



MEMORANDUM

Date: September 1, 2014

To: Subgrantee agencies

From: Sean Keller, Division Administrator |
Division of Prevention and Health Promotion |
Ohio Department of Health

Subject: Subgrantee |
Violence Against Woman Act (VAWA) Sexual Violence Prevention
2/01/15 through 1/31/16 |

The Ohio Department of Health (ODH), Division of Prevention and Health Promotion, Bureau of Healthy Ohio announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., Monday, October 27, 2014 | Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subgrantee agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules and any other program-specific requirements as outlined in the competitive Request for Proposal (RFP). Reference the competitive RFP for more information. The competitive RFP for this grant program can be found on the ODH website | Go to www.odh.ohio.gov; go to "Our Programs" and select "funding opportunities", then "ODH Funding Opportunities", then "ODH grants" then "Competitive Request for Proposals (RFPs) Archive Section" and click on "SY14 Competitive RFPs archive", then click on "VW – or go to <http://www.odh.ohio.gov/~/.media/ODH/ASSETS/Files/funding%20opportunities/VW13VAWA.ashx>). Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact | Debra Seltzer | at | 614-728-2176 | or e-mail at debra.seltzer@odh.ohio.gov

CONTINUATION FUNDING APPLICATION GUIDANCE

The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive RFP. This RFP pertains to budget period: [February 1, 2015 – January 31, 2016] of the total project period, [November 1, 2012 through January 31, 2017.] Reference the competitive RFP for more information.

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.

Number of Grants and Funds Available: [Approximately \$1 million is expected to be available for funding. Only the fifteen (15) agencies currently funded under the VAWA Sexual Assault Prevention program are eligible to apply. Eligible agencies may apply only for up to \$65,000. The level of funding awarded to the statewide project may differ based on statewide planning processes and resulting discussions with ODH SADVPP staff.]

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.

FORMATTING REQUIREMENTS FOR ATTACHMENTS

- Properly label each item of the application packet (ex. 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 and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

QUALIFIED APPLICANTS

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not 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, October 27, 2014.** |

I. PROGRAM UPDATES:

- a. **Program Progress Report:** 1) **Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.**

[Submission of the RPE third quarter report due August 15 through the GMIS system is sufficient to meet this reporting requirement. |

- b. **Program Narrative:** Complete and submit a narrative statement (do not exceed [15 | pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subgrantee wishes to share for continuation funding. |

A narrative statement is required for each item listed below; document process for determining whether or not there was a need for changes; if no changes are to be made confirm that decision. **Note topics for which narrative content is required – saturation, curriculum.**

This narrative section must match and **elaborate on** the activities, outputs, and outcomes identified on the Logic Model.

- **NEW RESPONSE REQUIRED – it is not sufficient for this section to respond “no change”-** Describe effective saturation activities that align with your overarching strategies. This refers to ways in which the same message is repeated in different ways to reach the same audience. For example, a teen may experience programming in a health class (multiple sessions) and later in the year, participate in sexual assault awareness week activities. At the same time that teen’s school may be improving policies related to school climate and consequences for inappropriate behavior. Adults with whom that teen interacts may be participating in programming such as school teachers and administrators that are receiving training in how they can support primary prevention efforts, and/or programming may also be available to parents within that community, either through the PTA, a school newsletter, or through faith based organizations within the same community. The extent to which these overlap, rather than happen in isolation from each other, show an increase in saturation for that audience.

Narrative and work plan should reflect objectives and activities on at least three of the levels of the spectrum of prevention, and should show movement toward inclusions of at least some activities at levels 4 – 6. See below for examples of what these may include.

Spectrum of Prevention Level One - Strengthening Individual Knowledge and Skills: *Prevention programs for school-age youth, college-based prevention programs, and clubs*

- Educational programs must be multi-session (required).

- **NEW RESPONSE REQUIRED – it is not sufficient for this section to respond “no change”** For all projects/curriculum/campaigns used last year, describe any challenges the agency experienced with implementation, including what worked, what did not work and what additional activities will be needed to achieve the proposed outcomes.
- Complete the Curriculum Content Form (Attachment C) for any new curriculum to be implemented.
- If you plan to use a curriculum different than submitted previously, provide:
 - Details of project/curriculum/campaign and reason(s) it was chosen to achieve the outcomes.
 - How it was developed and evaluated and by whom and how it will be reviewed annually; evaluation must include direction from the statewide evaluation project including utilization of the Item Bank. The Item Bank can be reviewed at:
[http://www.odvn.org/images/stories/Appendix Rape Prevention Education Item Bank.pdf](http://www.odvn.org/images/stories/Appendix_Rape_Prevention_Education_Item_Bank.pdf)

Spectrum of Prevention Level Two - Promoting Community Education:
Community prevention programs, social norms/media campaigns, resource libraries/informational materials preparation, media advocacy

