed – and include evaluation indicators and data to be collected, timeframes, and person responsible. This work plan should be specific to how OHA will develop and evaluate quality improvement processes for the REACH hub-and spoke hospitals; plans for on-going monitoring and evaluation of the two regional REACH networks; methods for reporting and disseminating REACH implementation activities; and the development of a comprehensive evaluation plan to assess the impact of REACH on the stroke system of care in the two regional networks.
- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address on or before **Monday, October 6, 2008**. All attachments must clearly identify the authorized program name and program number. **A minimum of an original and three (3) copies of non-Internet attachments are required.**
- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required only if new agency, thereafter only when banking information has changed.)**
- H. Internal Revenue Service (IRS) W-9 & Vendor Forms:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required if new agency; thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS W-9:**
1. Vendor Information Form. **(New agency only.)**
 2. Vendor Information Change Form. **(Existing agency with tax identification number, name and/or address change[s].)**
 3. Change request in writing on agency letterhead. **(Existing agency with tax identification number, name and/or address change[s].)**

Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed appropriate Vendor Form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy of each.

- I. Public Health Impact Statement Summary:** Submit two (2) copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards.
- J. Public Health Impact Response/Statement:** Submit two (2) copies of the response/statement(s) of support from the local health district(s) to your agency’s communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s). **(For competitive cycle only; for continuation only if changed.)**
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two (2) copies of the Certificate of Insurance Liability. **(Non-profit organizations only; current liability coverage and thereafter at each renewal period.)**
- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving tax exempt status. **(Non-profit organizations only; for competitive cycle only; for continuation only if changed.)**
- M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire:** The DMA is a Questionnaire must be completed by all non governmental grant applicant agencies to certify that they have not provided “material assistance” to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the agency head’s signature. The DMA Questionnaire in PDF format requires [Adobe Acrobat](#) and is located at the Ohio Homeland Security Website:

http://www.homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.pdf

- Print a hard copy of the form once it has been downloaded. The form must be completed in its entirety and responses must be truthful to the best of the agency’s knowledge. **(Required by all non-governmental applicant agencies.)**
- Ethics Certification – Attach a separate statement in the Project Narrative Section that, as a duly authorized representative of the subgrantee agency, applicant certifies, in accordance with Executive Order 2007-01S:
 - a. Subgrantee agency has reviewed and understands the Governor’s Executive Order 2007-01S.
 - b. Subgrantee agency has reviewed and understands the Ohio ethics and conflict of interest laws, and
 - c. Subgrantee agency will take no action inconsistent with those laws and this order.

- d. Subgrantee agency understands that failure to comply with the Executive Order 2007-01S is, in itself, grounds for termination of this grant and may result in the loss of other grants with the State of Ohio. **Refer to GMIS 2.0 Bulletin Board – Governor’s Executive Order 2007-01S (Ethics).**
- Attachments as Required by Program –
 - a. Workplan Template for REACH Telemedicine Network
 - b. REACH Workplan for OHA

III. APPENDICES

- A.** Ohio REACH Telemedicine Project Logic Model
- B.** REACH Regions Map
- C.** Application Review Criteria
- D.** GMIS 2.0 Training Form

REACH Telemedicine Network Work Plan

Region: _____ **Hub Hospital:** _____

Impact Objective:

Process Objectives and Related Activities <i>(December 2008 through June 2010)</i>	Evaluation Indicator	Data to Be Collected	Timeframe to Assess Progress	Person Responsible

Evaluation Plan:

