



OHIO DEPARTMENT OF HEALTH

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Ted Strickland/Governor

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

Date: August 25, 2009
To: Prospective Applicants ODH Funding
From: Nan Migliozi, RN, MSN, Acting Chief, Office of Healthy Ohio
Ohio Department of Health
Subject: **Notice of Availability of Funds**

Competitive Grant Applications for Fiscal Years 2010-2011 **Statewide Wellness and Obesity Prevention Program**

The Ohio Department of Health (ODH), Office of Healthy Ohio, Bureau of Health Promotion and Risk Reduction, announces the availability of grant funds to support Statewide Wellness and Obesity Prevention Program initiatives. The Request for Proposals (RFP) will provide guidance in completing the online application for the FY10-FY11 competitive program period. Proposals are due **4:00 p.m. E.S.T., Monday, October 26, 2009** for the funding period of January 1, 2010 through June 30, 2011. **Late applications will not be accepted.**

Introduction/Background

The Ohio Department of Health (ODH), Office of Healthy Ohio, announces the availability of funding to support comprehensive, statewide strategies to reduce and prevent obesity in Ohio. Through this competitive grant opportunity, ODH will invest in organizations which have statewide capacity to develop and disseminate model policy, system and environmental changes to local constituents, members and affiliates, while providing technical assistance, capacity building, training, communication and other program-related initiatives. Funded projects will seek to initiate, change and/or improve current policy, programs, and practices such that long term impact will be made in a sustainable manner

Comprehensive and coordinated statewide policy, system and environmental change initiatives that create statewide infrastructure can support, impact and sustain both statewide and local community efforts effective in preventing and combating obesity. The goal of the *Statewide Wellness and Obesity Prevention Program* is to have broad impact across systems to reduce and prevent obesity in Ohio.

Notice of Intent to Apply for Funding

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 SEPTEMBER 18, 2009** to be eligible to apply for funding.

Once the NOIAF is received by ODH, the Grants Administration Unit (GAU) will:

- a. Create a grant application account for your organization. This account number will allow you to submit an application via the Internet using the Grants Management Information System (GMIS). All grant applications must be submitted via the Internet using the GMIS.
- b. Assess your organization's GMIS training needs (as indicated on the completed *NOIAF*) and contact you regarding those needs. Applicants must attend GMIS 2.0 training to be eligible to apply for funding. GMIS training is mandatory if your organization has never been trained on GMIS.

The RFP will provide 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.

Submit your NOIAF form to Joe Mazzola, Program Consultant, via U.S. mail, E-mail at joe.mazzola@odh.ohio.gov or fax to 614-564-2409 by **September 18, 2009**.

Bidders Conference

A Mandatory Bidders Conference is scheduled for **Tuesday, September 8, 2009, from 10:00 a.m. to Noon, in Conference Room D, at the State Library of Ohio, 274 E. First Ave, Columbus, OH 43201**. Potential applicants may either attend in person or via a conference call. If you have questions or need assistance in completing this grant application, every effort should be made to participate in either the Bidders Conference or the conference call. The toll-free conference call-in number is 800-510-7500; Participant Code: 7513345

Please RSVP to the Bidders Conference, to Joe Mazzola, Program Consultant, via U.S. mail, E-mail at joe.mazzola@odh.ohio.gov or fax to 614-564-2409 by **Friday, September 4, 2009**. Also submit any RFP questions at this time. Responses to questions received will be discussed at the Bidders Conference and posted on the Healthy Ohio Web site.

Important Dates to Remember:

GMIS 2.0 Training Request	9/28/09 – 10/16/09
RSVP and Questions Submitted for Bidders Conference	Friday, September 4, 2009
Mandatory Bidders Conference	Tuesday, September 8, 2009
Notice of Intent to Apply for Funding	Friday, September 18, 2009
Application Due	Monday, October 26, 2009



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION

Office of Healthy Ohio

BUREAU OF

Health Promotion and Risk Reduction

Statewide Wellness and Obesity Prevention Program

REQUEST FOR PROPOSALS (RFP)

FOR

FISCAL YEAR 2010-11

(January 1, 2010 - June 30, 2011)

COMPETITIVE GRANT APPLICATION INFORMATION

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I. APPLICATION SUMMARY and GUIDANCE