- Community programs:
 - Educational programs must be multi-session (required).
 - **NEW RESPONSE REQUIRED – it is not sufficient for this section to respond “no change”** For all projects/curriculum/campaigns used last year, describe any challenges the agency experienced with implementation, including what worked, what did not work and what additional activities will be needed to achieve the proposed outcomes.
 - Complete the Curriculum Content Form (Attachment C) for any new curriculum to be implemented.
 - If you plan to use a curriculum different than submitted previously, provide:
 - Details of project/curriculum/campaign and reason(s) it was chosen to achieve the outcomes.
 - How it was developed and evaluated and by whom and how it will be reviewed annually; evaluation must include direction from the statewide evaluation project including utilization of the Item Bank. The Item Bank can be reviewed at:
[http://www.odvn.org/images/stories/Appendix Rape Prevention Education Item Bank.pdf](http://www.odvn.org/images/stories/Appendix_Rape_Prevention_Education_Item_Bank.pdf)
- Media advocacy:
 - Identify the following: outcome of your media campaign (how you know the project was successful) specific message and why it was chosen specific audience the message is to reach media to be used and why it was chosen

Spectrum of Prevention Level Three - Educating Providers: *Sexual violence*

prevention training, culturally specific and/or cultural competency training for service providers.

- Discuss the rationale for choosing specific professionals for the educational program or training.
- Discuss if these professionals have an opportunity to engage men, youth or other community leaders as change agents.
- Indicate that educational programs are multi-session (required).
- **NEW RESPONSE REQUIRED – it is not sufficient for this section to respond “no change”** For all curriculum used last year, describe any challenges the agency experienced with implementation, including what worked, what did not work and what additional activities will be needed to achieve the proposed outcomes.
- Complete the Curriculum Content Form (Attachment C) for any new curriculum to be implemented.
- If you plan to use a curriculum different than submitted previously, provide:
 - Details of project/curriculum/campaign and reason(s) it was chosen to achieve the outcomes.
 - How it was developed and evaluated and by whom and how it will be reviewed annually; evaluation must include direction from the statewide evaluation project including utilization of the Item Bank. The Item Bank can be reviewed at:
http://www.odvn.org/images/stories/Appendix_Rape_Prevention_Education_Item_Bank.pdf

Spectrum of Prevention Level Four - Fostering Coalitions and Networks:
Community needs assessment, strategic planning, community partners, collaboration, and sustainability

- **NEW RESPONSE REQUIRED – it is not sufficient for this section to respond “no change”** For any work planned at this level, describe major accomplishments of and challenges with fostering or building the coalition or task force.
 - Provide a list of coalition members and the agency or constituency they represent.
 - Discuss diversity of membership and gaps in membership, and include plans to address gaps
 - Include representatives of the communities to be reached by the work of the coalition
 - Include plans to evaluate the coalition annually

Spectrum of Prevention Level Five - Changing Organizational Practices: School policies, community policies

- Identify areas of school or organizational policy to be addressed (e.g., teen dating violence prevention education [Tina’s Law], campus prevention (Campus SAVE Act), sexual harassment, bullying, sexual assault, domestic violence and/or disclosure of child abuse)

- Review areas may include: disciplinary policy, training for all staff, training for students/staff that promotes/supports prevention elements and services offered following a crisis or injury that has affected the school/workplace community.
- Ensure that along with any related policy the school/organization has appropriate community links for resources on primary prevention and for referrals as needed for survivors.
- For school policies, identify possible collaboration of prevention programming that occurs in the schools (e.g. parenting, healthy relationships, alcohol and drug prevention, bullying, sexual harassment, suicide and pregnancy prevention) and planned steps toward increasing collaboration.

Spectrum of Prevention Level Six - Influencing Policy and Legislation: *Community leaders and policymakers interaction, technical assistance, monitoring legislation/policies, policy assistance and response*

- Describe how activities the project will conduct during publicized sexual violence prevention events, awareness weeks/months, etc. will be shared with community leaders and policy makers.
- Discuss the project’s relationship with local community leaders and policymakers and how the project staff will provide technical assistance, legislation monitoring, analysis and response.
- Discuss participation in the implementation of the Ohio Sexual and Intimate Partner Violence Prevention Consortium Plan.
- Discuss active participation on state or national committees that influence policy and legislation.

Statewide Project Only:

Include as objectives of the project:

Support for leadership of state planning efforts including participation in Ohio Department of Health (ODH) meetings, Ohio Sexual and Intimate Partner Violence Prevention Consortium and trainings, and rape prevention program evaluation planning as requested, by having a designated Statewide Rape Prevention Coordinator or more senior level member of the agency present.

Provision of technical assistance to local rape prevention programs and other agencies planning to do rape prevention programming through personal consulting, regional networking meetings and statewide trainings on basic sexual violence prevention concepts, including CDC recommended principles, as requested by ODH and/or local agencies. |

- c. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive RFP for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report

addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. |

- Submit project's working Logic Model (Attachment B), which serves as the project's evaluation plan.
- See Appendix 2 for Examples of Content.
- All activities described in the narrative must be reflected in the Logic Model.
- Everyone listed in the Logic Model should be represented in the budget.
- Except for rape crisis hotline operation, **all activities must focus on primary prevention of sexual violence.** |

d. Health Disparity/Inequity Activities: Complete and submit a short summary statement of how program activities over the last year addressed health disparities and/or health inequities based on the focus of your application. This should include: specific objectives to address disparities/inequities; a summary of data to support your statement; and future plans to address this issue. This information should also be reflected in past program reports. ||

II. PROGRAM BUDGET: Prior to completion of the budget section, reference the competitive RFP for unallowable costs and review criteria.

a. Budget Narrative:

Provide a detailed budget justification in a narrative that describes how categorical costs are. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including plans for out-of-state travel), supplies and training costs. If you have shared costs, refer to OGAPP Chapter 100, Section 103 and the Compliance Section D (9) of the original RFP for additional information. Please refer to the GMIS 2.0 bulletin board for attachment instructions.

