



OHIO DEPARTMENT OF HEALTH

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John R. Kasich/Governor

Richard Hodges/Director of Health

MEMORANDUM

Date: July 12, 2016

To: Prospective Sexual Assault Services Program Applicants

From: Shancie Jenkins
Office of Health Improvement and Wellness
Ohio Department of Health

Subject: Sexual Assault Services Program - SA
January 1 – December 31, 2017

The Ohio Department of Health (ODH), Office of Health Improvement and Wellness, Bureau of Maternal, Child and Family Services announces the availability of grant funds to provide up to nine programs through the Sexual Assault Services Program. Funds will be available to provide direct services for survivors of sexual assault.

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 "Grant/Contract";
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 Sexual Assault Services 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.

In the application packet you will find:

1. 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.
2. *Notice of Intent to Apply for Funding (NOIAF)* form – The purpose of this document is to ascertain your intent to apply for available grant funds. Please note: The NOIAF must be submitted no later than **Wednesday, August 10, 2016**, which is the date to be eligible for these funds. NOIAF's not received by the due date will not be accepted.

When you have accessed the application packet:

1. Review the RFP to determine your organization's ability to meet the requirements of the grant and your intent to apply.
2. 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 of **Tuesday, September 6, 2016**. The *Notice of Intent to Apply for Funding* form is mandatory, if you intend to apply for the grant.

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

1. Create a grant application project number for your organization. This project 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 GMIS 2.0.
2. ODH will assess your organization's 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 project number for your organization and finalizes all GMIS 2.0 training requirements, you may proceed with the application process as outlined in the RFP.

All potential applicants are encouraged to participate in a Bidders Conference that will be held via webinar on **Tuesday, August 9, 2016** from 9:30 am – 11:00 am. Information to access the call will be sent to anyone who has submitted an NOAIF. The Bidders Conference will provide an opportunity for interested parties to learn more about the RFP and to ask clarifying questions. Please contact Debra Seltzer at (614) 728-2176 or by email at debra.seltzer@odh.ohio.gov to register.

All applications and attachments are due **by 4 pm on Tuesday, September 6, 2016**. Electronic applications received after Monday, October 5, 2015 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 GMIS 2.0. All organizations are required to attend GMIS 2.0 training. **If your organization has not been trained, complete and return the GMIS 2.0 training request form by Wednesday, August 10, 2016.**

If you have questions regarding this application, please contact Debra Seltzer at (614) 728-2176 or by email at debra.seltzer@odh.ohio.gov



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF
Health Improvement and Wellness

BUREAU OF
Bureau of Maternal, Child and Family Services

Sexual Assault Services Program - SA

SOLICITATION
FOR
FISCAL YEAR 2017
(1/1/2017 – 12/31/2017)

Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

Revised 4/8/2016
For grant starts 10/1/2016 and thereafter

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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 components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive Solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by Wednesday, August 10, 2016 so access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

The above mentioned forms are located on the Ohio Department of Administrative Services website at: <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

or directly at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9),
<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf
- Supplier Information Form
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf

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 (OGAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website:

<http://www.odh.ohio.gov>.

(Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser:

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/funding%20opportunities/OGAPP%20Manual%20V100-2%20Rev%2010-1-2014.ashx>

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

- B. Application Name:** Sexual Assault Services Program (SASP – SA)

- C. Purpose:** The Sexual Assault Services Program (SASP) was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005), 42 U.S.C. §14043g, and is the first federal funding stream solely dedicated to the provision of direct intervention and related assistance for victims of sexual assault. Overall, the purpose of SASP is to provide intervention, advocacy, accompaniment (e.g., accompanying victims to court, medical facilities, police departments, etc.), support services, and related assistance for adult,

youth, and child victims of sexual assault, family and household members of victims, and those collaterally affected by the sexual assault. Funds provided through the SASP Formula Grant Program are designed to supplement other funding sources directed at addressing sexual assault on the state level.

Survivors of sexual assault from culturally specific communities confront unique and additional challenges, such as linguistic and cultural barriers, when seeking assistance. In order to provide the most appropriate services to such victims, these grants are available to support outreach and services specific to survivors of sexual assault from one or more of the following racial and ethnic communities: Asian American and/or Asian, African American and/or African/Black, and/or Hispanic.

SASP funds shall be used to provide grants to rape crisis centers and other non-profit, non-governmental organizations, including faith-based and other community organizations, including Tribal non-profit organizations, for programs and activities that provide direct intervention and related assistance. Intervention and related assistance may include:

- 24-hour hotline services providing crisis intervention services and referral;
- Accompaniment and advocacy through medical, criminal justice, and social support systems, including medical facilities, police and court proceedings;
- Crisis intervention, short-term individual and group support services, and comprehensive service coordination and supervision to assist sexual assault victims and family or household members;
- Information and referral to assist the sexual assault victim and family or household members;
- Community-based, linguistically and culturally specific services and support mechanisms including outreach activities for underserved communities; and
- The development and distribution of materials on issues related to the services described in the previous bullets

D. *Qualified Applicants:* There are two categories of funding for these grants

Culturally Specific Community Organizations:

All applicants in this category must be a local public or non-profit agency, either themselves a culturally specific community organization (CSCO) or submitting in partnership to subcontract with one or more culturally specific community organizations (CSCO). The applicant or their partnership/subcontract organizations must be agencies for which the primary purpose of the organization as a whole is to provide culturally specific services to one or more of the following racial and ethnic communities: Asian Americans and/or Asian, and/or African American and/or African/Black, and/or Hispanics.¹

OR

Rape Crisis Center SASP Outreach:

¹ The Violence Against Women Reauthorization Act of 2013 defines “culturally specific” as “primarily directed toward racial and ethnic minority groups (as defined in section 1707 (g) of the Public Health Service Act (42 U.S.C. 13925(a)(6)). Section 300u-6(g)(1) defines the term “racial and ethnic minority group” to mean “American Indians (including Alaska Natives, Eskimo, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders, Blacks; and Hispanics.” Based on census data in Ohio these groups were further narrowed to the three groups most represented in the Ohio population.

All applicants in this category must be a local public or non-profit agency, and must demonstrate that they are currently providing a full range of rape crisis services and will use these funds to increase reach to Asian American and/or Asian, and/or African American and/or African/Black, and/or Hispanic (or are already doing related services using these funds through a previous award). Applicants in this category are encouraged to submit in partnership with a Culturally Specific Community Organization as described in the previous category.

If the lead agency is not a CSCO, the applicant/lead agency must show a history of collaboration with the partner CSCO(s). All applicants applying in this category must either have experience in the area of sexual assault crisis intervention as an agency, or also partner with an organization having such experience.

The CSCOs must meet the following requirements:

- Have an advisory board or steering committee and staffing which is reflective of the culturally specific community to be served by the project. NOTE: For the review process, the identified CSCO must demonstrate that members of the advisory board, steering committee and staff include members with knowledge or experience relevant to the identified community. If federal funds are used for filling any of these positions, organizations may consider an applicant's knowledge or experience relevant to the identified community, as well as language skills needed to work with a particular population, but organizations may not consider a person's race and/or ethnicity as a basis for hiring decisions.
- Have the expertise in the development of community-based, linguistically and culturally specific outreach and intervention services relevant for the specific communities to which assistance would be provided or have the capacity to link to existing services in the community tailored to the needs of culturally specific populations. As defined in the Violence Against Women Act, 42 U.S.C. §13925(a)(7), "culturally specific services" means "community-based services that include culturally relevant and linguistically specific services and resources to culturally specific communities."

Note: A culturally specific program which is one division within a larger organization with other focuses (for example, a division within a health department that focuses on Hispanic victims) cannot count as a CSCO organization; however such a program can be an additional component in an application along with one or more CSCO(s).

Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B).

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Tuesday, September 6, 2016.**

E. **Service Area:** There is no defined service area requirement for this application. The service area should be defined in the application, specifying the geographic area to be served and the approximate number of members of the specific communities to be served living within that area. The potential size and diversity of the population to be reached will be a consideration in prioritizing approved applications for funding.

F. **Number of Grants and Funds Available:** Approximately \$500,000 federal funds are available for funding. Funding levels will depend upon the number and size of the proposals received. Selection will be based on recommendations of the review panel, quality of each applicant, justification for the funding request and adherence to the goals and objectives outlined in this Solicitation RFP.

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.

Allotments will be established in GMIS by ODH.

G. **Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery—by **4:00 p.m. by Tuesday, September 6, 2016.** Applications and required attachments received after this deadline will not be considered for review.

Contact Debra Seltzer at (614) 728-2176 or debra.seltzer@odh.ohio.gov with any questions. Enter the contact name listed under “Programmatic, Technical Assistance and Authorization for Internet Submission.”

H. **Authorization:** Authorization of funds for this purpose is contained the Catalog of Federal Domestic Assistance (CFDA) Number 16.017.

I. **Goal:** To expand culturally specific intervention and related assistance for victims of sexual assault in Ohio.

J. **Program Period and Budget Period:** The program period will begin January 1, 2017 and end on December 31, 2018. The budget period for this application is January 1, 2017 through December 31, 2017.

K. **Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. (An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.) The PHAB standards are available at the following website:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.pdf>

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 PHAB Standards.

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

The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:

- A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) 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 the 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 PHAB 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 point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

M. Incorporation of Strategies to Eliminate Health Inequities

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., Program Narrative, Objectives) applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).
- 2) Explain and identify how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.
- 3) Explain how proposed program interventions will address this problem.
- 4) Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module. These four items should be incorporated into the grant language in specific areas of the application and not left to the applicant to decide where to insert this information. Also care should be taken to avoid repetition to keep the responses focused and specific.

The following section will provide basic framework, links and guidance to information to understand and apply health equity concepts.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities 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 of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned 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 programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

GMIS Health Equity Module:

The GMIS Health Equity Module links health equity initiatives in grant proposals to national health equity strategies such as those found in *Healthy People 2020* or the *National Stakeholder Strategy for Achieving Health Equity*. Applicants are required to select the goals and strategies from the module which **best** reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

For more resources on health equity, please visit the ODH website at:

<http://www.healthy.ohio.gov/healthequity/equity.aspx>.

N. Human Trafficking: The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population;
 1. At-risk population
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

Applicable Not Applicable

- O. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**
- P. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Debra Seltzer at debra.seltzer@odh.ohio.gov or (614) 728-2176 for questions regarding this Solicitation)

Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for internet submission.

- Q. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- R. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. 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 **Tuesday, September 6, 2016 at 4:00 p.m.**

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 35 E. Chestnut St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- S. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- T. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- U. 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, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) 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 Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation. See Application Review Form (Appendix C)

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 Solicitations; **There will be no appeal of the Department's decision.**

V. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. Select only the appropriate reference.

W. Ownership Copyright: Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Maternal, Child and Family Health, Sexual Assault and Domestic Violence Prevention Program, and as a sub-award of a grant issued by the United States Department of Justice under the Sexual Assault Services Program Formula grant, grant award number 2014-KF-AX-0007 and CFDA number 16.017.

X. Reporting Requirements: Successful applicants are required to submit subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

Note: Failure to ensure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- 1. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates:

| Due Date | Quarter |
|------------------|--------------------------------------|
| April 15, 2017 | January 1, 2017 to March 31, 2017 |
| July 15, 2017 | April 1, 2017 to June 30, 2017 |
| October 15, 2017 | July 1, 2017 to September 30, 2017 |
| January 15, 2018 | October 1, 2017 to December 31, 2017 |

Annual Program reports will be due **January 31, 2018**. This report will consist of the progress report provided by the United States Department of Justice and the Office of Violence Against Women to track grant activities, and at least one success story highlighting a service provided through these funds.. Any paper non-Internet compatible report attachments must be submitted to GSU Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.

- 2. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOI AF). Please note that no changes can be made to the reimbursement type once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

| <i>Period</i> | <i>Report Due Date</i> |
|-------------------------------|---------------------------|
| <i>January 1 – 31, 2017</i> | <i>February 10, 2017</i> |
| <i>February 1 – 28, 2017</i> | <i>March 10, 2017</i> |
| <i>March 1 – 31, 2017</i> | <i>April 10, 2017</i> |
| <i>April 1 – 30, 2017</i> | <i>May 10, 2017</i> |
| <i>May 1 – 31, 2017</i> | <i>June 10, 2017</i> |
| <i>June 1 – 30, 2017</i> | <i>July 10, 2017</i> |
| <i>July 1 – 31, 2017</i> | <i>August 10, 2017</i> |
| <i>August 1 – 31, 2017</i> | <i>September 10, 2017</i> |
| <i>September 1 – 30, 2017</i> | <i>October 10, 2017</i> |
| <i>October 1 – 31, 2017</i> | <i>November 10, 2017</i> |
| <i>November 1 – 30, 2017</i> | <i>December 10, 2017</i> |
| <i>December 1 – 31, 2017</i> | <i>January 10, 2018</i> |

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted via **GMIS** by the following dates: **(please see example below)**

| <i>Period</i> | <i>Report Due Date</i> |
|--------------------------------------|-------------------------|
| <i>January 1 – March 31, 2017</i> | <i>April 10, 2017</i> |
| <i>April 1 – June 30, 2017</i> | <i>July 10, 2017</i> |
| <i>July 1 – September 30, 2017</i> | <i>October 10, 2017</i> |
| <i>October 1 – December 31, 2017</i> | <i>January 10, 2018</i> |

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

- 3. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted via **GMIS** by **4:00 p.m.** on or before February 5, 2018. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

- 4. Inventory Report:** A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subrecipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the subrecipient. 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.