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

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) Manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The GAPP Manual is available on the ODH Web site <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “About ODH”, click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** *Statewide Wellness and Obesity Prevention Program*
- C. Purpose:** The Ohio Department of Health (ODH), Office of Healthy Ohio, announces the availability of funding to support comprehensive, statewide strategies to reduce and prevent obesity in Ohio. Through this competitive grant opportunity, ODH will invest in organizations which have statewide capacity to develop and disseminate model policy, system and environmental changes while providing technical assistance, capacity building, training, communication and other program initiatives to its local constituency, members and/or affiliates. Funded projects will seek to initiate, change and/or improve current policy, programs, and practices such that long term impact will be made in a sustainable manner. The intent of this competitive grant opportunity is to further the three goals of the Ohio Obesity Prevention Plan:
- Increase physical activity options and opportunities;
 - Improve nutrition and access to healthy food choices and limit access to unhealthy food and beverage choices;
 - Improve the coordination of policy and resources directed to the prevention and reduction of obesity, especially among those populations most at risk.

Comprehensive and coordinated statewide policy, system and environmental change initiatives that create statewide infrastructure can support, impact and sustain local community efforts effective in preventing and combating obesity. The goal of the *Statewide Wellness and Obesity Prevention Program* is to have broad impact across systems in the state of Ohio. When implemented, these changes will improve nutrition and increase physical activity by providing realistic options for people to access healthy, affordable foods and beverages as well as safe, convenient places to be physically active.

The prevalence of obesity continues to be a health concern for adults and children in Ohio. As of 2008, according to the Ohio Family Health Survey, more than one of every three children 10 to 17 years old in Ohio is overweight or obese (17.1 percent overweight, 18.5 percent obese). That translates into approximately 500,000 overweight or obese youth in Ohio. Moreover, approximately two out of every three adults in Ohio are overweight or obese (35.9 percent overweight, 29.1 percent obese). That translates into 5.5 million overweight or obese adults in Ohio. In addition, specific data sets, as cited on the Office of Healthy Ohio Web site (www.healthyohioprogram.org), demonstrate the pervasive and disparate impact of obesity in Ohio:

- Only 16 percent of Ohio teens report eating the recommended amount of five or more fruits and vegetables per day while 30 percent report drinking soda (excluding diet soda) one or more times per day;
- Nearly 17 percent of Ohio third graders are obese and an additional 18 percent are overweight; 23.7 percent of Ohio seventh graders are obese and an additional 19 percent are overweight;
- 77 percent of Ohio adults report not eating the recommended number of fruits and vegetables and 25 percent get no leisure time physical activity;
- 58.5 percent of infants are “ever breastfed” with only 29.7 percent receiving any breast milk at 6 months old.

Obesity rates in adults and children have a dramatic effect on the health and well-being of the residents of Ohio. Overweight and obese children are at higher risk for a multitude of serious illnesses, including diabetes, high blood pressure, heart disease, stroke, asthma and certain types of cancer. Due to the explosion of obesity rates in the country, the Centers for Disease Control and Prevention (CDC) estimates that the number of people nationally affected by type 2 diabetes is expected to increase from 11 to 29 million by the year 2050. As cited by the 2008 Ohio Family Health Survey, obese children are over four times more likely to have diabetes while obese adults are over three times more likely to suffer heart failure.

Not only does obesity affect the health of individuals, obesity impacts the health care system itself. The Institute of Medicine estimates Americans spend nearly \$100 billion, and Ohio spends an estimated \$3.3 billion, annually to address the consequences of limited physical activity and poor nutrition. Moreover, if nothing is done to reverse the trend, rising childhood obesity rates suggest that these costs will continue to increase.

Recent findings from the 2008 Ohio Family Health Survey demonstrate, across racial and demographic groups (education and insurance status), prevalence of childhood obesity in Ohio varies widely. For example, half of Ohio’s African American children (50.3%) are overweight or obese; in contrast, 42.5% of Hispanics, 32.9% of Whites, and 7.7% of Asian American children are overweight or obese. Moreover, children who are on Medicaid alone or uninsured have higher rates of obesity than those with job-based insurance (29.8%, 21.7%, and 13.7%, respectively).

The disparity among those affected by obesity is likely impacted by certain social determinants (such as crime, education and income) which underlie the disproportion in obesity prevalence levels. For example, children living in lower-income, urban communities often have limited access to quality school-based physical education while their parents are more likely to cite fear of crime as a reason to keep their children indoors. In rural Appalachian counties rates of both poverty and the “working poor” are higher than other areas of the state. According to the Appalachian Ohio Healthy Living Task Force, Appalachian Ohio has a higher rate of obesity than the rest of the state. These populations frequently face a greater risk of experiencing the negative health impacts associated with obesity.