For your convenience, a budget justification narrative example is available at a link on the GMIS bulletin board, posted on 4/29/2014. |

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. |

b. 2015 Budget via GMIS: Complete requested budget information as follows:

- **Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the period February 1, 2015 to January 31, 2016. Funds may be used to support personnel, staff training, travel (see OBM website <http://obm.ohio.gov/MiscPages/TravelRule>), and supplies directly related to planning, organizing and conducting the program activity. Itemize, in the Equipment Section, all equipment (minimum \$1,000 unit cost value) to be purchased with grant

funds

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

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

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.
- **Summary:** Review for accuracy.

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. 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 (including but not limited to bank fees);
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
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 \$1,000, unless justified in the budget narrative and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants |
22. Crisis intervention services outside of limited hotline services will not be funded;
23. Victim response training on how service providers should respond to victims of sexual violence will not be funded (i.e., hospital advocacy, law enforcement training, SANE training and judicial response); and
24. Advocate or promote gun control. Funds may not be spent on political action or activities designated to affect the passage of specific Federal, State, or local legislation intended to restrict or control the purchase or use of firearms. |

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

OTHER APPLICATION REQUIREMENTS:

Program Specific Attachments: Complete and submit the following attachments.

1. Program Cover Page (Attachment A)
 2. Logic Model (Attachment B)
 3. Position descriptions (only if changed)
 4. Resumes (only if changed)
 5. Curriculum Description Content Form (Attachment C)
- ***All attachments should be submitted via GMIS|

c. Other Required Documentation:

- The following items or forms must be reviewed and submitted only if there are changes since the last grant application was submitted: **Electronic Funds Transfer (EFT) Form, Internal Revenue Service (IRS) W-9 and Vendor Information Change Form.**
- **Audit:** Subgrantee agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subgrantee must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in 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 subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS.
- **For Non-Profit Organizations Only:**
 1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. **Attach the current Certificate of Insurance Liability in GMIS.**
 2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

POST SUBMISSION REQUIREMENTS: Continuation applicants are required to submit subgrantee program and expenditure reports.

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

Reports shall be submitted as follows:

Program Reports: Subgrantee Program Reports must be completed and submitted via GMIS by the following dates:

1st Quarter, February 1, 2015– April 30, 2015.....	May 15, 2015
2nd Quarter, May 1, 2015 – July 31, 2015	August 15, 2015
3rd Quarter, August 1, 2015 – October 31, 2015	November 15, 2015
4th Quarter, November 1, 2015 – January 31, 2016	February 15, 2016
Annual Report.....	March 15, 2016

Additionally:

- a. A *Yearly Site Visit* is conducted with all subgrantees to assure compliance with ODH program standards and continued progress toward program goals.
- b. The *Annual Conference and Regional Meeting(s)* must be attended by one representative from your agency. The objective for these meetings is to provide technical assistance and an opportunity for sharing successes and barriers in prevention program delivery. Costs associated with these meetings are an allowable cost for this grant proposal. Include one trip to Columbus and one regional trip.

- c. Programs are expected to participate in a community of learning with other programs, including participation in at least two and leadership in at least one of quarterly peer to peer calls/meetings, and posting information about their prevention programs, activities and strategies that have been successful and not successful on the sa-ohio email list.
- d. A success story is to be submitted as a part of the second and fourth quarter program reports.
- e. Programs are required to participate in the statewide evaluation project as requested by ODH, including use of and reporting of item bank questions for all RPE funded curriculum used. Even if a curriculum has a built-in evaluation, appropriate item bank related questions must also be used.
- f. Programs are expected to respond to reasonable requests from ODH for input necessary to complete the annual CDC application, strategic plan and annual report. |

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

Subgrantee Monthly Reimbursement Expenditure Reports: Sub-grantee Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: |

February 1, 2015 – February 28, 2015	March 10, 2015
March 1, 2015 – March 31, 2015	April 10, 2015
April 1, 2015 – April 30, 2015	May 10, 2015
May 1, 2015 – May 31, 2015	June 10, 2015
June 1, 2015 – June 30, 2015	July 10, 2015
July 1, 2015 – July 31, 2015.....	August 10, 2015
August 1, 2015 – August 31, 2015.....	September 10, 2015
September 1, 2015 – September 30, 2015.....	October 10, 2015
October 1, 2015 – October 31, 2015	November 10, 2015
November 1, 2015 – November 30, 2015	December 10, 2015
December 1, 2015 – December 31, 2015	January 10, 2016
January 1, 2016 – January 31, 2016	February 10, 2016

Note: Outstanding obligations cannot be reported on the quarterly expense reports with the exception of the fourth quarterly expense report.

Final Expenditure Reports: A Subgrantee 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 March 15, 2016. 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 ALL Subgrantee Program and Expenditure Reports via the ODH's GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.



