



OHIO DEPARTMENT OF HEALTH

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Columbus, Ohio 43215

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Ted Strickland/Governor

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

To: Second Chance Trust Fund Grant Applicants

From: Cynthia Burnell, Director
Office of Healthy Ohio

Subject: Notice of Availability of Funds

Competitive Grant Applications for State Fiscal Year 2010
Second Chance Trust Fund (07/01/09-06/30/10)

The Ohio Department of Health (ODH), Office of Healthy Ohio, Second Chance Trust Fund, announces the availability of grant funds to support Second Chance Trust Fund initiatives. The Request for Proposals (RFP) will provide you guidance in completing the online application for the FY10 competitive program period. **Proposals are due Monday, April 27, 2009 for the funding period of July 1, 2009 through June 30, 2010. Late applications will not be accepted.**

Introduction/Background

Currently in Ohio there are almost 3,000 people waiting for an organ transplant. Many more are waiting for a tissue or cornea transplant. The Second Chance Trust Fund (SCTF) works to help solve the critical shortage of organ, eye and tissue donors through education and awareness efforts.

All interested parties must submit a *Notice of Intent to Apply for Funding (NOIAF)* form, no later than **Monday, March 16, 2009** to be eligible to apply for funding (attached to the RFP). Once ODH receives your completed *Notice of Intent to Apply for Funding* and GMIS 2.0 training forms and you have finalized all GMIS 2.0 training requirements, a grant application will be created for your organization in GMIS 2.0 and you may proceed with the application as outlined in the RFP. The RFP will provide detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations and general information and requirements associated with submission of the grant application and administration of the grant.

Please contact Debra Smith, Program Administrator, at 614-644-8492, by email debra.smith@odh.ohio.gov, or by fax at 614-644-7740, if you have any questions regarding this application.

CB/des



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF
Healthy Ohio

BUREAU OF
Second Chance Trust Fund

Second Chance Trust Fund
REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2010
(07/01/09 – 06/30/10)

Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

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I. APPLICATION SUMMARY and GUIDANCE

An application for an ODH grant consists of a number of required parts – an electronic component submitted via the internet website: ODH Application Gateway – GMIS 2.0 which includes various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted on time will result in the entire application not being considered for review.**

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

A. Policy and Procedure: Uniform administration of all ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subgrantee applications. **The GAPP manual is available on the ODH web-site <http://www.odh.ohio.gov>** (Click on “Funding Opportunities,” (located under “At a Glance”) click on “ODH Grants” and then click on “GAPP Manual.”)

B. Application Name: Second Chance Trust Fund

C. Purpose: The Second Chance Trust Fund (SCTF) works to help solve the critical shortage of organ, eye and tissue donors through education and awareness efforts. The fund is supported by a voluntary \$1 donation made when a person obtains or renews an Ohio driver’s license or state identification card from the Ohio Bureau of Motor Vehicles (BMV). This voluntary contribution supports donation education efforts in the State of Ohio to reach students, medical professionals and the general public.

The purpose is to identify and address new project(s) that focus(es) on supporting organ, eye and tissue donation in Ohio and satisfy one or more of the following:

1. Development and implementation of replicable public education programs which may include workplace partnerships and initiatives about anatomical donation, resulting in an increase in the number of Ohio citizens who place their name in the Ohio Donor Registry.
2. Development and implementation of public education programs designed to reach minority populations across the state, including African Americans, Hispanics, and Asians.
3. Development and implementation of campaigns that explain and promote the Ohio Donor Registry statewide.
4. Development and implementation of campaigns that explain and promote anatomical donation and the Second Chance Trust Fund to residents statewide.
5. Development and implementation of programs to recognize and honor donor families.

Extra points will be awarded for the following:

- Collaboration plan with organ procurement organization and/or tissue or eye recovery agency serving the counties serviced by the grant
- Target certain age groups
- Target minority populations
- Target primary care physicians
- Statewide impact

The use of SCTF funding for personnel costs is discouraged. However, if you believe your project requires additional personnel funded by this grant to be successful, please provide detailed justification.

All subgrantees are required to attend the annual Second Chance Trust Fund Conference in November 2010 to present the project and findings. Travel will not be reimbursed as this date is outside the dates of funding. You will be required to submit a written abstract to the Second Chance Trust Fund by October 15, 2010. Applicants receiving notification of a grant award will be required to submit a biographical data form and resume of each person who will be presenting at the SCTF Grant Conference.