- Y. Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. This link is viewable only after the issuance of the subrecipient’s first payment. The 30 day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

Z. 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;
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. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees -- unless related to the program and approved by ODH;

9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Fundraising;
22. Research projects;
23. Sexual Assault Forensic Examiner projects;
24. Activities focused on prevention efforts (e.g., bystander intervention, social norm campaigns, presentations on healthy relationships, etc.);
25. Promotional Items
26. Criminal justice-related projects, including law enforcement, prosecution, courts and forensic interviews; and
27. Providing domestic violence services that do not relate to sexual violence.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.

AA. Client Incentives and Client Enablers:
Client incentives are *an unallowable cost*.

Client Enablers are *an allowable cost*. The following client enablers are allowed: bus tokens, pre-paid gas cards, taxi vouchers; under specific circumstances some limited housing and health care costs may be allowable.

Recipients of incentives and enablers must sign a statement acknowledging the receipt of the incentive/enabler and agreeing to the purpose(s) of the incentive/enabler. Subrecipients are required to maintain a log of all client incentives and enablers purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

AB. Audit: Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, 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 no later than nine months after the end of the Subrecipient's fiscal year. 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's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent via e-mail to audits@odh.ohio.gov or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

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

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

AC. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 25 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH

The GMIS 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
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 -
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program
 - a. Table of Organization
 - b. Position Descriptions
 - c. Resumes
 - d. Letters of support
 - e. Program Cover Page
 - f. Work Plan

One copy of the following document(s) must be e-mailed to audits@odh.ohio.gov or mailed to the address listed below:

**Complete
Copy &
E-mail or
Mail to
ODH**

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
35 E. Chestnut Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the Solicitation is posted to the ODH website.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP 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 10 and 11 of the Solicitation for unallowable costs

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

1. **Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS).
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 January 1, 2017 to December 31, 2017.

Funds may be used to support personnel, their training, travel (see OBM website) <http://obm.ohio.gov/TravelRule/default.aspx> and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. **CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.**

Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

The applicant shall itemize all equipment (**minimum \$1,000, unit cost value**) to be purchased with grant funds in the Equipment Section.

3. **Indirect (Facilities and Administration): Note to Applicant- please select one of the 3 options that apply.**

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information please see section B2.10 of OGAPP.

4. Compliance Section: Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*

C. Assurances Certification: Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. 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 subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

1. Executive Summary: Identify the lead agency. Where the lead agency is a CSCO, or where the primary purpose of the grant is to subcontract with CSCO(s), identify the source for sexual assault crisis intervention expertise. Where the lead agency is a rape crisis center, identify partnerships or collaborations with representatives of the specific community to be reached. Identify who the program will be serving, and what agency or agencies will provide those services. Discuss the demographics of the area to be served and how this project will address health disparities and health inequities. This includes a description of how program efforts will address the disproportionate impact of sexual assault and intimate partner violence on survivors who are impoverished and/or survivors from racial and ethnic minority communities. Describe the project goals and where the activities will be held. Describe communication collaborations to support this project. State total funds requested and summarize how those funds will be used.

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.

For specific populations to be reached, describe how the funded agency will work with others serving the same population. Describe existing agency networking, coordination and collaboration within the proposed new communities. Include reasons why it makes sense to partner with specific groups. Describe how community members are/will be involved in the planning, implementation, and evaluation of the project.

Where the application includes partnership/subcontracts with partner organizations, include detailed information about the qualifications of the partner agency. Include all work to be completed through contracts in the narrative. Describe previous collaborations between the participating organizations.

Describe the expertise of the applicant agency related to provision of sexual assault crisis intervention services, or, where the applicant agency does not have such expertise, describe plans to partner with a sexual assault victim services organization. Rape crisis services must meet the criteria found in the Core Standards for Rape Crisis Programs in Ohio. <http://www.oaesv.org/ohio-core-rape-crisis-standards-2013/> Include plans for collaboration with local and state coalitions such as the Ohio Alliance to End Sexual Violence (OAESV) and local sexual assault response team partners. (Such collaboration is encouraged even if the applicant agency also has expertise in the provision of sexual assault crisis intervention services).

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.

Provide training information including a description of the training and orientation provided for all project staff, student interns, and volunteers. The Ohio Core Rape Crisis Standards require a minimum of forty hours of basic training plus additional training specific to job responsibilities. Include plans for **on-going training** based on identified needs and priorities.

Include as attachments:

- Table of organization showing project staff;
- Position descriptions for all staff affiliated with the grant including qualification standards;
- Resumes for all staff positions that are affiliated with the grant;
 1. Resumes should be up to date. If the staff person is currently employed by your agency, be sure that the resume reflects that employment. REMOVE PERSONAL INFORMATION SUCH AS HOME ADDRESS, HOME PHONE, AND IDENTIFICATION NUMBER FROM RESUME.
 2. Education, skills and experiences should match those required in the job description. If education, skills and experiences don't meet this expectation, a training plan **must** be included, and training must be completed prior to providing direct service. Job descriptions for crisis intervention staff to be paid by these funds must include a requirement of paid or volunteer experience or training in the field of sexual assault services.

- Letters of Commitment/Support
 - Letters of commitment from partner/subcontract organizations should be on agency letterhead, signed by the agency director, confirming the services to be provided through the subcontract.
 - Include at least three current letters of support and collaboration from local agencies in the communities to be served, showing support of this project in their community. For each specific population to be served include a minimum of three letters; more are preferred.
 - If the lead agency is not a rape crisis center, submit a letter of support from a rape crisis center if one exists in your area. If there is no local rape crisis center, include a letter from another agency with expertise in working with survivor's of sexual assault who will support your application and provide support for program development (such as the Ohio Alliance to End Sexual Violence or a rape crisis center not in your service area.)

Provide a description of the agency's confidentiality policy that addresses the following. Either summarize the policy, or if it is two pages or less, include the actual policy.