ATTACHMENT A - PROGRAM COVER PAGE

Ohio Department of Health

Sexual Assault and Domestic Violence Prevention Program

Please complete and attach this and all attachment forms in GMIS 2.0.

Budget Period: **February 1, 2015** to **January 31, 2016**

Project Title: **VAWA Rape Prevention Education**

Authorized User Name/Grant Number: _____

Applicant Agency (Fiscal Agent): _____

Address: _____

Project Director: _____

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

E-Mail: _____ Web Address: _____

County: _____

Federal Vendor Tax ID Number of Fiscal Agent: _____

Rape Prevention Base project

Communities to be served:

Single County Program – Specify county: _____

Multi-County – List counties; designate below which services will be provided in each county:

Statewide Project

Services to be provided – Agencies are not expected to have planned activities occurring at every Level during the first cycle of the grant, but a plan should be in place to address them in the future:

Level 1 – Strengthening Individual Education (Est. numbers to be served): _____

Level 2 – Promoting Community Education (Est. numbers to be served): _____

Level 3 – Educating Providers (Est. numbers to be served): _____

Level 4 – Fostering Coalitions and Networks

Level 5 – Changing Organization Practices

Level 6 – Influencing Policy and Legislation

Crisis Hotline (Est. numbers to be served): _____

Project Budget: \$ _____

ATTACHMENT B

RAPE PREVENTION EDUCATION LOGIC MODEL
Ohio Department of Health
 Office of Healthy Ohio
Sexual Assault and Domestic Violence Prevention Program

Program Goal: To reduce the incidence of sexual violence in (Ohio or specific community) by implementing strategies/activities representing three or more levels of the Spectrum of Prevention Model.

Objective for Level X (insert level – should have at least one objective for each of at least three levels; best practice is to reach the same audience across multiple levels)

INPUTS <i>What we invest/ resources indicate people responsible for activities</i>	STRATEGIES/ ACTIVITIES <i>What we do includes strategies, methods and mechanisms to be used in reaching outcomes</i>	OUTPUTS <i>Tangible results of our activities or whom we reach</i>	SHORT TERM OUTCOMES <i>Changes we expect to see soon (typically achieved during the program or at the end of program participation</i>	INTERMEDIATE OUTCOMES <i>Changes we want to see later (within one month to one year post-participation)</i>	LONG TERM OUTCOMES <i>Changes we hope to see in future/Impact (achieved one to five years or longer from program participation.</i>
<i>See Appendix 2 for examples</i>	<i>See Appendix 2 for examples; include dosage</i>	<i>See Appendix 2 for examples</i>	<i>See Appendix 2 and 4 for examples</i>	<i>See Appendix 2 and 4 for examples</i>	<i>See Appendix 2 and 4 for examples</i>
Assumptions: <i>(Your theory of how the program will work; this may be an explicit theory - see Appendix 3 “Models and Theories” - or may be assumptions based on your knowledge and experience)</i>			External Factors: <i>(Tailor these to each objective; these should include things that may influence your goal achievement)</i>		
Evaluation Measures: <i>(tools you will use to know you have achieved your outcomes) Methods for each activity should be well thought out, with specific evaluation tools ready before project begins. Ensure this list matches your narrative section. See Appendix 2 for examples</i>					

ATTACHMENT C

Curriculum Description Content Form

Directions: To be completed for each curriculum used.

Name of curriculum and edition to be used:	
Curriculum created by:	Publication date:
Web site address:	
Have you modified the curriculum? <input type="checkbox"/> Yes (If yes, describe below) <input type="checkbox"/> No	
Peer/Teen facilitated: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Audience

Intended Age: <input type="checkbox"/> Pre-K-K <input type="checkbox"/> 1-3 Grades <input type="checkbox"/> 4-5 Grades <input type="checkbox"/> 6-8 Grades <input type="checkbox"/> Grades 9-12 <input type="checkbox"/> College <input type="checkbox"/> Adults
Specific audience? (e.g., incarcerated youth, GLTB, language, boys only, girls only, mixed audience, sensory, cognitive, developmental, or mental disability) <input type="checkbox"/> Yes (if yes, describe) <input type="checkbox"/> No

Dosage – this should be your ideal /how the curriculum is best implemented

Number of sessions:
Length of time per session:

Components

Teacher component: <input type="checkbox"/> Yes (if yes, describe) <input type="checkbox"/> No
Parent component: <input type="checkbox"/> Yes (if yes, describe) <input type="checkbox"/> No

Ohio Department of Health
 Bureau of Health Promotion and Risk Reduction
 Sexual Assault and Domestic Violence Prevention Program
 Grant Application Review Rating Form – CONTINUATION
 VAWA Sexual Assault Prevention FY 2015

Agency _____ County _____

Indicates: Local Statewide

Reviewed by _____ Recommended funding level _____

CRITERIA	SCORE
1. Past performance/progress report (25 possible)	
2. Program narrative (27 possible)	
3. Objectives and Work Plan (28 possible)	
4. Health Disparity/Inequity Activities (6 possible)	
5. Budget and budget narrative (14 possible)	
TOTAL (100 possible)	

Recommendation of Reviewer:

Approval (funding) of proposal as submitted (no conditions)

Approval (funding) of proposal with conditions (please list conditions below)

- 1.
- 2.
- 3.

Disapproval of project. State reason(s) below:

- 1.
- 2.
- 3.

Signature of Reviewer

Date

Past Performance/Progress Report

Scoring Range			
NONE 0	POOR 1	GOOD 2 - 3	EXCELLENT 4 - 5

Component	Comments	Score
Past reports were submitted within required timeframes and all required elements were addressed. (up to 5 points)		
Progress met or exceeded expectations. (up to 5 points)		
Evaluation progress is provided and where available, results are provided. (up to 5 points)		
Areas of accomplishment and challenge are provided and explained. (up to 5 points)		
Mid-year success story was submitted and reflects program accomplishments effectively (up to 5 points)		
Total points received		
Out of 25 possible points		

Program Narrative

Scoring Range			
NONE 0	POOR 1-3	GOOD 4-5	EXCELLENT 6 - 7

Component	Comments	Score
<p>Narrative documents process for determining need for changes to program scope, personnel, partnerships with agencies or organizations, or other important decisions related to continuation of funding. Where changes will be made, changes are clearly explained and appropriate.</p> <p>(up to 7 points)</p>		
<p>Narrative matches and elaborates on activities, outputs and outcomes identified on the logic model.</p> <p>(up to 7 points)</p>		
<p>Narrative describes saturation activities that align with overarching strategies. Appropriate curriculum information is included.</p> <p>(up to 7 points)</p>		
<p>Narrative reflects activities in at least three levels of the spectrum of prevention appropriately, and includes some movement toward inclusion at the outer levels of the spectrum of prevention.</p> <p><u>Statewide Project only</u> includes the required objectives related to leadership and technical assistance.</p> <p>(up to 7 points)</p>		
Total points received Out of 28 possible points		

Objectives and Work Plan

Scoring Range			
NONE 0	POOR 1-3	GOOD 4-6	EXCELLENT 3 - 9

Component	Comments	Score
<p><i>Logic Model</i> Application includes Logic Model (Attachment B), which reflects the expectations as described in the RFP including:</p> <ul style="list-style-type: none"> a. Strategies/activities at three or more levels of the spectrum of prevention are represented b. Each of the following is clearly included and appropriate: c. Inputs d. Strategies/activities e. Outputs f. Short term, intermediate and long term outcomes g. Evaluation <p>(up to 9 points)</p>		
<p>All activities described in the narrative are reflected in the Logic Model. Everyone listed in the Logic Model is represented in the budget. Except for rape crisis hotline operation, all activities focus on primary prevention of sexual violence.</p> <p>(up to 9 points)</p>		
<p>Complete Curriculum Content Form (Attachment C) provided for each curriculum implemented. Educational programs identified are multi-session.</p> <p>(up to 9 points)</p>		
Total points received Out of 27 possible points		

4. Health Disparity/Inequity Activities

Scoring Range			
NONE 0	POOR 1 - 2	GOOD 3-4	EXCELLENT 5 - 6

Component	Comments	Score
Summary states how program activities over the last year addressed health disparities and/or health inequities. (up to 6 points)		
Total points received Out of 6 possible points		

5. Budget and budget narrative

Scoring Range			
NONE 0	POOR 1 - 3	GOOD 4 - 6	EXCELLENT 6 - 7

Component	Comments	Score
The online budget is reasonable and adequate to meet the goals and objectives of the project. The budget narrative explains the proposed line items. Where applicable, include in-kind contributions essential to the success of the project. Includes discussion justifying unusual or high cost items. <ul style="list-style-type: none"> a. Includes statewide efforts, if appropriate. (up to 7 points)		
The online budget demonstrated a staffing pattern that is realistic, appropriate and adequate to carry out the goals and objectives of the project. (up to 7 points)		
Total points received Out of 14 possible points		

Examples for Logic Model & Evaluation Plan Content
These are examples only for your guidance and not required.

Inputs

1. Staff
2. Funding
3. Resources

Strategies/Activities

Spectrum of Prevention Level 1: Strengthening Individual Knowledge and Skills

1. Provide Prevention Programs for School Aged Youth – (Pre-K, elementary, middle or high school) presentations that promote healthy relationships/healthy sexuality, are primary prevention focused, and have sufficient dosage that is likely to change knowledge, attitudes, behaviors and/or beliefs
2. Provide College-based Prevention Programs – may focus on reducing the incidence of sexual violence on campus, promote healthy relationships/healthy sexuality, are primary prevention focused, and have sufficient dosage that is likely to change knowledge, attitudes, behaviors and/or beliefs
3. Coordinate Clubs – refers to sexual violence prevention education/information provided in a group setting to promote in-person social-emotional support and change social norms to reduce perpetration of sexual violence

Spectrum of Prevention Level 2: Promoting Community Education

- a. Provide Community Prevention Programs – presentations to community groups on issues related to the prevention of sexual violence; one part of a comprehensive social norm/media campaign, not one-time presentations
- b. Implement Social Norms/Media Campaigns – based on a plan that includes goals and outcomes, input from the intended audience on how to promote the primary prevention message, and has an evaluation component
- c. Create and Distribute Resource Libraries/Informational Materials – prevention-focused, part of comprehensive media campaign, developed and/or purchased with input by intended audience, and has an evaluation plan
- d. Provide Media Advocacy – the use of the mass media to gain visibility and advance a specific sexual violence prevention message, and/or a social or public policy change or initiative through the use of editorials, interviews, media events, letters to the editor and/or paid ads
- e. Utilize social media to gain visibility and advance a specific sexual violence prevention message, and/or a social or public policy change or initiative