Premature death and disability are associated with specific modifiable risk factors of obesity, physical inactivity, and poor nutrition. High-need populations bear a disproportionate burden of disability and premature mortality from chronic diseases and associated risk factors. Focusing on high-need populations is an important strategy to eliminate these disparities. Funding for the *Statewide Wellness and Obesity Prevention Program* is intended to improve the health of Ohioans and ultimately reduce premature mortality from chronic diseases through expansion and implementation of comprehensive population-based strategies in high-need communities.

- D. *Qualified Applicants:*** Eligible applicants include government, non-profit, universities, or other non-governmental organizations which have capacity for statewide impact (e.g. statewide associations or coalitions). In addition, applicants that have capacity, whether independently or through collaboration and partnership, to impact a region larger than ten counties will also be considered for funding. Grant recipients will be expected to fulfill grant objectives and share best practices. The applicant shall define and describe the statewide or regional impact and targeted communities for each project.

For competitive Request for Proposals (RFPs) only, applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT).

- E. *Service Area:*** Through this competitive grant opportunity, ODH will invest in organizations which have statewide and/or regional capacity to develop and disseminate model policy, system and environmental changes while providing technical assistance, capacity building, training, communication and other program initiatives to its local constituency, members and/or affiliates. Funded projects will seek to initiate, change and/or improve current policy, programs, and practices such that long term impact will be made in a sustainable manner.

To meet selected Impact Objectives, applicants will identify local constituencies, members and/or affiliates **by standard levels of geography** (e.g., county, city, or township, census tracts, census block groups, census bloc.). **Applicants should identify local constituencies, members and/or affiliates based not only on general**

need but also in the context of the health equity statement in the RFP.

Pursuant to Section L Public Health Impact Statement, applicants should secure a letter of support from local health districts where initiatives of the grant will take place. For example, an applicant working towards achieving Impact Objective #1 should secure letters of support from local health departments relative to the 20 cities/counties/townships identified in its proposal.

- F. Number of Grants and Funds Available:** The funding period for this award will be 18 months beginning January 1, 2010 and ending June 30, 2011. Funded organizations will participate in the Ohio Community Wellness Alliance as outlined in the Ohio Obesity Prevention Plan.
<http://healthyohioprogram.org/ASSETS/0B9A7DFFF7E64202AE5A704AEB9A9EC0/ohobespln.pdf>

Application requests may range from \$100,000 to \$250,000. Applications submitted for more than the maximum amounts will not be considered for review. The ODH reserves the right to modify the number of grants awarded or funding amounts based on applications, geographic representation, grant objectives, and funds available. There is no match requirement for this project.

NOTE: The number of grants and amounts assume \$500,000 will be available for all projects funded through the *Statewide Wellness and Obesity Prevention Program*. This figure may be adjusted based on available funding and/or applications.

- G. Due Date:** Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by **Monday, October 26, 2009**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Questions related to this RFP may be submitted via e-mail or phone to Joe Mazzola at joe.mazzola@odh.ohio.gov or 614.728.4678. FAQs will be posted on the Healthy Ohio Web site <http://www.healthyohioprogram.org>

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 1 appropriations for the Office of Healthy Ohio within the Ohio Department of Health.

- I. Goals:** Through this competitive grant opportunity, ODH will invest in organizations which have statewide capacity to develop and disseminate model policy, system and environmental changes while providing technical assistance, capacity building, training, communication and other program initiatives to its local constituency, members and/or affiliates. Funded projects will seek to initiate, change and/or improve current policy, programs, and practices across the state to achieve specific objectives such that long term impact will be made in a sustainable manner.

For example, if funded, Statewide Association X will propose and develop model policies, systems and environmental changes and engage its members, affiliates and constituency across the state to implement this change through required strategies including training, technical assistance, marketing and sustainability initiatives to achieve one of the Impact Objectives outlined in the RFP.

Funded projects will work towards adopting, promoting and implementing specific policy, systems and/or environmental changes to achieve one, but no more than three, of the following Impact Objectives.

1. To increase more accessible active transportation modalities such as walking and bicycling through the development of urban design and land use policies in at least 20 cities/counties/townships.
2. To increase physical activity opportunities at worksites, including worksite fitness or physical activity facilities, workday flexibility and incentives for physical activity, policies and activities with at least 200 employers;
3. To identify rural and urban “food deserts” in Ohio and incentivize access to healthy local food options such as full service supermarkets in at least 10 cities/counties/townships;
4. To increase initiation and duration of breastfeeding with at least 1,000 new and expectant mothers;
5. To increase the number of individuals trained in the *Ounce of Prevention is Worth a Pound* program with at least 250 health care professionals;
6. To increase the number of obesity prevention screenings and referrals in at least 15 Community Health Centers;
7. To improve nutrition and increase age appropriate physical activity opportunities in at least 50 child care settings;
8. To improve nutrition and increase physical activity opportunities in at least 25 faith-based organizations, parks and recreation centers, or community-based organizations;

In coordination with the Ohio Obesity Prevention Plan, applicants should emphasize, and will be evaluated on, the following **nine focus areas**:

- **Prevention:** Evidence of effective treatments for reversing obesity in individuals for the long term is limited, so proposals should include a focus on preventing overweight and obesity.
- **Multi-faceted, Population-based:** Multi-faceted, population-based strategies are most likely to lead to successful results. While individual behavior change is necessary, proposals should include efforts toward the adoption of state and community strategies and policies.
- **At-risk Populations:** In the Ohio Obesity Prevention Plan, special attention is directed to groups most at risk for developing obesity and related chronic diseases. Proposals should include policies that support the development of principles that encourage physical activity and healthy eating, especially in communities with a higher prevalence of overweight/obesity.
- **Collaboration:** Through state associations, organizations and coalitions, proposals should include a variety of key community thought leaders, such as

policy-makers, public health, community organizations, transportation officials, health care providers, faith-based, private developers, community groups, economic development, advocates, farmers, researchers, and residents to have a greater impact on obesity prevention efforts.

- **Integrated Chronic Disease Model:** Proposals should include how policy, system and environmental changes and required strategies will integrate chronic diseases and health disparities related to obesity.
- **Local Coordination:** Proposals should describe how the applicant agency will coordinate with and provide technical assistance to locally funded ODH *Creating Healthy Communities Program* sub-grantees and other community-based coalitions.
- **Evaluation of Efforts:** Interim evaluation strategies are critical to measure progress toward changes that support the prevention of obesity and ultimate reduction of obesity rates. Proposals should include an evaluation plan to measure outcomes of the proposed policy, system and environmental changes relative to the required project strategies and selected Impact Objective(s).
- **Sustainability:** By creating policy, environmental and system changes, organizations will create sustainable change. In addition, proposals should include sustainability plans when funding ends to ensure policy change continues after the grant period ends.
- **Model Policy, System and/or Environmental Change:** Change should be measurable, based on best practices and demonstrated to have an impact on the objective selected.

J. Program Period and Budget Period: *The program and budget period will begin January 1, 2010 and end on June 30, 2011.*

K. Local Health Districts Improvement Standards: *This grant program will address Local Health Districts Improvement Goal 3701-36-07 – “Promote Healthy Lifestyles,” Standard 3701-36-07: “Promote Healthy Lifestyles,” Standard 3707-36-07-02: Community members actively involved in addressing prevention priorities”, and Standard 3701-36-07-03 – “Prevention, health promotion, early intervention, and outreach services are provided directly or through contracts or partnerships.” The Local Health District Improvement Standards are available on the ODH Web site <http://www.odh.ohio.gov>. (Click on “Local Health Districts” then “Local Health Districts Improvement Standards,” then click “Local Health District Improvement Goals/Standards/Measures.”)*

L. Public Health Impact Statement: All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards.

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

- a) The Local Health District Improvement Standard(s) to be addressed by grant activities:
 - A description of the demographic characteristics (e.g., age, race, gender, ethnicity) of the target population and the geographical area(s) 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 their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the Local Health Districts Improvement Standards. **(Required for competitive cycle only; not required for continuation cycle, if unchanged)**

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

M. Statement of Intent to Pursue Health Equity Strategies

The ODH is committed to the elimination of health inequities. All applicant agencies must submit a statement which outlines the intent of this application to address health disparities. This statement should not exceed 1 ½ pages and must: (1) explain the extent in which health disparities are manifested within the health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) focus of this application; (2) identify specific group(s) who experience a disproportionate burden for the disease or health condition addressed by this application; and (3) identify specific social and environmental conditions which lead to health disparities (social determinants). This statement must be supported by data. The following section will provide a basic framework and links to information to understand health equity concepts. This information will also help in the preparation of this statement as well as respond to other portions of this application. **(Required for competitive cycle only; not required for continuation cycle, if unchanged)**

- *Basic Health Equity Concepts:*
Certain groups in Ohio experience a disproportionate burden with regard to the incidence, prevalence and mortality of certain diseases or health conditions. These are commonly referred to as health disparities. Health disparities are not mutually exclusive to one disease or health condition and are measurable through

the use of various public health data. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. People in such groups 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**. Social determinants are necessary to support optimal health. The systematic and unjust distribution of social determinants among these groups is referred to as **health inequities**. As long as health inequities persist, marginalized 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 interventions that incorporate social determinants into the planning and implementation of programs will contribute to the elimination of health disparities. For more resources on health equity, please visit the ODH Healthy Ohio web site at:

<http://www.healthyohioprogram.org/healthequity/equity.aspx>.

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. In view of this, the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon the posting of the Request for Proposal to the ODH Web site. Please contact Joe Mazzola, Program Consultant at joe.mazzola@odh.ohio.gov or 614.728.4678 for questions regarding this RFP.
- For competitive RFPs ONLY: Applicant must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission.
- P. Acknowledgment:** An ‘Application Submitted’ status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, October 26, 2009**

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver

attachments to ODH, Grants Administration, Central Master Files; but they must be delivered by 4:00 p.m. on the application due date. FAX attachments will not be accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a “Notice of Award” (NOA) in GMIS 2.0. The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given program period, written notification posted in GMIS 2.0, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.
- T. 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. Responds to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Executes and is capable of attaining program objectives;
 4. Describes specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
 5. Estimates reasonable cost to the 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. Responds to the special concerns and program priorities specified in the request for proposal;
 9. Demonstrates acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
 10. Demonstrates compliance to GAPP, Chapter 100;
 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities;
 12. Completes and outlines in specific detail a workplan by objective (Appendix D);
 13. Addresses the criteria provided in the scoring sheet (Appendix A);

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 request for proposals. **There will be no appeal of the Department's decision.**

- U. Freedom of Information Act:** The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services require the release of certain information regarding grants

requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5.

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

Funded by the Ohio Department of Health, Office of Healthy Ohio

- W. **Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the ODH GAPP Manual. Reports must be received before the department will release any additional funds.

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

Reports shall be submitted as follows:

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

1 st Quarter, January 1 –March 30.....	April 15, 2010
2 nd Quarter, April 1 –June 30.....	July 15, 2010
3 rd Quarter, July 1 –September 30.....	October 15, 2010
4 th Quarter, October –December 31.....	January 15, 2011
5 th Quarter, January 1 –March 30.....	April 15, 2011
6 th Quarter, April 1 –June 30.....	July 15, 2011

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

Submission of Subgrantee Program Reports via the ODH's SPES indicates acceptance of the ODH GAPP.

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

1 st Quarter, January 1 –March 30.....	April 15, 2010
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2 nd Quarter, April 1 – June 30.....	July 15, 2010
3 rd Quarter, July 1 –September 30.....	October 15, 2010
4 th Quarter, October 1 –December 31.....	January 15, 2011
5 th Quarter, January 1 –March 30.....	April 15, 2011
6 th Quarter, April 1 –June 30.....	July 15, 2011

Submission of Subgrantee Program Expenditure Reports via the ODH’s GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

- 3. Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** on or before **August 15, 2011**. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

Submission of the Subgrantee Final Expenditure Report via the GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

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

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

Submission of response to grant special conditions via the ODH’s GMIS 2.0 system indicates acceptance of ODH GAPP. Checking the “selection” box and clicking the “approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

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

1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees – unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Web site: <http://obm.ohio.gov/MiscPages/Publish/TravelPolicy.aspx>);
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;

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

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

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

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

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

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

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

AA. Submission of Application:

The GMIS 2.0 application submission must consist of the following:

Complete & Submit Via Internet

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Attachments as required by Program
 - Workplan for each Impact Objective
 - Statement of Intent to Pursue Health Equities

An original and one copy of the following forms, available on GMIS 2.0, must be completed, printed, signed in blue ink with original signature by the Agency Head or

Agency Financial Head and mailed to the address listed below:

**Complete,
Sign &
Mail To
ODH**

1. Electronic Funds Transfer (EFT) Form (**Required if new agency, thereafter only if banking information has changed.**)
2. IRS W-9 Form (**Required if new agency, thereafter only when tax identification number or agency address information has changed.**) **One of the following forms must accompany the IRS W-9 Form:**
 - a. Vendor Information Form (**New Agency Only**)
 - b. Vendor Information Change Form (**Existing Agency with tax identification number, name and/or address change(s)**)
 - c. Change request in writing on Agency letterhead (**Existing Agency with tax identification number, name and/or address change(s)**)

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

**Copy &
Mail To
ODH**

1. Public Health Impact Statement Summary
2. Public Health Impact Statement of Support
3. Liability Coverage (**Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period**)
4. Evidence of Non-Profit Status (**Non-Profit Organizations only**)

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

**Complete
Copy &
Mail To
ODH**

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

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

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the online GMIS 2.0, will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after the Notice of Intent to Apply Form is received by ODH.