Evaluation Questions

Data Analysis

Communicating Results

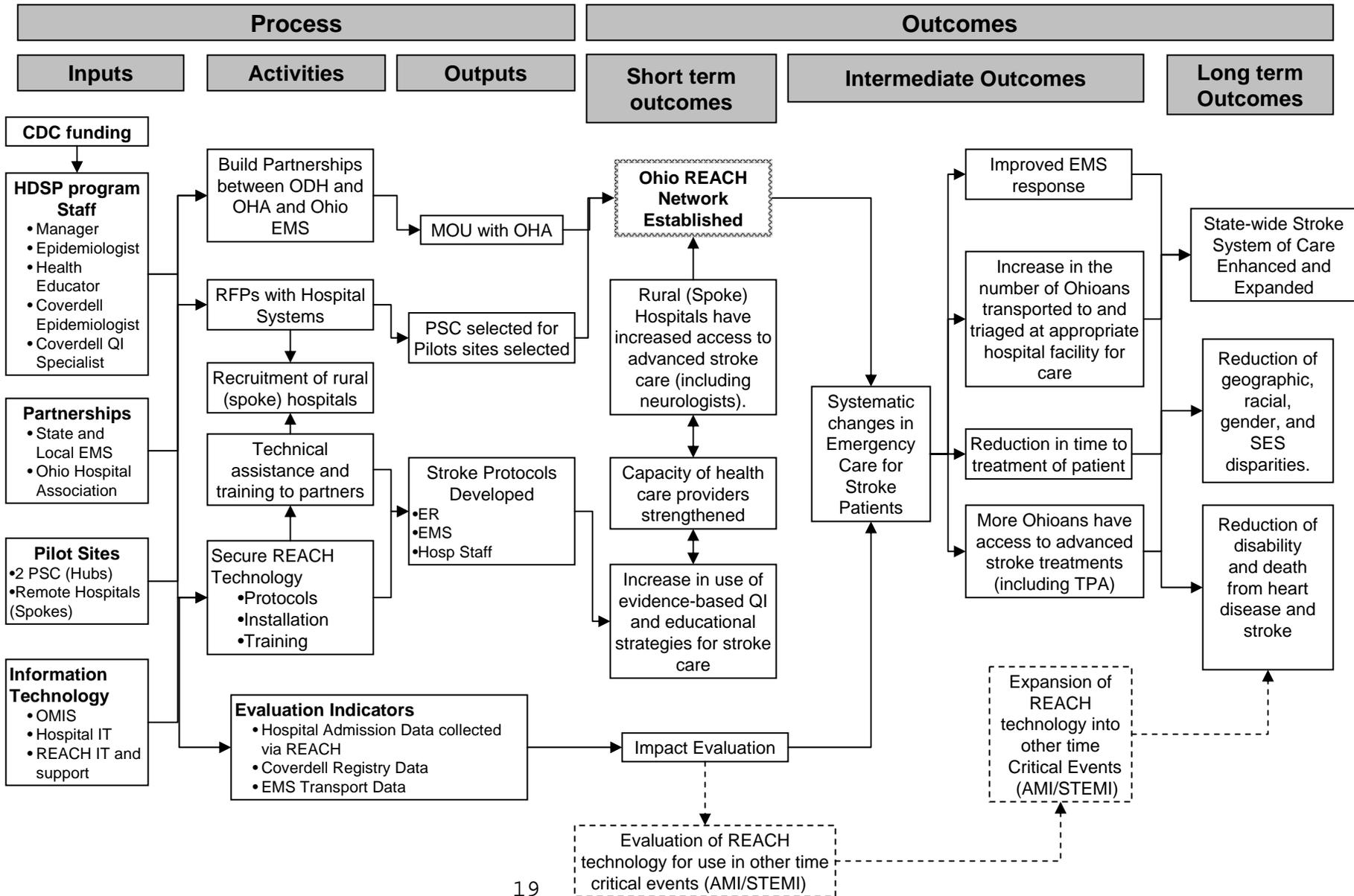
REACH Work Plan
Ohio Hospital Association

Impact Objective:

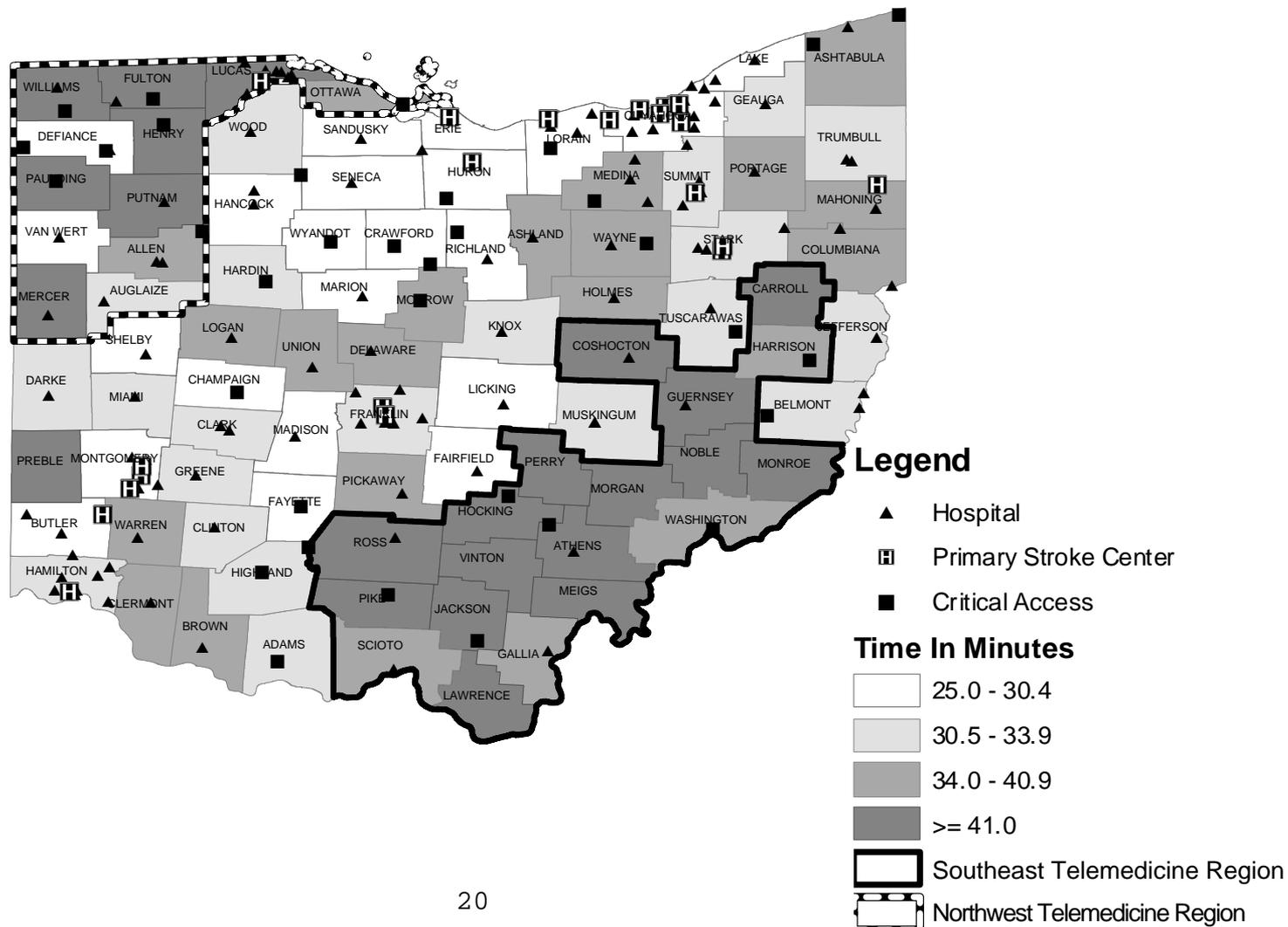
Process Objectives and Related Activities <i>(December 2008 through June 2010)</i>	Evaluation Indicator	Data to Be Collected	Timeframe to Assess Progress	Person Responsible