Spectrum of Prevention Level 3: Educating Providers

- a. Provide Basic Sexual Violence and Prevention Training for Providers –educating those who influence others on sexual violence prevention, such as education/health/legal/other professionals (coaches, journalists, etc.), community activists, or peers to ensure that these providers have increased capacity to effectively promote sexual violence prevention with youth, parents, colleagues, and policy makers.
- b. Provide Advanced/In-depth Sexual Violence Prevention Training and/or Culturally Specific and/or Cultural Competency Training - information regarding eliminating health disparities, social inequities and other forms of oppression that contributes to a culture that condones sexual violence. Note: a culture that condones sexual violence also condones/promotes other forms of oppression which must be addressed in conjunction with sexual violence prevention.

Spectrum of Prevention Level 4: Fostering Coalitions and Networks

Convene Community Partners – recruiting and educating new members, community partners or stakeholders

Promote Collaboration –A relationship of working cooperatively with stakeholders and partners toward a common goal, community response, or specific project by sharing information and resources, coordinating communication, and building consensus

Conduct Community Needs and Resource Assessment – includes identifying the community/climate/culture that supports sexual violence and other community agencies or resources that are stakeholders in preventing sexual violence

Create a Strategic Plan – developing a strategic plan to promote sexual violence prevention through communication, changing systems and policies, and strengthening collaboration

Enhance Sustainability – increasing financial capacity and sustainability by exploring other funding opportunities

Spectrum of Prevention Level 5: Changing Organizational Practices

Review and Revise School Policies – reflects practices that promote primary prevention of sexual violence and healthy relationships within school communities.

Review and Revise Community Policies – reflects local government, businesses, faith communities and other local organizations’ policies that promote primary prevention of sexual violence and healthy relationships.

Spectrum of Prevention Level 6: Influencing Policy and Legislation

Promote Interactions With Community Leaders and Policy Makers – includes inviting community leaders and policy makers to observe or participate in a sexual violence prevention activity, agency open house, annual meeting or public event.

Provide Technical Assistance – includes providing technical assistance to a legislative body, committee or public official.

Monitor Legislation/Policies – includes observing those that have an impact on sexual violence prevention and the health and safety of the community, and updating board, advisory committee and coalition members, without a call to action.

Provide Policy Assistance and Response – responding to state and local legislation, school, and college policies that have an impact on sexual violence prevention, healthy relationships and the health and safety of the community.

Provide Analysis and Reports– making available nonpartisan analysis, study or research to officials and the public about sexual violence problems and their potential solutions within the community.

Rape Crisis Hotline -

Note: Crisis intervention services outside of limited rape crisis hotline services are not an allowable activity with RPE Funds.

Provide Rape Crisis Hotline – refers to the operation of a 24-hour telephone service seven days a week, which provides guidance, emotional support, information and referral, etc.

Provide Basic Crisis Intervention Training – on sexual violence, including other topics necessary to providing a basic crisis response for victims.

Outputs

Spectrum of Prevention Levels 1, 2, and 3

Identify population(s) reached

For each population, identify number to be served and number of sessions to be held

Identify the number of sessions each audience received

Identify the number of times resource was used

Identify the methods used in community education (i.e., letter to the editor, interviews)

Spectrum of Prevention Level 4

List the community partners within the strategic plan and resources they are sharing to develop/implement the plan

Document meeting agendas and meeting minutes

Provide a report that documents the results of a community needs and resource assessment

Identify a strategic plan based on a community needs and resource assessment

Document how the plan is being implemented and identify deliverables

Identify a strategic plan to increase financial capacity and sustainability

Spectrum of Prevention Level 5

Identify the number of school or community organization policies reviewed with recommendations

Identify the number of schools or community organizations that have implemented recommendations

Identify the number of reports provided to legislators

Identify the number of responses provided

Identify the number of advisory committee meetings attended – internal documentation: meeting agenda and meeting minutes

Spectrum of Prevention Level 6

Identify the number of community leaders/policy makers attending an event

Identify the number of bills and policies reviewed

Short Term Outcomes - outcomes are the changes you expect in your audience participants as a result of your efforts

By October 31, 2012, participants of primary prevention activities will be able to demonstrate an overall increase by x% in a positive change in knowledge and attitude towards preventing sexual violence and promoting healthy relationships as measured by items on the pre/ post-test evaluation.

By October 31, 2012, community groups will be able to identify three ways to prevent sexual violence and promote healthy relationships as measured by items on the post-test evaluation.

By October 31, 2012, service providers who attend educational sessions will increase their promotion of healthy relationships within their field of expertise by x% as measured by items on the pre/post-test evaluation.

By October 31, 2012, a Sexual Violence Prevention Task Force/Coalition will implement a community-specific strategic plan that contributes to sustainable policy and systems change that support sexual violence prevention and healthy relationships as measured by the strategic plan approval.

