



OHIO DEPARTMENT OF HEALTH

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John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

Date: August 3, 2016

To: Interested Parties; Local Grants for Tobacco Use Prevention and Cessation Program

From: Mary DiOrio, MD, MPH 
Office of Medical Director

Subject: Local Tobacco Use Prevention and Cessation Grants

The Ohio Department of Health (ODH), Office of the Medical Director, Bureau of Health Promotion announces the availability of funds to address tobacco burden in local communities. The focus of funding is on two initiatives: Preventing Youth Initiation and Protecting Ohioans from Exposure to Secondhand Smoke. Applicants may apply for either initiative or for both initiatives.

All interested parties must submit a Notice of Intent to Apply for Funding (NOIAF) form (attached to this RFP), no later than **4:00 pm August 17, 2016** to be eligible to apply for funding, earlier submission is recommended, if possible. For new ODH applicants, please immediately note requirements for NOIAF (Appendix A) as all documents must be submitted by the deadline. A Bidders Conference (teleconference/webinar) will be held **Tuesday, August 16, 2016, 1:00 pm – 3:00 pm**. The call-in information is 1-614-230-0229; conference ID 29083#.

To obtain a grant application packet:

1. Go to the ODH website at 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 on "Grant Request for Proposals", this will give you a pull down menu with current RFPs by name;
5. Select and highlight the Tobacco Use Prevention and Cessation Program RFP and click "Submit". This process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired.

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

All applications and attachments are due by **4:00 p.m. on Monday, September 12, 2016 for the competitive cycle**. Electronic applications received after **Monday, September 12, 2016** will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. Please complete and submit the ODH GMIS 2.0 Form (Appendix B) as soon as possible, but no later than **August 17, 2016** to the Grants Administration Unit to begin the process to authorize your account. ***ODH encourages the immediate submission of the Notice of Intent to Apply for Funding.*** If you have questions regarding this application, please contact Mandy Burkett, by phone at (614) 644-7553, or by e-mail at Mandy.Burkett@odh.ohio.gov.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF
Medical Director
BUREAU OF
Health Promotion

Tobacco Use Prevention and Cessation Program

SOLICITATION
FOR
FISCAL YEAR 2017
(10/1/16 – 06/30/17)

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 17, 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:** *Tobacco Use Prevention and Cessation Program – Local Tobacco Control Grants*

- C. Purpose:** *The Tobacco Use Prevention and Cessation Program focuses on three*

methods to curb tobacco use in Ohio: Preventing Youth Initiation, Increasing Quitting and Protecting Ohioans from Exposure to Secondhand Smoke. While ODH is funding other opportunities related to quitting tobacco, this grant opportunity will fund community work in two of these areas – Preventing Youth Initiation and Protecting Ohioans from Exposure to Secondhand Smoke. Initiatives associated with Preventing Youth Initiation will include the formation of stand groups of youth that will focus on tobacco counter-marketing, on advocacy for policy adoption (i.e., tobacco free schools and campuses), community compliance checks for sale of tobacco to minors, and on point-of-sale marketing work. Initiatives associated with protecting Ohioans from Exposure to Secondhand Smoke will include the promotion of smoke free multi-unit housing policies and tobacco-free outdoor policies. Applicants may apply for funding for either or both of these initiatives. |

- D. *Qualified Applicants:*** | All applicants must be a local public or non-profit agency. Only one application will be funded in each health jurisdiction. 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).** If a local public health agency is funded under the ODH Creating Healthy Communities Grant to promote smoke free policies, that agency will not be eligible for funding for the Protecting Ohioans from Secondhand Smoke Initiative that is part of this grant opportunity, but will remain eligible for the Preventing Youth Initiation Initiative. |

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 Monday, September 12, 2016** |

- E. *Service Area:*** | The Tobacco Use Prevention and Cessation Program provides services to all Ohioans. Applicants must focus on priority areas within the county in which their organization is located. If the county has a population over 200,000 they must identify at least three priority areas in which initiatives will be focused. If the county has a population of less than or equal to 200,000 then the applicant must identify at least two priority areas in which initiatives will be focused. Applicant should use data provided in Appendix G to justify how these priority areas are chosen to align with areas of greatest tobacco burden, disparity or need. |

- F. *Number of Grants and Funds Available:*** | TUPCP anticipates awarding 10 - 20 awards for a total amount \$1,690,000. Funds for youth initiatives are supported by state funds, while policy work is supported by state and federal sources. Maximum funding allowances are determined by county population size. Counties with a population less than 200,000 may apply for a maximum of \$80,000. Counties with a population above 200,000 may apply for a maximum of \$110,000. While an applicant may apply for funds for both initiatives (youth and SHS/policy), please find in the table below the maximum award that will be given for individual initiative

applications and initiatives as part of a joint application.

County Population	Maximum Total	Max Total per Strategy
Less than 200,000	\$80,000	Max for youth - \$60,000
		Max for policy - \$40,000
200,000 or more	\$110,000	Max for youth - \$80,000
		Max for policy - \$50,000

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review. Applicants applying for only one strategy may apply for the max for that strategy, but applicants applying for both may not exceed the maximum total amount.

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 Monday, September 12, 2016**. Applications and required attachments received after this deadline will not be considered for review.

Contact [Mandy Burkett; 614-644-7553; Mandy.Burkett@odh.ohio.gov](mailto:Mandy.Burkett@odh.ohio.gov) with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in ORC 3701.04 (A)(5) and the Catalog of Federal Domestic Assistance (CFDA) Number 93.305 – National State Based Tobacco Control Programs.

- I. Goals:** The goal of ODH in releasing this funding opportunity is to continue or to begin the process of social norm change related to tobacco use in local communities. Through the use of youth-centered advocacy and policy work we hope to decrease the number of Ohio youth who initiate the use of tobacco and to decrease the access or availability of tobacco in each community. The goal of evidence-based work on tobacco and smoke-free policy adoption is decreased initiation of smoking, increased quitting, and decreased exposure of Ohioans to secondhand smoke.

- J. Program Period and Budget Period:** The program period will begin October 1, 2016 and end on June 30, 2019). The budget period for this application is October 1, 2016 through June 30, 2017).

- K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public’s Health; Standard 1.4 Provide and use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions; Standard 3.1: Provide Health Education and Health Promotion Policies, Program, Processes and Interventions to Support Prevention and Wellness;

Standard 3.2 Provide Information on Public Health Issues and Public Health Functions through Multiple Methods to a Variety of Audiences; Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes; Standard 4.2: Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health; Standard 10.1: Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions. Additional PHAB standards are available at the following website:

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.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 to (Tobacco Use Prevention and Cessation Program))

- 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 Mandy Burkett; 614-644-7553; Mandy.Burkett@odh.ohio.gov 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 **Monday, September 12, 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. The Application Review Form (Appendix C) is the form that will be used by reviewers to assess and score applications.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given

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.

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 Health Promotion, Tobacco Use Prevention and Cessation Program” and, for the Preventing Exposure to Secondhand Smoke Initiative, must also state “This work is funded either in whole or in part by a sub-award of a grant issued by [The Centers for Disease Control and Prevention] under the [National State-Based Tobacco Control Programs; National Center for Chronic Disease Prevention and Health Promotion] grant, grant award number [CDC-RFA-DP15-1509], and CFDA number [93.305].”

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:
1st Report for October 1, 2016-December 31, 2016 will be due January 15, 2017;

2nd Report for January 1, 2017 thru March 31, 2017 will be due April 15, 2017; 3rd and final report for April 1, 2017 thru June 30, 2017 will be due July 15, 2017. Associated deliverable documents must be submitted with each expenditure report. 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. Applicants must maintain regular contact with TUPCP assigned technical assistant, must be present at scheduled monthly conference calls for each section of the grant for which funds are awarded, must attend Tobacco Free Ohio Alliance (TFOA) quarterly meetings and must attend up to three scheduled training events in the Columbus area

- 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 NOIAF). 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>October 1-31, 2016</i>	<i>November 10, 2016</i>
<i>November 1 – 30, 2016</i>	<i>December 10, 2016</i>
<i>December 1 – 31, 2016</i>	<i>January 10, 2017</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 – 30, 2016</i>	<i>June 10, 2017</i>
<i>June 1 – 30, 2016</i>	<i>July 10, 2017</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>October 1 – December 31, 2016</i>	<i>January 10, 2017</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>

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 August 5, 2017. 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. Promotional Items;
22. Office Furniture (including but not limited to desks, chairs, file cabinets)

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 unallowable cost.||

TUPCP has a limited amount of promotional materials available upon request. |
 Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive. Subrecipients are required to maintain a log of all client incentives and enablers 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 10 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 (work plan using template from Appendix E; three letters of support from partners/stakeholders)

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

<p>Complete Copy & E-mail or Mail to ODH</p>

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 page 10 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. Programs and services provided with these funds should not overlap with other programs.