- All services are provided in a confidential manner;
- No information regarding a client may be disclosed without an individual's consent, except as required by law;
- No information regarding a patient's case is released to the media;
- All agency staff/student interns/volunteers are given confidentiality training and sign a confidentiality statement;
- Precaution is taken to ensure and maintain confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones, cell phones, telephone answering machines and other electronic or computer technology; and
- Clients records will be maintained in accordance with accepted medical standards

Approved sub-grants will be required to sign an additional affidavit of ability to maintain confidentiality of the information in compliance with federal requirements.

Quality Assurance (QA) should include professional and community input and consumer participation.

- Quarterly QA should include a committee of three or more persons who:
 - a) Review any unusual incidences for patterns and trends (including denial of services and complaints);
 - b) Review cultural and linguistic competency of services and agency;
 - c) Review agency records (e.g., client records, confidentiality, evaluation forms);
 - d) Evaluate the project's performance in meeting goals and objectives of the project.
 - e) Review of compliance with the Ohio Core Rape Crisis Standards issued by OAESV
- Annual QA should include:
 - a) Review of agency's policies and procedures;
 - b) A scheduled review of materials (e.g., brochures, handouts and posters);
 - c) Employee, student interns and volunteer annual performance review
 - d) Review of compliance with Ohio Core Rape Crisis Standards issued by OAESV

3. **Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only restate national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

Provides information about the demographics of the culturally specific population to be reached within the planned service area, including anticipated numbers to be reached and any available additional information about sexual assault victimization within that service area. Applications with the potential to reach the largest number of survivors of sexual assault will be a consideration for prioritization in final funding decisions of approved applications.

Include a description of other agencies/organizations, in your area, also addressing this problem/need. Describe how the funded agency will work with others serving the same population. Describe existing agency networking, coordination, and collaboration with in the proposed community. Demonstrates the ability to reach the population to be served through establishing partnerships with other service providers to reach the same audience. Discuss on-going assessment to identify awareness of sexual assault services and areas of unmet need. Refer to OAESV's SASP recommendations and standards update as appropriate.

Methodology: In narrative form, identify the program goals, planned activities, and identified deliverables. Indicate how work will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. .

Include both a narrative explaining your methodology and a completed Work Plan. All deliverables **must** be selected from those listed in Appendix D-2 of this "Request for Proposals" document.

Agencies currently providing services through previous funding of this grant award should specify if these funds are still needed to maintain services established in the previous funding cycle.

Narrative: Briefly describe the selected activities and why they were selected. They should follow logically from the gaps and barriers described above. Specify how selected activities will address the needs of groups who are disproportionately impacted by sexual assault. This includes women who are impoverished, from racial and ethnic minority groups and women who are geographically isolated from services. Please include how you plan to expand services to these groups. All activities listed in this section should be reflected in the work plan/deliverables.

- Responsibilities for all program staff listed on the budget should be reflected in the

described activities, and no staff should be listed in the activities but not represented in the budget.

- Where any work of this grant is to be implemented through a contract, include all work to be completed through contracts in the program narrative and in the work plan. Note that contract agencies must follow the Ohio Core Rape Crisis Standards issued by OAESV and must contribute information to the quarterly and annual reports.
- Outline a plan for community awareness/publicity to reach the identified community to be reached.
- Include a plan for evaluation of all activities. Utilize the OAESV Core Standards which includes ideas for evaluation strategies related to different activities.
- Survivors of sexual violence may have experienced sexual assault within the context of sex trafficking, and survivors of labor trafficking may also have been sexually assaulted. Provide information about ways in which you collaborate with local, state and national human trafficking providers, including training and outreach efforts, or include plans to start doing such collaboration. Provide information regarding staff training on human trafficking and its intersections with sexual violence, or include plans to start doing such training as a part of your methodology. Include outreach efforts to reach current or former victims of trafficking to increase their awareness of and access to your sexual assault services.

Work Plan, Appendix D-2. Be sure to reflect the following points:

- You must select from the deliverables listed in Appendix D-2.
- For each specific population to be served, applicants must include activities related to outreach to the population and how services will be more accessible to that population as a result of this grant implementation.
- **Cultural Competency Plan** (*Double space; maximum of three pages*)
Every community contains diversity. Some communities may have more or less cultural/ethnic diversity than others, but all have diversity related to geography, age, religion, sexual orientation, socio-economic status, disability status, and other factors. Communities with less clearly visible diversity still need to be prepared to respond to cultural/ethnic diversity as it exists to some extent everywhere. Achieving cultural competency is an on-going process. Include details as to the proposed strategy for strengthening relationships with leaders, agencies, and community members in extending services in areas where rape crisis services are not currently offered.

Accommodations and Language Access

Applicants are encouraged to allocate grant funds to support activities that help to ensure individuals with disabilities and Deaf individuals and persons with limited English proficiency have meaningful and full access to their programs. For example, grant funds can be used to support American Sign Language Interpreter services, language interpretation and translation services, or the purchase of adaptive equipment.

In each of the following areas, identify your agency strengths, gaps, and areas of outreach/expansion that are priorities for the coming year. If your application includes the component of reaching a previously under-served specific community, specify additional steps resulting from this project in response to the following areas.

Access for the community to be served:

- Are the hours of service, location of services and physical accessibility to services adequate for the needs of the community to be served; what have you done to increase accessibility; describe pending accessibility plans.
- Are policies and resources in place for the advertisement of and provision of translation and interpretation services and limited English proficiency and/or non-literate populations at no cost to service recipients? Does the policy include the method used for choosing interpreters and bilingual staff? What areas of need remain; what plans to you have in this area.
- Describe how your agency will respond to the needs of those who need interpretation services, including on your hotline, and how related training is provided to staff and volunteers.

Cultural competency in staffing:

- Do the agency board members reflect a broad representation of the community to be served that includes representatives from organizations serving diverse communities? If not, include a plan for achieving this representation;
- Are agency staff, college interns, and volunteers reflective of the community to be served? If not, include a plan for achieving representation;
- Is there on-going professional development and in-service training for staff, student interns, volunteers and board members related to culturally competent provision of service? Describe past programs and future plans.

Are all materials and curriculums reviewed by representatives reflecting the community to be served? Explain how this review was accomplished, or include such review in your methodology for this year.

- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet. Approved sub-grantees will be required to take a training on civil rights compliance, including a Department of Justice online civil rights training
- F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about System for Award Management (SAM) go to www.sam.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, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

G. Public Health Impact: Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).

H. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. 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 Services Unit, Central Master Files address by **4:00 p.m. on or before Tuesday, September 6, 2016.**

A minimum of an original and the indicated number of copies of non-Internet attachments are required. If program requires more copies, then insert the appropriate number.

D. APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Training Form
- C. Application Review Form
- D. Other Program Documents
 - D-1 Program Cover Page
 - D-2 Work Plan Guidelines
 - D-3 Sample Work Plans

Reimbursement Type
Select one of the options below:

Monthly
OR
 Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Office of Health Improvement and Wellness
Bureau of Maternal, Child and Family Health

Sexual Assault Services Program - SA
ALL INFORMATION REQUESTED MUST BE COMPLETED.

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)

| | | |
|--|---|---|
| <input type="checkbox"/> County Agency | <input type="checkbox"/> Hospital | <input type="checkbox"/> Local Schools |
| <input type="checkbox"/> City Agency | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Not-for Profit |

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name) _____ Agency Head (Signature) _____

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.

Does your agency have at least two staff members who have been trained in and currently have access to the ODH GMIS system? YES NO

If yes, no further action is needed.

If no, at least two people from your agency are REQUIRED to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), Authorization Agreement for Direct Deposit of EFT Payments Form (EFT), (New Agency Only) Vendor Information Form. These forms are located on the Ohio Department of Administrative Services website at:

<http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>. You can also access these forms at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9), <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT) <http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT Payment Authorization OBM4310.pdf>
- Supplier Information Form <http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier Information Form OBM5657.pdf>

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY August 10, 2016

Debra Seltzer, Program Administrator,
Ohio Department of Health, Sexual Assault and Domestic Violence Prevention Program
246 North High Street
Columbus, OH 43215
E-mail: Debra.Seltzer@odh.ohio.gov

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your Agency Head or Agency Financial Head and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. Please note: GMIS Training is only required for New Agencies to ODH. If you are new to your agency someone there should train you. Refresher guides can be found on the ODH web site: <http://www.odh.ohio.gov/en/about/grants/grants.aspx> ODH Grants Page - "GMIS Training Resource" Section. Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH. Also use this form when user changes are needed.

Date: _____

Check the type of access and complete the information requested: Employee - needs GMIS Training

New Employee - needs GMIS Access. Effective Date of Activation: _____

Existing Employee - New GMIS User or GMIS User Access Change. Effective/Change Date:

Deactivation - User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:

Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames): _____

Employee Job Title: _____

Employee Office Phone Number: _____

Employee Office Fax Number: _____

Employee Office Email Address: _____

User Access Section: Please check all that applies and enter requested information:

Email Notifications: Yes No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY - Date Received:

Date Processed:

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 Or

Scan & Email: karen.tinsley@odh.ohio.gov

**Ohio Department of Health
Grant Application Review Form
Sexual Assault Services Act Program (SASP - SA) 2017**

Applicant agency _____

| Mandatory requirements: | Accept | Reject |
|--|---------------|---------------|
| Applicant has demonstrated that at least one of the following has been met: <ul style="list-style-type: none"> • The primary purpose of the organization as a whole is to provide culturally specific services to one or more of the following racial and ethnic communities: Asian Americans, African American and/or Black, and/or Hispanics. • The applicant plans to partner/sub-contract with one or more such agencies • Applicant is a rape crisis center offering the full range of rape crisis services as established in the Ohio Core Rape Crisis Standards | | |
| Applicant has documented organizational experience in the area of sexual assault intervention or has entered into a partnership with an organization having such experience. | | |
| Activities appropriately address victim safety and recovery and are within the scope of work as described in the RFP. | | |

| CRITERIA | SCORE |
|--|--------------|
| 1. Executive Summary (10 possible) | |
| 2. Description of Applicant Agency/Documentation of Eligibility (27 possible) | |
| 3. Problem/Need (9 possible) | |
| 4. Methodology (36 possible) | |
| 5. Cultural Competency (9 possible) | |
| 6. Financial Management (9 possible) | |
| TOTAL (100 possible) | |

Recommendation of Reviewer:

- Approval (funding) of proposal as submitted (no conditions)
- Approval (funding) of proposal with conditions. List condition(s)
- Disapproval of project. State reason(s)

Recommended funding level: \$ _____

Scoring Range

| | | |
|-----------|-----------|-----------|
| NONE 0 | POOR 1 | GOOD 2 |
|-----------|-----------|-----------|

Executive Summary

| Component | Comments | Score |
|--|----------|-------|
| Identifies the lead agency, who the project will be serving, and what agencies will provide those services. (2 points) | | |
| Discusses the demographics of the area to be served and how this project will address health disparities and health inequities, including a description of how program efforts will address disproportionate impact of sexual assault on survivors who are from the specific community to be reached. (2 points) | | |
| Describes the project goals and where the activities will be held. (2 points) | | |
| Describes community collaborations to support this project, including the names of partner agencies. Where sexual assault services are not a core function of the applicant agency, describe how this expertise will be provided. (2 points) | | |
| States total funds requested and summarizes how these funds will be used. (2 points) | | |
| Total points received (out of ten (10) possible points) | | |

Scoring Range

| | | | |
|-----------|-------------|-------------|----------------|
| NONE 0 | POOR 1-2 | GOOD 3-4 | EXCELLENT 5 |
|-----------|-------------|-------------|----------------|

Description of Applicant Agency

| Component | Comments | Score |
|---|----------|-------|
| <p>Describes agency's eligibility to apply.</p> <ul style="list-style-type: none"> • If applying as a CSCO, or as a partnership opportunity with one or more CSCO, demonstrates that the agency is a non-profit agency for which for the applicant or at least one or more partner organizations, the primary purpose of the organization as a whole is to provide culturally specific services to one or more of the following racial and ethnic communities: Asian American, African American and/or Black, and/or Hispanic. • If applying as a rape crisis center, demonstrates that the agency is currently providing a full range of rape crisis services and has the capacity to extend those existing services as proposed. <p>Summarizes agency structure as it relates to this program and how the lead agency will manage the program. (3 points)</p> | | |
| <p>Describes the capacity of the 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. (3 points)</p> | | |
| <p>For specific populations to be reached, describes how the funded agency will work with others serving the same population.</p> <ul style="list-style-type: none"> • Describes existing agency networking, coordination and collaboration within the proposed new communities. Describe how community members are/will be involved in the planning, implementation, and evaluation of the project. • Where the application includes partnership/subcontracts with partner organizations, includes detailed information about the qualifications of the partner agency. Includes all work to be completed through contracts in the narrative. Describes previous collaborations between the participating organizations. (3 points) | | |
| <p>Describes the expertise of the applicant agency related to provision of sexual assault crisis intervention services, or, where the applicant agency does not have such expertise, describes plans to partner with a sexual assault victim services organization. Includes plans for collaboration with local and state coalitions such as OAESV and local sexual assault response team partners. (3 points)</p> | | |