- D. Qualified Applicants:** Non-Profit e.g. 501(C)(3) agencies concerned with or having an interest in increasing anatomical gifts (IRS documentation of non-profit status required). Applicant agencies must attend or document in writing prior attendance at GMIS 2.0 training and must have the capacity to accept electronic funds transfer (EFT).
- E. Service Area:** Must encompass counties within the state of Ohio.
- F. Number of Grants and Funds Available:** Up to five (5) grants may be awarded for a total amount of \$150,000. No grant will be awarded for less than \$30,000. Applications submitted for less than the minimal amount will not be considered for review.
- G. Due Date:** Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by **Monday, April 27, 2009**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Contact Debra Smith, 614-644-8492 or debra.smith@odh.ohio.gov with any questions.
- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 119.
- I. Goals:** Development and implementation of replicable public education programs which may include workplace partnerships and initiatives about anatomical donation,

resulting in an increase in the number of Ohio citizens who place their name in the Ohio Donor Registry.

Development and implementation of public education programs designed to reach minority populations across the state, including African Americans, Hispanics, and Asians.

Development and implementation of campaigns that explain and promote the Ohio Donor Registry statewide.

Development and implementation of campaigns that explain and promote anatomical donation and the Second Chance Trust Fund to residents statewide.

Development and implementation of programs to recognize and honor donor families.

- J. Program Period and Budget Period:** The program period will begin July 1, 2009 and end on June 30, 2010. The budget period for this application is July 1, 2009 through June 30, 2010.
- K. Local Health Districts Improvement Standards:** This grant program will address Local Health Districts Improvement Goal 3701-36-07 – “Promote Healthy Lifestyles,” Standard 3701-36-07-03 – “Prevention, health promotion, early intervention, and outreach services provided directly or through contracts or partnerships.” The Local Health District Improvement Standards are available on the ODH web-site <http://www.odh.ohio.gov>. (Click on “Local Health Districts” then “Local Health Districts Improvement Standards,” Then click “Local Health District Improvement Goals/Standards/Measures.”)
- L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards.

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

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

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

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

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

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

N. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon the receipt by ODH of the Notice of Intent to Apply for Funding (NOIAF) form. Please contact Debra Smith, 614-644-8492 for questions regarding this RFP.

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

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

P. Late Applications: Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **April 27, 2009**.

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

Q. Successful Applicants: Successful applicants will receive official notification in the form of a "Notice of Award" (NOA). The NOA, issued under the signature of the

Director of Health, allows for expenditure of grant funds.

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

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

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

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

Funded by Ohio Department of Health
Bureau Healthy Ohio
Program Second Chance Trust Fund

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

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

Reports shall be submitted as follows:

1. **Program Reports:** Subgrantee Program Reports **must** be completed and submitted **via the SPES (Subgrantee Performance Evaluation System)** by the following dates: August 1, 2009, September 1, 2009, October 1, 2009, November 1, 2009, December 1, 2009, January 1, 2010, February 1, 2010, March 1, 2010, April 1, 2010, May 1, 2010, June 1, 2010 with final report due on July 15, 2010. Also, please email report to debra.smith@odh.ohio.gov. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date.

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

2. **Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates: *October 15, 2009, January 15, 2010, April 15, 2010, and July 15, 2010.*

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

3. **Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS**

2.0 on or before **August 15, 2010**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

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

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

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

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

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

1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;

7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>);
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants; and

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

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

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

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

Once the audit is completed, **a copy must be sent to the ODH, Grants Administration,**

Central Master Files address within 30 days. Reference: *GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.*

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

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

Z. Submission of Application:

The GMIS 2.0 application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Attachments as required by Program -none

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

**Complete,
Sign &
Mail To
ODH**

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

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

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

Copy &
Mail To
ODH

- 1. Public Health Impact Statement (**for competitive cycle only; for continuation, only if changed**)
- 2. Statement of Support from the Local Health Districts (**for competitive cycle only; for continuation, only if changed**)
- 3. Liability Coverage (**Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period**)
- 4. Evidence of Non-Profit Status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed**)

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

Complete
Copy &
Mail To
ODH

- 1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
- 2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (**Required by ALL Non-Governmental Applicant Agencies**)
- 3. An original of **Attachments** (non-Internet compatible) as required by Program: none

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

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line Grants Management Information System 2.0 (GMIS 2.0), will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after the Request for Proposal (RFP) is posted to the ODH website.

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

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

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

1. Primary Reason and Justification Pages: Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the application for additional information.