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

- A. **Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. **Budget:** Prior to completion of the budget section, please review page 11 of the RFP for unallowable costs.

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

- 1. **Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the application for additional information.
- 2. **Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period January 1, 2010 to June 30, 2011.

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

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

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

Where appropriate, itemize all equipment (**minimum \$300 unit cost value**) to be purchased with grant funds in the Equipment Section.

- 3. Compliance Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.
 - 4. Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.
- C. Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- D. Project Narrative –Maximum twelve pages double spaced in 12 point Times New Roman font (Excludes Workplans and Attachments):**
- 1. Executive Summary:** *Identify the target population, services and programs to be offered and what agency or agencies will provide those services. Describe the public health problem(s) that the program will address.*
 - 2. Descriptions of Applicant Agency/Documentation of Eligibility/Personnel:** *Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.*

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

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

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

Explicitly describe segments of the target population who experience a disproportionate burden of the local health status concern (this information must correlate with the Statement of Intent to Pursue Health Equity Strategies.)

Include a description of other agencies/organizations also addressing this problem/need.

- 4. Methodology:** *In narrative form, identify the Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) impact objectives and describe implementation of the required strategies. Indicate how they will be evaluated to determine the level of success of the program. Describe how program activities will address health disparities.*

*Complete a detailed workplan (**Appendix D**) for each selected Impact Objective including required strategies, any unique program activities, timeline and the start and completion dates for each.*

Strategies

Discuss and address how the project will respond to and implement the following **REQUIRED** strategies for each Impact Objective chosen:

1. Develop and disseminate a model policy, system and/or environmental change(s).
2. Provide technical assistance and capacity building to local affiliates, members or constituency.
3. Provide training opportunities such as conferences or workshops.
4. Develop promotional and communication materials including web-based, newsletter, earned media, etc.
5. Outline how each component of the grant project will be sustained after the grant period.

Impact Objectives

Applicants must select at least one, but no more than three, of the following **Impact Objectives** and outline how it will work towards achieving specific policy, systems and/or environmental changes. Objectives must be written in S.M.A.R.T format in the context of the 18- month grant period. Applicants must submit a completed workplan (See Appendix D) for each objective selected.

1. To increase more accessible active transportation modalities such as walking and bicycling through the development of urban design and land use policies in at least 20 cities/counties/townships.
2. To increase physical activity opportunities at worksites, including worksite fitness or physical activity facilities, workday flexibility and incentives for physical activity, policies and activities with at least 200 employers;
3. To identify rural and urban “food deserts” in Ohio and incentivize access to healthy local food options such as full service supermarkets in at least 10 cities/counties/townships;
4. To increase initiation and duration of breastfeeding with at least 1,000 new and expectant mothers;
5. To increase the number of individuals trained in the *Ounce of Prevention is Worth a Pound* program with at least 250 health care professionals;
6. To increase the number of obesity prevention screenings and referrals in at least 15 Community Health Centers;
7. To improve nutrition and increase age appropriate physical activity opportunities in at least 50 child care settings;
8. To improve nutrition and increase physical activity opportunities in at least 25 faith-based organizations, parks and recreation centers, or community-based organizations;

- E. Civil Rights Review Questionnaire – EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address on or before **Monday, October 26, 2009**. All attachments must clearly identify the authorized program name and program number. **NONE**.
- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be dated and signed**, in blue ink, with original signatures. Submit the original and one copy. (Required only if new agency, thereafter only when banking information has changed.)

H. Internal Revenue Service (IRS) W-9 and Vendor Forms: Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required if new agency, thereafter only when tax identification number or agency address information has changed)** **One of the following forms must accompany the IRS, W-9:**

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

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

I. Public Health Impact Statement Summary: Submit two copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards. **(For competitive cycle only; for continuation, only if changed)**

J. Public Health Impact & Intent to Pursue Health Equity Statements: Submit two copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards and Intent to Pursue Health Equity Statements. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s). **(For competitive cycle only; for continuation, only if changed)**

K. Liability Coverage: Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two copies of the Certificate of Insurance Liability. **(Non-Profit Organizations only; current liability coverage and thereafter at each renewal period)**

L. Non-Profit Organization Status: Non-profit organizations **must** submit documentation validating current status. Submit two copies of the Internal Revenue Services (IRS) letter approving non-tax exempt status. **(Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed)**

M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire: The DMA is a questionnaire that must be completed by all non-governmental grant applicant agencies to certify that they have not provided "material assistance" to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA

Questionnaire **must be** dated and signed, in blue ink, with the Agency Head's signature. The DMA Questionnaire (in PDF format. Adobe Acrobat is required) is located at the Ohio Department of Public Safety /Ohio Homeland Security web site:

<http://www.publicsafety.ohio.gov/links/HLS0038.pdf>

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

N. GMIS 2.0 Attachments as Required by Program:

- Appendix D –Workplan for each selected Impact Objective
- Statement of Intent to Pursue Health Equities

III. APPENDICES

- A.** Application Review Criteria
- B.** GMIS 2.0 Training Form
- C.** Program Definitions Form
- D.** Sample Workplan Form

Appendix A
Statewide Wellness and Obesity Prevention Program
Application Review Criteria

All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to how the proposal addresses the following criteria and will be scored by specific categories below.

Category	Points	Criteria
Executive Summary	5	<ul style="list-style-type: none"> ✓ Identifies amount of funding for the application and Impact Objectives; ✓ Provides a one-page summary of the required strategies, objectives, target communities, and description of how activities will be evaluated; ✓ Executive summary is no more than two pages; ✓ Describes plans to enhance and sustain program;
Applicant Capacity	5	<ul style="list-style-type: none"> ✓ Demonstrates the applicant agency's eligibility to apply-statewide or regional capacity; ✓ Describes applicant ability of attaining program objectives; ✓ Summarizes the agency's structure as it relates to this program and, as the lead agency, how it will manage the program; ✓ Demonstrates acceptable past performance in areas related to programmatic and financial stewardship of grant funds; ✓ 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;
Statement of Need	15	<ul style="list-style-type: none"> ✓ Identifies and describes the statewide or regional health status and the selected local constituency health status concern to be addressed by the project; ✓ Contributes to the advancement and/or improvement of the health of Ohioans; Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities; ✓ Quality of submission of a statement which outlines the intent of the application to address health disparities;
Methodology	30	<ul style="list-style-type: none"> ✓ Includes all required strategies for each selected objective; ✓ Responds to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available; ✓ Responds to the special concerns and program priorities

		<p>specified in the request for proposal;</p> <ul style="list-style-type: none"> ✓ Describes specific objectives, strategies, activities, and outcomes with respect to time lines and resources; ✓ Outlines the design of how grant will be evaluated to determine the level of success of the project; ✓ Describes how program will deliver programmatic result in terms of serving the identified target population;
Budget	15	<ul style="list-style-type: none"> ✓ A detailed narrative budget justification which describes how the categorical costs are derived should be provided; ✓ Estimates reasonable cost to the ODH, considering the anticipated results; ✓ Outlines specific functions of the personnel, consultants and collaborator should be described; ✓ Explains and justifies costs including supplies, travel and training;
Nine Focus Areas	10	<ul style="list-style-type: none"> ✓ Addresses the nine focus areas (page five) throughout the proposal including the selected objectives, required strategies and unique activities;
Impact Objectives	10	<ul style="list-style-type: none"> ✓ Selected at least one but no more than three objectives; ✓ Objective is written in S.M.A.R.T. format ✓ Outlines work to achieve specific policy, systems and/or environmental changes ✓ Submits workplan for each objective chosen
Overall Quality	10	<ul style="list-style-type: none"> ✓ Clarity, completeness, adherence to RFP guidelines