| | | |
|--|--|--|
| <p>Notes any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describes plans for hiring and training, as necessary. Delineates all personnel who will be directly involved in program activities. Includes the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. (3 points)</p> | | |
| <p>Provide training information including a description of the training and orientation provided for all project staff, student interns, and volunteers. The Ohio Core Rape Crisis Standards require a minimum of forty hours of basic training plus additional training specific to job responsibilities. Include plans for on-going training based on identified needs and priorities. (3 points)</p> | | |
| <p>Attachments include:</p> <ul style="list-style-type: none"> • Table of Organization • Position descriptions for staff affiliated with grant and appropriate staff are included in the budget. • Resumes for all staff positions that are affiliated with the grant. Education, skills and experiences should match those required in the job description and are found in the budget. • Letters of support as detailed in the RFP, including statements of commitment where appropriate and provide evidence that the applicant agency will be able to meet the needs of the new counties and, where included, specific communities. (3 points) | | |
| <p><i>Agency Policies and Confidentiality</i> Proposal describes agency's confidentiality policy that addresses the items listed in the RFP. (3 points)</p> | | |
| <p><i>Quality Assurance</i> Proposal provides a description of the QA plan including review of the agency's services and prevention programs, mechanism for reporting results and procedures for corrective action plan. The plan should include professional and community input and consumer participation. The agency has a quality assurance committee of three or more persons who meet quarterly and annually. Agency's QA committee's quarterly and annual meetings review the tasks described in the RFP. (3 points)</p> | | |
| <p>Total points received (out of twenty-seven (27) possible points)</p> | | |

Scoring Range

| | | | |
|-----------|-------------|-------------|----------------|
| NONE 0 | POOR 1-2 | GOOD 3-4 | EXCELLENT 5 |
|-----------|-------------|-------------|----------------|

Problem/Need

| Component | Comments | Score |
|--|----------|-------|
| Identifies and describes the local health status concern that will be addressed by the program. Provides information about the demographics of the culturally specific population to be reached within the planned service area. (3 points) | | |
| Describes how the funded agency will work with others serving the same population. Describes existing agency networking, coordination, and collaboration with in the proposed community. Demonstrates the ability to reach the population to be served through establishing partnerships with other service providers to reach the same audience. (3 points) | | |
| Identifies the local gaps and barriers that will be addressed by the activities of this grant. Discusses on-going assessment to identify awareness of sexual assault services and areas of unmet need. (3 points) | | |
| Total points received (out of nine (9) possible points) | | |

Scoring Range

| | | | |
|-----------|-------------|-------------|------------------|
| NONE 0 | POOR 1-2 | GOOD 3-5 | EXCELLENT 6-7 |
|-----------|-------------|-------------|------------------|

Methodology

| Component | Comments | Score |
|--|----------|-------|
| Narrative: All goals and deliverables were selected from those listed in the RFP. Narrative describes the selected activities and why they were selected, and activities follow logically from the gaps and barriers described in the problem statement. All activities listed in this section are reflected on the work plan. Where any activities of the grant are to be implemented through a contract, that work is included in the program narrative and in the work plan. (6 points) | | |
| Narrative: Outlines a plan for community awareness/publicity which informs residents in the new communities to be served of the availability of services and promotes community understanding of rape crisis intervention services. Provides appropriate information about human trafficking training, networking and outreach. (6 points) | | |
| Narrative: Includes a plan for evaluation of all activities. (6 points) | | |
| Work Plan Form: Activities for specific community to be reached are clearly identified and meet the requirements of the RFP. (6 points) | | |
| Work Plan Form: For each specific community to be served, includes activities related to outreach to the population and how services will be more accessible to that population as a result of this grant implementation. Includes strategy for strengthening relationships with leaders, agencies, and community members in extended service areas. (6 points) | | |
| Work Plan form includes the following: <ul style="list-style-type: none"> • Represents realistic activities and time frame with sufficient staffing and resource allocation. • Evaluation is included appropriately and reflects what is described in the online narrative description. • Program staff are appropriately designated and can be found in the budget. | | |
| Total points received (out of thirty-six (36) possible points) | | |

Scoring Range

| | | | |
|-----------|-----------|-----------|----------------|
| NONE 0 | POOR 1 | GOOD 2 | EXCELLENT 3 |
|-----------|-----------|-----------|----------------|

Cultural Competency Plan

| Component | Comments | Score |
|--|----------|-------|
| <p>Proposal identifies agency's strengths, gaps and areas of outreach/expansion in reference to: Access for the community to be served. Identifies how the community will know about program activities. Proposal identifies resources in place for requests from communities with limited English proficiency and/or non-literate populations. Proposal describes procedure for choosing interpreters and bilingual staff. (3 points)</p> | | |
| <p>Cultural competency in staffing – for both lead agency and any partner CSCO agencies, application describes:</p> <ul style="list-style-type: none"> • Agency Board members reflect a broad representation of the community to be served that includes representatives from organizations serving diverse communities. If not, include a plan for achieving this representation. • Agency staff, college interns and volunteers reflective of the community to be served. If not, include a plan for achieving representation. • Proposal discusses ongoing professional development and quarterly in-service training for staff, student interns, volunteers and board members related to culturally competent provision of service. Describe past programs and future plans. (3 points) | | |
| <p>Describes how community members are/will be involved in the planning, implementation and evaluation of the project.</p> <p>All materials and curricula are reviewed by representatives reflecting the community to be served. Proposal explains how this review is accomplished. (3 points)</p> | | |
| Total points received (out of nine (9) possible points) | | |

Scoring Range

| | | | |
|-----------|-----------|-----------|----------------|
| NONE 0 | POOR 1 | GOOD 2 | EXCELLENT 3 |
|-----------|-----------|-----------|----------------|

Financial Management

| Component | Comments | Score |
|---|----------|-------|
| The online budget is reasonable and adequate to meet the goals and objectives of the project. The budget narrative explains the proposed line items, including only where applicable in-kind contributions essential to the success of the project. Includes discussion justifying unusual or high cost items. (3 points) | | |
| The cost of the project compared to the potential impact/numbers to be reached as a result of the funds requested is appropriate and reasonable. (3 points) | | |
| The online budget demonstrated a staffing pattern that is realistic, appropriate and adequate to carry out the goals and objectives of the project. (3 points) | | |
| Total points received (out of nine (9) possible points) | | |

PROGRAM COVER PAGE

Ohio Department of Health
Sexual Assault and Domestic Violence Prevention Program
Please complete and attach this and all attachment forms in GMIS 2.0.
Budget Period: **January 1, 2017** to **December 31, 2017**

Project Title: Sexual Assault Services Act Program - SA

Authorized User Name/Grant Number: _____

Applicant Agency (Fiscal Agent): _____

Address: _____

Project Director: _____

Telephone #: (_____) _____ FAX #: (_____) _____

E-Mail: _____ Web Address: _____

County: _____

Federal Vendor Tax ID Number of Fiscal Agent: _____

Specific community to be reached: _____

Project Budget: \$ _____

2017 Sexual Assault Services Program Work Plan Guidelines

Implementing Agency Name: _____

GMIS Number: _____

Included in this document you will find a list of allowable deliverables.

You can re-create the Work Plan format in your own computer program or email Debra Seltzer at debra.seltzer@odh.ohio.gov to receive the RFP as a MS Word document

NOTE: Programs must adhere to the Ohio Core Rape Crisis Standards as established by the Ohio Alliance to End Sexual Violence (OAESV). Copies of the standards are available from OAESV or online at <http://www.oaesv.org/ohio-core-rape-crisis-standards-2013/>.

Project Goal

Use the following format, inserting the specific population and service area to be reached:

To increase the number of (African American and/or African/Black and/or Asian American and/or Asian and/or Hispanic/Spanish speaking) sexual assault survivors in (service area) receiving rape crisis support services.

| Expense reimbursement Overview | | |
|--|---------------------------|--|
| Amount | Type | Requirements |
| Maximum cost for this strategy \$ _____ (no more than 30% of total award) | Base/infrastructure costs | Upon receipt of expenditure report |
| Maximum cost for this strategy \$ _____ | Monthly, deliverable | Deliverable - Objective 1 (training) upon receipt of expenditure and program report |
| Maximum cost for this strategy \$ _____ | Monthly, deliverable | Deliverable – Objective 2 (outreach) upon receipt of expenditure and program report |
| Maximum cost for this strategy \$ _____ | Monthly, deliverable | Deliverable – Objective 3 (direct services) upon receipt of expenditure and program report |
| | | |

| | |
|---|--|
| Objective 1: Provide training to service providers | |
| Deliverable (written as a SMART Objective) | Deliverable budget amount (include per unit cost) and report elements |
| <i>Directions: List all of the deliverables for the chosen strategy</i> | <i>In switching to a deliverable based grant, you will need to roll your personnel, direct costs and contracts into the appropriate deliverable budget amount.</i> |

TRAINING TO PROVIDE RAPE CRISIS DIRECT SERVICES

| | |
|---|---|
| By X/XX/XXXX, provide X #basic training for staff/volunteers who will have primary responsibility to provide rape crisis intervention services to survivors of sexual violence in X culturally specific community (training must meet core standards) | Per training cost; report to include agenda, # hours training provided, # of people trained, summary of evaluation results. |
| By X/XX/XXXX, provide X #advanced trainings for staff who will have primary responsibility to provide rape crisis intervention services to survivors of sexual violence in X culturally specific community | Per training cost; report to include agenda, # hours training provided, # of people trained, summary of evaluation results. |

TRAINING TO RECOGNIZE, RESPOND AND REFER

| | |
|---|---|
| By X/XX/XXXX, for the agency staff where applicant agency is a CSCO, or as part of a partnership agreement, provide X #trainings for staff of a CSCO in how to recognize, respond and refer clients who are survivors of sexual violence | Per training cost; report to include agenda, # hours training provided, # of people trained, summary of evaluation results. |
| By X/XX/XXXX, provide X #trainings for staff of an agency, not a CSCO, but with a client base that is primarily members of the specific community to be served, to recognize, respond and refer clients who are survivors of sexual violence to the training provider | Per training cost; report to include agenda, # hours training provided, # of people trained, summary of evaluation results. |

Objective 2: Outreach efforts to the identified community

| | |
|--|---|
| By X/XX/XXXX <i>develop</i> or <i>maintain</i> an inter-agency agreement with X CSCO partner for cross-collaboration | Unit cost for signed inter-agency agreement upon completion; additional unit costs for follow up inter-agency collaboration as indicated in the plan. |
| By X/XX/XXXX, develop a plan for outreach activities including participation by representatives of the community to be reached in plan development | Unit cost for initial outreach plan; additional unit costs to convene representatives of the community to review individual outreach strategies prior to implementation; report to include summary of review. |

| | |
|---|---|
| By X/XX/XXXX implement X outreach activity; (specify eg. attend community event, contact community members, distribution of written materials, social media outreach, newspaper, TV, radio, billboard, etc – provide a separate line for each outreach activity to be implemented.) | Per outreach activity cost – may include staff time to do outreach and/or cost for materials; report to include # of outreach activities completed; evaluation results. |
|---|---|

Objective 3: Direct Services for survivors of sexual violence

| | |
|--|--|
| By X/XX/XXXX, X% clients of x (CSCO program or agency) will be screened for sexual violence victimization (trained agency staff will recognize, respond, and refer appropriately). | Unit cost for monthly report showing #clients eligible for screening and % of screenings conducted; payment to be proportionate to percentage of eligible clients actually screened. Report to include numbers screened, agency assessment of impact, and, when available, referral data |
| By X/XX/XXXX, X # of unsolicited letters/phone calls/visits will be made to victims/survivors of sexual violence | Cost per letter/phone call/visit |
| By X/XX/XXXX, response to requests for medical advocacy made either to a CSCO or to a rape crisis center for a language specific (non-english) advocate | Per visit rate (average) – report to include #new requests for this service/# new requests met |
| By X/XX/XXXX, response to requests for civil/legal advocacy and/or court accompaniment from victims/survivors of sexual violence made either to a CSCO or to a rape crisis center for a language specific (non-english) advocate | Hourly rate; report to include # new requests for this service, #new requests met; # additional appointments provided |
| By X/XX/XXXX, provide scheduled individual support/counseling services/support group for victims/survivors of sexual violence in a setting that maximizes access to the identified community to be reached | Hourly rate; report to include # new requests for this service, #new requests met; # additional appointments provided |
| By X/XX/XXXX, respond to requests for assistance with transportation, housing, health care for victims/survivors of sexual violence (agency must have written policy for providing such assistance) | Actual cost of assistance provided; report to include # new requests for this service, #new requests met; # additional requests provided |
| | |

**EXAMPLE ONE:
CSCO APPLICANT AGENCY**

Project Goal

To increase the number of African American and/or African/Black sexual assault survivors in ABC County receiving rape crisis support services.