2. Personnel, Other Direct Costs, Equipment, & Contracts): Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2009 to June 30, 2010.

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

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

submitted CCA must be approved by ODH before contractual expenditures are authorized.

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

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

3. Compliance Section D: Answer each question on this form as accurately as possible. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.

4. Funding, Cash Needs and Budget Summary Sections: Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.

C. Assurances Certification: Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

1. Executive Summary: The executive summary is to contain the following elements as a short paragraph or statement – applicant name, explanation of problem/need, plan of operation, number and types of personnel, cost and evaluation.

2. Description of Applicant Agency/Documentation of Eligibility/Personnel: Briefly discuss your agency's eligibility to apply. Summarize your agency's structure as it relates to this program and, as the lead agency, how it will manage the program. Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program

activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

3. Problem/Need: Explain the extent to which the project meets the specific purpose of the source of funds. Describe how you determined the needs you propose to address. Explain how you propose to use the project to meet these needs. Describe what benefits will be realized as a result of meeting the needs.

4. Expected Measurable Outcomes:

The format of your outcomes should include – who, what, when, how much, and how measured.

5. Methodology: Describe how you intend to achieve your objectives. Show how this will in-turn solve the problem and ultimately eliminate the need defined in your problem/need statement. Make sure to address the following items – project design/methodologies, management plan (explain extent to which the plan is effective and ensures proper and efficient management by the project director, explain fiscal management and control, include organization chart, use of a timeline is valuable), goals and objective (state the general goal(s) of this project, include performance objective, include process objectives), resources and personnel (explain how you propose to use your own resources and personnel to achieve each objective), and how the outcome is to be measured.

- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address on or before **April 27, 2009**. All attachments must clearly identify the authorized program name and program number.
- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must** be dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required only if new agency, thereafter only when banking information has changed.)**
- H. Internal Revenue Service (IRS) W-9 & Vendor Forms:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must** be dated and signed, in blue ink, with original signatures. Submit

the original and one (1) copy. (Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:

1. Vendor Information Form (New Agency Only) OR
2. Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s)).
3. Change request in writing on Agency letterhead (Existing Agency with tax identification number, name and/or address change(s))

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

- I. Public Health Impact Statement Summary:** Submit two (2) copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed)**.
- J. Public Health Impact Response/Statement:** Submit two (2) copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for competitive cycle only; for continuation, only if changed)**.
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two (2) copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; current liability coverage and thereafter at each renewal period)**.
- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving non-tax exempt status **(Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed)**.

M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire: The DMA is a Questionnaire must be completed by all non governmental grant applicant agencies to certify that they have not provided "material assistance" to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head's signature. The DMA Questionnaire (in PDF format. Adobe Acrobat is required) is located at the Ohio Homeland Security Website:

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

- Print a hard copy of the form once it has been downloaded. The form must be completed in its entirety and your responses must be truthful to the best of your knowledge. **(Required by all Non-Governmental Applicant Agencies)**

N. Attachments as Required by Program: *None*

III. APPENDICES

- A. GMIS 2.0 Training Form
- B. Application Review form

**Ohio Department of Health
 Second Chance Trust Fund Advisory Committee
 2009/2010 Grant Proposal Review Form**

Project Name _____

Lead Agency: _____

Project Director/Title: _____

| Proposal Pre-Review Screening | | | | |
|--|--|------------|-----------|---------------------------------|
| <i>Proposal proceeds to SCTF Grant Committee Review only if all pre-review criteria are met)</i> | | | | |
| | Requirement | Yes | No | Delinquencies /Omissions |
| Submission | GMIS Application and mailed data received by deadline | | | |
| | Proposal packet is complete | | | |
| Eligibility | Agency IRS Determination Letter enclosed with application | | | |
| | ODH grants management system training completed | | | |
| Content | Minimum of \$30,000 in grant funding requested | | | |
| | One or more of the 5 SCTF purposes addressed in the proposal <ol style="list-style-type: none"> 1. Development and implementation of replicable public education programs which may include workplace partnerships and initiatives about anatomical donation, resulting in an increase in the number of Ohio citizens who place their name in the Ohio Donor Registry. 2. Development and implementation of public education programs designed to reach minority populations across the state, including African Americans, Hispanics, and Asians. 3. Development and implementation of campaigns that explain and promote the Ohio Donor Registry statewide. | | | |

| | | | | |
|----------------|---|--|--|--|
| | <p>4. Development and implementation of campaigns that explain and promote anatomical donation and the Second Chance Trust Fund to residents statewide.</p> <p>5. Development and implementation of programs to recognize and honor donor families.</p> | | | |
| Summary | Proposal eligible to proceed to full review | | | |