By October 31, 2012, x of community organizations will have policies and systems in place that promote prevention, reduce sexual violence and related health consequences as measured by _____.

By October 31, 2012, provide technical assistance and/or advocacy to (number) community leaders and policy makers focusing on increasing their ability to make informed decisions with regards to sexual violence prevention policies as measured by _____.

Evaluation Measures

Pre/post tests with questions from Item Ban. Item Bank can be found at

<http://www.odh.ohio.gov/odhPrograms/hpr/sadv/svp.aspx>

Follow-up survey, or post-post survey

Chart audits – audit measure reviewed: hotline callers were provided at least three community resources.

Focus Group Interview Results

School or Community Climate Survey

Models & Theories

Social Ecological Model- The Social Ecological Model is a comprehensive public health approach that not only addresses an individual's risk factors, but also the norms, beliefs, and social and economic systems that create conditions in society. It addresses influences on an individual level, an interpersonal relationship level, community level, and societal level. (CDC, 2002)

Spectrum of Prevention Model- The Spectrum of Prevention is a broad framework that includes seven strategies designed to address complex, significant public health problems. These strategies take into account the multiple determinants of community health and can be used to develop a comprehensive approach to current public health issues. The seven strategies within the Spectrum of Prevention are:

Level 1: Strengthening individual knowledge & skills, **Level 2:** Promoting community education, **Level 3:** Educating providers, **Level 4:** Changing organizational practices, **Level 5:** Fostering coalitions and networks, **Level 6:** Mobilizing neighborhoods and communities, **Level 7:** Influencing policy and legislation

Social Learning Theory- Social learning theory (SLT) focuses on learning that happens within a social environment and emphasizes the premise that people learn from one another by means of observational learning. The theory argues that individuals are strongly influenced by society's reward and punishment systems and model their behaviors accordingly. (wisegeek, 2010)

Consumer Information Processing Model- The Consumer Information Processing (CIP) Model developed out of the study of human problem solving and information processing. Information is a necessary tool in health education. There are two central assumptions of CIP. First, individuals are limited to how much information they can process (the information processing capacity referred to earlier). Secondly, in order to increase the usability of information, individuals combine little pieces or bits of information into "chunks" and make decision rules or heuristics to make choices faster and more easily. These are the rules of thumb which are developed and used to help consumers select more easily among alternatives. There are some basic CIP concepts that can be applied to health education. Before people will use health information, it must be: 1) available, 2) seen as useful and new, and 3) processable or in a friendly format. (Mississippi State University, 2001)

Environmental Change Model- Environmental Change Model targets the conditions surrounding environment. The goal of this model is to change these conditions by advancing policies at the institutional, community and public level. Components of the Environmental Change Model include: media advocacy, policy development, intentional organizing, applied data and research and enforcement. Through planning and utilization of all five components, the Environmental Change Model can help create an atmosphere that enhances community health and safety. (Applied Research for Community Health & Safety, 2008)

Theory of Reasoned Action- The Theory of Reasoned Action theory is based on the assumption that most behaviors of social relevance are under volitional (willful) control. In addition, a person's intention to perform (or not perform) the behavior is the immediate determinant of that behavior. The goal is to not only predict human behavior but also to understand it. According to this theory, a person's intention to perform a specific behavior is a function of two factors: 1) attitude (positive or negative) toward the behavior and 2) the influence of the social environment (general subjective norms) on the behavior. The attitude toward the behavior is determined by the person's belief that a given outcome will occur if s(he) performs the behavior and by an evaluation of the outcome. The social or subjective norm is determined by a person's normative belief about what important or "significant" others think s(he) should do and by the individual's motivation to comply with those other people's wishes or desires. (Mississippi State University, 2001)

Transtheoretical Model- The Stages of Change or Transtheoretical Model assesses an individual's readiness to act on a new healthier behavior, and provides strategies, or processes of change to guide the individual through the stages of change to action and maintenance. Behavior change is viewed as a process, not an event, with individuals at various levels of motivation or "readiness" to change. There are six stages that have been identified in the model: 1) **Precontemplation** - the person is unaware of the problem or has not thought seriously about change; 2) **Contemplation** - the person is seriously thinking about a change (in the near future); 3) **Preparation** - the person is planning to take action and is making final adjustments before changing behavior; 4) **Action** - the person implements some specific action plan to overtly modify behavior and surroundings; 5) **Maintenance** - the person continues with desirable actions (repeating the periodic recommended steps while struggling to prevent lapses and relapse; and 6) **Termination** - the person has zero temptation and the ability to resist relapse. (Mississippi State University, 2001)

Stage Theory of Organizational Change- This theory helps to explain how organizations plan and implement new goals, programs, technologies and ideas. Organizations are believed to pass through a series of "stages" with each stage requiring a unique set of strategies if the innovation is to progress. A strategy that may be effective at one stage may be wrongly applied at the next. An innovation's current stage of development must be correctly assessed and the proper strategies selected in order to be successful in the application of Stage Theory. One shortened version of Stage Theory consists of four stages: 1) **Awareness** (Problems are recognized and analyzed, and solutions are suggested and evaluated); 2) **Adoption** (Policies are formulated, and resources for beginning change(s) are allocated); 3) **Implementation** (The innovation is implemented, reactions take place, and changes in roles occur); 4) **Institutionalization** (The policy or program becomes an integral part of the organization, and new goals and values are a part of its structure). These stages are "in sequence." However, movement can be forward, backward, or abandoned at any point in the process. (Mississippi State University, 2001)

Health Belief Model- The Health Belief Model (HBM) was originally introduced by a group of psychologists in the 1950's to help explain why people would or would not use available preventive services. The HBM can be outlined using four constructs which represent the perceived threat and net benefits: 1) **perceived susceptibility**, a person's opinion of the chances of getting a certain condition; 2) **perceived severity**, a person's opinion of how serious this

condition is; 3) **perceived benefits**, a person's opinion of the effectiveness of some advised action to reduce the risk or seriousness of the impact; and 4) **perceived barriers**, a person's opinion of the concrete and psychological costs of this advised action. Another concept is known as **cues to action**. These are events (internal or external) which can activate a person's "readiness to act" and stimulate an observable behavior. Another concept that has been added to HBM since 1988 in order to better meet the challenges of changing unhealthy habitual behaviors is **self-efficacy**. Self-efficacy, is simply a person's confidence in her/his ability to successfully perform an action. (Mississippi State University, 2001)

Diffusion of Innovation- is a theory that seeks to explain how, why, and at what rate new [ideas](#) and [technology](#) spread through [cultures](#). [Everett Rogers](#), a professor of [rural sociology](#), popularized the theory in his 1962 book *Diffusion of Innovations*. He said diffusion is the process by which an [innovation](#) is communicated through certain channels over time among the members of a social system. Rogers (1962) espoused the theory that there are **four main elements** that influence the spread of a new idea: **the innovation, communication channels, time, and a social system**. This process relies heavily on [human capital](#). The innovation must be widely adopted in order to self-sustain. Within the rate of adoption, there is a point at which an innovation reaches [critical mass](#). The **categories of adopters** are: **innovators, [early adopters](#), early majority, late majority, and laggards** ([Rogers 1962](#), p. 150). Diffusion of Innovations manifests itself in different ways in various cultures and fields and is highly subjective to the type of adopters and innovation-decision process.

Thanks to Cindy Pisano, LSW with the Family and Child Abuse Prevention Center and to Sandra Ortega, PhD, for their work to compile this list

Some Examples of Outcomes from Your Project Activities

Child/Youth Knowledge and Skills: Level 1

By the end of the program, at least 60% of MOST Club participants will report that they told a peer to stop saying disrespectful things in the past three months, based on the MOST post-test survey. (skill) **Short-term outcome**

By the end of the program, at least 80% of Safe Dates participants will be able to list two or more appropriate examples of communicating about consent in relationships to be respectful of their partner's boundary setting, as measured by the Safe Dates post-test survey. (knowledge) **Short-term outcome**

By the end of the program, there will be an increase of at least 30% in the percent of Expect Respect participants who report that they "disagree" or "strongly disagree" with rigid attitude statements about gender roles, as measured by the Pre/Post-Test Survey. (attitudes) **Short-term outcome**

At the one year follow-up at least 50% of the Safe Dates participants will retain their knowledge regarding consent and boundary setting as measured by a follow-up survey. (knowledge) **Intermediate to Long-term outcome**

After participating in the Youth 360 activities for at least 6 months, 75% of the participants will demonstrate an increase in their leadership and advocacy skills for primary prevention as measured by a self-assessment and mentor assessment of their skills. (skills) **Intermediate-Long-term outcome**

Community Awareness and Education: Levels 2 & 3

By the end of the Faith Initiative "Break the Silence" training session, at least 75% of participants will report that they are "highly" or "very" prepared to "do an intervention," as measured by the CCAFV post-session survey. (skill) **Short-term outcome**

By March 2012, at least 40% of XYZ County parents of teens (ages 13-17) will report that they have talked with their teen child about dating relationships during the past 3 months, based on the Community Priorities Survey. (skill) **Intermediate outcome**

By the end of the train the trainer workshop, 80% of the participants will report they are highly or very prepared to conduct a bystander intervention training at their local site as measured by the post-training survey. (skill) **Short-term outcome**

At the one year follow-up, at least 50% of the train the trainer participants will report they have implemented at least 2 bystander intervention trainings at their local sites as measured by a follow-up survey. (skill/capacity) **Intermediate-Long-term outcome**

Provider Education & Organizational Practices – Levels 4 & 5

By the end of the 2013-2014 school year, at least two school districts will revise/improve their sexual harassment policy, as evidenced by a school district policy document review. (status, capacity) **Short-term**

By the end of 2013-2014 school year at least 8 of the schools that my project serves will integrate healthy relationships/bystander intervention skills information into each of the curriculum content areas as evidenced by the review of middle school curriculum content. (capacity/implementation) **Short-term**

By mid- 2013-2014 school year, at least three school districts will strengthen enforcement of their anti-bullying policy through teacher/staff training, as evidenced by a review of school district training calendars. (skill, capacity/implementation) **Intermediate outcome**

By the end of the 2015 school year, at least 50% of the participating school districts that strengthen the enforcement of anti-bullying policy will report a positive change in school climate as a result of the enforcement/policy changes as measured by a school climate scan. (capacity/status) **Long-term outcome**