<p>Evaluation Plan:</p> <p><u>Evaluation Questions</u></p> <p><u>Data Analysis</u></p> <p><u>Communicating Results</u></p>

Ohio REACH Telemedicine Project Logic Model -- 2008-2011



Average EMS Transport Time in Minutes for Patients with Suspected Stroke by County, Ohio 2004



Application Review Criteria and Scoring Information

The application will be evaluated against the following criteria:

1. Executive Summary (Not Scored)

- Provides a self-contained summary of the project suitable for public dissemination.
- Briefly describes the region selected, participating hospitals, how the project will be managed by the applicant, and summarizes the implementation plan and evaluation methods.

2. Description of Applicant Agency/Documentation of Eligibility (20 points)

- Summarizes applicant agency's eligibility, including past and current acute stroke management experience and provides description of data-driven quality improvement activities.
- Describes outreach to other health care facilities for acute stroke management.
- Clearly identifies all hospitals participating in the REACH network and provides baseline data about stroke capacity for these hospitals.
- Adequately describes how coordination will be maintained between all network hospitals and relevant EMS providers.
- Describes plans for training and implementation of the REACH system at the hub and spoke hospitals, including coordination with REACH Call consultants, OHA and ODH.
- Provides documentation of Joint Commission certification as a Primary Stroke Center and required letters of commitment from all hospitals involved in the network.

3. Personnel (20 Points)

- Summarizes applicant agency's structure related to the program and how the program will be managed.
- Provides position descriptions and curriculum vitae for all project staff. Identifies REACH clinical coordinator.

4. Implementation Plan (30 points)

- Describes major steps proposed to implement and operate the regional REACH stroke telemedicine network and addresses all components listed under Item D-4, page 13 of the RFP.
- Discusses plan for sustainability of the REACH network by the end of the project period.

5. Methodology (25 points)

- Provides a relevant and realistic work plan with impact and process objectives focused on systems and policy approaches.
- Provides strategies that use REACH data to improve acute stroke care.
- Includes an evaluation plan that identifies evaluation questions and indicators for each work plan objective; describes when and how data will be collected and analyzed; indicates who is responsible; and describes how results will be used and disseminated.

6. Budget (5 points)

- Narrative is satisfactory and relates expenditures to work plan.
- Staff is identified and is appropriate to program scope of work.
- Budget is reasonable and adequate to meet the goals and objectives of the project.
- Contractors are identified by name and role with project defined.
- Other direct costs are itemized and appropriate.

Ohio Department of Health
GMIS 2.0 TRAINING

ALL INFORMATION REQUESTED BELOW MUST BE COMPLETED FOR EACH EMPLOYEE FROM APPLICANT AGENCY/ORGANIZATION WHO ATTENDS A GMIS 2.0 TRAINING SESSION.
(Please print clearly or type.)

Grant Program: _____ RFP Due Date: _____

County of Applicant Agency/Organization: _____

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 to which the federal tax identification number is assigned and, if applicable, as listed currently in GMIS.

Applicant Agency/Organization Name: _____

Applicant Agency/Organization Address: _____

Agency/Organization Employee to Attend Training: _____

Telephone Number: _____ E-mail Address: _____

GMIS Training Authorized by: _____
(Signature of Agency Head or Agency Fiscal Head)

REQUIRED – Please check one: _____ I DO have access to the ODH GATEWAY
(SPES, ODRS, LHIS, etc.)
_____ I DO NOT have access to the ODH GATEWAY.

Please indicate training date choices: 1st choice _____ 2nd choice _____ 3rd choice _____
RETURN TO THE ADDRESS BELOW BY FRIDAY, AUGUST 29, 2008.

Mail, e-mail or fax to GAIL BYERS
Grants Administration Unit
Ohio Department of Health
246 North High Street
Columbus OH 43215
E-mail: gail.byers@odh.ohio.gov
Fax: (614) 752-9783

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