Appendix B
Program Definitions Form

- **Active Transportation Modalities** -- Support improved connections between destinations, such as complete streets and sidewalks, and provide a wide range of active transportation choices, such as public transit, trails, pedestrian and biking facilities.
- **Built Environment** -- Refers to the manmade surroundings that provide the setting for human activity, from the largest-scale civic surroundings to the smallest personal place.
- **Child Care Setting**- Ohio Law defines “child day care” as administering to the needs of children outside of school hours by persons other than their parents or guardians on a less than twenty four hour basis. Some types of child care must be regulated in Ohio; other types of child care may operate without a license.
- **Community Thought Leaders** -- Influential persons, leaders, and decision-makers such as school superintendents, teachers, physicians, local government officials, etc.
- **Environmental Change** -- Refers to changes in both the social, cultural, and political environment, as well as the physical environment, at the community level; a change in organizational practice or policy.
- **Food Desert** – The language in the 2008 Farm Bill defined a food desert as an “area in the United States with limited access to affordable and nutritious food, particularly such an area composed of predominantly lower income neighborhoods and communities.”
- **Health Equity** – The fair distribution of health determinants, outcomes, and resources within and between segments of the population, regardless of social standing (*CDC’s working definition*) Health equity means striving to eliminate **avoidable** social disparities in health and in the pre-requisites needed to be healthy.
- **Health Disparities** – Differences in the overall rate of disease incidence, prevalence, mortality, disease burden, and survival rates that exist among specific population groups as compared to the health status of the general population. (*Adapted from “Minority Health & Health Disparities Research & Education Act of 2000”*). Health disparities are **preventable** differences in the burden of disease, injury and violence, or opportunities to achieve optimal health experience by socially disadvantaged racial, ethnic, and other population groups and communities.
- **High-need Communities** -- “A specific group of people, often living in a defined geographical area, who share a common culture, values, and norms and are arranged in a social structure according to relationships the community has developed over time.” (*Healthy People 2010*). The program must reach, support and expand collaborative relationships, continue established coalitions, assess communities, plan, and implement strategies over the project period. Projects are expected to work collaboratively with appropriate individuals and organizations in high-need communities to plan and implement culturally specific programs.
- **High-need Populations** -- Persons at higher risk for the development of chronic diseases because of poverty or being a member of a disparate population group.
- **Model Policy, System and/or Environmental Change** To meet specific Impact Objectives, proposals should include recommended changes from the following web sites:
 - www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm
 - <http://www.completestreets.org>
 - www.nplanonline.org

- www.leadershipforhealthycommunities.org
 - <http://preventioninstitute.org/sa/enact/members/index.php>
 - www.reversechildhoodobesity.org
- **Partnerships** – Bringing decision makers together to make sure indicators are used in local and regional planning processes, as well as by policy makers, businesses, organizations, diverse community members and funders.
 - **Policy Change** -- A shift in the formal operations of organizations and/or governmental institutions that allows new or different activities to occur and thrive. These shifts may arise from information-sharing, community participation, professional input, compromise, and consensus-building and are usually the result of effective advocacy.
 - **Social Determinants of Health** – Factors in the social environment that contributes to or detracts from the health of individuals and communities. These factors include, but are not limited to the following: socioeconomic status, transportation, housing, access to services, discrimination by race, gender, or class, and social or environmental stressors. Social determinants of health are the economic and social conditions under which people live which determine their health.
 - **Sustainability** -- Ensuring that an effort or change lasts. Note: sustainability is often misunderstood as securing further or ongoing funding for a program that otherwise would end. It is important to understand that sustainability can be achieved without ongoing funding by changing policies, norms, attitudes, etc.
 - **Systems Change** -- A permanent change to the policies, practices, and decisions of related organizations or institutions in the public and/or private sector.
 - **Underserved Areas** -- Geographically for the purpose of this measurement as census tracts with higher percentages of low-income and/or high minority populations.

Appendix C

Ohio Department of Health

GMIS 2.0 TRAINING

ALL INFORMATION REQUESTED MUST BE COMPLETED FOR EACH EMPLOYEE FROM YOUR AGENCY WHO WILL ATTEND A GMIS 2.0 TRAINING SESSION.

(Please Print Clearly or Type)

Grant Program _____ RFP Due Date _____

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 and as listed, if applicable, currently in GMIS.

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to Attend Training _____

Telephone Number _____

E-mail Address _____

GMIS 2.0 Training Authorized by _____
(Signature of Agency Head or Agency Fiscal Head)

REQUIRED

Please Check One: _____ Yes – I ALREADY have access to the ODH GATEWAY
(SPES, ODRS, LHIS, etc.)

_____ No – I DO NOT have access to the ODH GATEWAY

Please indicate your training date choices: 1st choice _____ 2nd choice _____ 3rd choice _____

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

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

Appendix D
Statewide Wellness and Obesity Prevention Program
Workplan Form

Impact Objective:	Choose from list of Impact Objectives 1-8						
Type of Impact Objective	Policy, Systems or Environmental Change (select one)						
Baseline Measure:	Identify source from which objective will be measured						
Impact Evaluation Indicator	Identify what results will indicate success						
Required Strategies	Target Group	Place/Setting & Individuals reached	Lead Staff	Key Partners to assist in this activity	Timeline Beginning and End Dates	Evaluation Indicators	Progress
<ol style="list-style-type: none"> 1. Develop and disseminate a model policy, system and/or environmental change 2. Provide technical assistance and capacity building to local affiliates, members or constituency 3. Provide training opportunities such as conferences or workshops 4. Develop promotional and communication materials including web-based, newsletter, earned media, etc. 5. Outline how each component of the grant project will be sustained after the grant period. 							