Pre-Review Screener Initials: _____

Date: _____

| | SCTF Proposal Review Summary by Category | Possible Points | Proposal Score |
|---|---|------------------------|-----------------------|
| A | Innovation/Creativity | 3 | |
| B | Target Population Defined | 4 | |
| C | Project Objectives Defined and Measureable | 4 | |
| D | Feasibility/Achievability/Realistic | 4 | |
| E | Project Intervention/Outcomes | 4 | |
| F | Timelines/Resources | 4 | |
| G | Evaluation | 4 | |
| H | Potential Impact -- is project replicable statewide | 4 | |
| I | Budget | 6 | |
| J | Resource Allocation | 4 | |
| K | Project Personnel | 4 | |
| L | Project Facilities | 4 | |
| | Extra Points | | |
| | Recovery agency partner identified | 1 | |
| | Target age groups | 1 | |
| | Target minority populations | 1 | |
| | Target primary care physicians | 1 | |
| | Statewide impact | 1 | |
| | Total Proposal Score | 54 | |

| | Yes | No | N/A |
|-----------------------------|-----|----|-----|
| Acceptable past performance | | | |

Comments:

Total Score: _____

Reviewer Signature: _____ Date: _____

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| | |
|---------------------------------|------------------------------------|
| A. Innovation/Creativity | Category Point Total: _____ |
|---------------------------------|------------------------------------|

Check all that apply:

- _____ Serves one or more of the specified focus areas identified in the SCTF RFP (1 point)
- _____ Creative intervention (1 point)
- _____ Proposed project builds upon prior efforts within the State of Ohio or nationally to make progress in the focus area address by the project (1 point)

Comments:

| | |
|---|------------------------------------|
| B. Population Identified and Defined | Category Point Total: _____ |
|---|------------------------------------|

Select the statement below that best describes the proposal:

- _____ It neither identified nor defines a target population/group (0 points)
- _____ It identifies but does not define the target population (1 point)
- _____ It identifies and defines, but does not clearly justify the choice of the targeted group (2 points)
- _____ The proposal identifies and defines the target population with minimal but acceptable justification for choice (3 points)
- _____ The proposal identifies, thoroughly defines and justifies choice of target group (4 points)

Comments:

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| | |
|--------------------------------------|------------------------------------|
| C. Project Objectives Defined | Category Point Total: _____ |
|--------------------------------------|------------------------------------|

Select the statement below that best describes the proposal:

- _____ It does not include a description of study objectives (0 points)
- _____ It includes a brief or vague description without justifying the importance of objectives (1 point)
- _____ Objectives are adequately described, but are either too broad or inadequately explained/justified (2 points)
- _____ Complete description of study objectives with most terms explained/justified (3 points)
- _____ Detailed and clear description of study objectives with all terms explained (4 points)

Comments:

| | |
|---|------------------------------------|
| D. Project Objectives: Feasibility/Achievability | Category Point Total: _____ |
|---|------------------------------------|

Select the statement below that best describes feasibility and achievability of proposal objectives

- _____ Feasibility is not addressed; objectives not given or not achievable (0 points)
- _____ A very brief justification of study feasibility is included in the proposal (1 point)
- _____ Feasible but inadequately supported (2 points)
- _____ Feasible and moderately well supported (3 points)
- _____ Feasible, achievable and very well supported (4 points)

Comments:

**Ohio Department of Health
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| | | |
|-----------|---|------------------------------------|
| E. | Project Interventions and Outcomes | Category Point Total: _____ |
|-----------|---|------------------------------------|

Select the statement below that best describes proposed interventions and how they will lead to outcomes.

- _____ No interventions described (no project activity descriptions), no outcomes or no link to outcomes (0 points)
- _____ Interventions/activities minimally described with failure to link to outcomes (1 point)
- _____ Although adequate description of interventions noted, it only vaguely relates to outcomes (2 points)
- _____ Good description and explains how interventions are expected to lead to outcomes (3 points)
- _____ A thorough description including solid logical path to measurable outcomes is present (4 points)

Comments:

| | | |
|-----------|---|------------------------------------|
| F. | Timelines and Resources for Outcomes | Category Point Total: _____ |
|-----------|---|------------------------------------|

Select the statement below that best describes activities, milestones and outcomes with respect to timelines and resources