| | |
|---|---|
| Strategy: Training | |
| Deliverable (written as a SMART Objective) | Deliverable budget amount (include per unit cost) and report elements |
| <i>Directions: List all of the deliverables for the chosen strategy</i> | <i>In switching to a deliverable based grant, you will need to roll your personnel, direct costs and contracts into the appropriate deliverable budget amount.</i> |
| TRAINING TO PROVIDE RAPE CRISIS DIRECT SERVICES | |
| By February 1, 2017, provide 1 basic training for staff/volunteers who will have primary responsibility to provide rape crisis intervention services to survivors of sexual violence in the African American and African/Black community in X county. community (training must meet core standards) | (Identified cost for training) |
| By September 30, 2017, provide 3 advanced trainings for staff who will have primary responsibility to provide rape crisis intervention services to survivors of sexual violence in the African American and African/Black community in X county | (Identified cost for training) |
| TRAINING TO RECOGNIZE, RESPOND AND REFER | |
| By November 30, 2017, train 80% of applicant agency's 100 staff members to recognize, respond and refer clients who are survivors of sexual violence | Establish rate for training for milestones of at least 25% of staff trained by March 30, at least 50% of staff trained by June 30, at least 75% of staff trained by September 30, and final training to be held by November 30 of any staff remaining or new staff hired since start of training. |
| By December 31, 2017 provide 3 trainings for staff of a different local agency with a client base that is primarily members of the specific community to be served, to recognize, respond and refer clients who are survivors of sexual violence to the training provider | (Identified cost per training) |

| Strategy: Outreach | |
|--|---|
| By March 30, 2017, develop a plan for outreach activities including participation by representatives of the community to be reached in plan development | Unit cost for draft plan; unit cost for final plan. |
| By December 31, 2017, attend at least 8 community outreach activity events to talk about available services; (specify eg. attend community event, contact community members, distribution of written materials, social media outreach, newspaper, TV, radio, billboard, etc – provide a separate line for each outreach activity to be implemented.) | List per event cost |
| By October 30, 2017, advertise available direct services for the community to be served through at least 8 venues as identified in the outreach plan | List per venue cost |
| | |

| Strategy: Direct Services for survivors of sexual violence | |
|--|---|
| By December 31, 2017, 50% or more of new clients per month of applicant agency will be screened for sexual violence victimization (trained agency staff will recognize, respond, and refer appropriately). | Per month cost at differential rate; billable amount for 25% screened, 50% screened, 75% screened, 100% screened. |
| | |
| By December 31, 2017, respond to 10 requests for medical advocacy | Per visit rate |
| By December 31, 2017, respond to 10 requests for civil/legal advocacy and/or court accompaniment from victims/survivors of sexual violence | Hourly rate |
| By December 31, 2017, provide scheduled individual support/support group for victims/survivors of sexual violence | Hourly rate |
| By December 31, 2017 respond to 10 requests for assistance with transportation, housing, health care for victims/survivors of sexual violence | Estimated cost per request |
| | |

**EXAMPLE TWO:
RAPE CRISIS CENTER WITH PARTNER AGENCY**

To increase the number of Hispanic/Spanish Speaking sexual assault survivors in ABC County receiving rape crisis support services.

| | |
|---|---|
| Strategy: Training | |
| Deliverable (written as a SMART Objective) | Deliverable budget amount (include per unit cost) and report elements |
| <i>Directions: List all of the deliverables for the chosen strategy</i> | <i>In switching to a deliverable based grant, you will need to roll your personnel, direct costs and contracts into the appropriate deliverable budget amount.</i> |
| TRAINING TO PROVIDE RAPE CRISIS DIRECT SERVICES | |
| By March 30, 2017, provide basic training for staff/volunteers who will have primary responsibility to provide rape crisis intervention services to survivors of sexual violence in Spanish | Identified cost for training |
| By October 30, 2017, provide 3 advanced trainings for staff who will have primary responsibility to provide rape crisis intervention services to survivors of sexual violence in Spanish | Identified cost for training |
| TRAINING TO RECOGNIZE, RESPOND AND REFER | |
| By November 30, 2017, train 80% of partner CSCO agency's 100 staff members to recognize, respond and refer clients who are survivors of sexual violence | Establish rate for training for milestones of at least 25% of staff trained by March 30, at least 50% of staff trained by June 30, at least 75% of staff trained by September 30, and final training to be held by November 30 of any staff remaining or new staff hired since start of training. |
| By December 31, 2017, provide 3 trainings for staff of a different local agency with a client base that is primarily Hispanic and/or Spanish speaking to recognize, respond and refer clients who are survivors of sexual violence to the training provider | Identified cost for training |
| Strategy: Outreach | |
| By March 30, 2017 sign an inter-agency agreement with CSCO partner for cross-collaboration | Cost for initial signature of plan; plan to include agreed upon quarterly meetings for monitoring and evaluation with established rates per quarter paid to both the applicant |

| | |
|--|---|
| | agency and the partner agency. |
| By March 30, 2017, develop a plan for outreach activities including participation by representatives of the community to be reached in plan development | Unit cost for draft plan; unit cost for final plan. |
| By December 31, 2017, attend at least 8 community outreach activity events to talk about available services; (specify eg. attend community event, contact community members, distribution of written materials, social media outreach, newspaper, TV, radio, billboard, etc – provide a separate line for each outreach activity to be implemented.) | List per venue cost |
| By October 30, 2017, advertise available direct services for the community to be served through at least 8 venues as identified in the outreach plan | List per venue cost |

| | |
|---|---|
| Strategy: Direct Services for survivors of sexual violence | |
| By December 31, 2017, 50% or more of new clients per month of the partner CSCO agency will be screened for sexual violence victimization (trained agency staff will recognize, respond, and refer appropriately). | Per month cost at differential rate; billable amount for 25% screened, 50% screened, 75% screened, 100% screened. |
| By December 31, 2017, respond to 5 requests for medical advocacy from Spanish speaking survivors of sexual violence | Per visit rate |
| By December 31, 2017 30 unsolicited letters/phone calls/visits will be made to Spanish speaking victims/survivors of sexual violence | Cost per letter/phone call/visit |
| By December 31, 2017, respond to 5 requests for civil/legal advocacy and/or court accompaniment from Spanish speaking victims/survivors of sexual violence | Hourly rate |
| By December 31, 2017, provide scheduled individual support/support group for Spanish speaking victims/survivors of sexual violence | Hourly rate |
| By December 31, 2017 respond to 5 requests for assistance with transportation, housing, health care for victims/survivors of sexual violence | Estimated cost per request |