The model for reimbursement for this funding opportunity is a deliverables (outcomes) based model. Reimbursement will be made based on progress toward, and achievement of, units of deliverables that include outcome measures as well as

outputs. The budget narrative should be based on the costs to deliver each deliverable. While payments may be made throughout the budget period for activities leading to a deliverable (as described in the work plan), no less than 30% of the cost for a deliverable will be reserved for payment upon completion of the deliverable. Refer to Program Deliverables Grid (Appendix D) for scope of work and listing of deliverables for each initiative. The budget associated with each deliverable should be delineated in the Other Direct Costs category in GMIS; no line items should be created in the Personnel, Equipment or Contracts categories. The budget narrative should include costs for each deliverable noted in Appendix D and should match the amounts listed in the work plan (template and example provided in Appendix E).

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the deliverable 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.
- 2. Other Direct Costs (Personnel, Equipment, Contracts and Direct Costs within Deliverables):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period October 1, 2016 to June 30, 2017. Personnel, Equipment, Contracts and Direct Costs must be contained within Deliverables in the Other Direct Costs category. This is a deliverables-based grant and CCA's are not required. Contracts should be attached in GMIS within 30 days of signing. The applicant shall itemize all equipment (minimum \$1,000, unit cost value) to be purchased with grant funds.

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

- 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.

- 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: | **(no more than 2 pages)** Please identify whether the application is for Preventing Youth Initiation Initiative, Preventing Exposure to Secondhand Smoke Initiative or for both initiatives and how much funding is requested for each – note the total amount requested and the total amount requested for each initiative must not exceed the amounts specified in the table in Section F of this document (page 3). If the applicant will not serve the entire county, please identify appropriate number of priority areas and identify the burden of health disparities and health equities in the county and priority areas identified. Provide a summary of the work plan, including a brief overview of the deliverables and activities. |

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, if lead agency, how it will manage the program.

Describe the capacity of your organization and of its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. If none exist, identify that deficiencies have been considered and none have been found.

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: 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(s). If priority areas are not chosen, identify how activities will reach all members of the county.

Although no single characteristic fully explains an individual's risk for tobacco use or related health impacts, tobacco surveillance data show that the populations in Ohio at highest risk for smoking include residents that are socioeconomically disadvantaged, those with disabilities or mental health challenges, and those that identify as LGBT. African American Ohioans and women who are pregnant are also populations of special interest for intervention efforts in Ohio due to tobacco-related health consequences. These groups represent current priority populations for tobacco-related prevention and cessation interventions in Ohio. Appendix G contains demographic and market research data from Nielsen at the census tract level in tabular form. This data enables applicants to identify areas where households are most likely to purchase and use tobacco products. The Program Need section of the application should specify how tobacco disparities and health inequities will be addressed as they relate to the applicant's county and also how data, including Nielsen Market Research Data, was used to inform program interventions in priority areas.

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.

Include a description of other agencies/organizations, in your area, also addressing this problem/need.

Methodology: 1) Describe, in narrative form, the applicant agency's experience in addressing tobacco control in the community. Identify if there is a Community Health Assessment, a Community Health Improvement Plan, or any other local strategic plans that include tobacco goals as a priority; 2) Describe how the proposed work integrates with identified tobacco control priorities, or if there are no identified priorities, describe work that will be done to prioritize tobacco control in your community; 3) Describe other partners or stakeholders that will be integral to the work of this grant (identify at least five) and the applicant's relationship with these partners or stakeholders – provide at least three letters of commitment from identified partners or stakeholders; 4) Describe how the objectives and deliverables outlined in Appendix D will be met; 5) Using the template provided in Appendix E, develop a Work Plan that includes the required objectives and deliverables in Attachment D (Work Plan will not count toward the 10 page limit).

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.

- 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 (Monday, September 12, 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.

III. APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Training Form
- C. Application Review Form
- D. Applicant Options and Scope of Work
- E. Work Plan Template
- F. Population Priority Points Assignment
- G. Health Disparities/Equity Information and County Level Data related to Tobacco

Reimbursement Type Select one of the options below: <input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly
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NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Office of the Medical Director
Bureau of Health Promotion

ODH Program Title:

|Tobacco Use Prevention and Cessation Program |

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 County Agency Hospital Local Schools
(Check One) City Agency Higher Education 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 Wednesday, August 17, 2016.

Mail, E-mail:

Mandy Burkett, Director, Tobacco Use Prevention and Cessation Program

Ohio Department of Health

35 E. Chestnut St. | - 7th Floor |

Columbus, OH 43215

E-mail: |Mandy.Burkett|[@odh.ohio.gov](mailto:Mandy.Burkett@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