- _____ No timeline provided (0 points)
- _____ Partial timeline included but fails to note activities, milestones or outcomes (1 point)
- _____ Timeline description sketchy, lacking detail but includes reference to activities, milestones and outcomes (2 points)
- _____ A complex delineation given noting activities, milestones and outcomes with respect to resources needed (3 points)
- _____ A complete delineation is given with sufficient detail that the project could be replicated (4 points)

Comments:

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| | | |
|-----------|-------------------|------------------------------------|
| G. | Evaluation | Category Point Total: _____ |
|-----------|-------------------|------------------------------------|

Select the statement below that best describes how well the project proposes to evaluate the success of the project including a design for measuring project outcomes

- _____ No evaluation plan or means for outcomes measurement provided (0 points)
- _____ Plan to evaluate study included but fails to describe how outcomes will be assessed; or plan does not correspond to project objectives or contains serious design flaws (1 point)
- _____ Evaluation plan assesses outcomes but measurement is not adequately explained (2 points)
- _____ Evaluation plan is adequate and measurement is explained (3 points)
- _____ Evaluation plan is complete with measurable outcomes that correspond with project objectives (4 points)

Comments:

| | | |
|-----------|-------------------------|------------------------------------|
| H. | Potential Impact | Category Point Total: _____ |
|-----------|-------------------------|------------------------------------|

Select the statement below that best describes how well the proposed demonstrates impact or

potential impact upon the education of the public about organ and tissue donation

- _____ Impact or potential impact is not addressed or no potential shown (0 points)
- _____ Impact is referenced but not described (1 point)
- _____ A brief description of implications for outcomes or future plans to expand the study is included in the proposal (2 points)
- _____ Potential importance of findings is noted but the argument is vague (3 points)
- _____ Potential impact or plans to expand pilot are described in full detail with convincing arguments regarding the value of the impact or future expansion of the study (4 points)

Comments:

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| | | |
|-----------|----------------------------|------------------------------------|
| J. | Resource Allocation | Category Point Total: _____ |
|-----------|----------------------------|------------------------------------|

Select the statement below that best describes the degree to which the allocation of resources (personnel, equipment, etc.) itemized in the budget is consistent with the project management plan.

- _____ No management plan given; or plan is completely inconsistent with the budget (0 points)
- _____ Several major discrepancies exist between budget and management plan; e.g. staff or major equipment in the budget not evident in the management plan or vice versa (1 point)
- _____ Management and budget plans are generally consistent with only two or three minor discrepancies (2 points)
- _____ The management and budget plans are consistent, but lack the detail to rate an excellent rating (3 points)
- _____ Budget justification addresses categorical cost derivation, feasibility of expenses, functions of staff, need for equipment, travel and training costs and agrees with the management plan (4 points)

Comments:

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| | | |
|-----------|--------------------------|------------------------------------|
| K. | Project Personnel | Category Point Total: _____ |
|-----------|--------------------------|------------------------------------|

Select the statement below that best describes how well the proposed project demonstrates the qualifications of project personnel and/or collaborating organizations and experience in their roles

- _____ Staff have no relevant qualifications in relation to the management plan, are not identified, or the likelihood of hiring or training the proposed staff is very low or questionable. Staff qualifications do not meet minimum necessary to complete activities in the management plan or project is unlikely to attract all necessary staff (0 points)
- _____ Staff is minimally qualified to complete the project (1 point)
- _____ Staff appears qualified to complete the activities in the management plan, but documentation insufficient to determine excellence (2 points)
- _____ Some qualified staff in place with plans to recruit the balance (3 points)
- _____ Staff qualifications meet or exceed project requirements with all key staff identified and resumes submitted (4 points)

Comments:

| | | |
|-----------|---------------------------|------------------------------------|
| L. | Project Facilities | Category Point Total: _____ |
|-----------|---------------------------|------------------------------------|

Select the statement below that best describes the institutional support and the adequacy of facilities planned for the proposed project.

- _____ No evidence that applicant organization supports the project or adequate facilities are not described. Support and facilities are likely to be inadequate or organization has reputation of failure with similar projects (0 points)
- _____ Marginal support or facilities are available, and commitment from applicant organization or host-collaborating organizations is indeterminate (1 point)
- _____ Adequate facilities and support are available with apparent organizational support (2 points)
- _____ Applicant describes adequate facilities for the project with demonstrated full support from host/collaborating organizations (3 points)
- _____ Applicant describes adequate facilities for the project with demonstrated full support form host/collaborating organizations and a track record at performing similar projects (4 points)

Comments: