

MEMORANDUM

Date: February 20, 2007

To: Eligible Ohio Department of Health Save Our Sight Amblyope Registry Program Applicants

From: Karen Hughes, MPH, Chief 
Division of Family and Community Health Services
Ohio Department of Health

Subject: Notice of Funds-Continuation Application
July 1, 2007 – June 30, 2008 ODH Save Our Sight Amblyope Registry Program

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Child and Family Health Services (BCFHS), announces the availability of grant funds to support the ODH Save Our Sight Amblyope Registry Program. The purpose of the ODH Save Our Sight Amblyope Registry Program is to provide education and voluntary case management to parents or guardians of children that are diagnosed with amblyopia.

To obtain a grant application packet:

1. Go to the ODH website at <http://www.odh.ohio.gov/>
2. From the home page click on "About ODH";
3. From the next page click on "ODH Grants;"
4. Next click on "Grant Request for Proposals", this will give you a pull down menu with current RFPs by name; and
5. Select and highlight the ODH Save Our Sight Amblyope Registry Program RFP and click "Submit". This process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired.

Only those agencies currently funded for this grant are eligible to apply for these funds. Grant applications are due April 2, 2007 for the funding period of July 1, 2007 through June 30, 2008. All applications and attachments are due Monday, April 2, 2007. Electronic applications received after Monday, April 2, 2007 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using GMIS 2.0. All organizations are required to attend GMIS 2.0 training. Complete and return the GMIS 2.0 Training Form.

If you have questions regarding this application please contact Dyane Gogan Turner, Supervisor, Save Our Sight Amblyope Registry Program, by phone at (614) 644-6560, or by e-mail at Dyane.GoganTurner@odh.ohio.gov or by fax at (614) 728-6793.

**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, LHMIS, 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 N. High Street
Columbus, Ohio 43215
E-mail: gail.byers@odh.ohio.gov Fax: [614-752-9783](tel:614-752-9783)



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

**DIVISION OF
FAMILY AND COMMUNITY HEALTH SERVICES**

**BUREAU OF
CHILD AND FAMILY HEALTH SERVICES**

**SAVE OUR SIGHT CHILDREN'S AMBLYOPE REGISTRY PROGRAM
REQUEST FOR PROPOSALS (RFP)**

**FOR
FISCAL YEAR 2008
(07/01/07 – 06/30/08)**

**Local Public Applicant Agencies
Non-Profit Applicants**

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I. APPLICATION SUMMARY and GUIDANCE

An application for an ODH grant consists of a number of required parts – an electronic component submitted via an Internet Website (**which is sent with electronic acknowledgment in lieu of signature page**), various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted on time will result in the entire application not being considered for review.**

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

- A. Policy and Procedure:** Uniform administration of all ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to assure 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 “About ODH,” click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** Save Our Sight Amblyope Registry Program.
- C. Purpose:** The Save Our Sight Fund was created, in part, with the purpose of providing funding, technical assistance and support to 501(c) organizations that provide education and voluntary case management to parents or guardians of children that are diagnosed with amblyopia. The services will be provided through the Amblyope Registry Program and must serve children and their families in all counties of Ohio. Funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate \$1 to the Save Our Sight Fund when they register their vehicle and/or renew license plates.
- D. Qualified Applicants:** Only the agency currently funded under the Save Our Sight Amblyope Registry Program is eligible to apply. For continuation grants, the applicant must have demonstrated acceptable performance standards during the previous grant period. The applicant must be a 501(c) organization. Eligible applicant is: Ohio Optometric Association.
- E. Service Area:** Applicants must provide services for the entire state of Ohio.
- F. Number of Grants and Funds Available:** For Fiscal Year 2007: The Department may award one grant for a total amount of \$200,000.

No grant award will be issued for less than **\$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

G. Due Date: Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by **Monday, April 2, 2007**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Contact **Dyane Gogan Turner** with any questions at (614) 644-6560 or e-mail at Dyane.GoganTurner@odh.ohio.gov.

H. Authorization: Authorization of funds for this purpose is contained in Amended Substitute House Bill 66 and Sections 3701.18 and 4503.104 of the Ohio Revised Code, which created the Save Our Sight fund.

I. Goal: The goal of the Save Our Sight Amblyope Registry Program is to ensure that children in Ohio have good vision and healthy eyes by providing education and voluntary case management to parents or guardians of children that are diagnosed with amblyopia. Amblyopia (lazy eye) begins in infancy or childhood and is the most common cause of vision impairment in children. Optimum treatment for amblyopia requires early detection, usually before the age of five; otherwise, irreversible visual deficits, including blindness, can occur. This is accomplished by providing funding to 501 (c) organizations that offer vision services in all counties of the state to enhance the provision of an Amblyope Registry, in order to assist families with education and case management of amblyopia.

The Save Our Sight Amblyope Registry plan and budget must address the following objectives and strategies.

Objective 1: To implement and ensure the successful operation of the Amblyope Registry Program.

- a. Implement a computerized database to collect information of amblyope registry participants. The data must include, at a minimum, the following elements: name, address, date of birth, Social Security Number, and race/ethnicity. Use only numerical identifiers in the client database that will be transmitted to ODH. No names or personally identifying information is to be transmitted in reports.
- b. Provide a guarantee that the data entry error level will not be more than 0.5 percent.
- c. Implement a data security and disaster recovery plan for the information system used for this project.
- d. Provide ODH with quarterly activity and progress reports detailing the number of registry participants and where the registry is being utilized throughout Ohio.
- e. Analyze and prepare summary reports as directed by ODH.

- f. Provide an assurance that ODH shall own all data generated by the Ohio Amblyope Registry.
- g. Provide an audit trail for the registry system as implemented.
- h. Develop an educational campaign to raise awareness of eye and other health professionals about the amblyope registry.
- i. Develop an educational campaign to raise awareness of the general public about amblyopia.

Objective 2: Develop and implement a voluntary case management system.

- a. Determine whether children with amblyopia are receiving professional eye care and provide families with information and support to facilitate vision care usage if care is not accessed.
- b. Contact registry participants on a regular basis to determine if registry participants are following through with care recommendations and are under the care of a vision professional.
- c. Provide registry children and their families with information and support including vision health/safety educational materials; vision resources; and supplemental assistance for vision services such as treatment and follow-up.
- d. Provide an assurance that the Amblyope Registry Program is the payer of last resort for the purchase of ODH approved vision materials that may assist with treatment for amblyopia (e.g., eye patches).

J. Program Period and Budget Period: The program period began July 1, 2005 and ends on June 30, 2008. The budget period will begin July 1, 2007 through June 30, 2008. Continuation of projects beyond the budget period is contingent upon the availability of funds to support the approved project, compliance with special conditions of the notice of award, and the subgrantee's performance.

K. Local Health Districts Improvement Standards: This grant program will address the Local Health Districts Improvement Goal(s) 3701-36-07 "Promote Healthy Lifestyles," Standard(s) 3701-36-07-03 "Prevention, health promotion, early intervention, and outreach services are provided directly." The Local Health District Improvement Standards are available on the ODH web-site <http://www.odh.ohio.gov>. (Click on "Local Health Districts" then "Local Health Districts Improvement Standards," Then click "Local Health District Improvement Goals/Standards/Measures.")

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

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
 - (1) The Local Health District Improvement Standard(s) to be addressed by grant

- activities;
- (2) A description of the target population to be served;
- (3) A summary of the services to be provided or activities to be conducted; and,
- (4) A plan to coordinate and share information with appropriate local health districts.

The Applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the Local Health Districts Improvement Standards **(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 **(not required for continuation cycle, if unchanged)**.

- M. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose.
- N. Programmatic, Technical Assistance and Authorization for Internet Submission:** Please contact Dyane Gogan Turner, Save Our Sight Amblyope Registry Program Supervisor at 614-644-6560 or e-mail at Dyane.GoganTurner@odh.ohio.gov. Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session.
- O. Acknowledgment:** An electronic mail (e-mail) message will appear in GMIS 2.0 that acknowledges ODH system receipt of the Internet submission.
- P. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0 with an Electronic Signature. Required attachments and/or forms sent electronically must be transmitted by the application due date, April 2, 2007. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the established application due date of April 2, 2007.

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, Monday, April 2, 2007. FAX attachments will not be accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**

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

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

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

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

Funded by the Ohio Department of Health
Bureau of Child and Family Health Services
Save Our Sight Amblyope Registry Program

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

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

Submit reports as follows:

1. **Program Reports:** Subgrantee Program Reports **must** be completed and submitted **via the Internet** by the following dates: 10/15/07, 01/15/08, 04/15/08 and 07/15/08. 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 Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of this submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations.

2. **Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via the Internet** by the following dates: (SFY 2008) 10/15/07, 01/15/08, 04/15/08 and 07/15/08.

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

- 3. Final Expense Reports:** A Subgrantee Final Expense Report reflecting total expenditures for the fiscal year must be completed and submitted **via the Internet** within 45 days after the end of the budget period by 08/15/08. 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 invoice to return unused funds.

Submission of the Subgrantee Final Expense Report via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your 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 the Internet as part of the Subgrantee Final Expense Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

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

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

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

1. To advance political or religious points of view, or for fund raising or lobbying, but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fee for salaried program personnel to perform activities related to grant objectives;

4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>);
17. All 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 or recovery of those funds.

Y. Audit: An independent audit must be completed no later than nine months after the end of the agency's fiscal year.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend \$500,000 or more in Federal awards in its fiscal year are required to have a single audit (\$300,000 for fiscal years ending on or before December 31, 2003). 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 (\$300,000 for fiscal years ending on or before December 31, 2003). The financial audit is not an allowable cost to the program.

Once the audit is completed, a copy must be sent to the ODH, Grants Administration, Central Master Files address within 30 days. Reference GAPP Chapter 100, Section

108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Z. Submission of Application:

The Internet application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Assurances
3. Budget
 - Cover Page
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Confirmation of Contractual Agreements
 - Section D
 - Summary
4. Budget Certification
5. Program Narrative
6. EEO Survey
7. Program Attachments (Attachment #1)

An original and one (1) copy of the following forms, available on the Internet, must be completed, printed, signed in blue ink with original signatures 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 if changed)**

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

**Copy &
Mail To
ODH**

1. Public Health Impact Statement **(for continuation, only if changed)**
2. Statement of Support from the Local Health Districts **(for continuation, only if changed)**
3. Liability Coverage **(Non-Profit Organizations only; for continuation, only if changed)**
4. Evidence of Non-Profit Status **(Non-Profit Organizations only; for continuation, only if changed)**

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

**Complete
Copy &
Mail To
ODH**

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. Declaration Regarding Material Assistance/Non Assistance

to a Terrorist Organization (DMA) Questionnaire (**Required by ALL Non-Governmental Applicant Agencies**)

3. An original and one copy of **Attachments** (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 the on-line Grants Management Information System 2.0 (GMIS 2.0), will be provided at your GMIS 2.0 training session.

All applications must be submitted via the Internet. Submission of all parts of the grant application via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Checking the Acknowledge Button signifies your authorization of this submission as an agency official and constitutes your 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 in its entirety. Include e-mail addresses for receipt of acknowledgements. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Annual Assurances:** Each subgrantee must submit the "Federal and State Assurances for Subgrantees" form. This form is submitted automatically with each application via the Internet.
- C. Budget:** Prior to completion of the budget section, please review page 7 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. Cover Page: Provide a detailed narrative budget justification 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 Section D(9) of the application for additional information.

2. Personnel, Other Direct Costs, Equipment, Contracts & Confirmation of Contractual Agreement (CCA) Form(s): Submit a budget with these sections and form(s) completed as necessary to support costs for the period 07/01/07 to 06/30/08. Funds may be used to support personnel, their training, travel (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>) and supplies directly related to planning, organizing, and conducting the Initiative/program activity described in this announcement.

Where 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 the Internet for each contract. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

Submission of the “Confirmation of Contractual Agreement” (CCA) via the Ohio Department of Health’s GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the “submit” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations.

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

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

D. Budget Certification: The Budget 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. Complete the form by entering the State and Congressional Districts. By clicking the Acknowledge box when submitting an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

E. Program Narrative:

1. Executive Summary: Provide a brief synopsis of the purpose, methodology, and evaluation plan of this project. Identify, clearly and specifically, the priority population, services and programs to be offered and what agency/agencies will provide those services. Describe the public health problems that the project will address. Specify the total project budget and the portion requested from ODH through this grant. Describe the project goals and objectives that will be used to reach and serve the priority population. Describe how the project will be evaluated.

2. Description of Applicant Agency/Documentation of Eligibility/Personnel: Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the

program. 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 new staff.

3. Problem/Need: Identify and describe the local health status concern 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); health systems (e.g., accessibility, availability, affordability, appropriateness of health services) indicators; and health disparities (e.g., race/ethnicity, gender, education or income, disability, geographic location and special population groups). The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population. Include a description of other agencies/organizations also addressing this problem/need.

4. Methodology: Complete Attachment #1 (SOS Amblyope Registry Program Plan) that identifies program objectives, strategies, activities, person(s) responsible, start and completion dates for each, and evaluation measures. Program goals and objectives are:

Goal: The goal of the Save Our Sight Amblyope Registry Program is to ensure that children in Ohio have good vision and healthy eyes by providing education and voluntary case management to parents or guardians of children that are diagnosed with amblyopia. Amblyopia (lazy eye) begins in infancy or childhood and is the most common cause of vision impairment in children. Optimum treatment for amblyopia requires early detection, usually before the age of five; otherwise, irreversible visual deficits, including blindness, can occur. This is accomplished by providing funding to 501 (c) organizations that offer vision services in all counties of the state to enhance the provision of an Amblyope Registry, in order to assist families with education and case management of amblyopia.

Objective 1: To implement and ensure the successful operation of the Amblyope Registry Program.

- a. Implement a computerized database to collect information of amblyope registry participants. The data must include, at a minimum, the following elements: name, address, date of birth, Social Security Number, and race/ethnicity. Use only numerical identifiers in the client database that will be transmitted to ODH. No names or personally identifying information is to be transmitted in reports.
- b. Provide a guarantee that the data entry error level will not be more than 0.5 percent.
- c. Implement a data security and disaster recovery plan for the information

system used for this project.

- d. Provide ODH with quarterly activity and progress reports detailing the number of registry participants and where the registry is being utilized throughout Ohio.
- e. Analyze and prepare summary reports as directed by ODH.
- f. Provide an assurance that ODH shall own all data generated by the Ohio Amblyope Registry.
- g. Provide an audit trail for the registry system as implemented.
- h. Develop an educational campaign to raise awareness of eye and other health professionals about the amblyope registry.
- i. Develop an educational campaign to raise awareness of the general public about amblyopia.

Objective 2: Develop and implement a voluntary case management system.

- a. Determine whether children with amblyopia are receiving professional eye care and provide families with information and support to facilitate vision care usage if care is not accessed.
- b. Contact registry participants on a regular basis to determine if registry participants are following through with care recommendations and are under the care of a vision professional.
- c. Provide registry children and their families with information and support including vision health/safety educational materials; vision resources; and supplemental assistance for vision services such as treatment and follow-up.
- d. Provide an assurance that the Amblyope Registry Program is the payer of last resort for the purchase of ODH approved vision materials that may assist with treatment for amblyopia (e.g., eye patches).

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, April 2, 2007. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address on or before April 2, 2007. All attachments must clearly identify the authorized program name and program number.

G. Electronic Funds Transfer (EFT) Form: Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must** be dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required only if new agency, thereafter only when banking information has changed.)**

- H. Internal Revenue Service (IRS) W-9 Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required if new agency, thereafter only when tax or agency address information has changed.)**
- I. Public Health Impact Statement Summary:** Submit two (2) copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for continuation, only if changed)**.
- J. Public Health Impact Response/Statement:** Submit two (2) copies of the response/statement(s) of support from the local health district(s) to your agency’s communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for continuation, only if changed)**.
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two (2) copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; for continuation, only if changed)**.
- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving your 501(c)(3) exempt status **(Non-Profit Organizations 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 grant applicant agencies to certify that they have not provided “material assistance” to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head’s signature. The DMA Questionnaire (in PDF format. [Adobe Acrobat](#) is required) is located at the Ohio Homeland Security Website:

<http://www.homelandsecurity.ohio.gov/dma.asp>

- Click on “DMA Forms”
- Click on “DMA for funding and business contracts”
- 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. EEO Survey - The Civil Rights Review Questionnaire (EEO) Survey will be 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.

O. Attachments as Required by Program: For SFY 2008 the applicant must submit via GMIS by the filing due date, Monday, 04/02/07:

- Attachment #1 (Save Our Sight Amblyope Registry Program Plan)

SAVE OUR SIGHT AMBLYOPE REGISTRY PROGRAM PLAN
July 1, 2007- June 30, 2008

Instructions for Completing the Program Plan

Objective: describe the conditions the applicant wants to achieve

Activity: describe the actions that are necessary to create the conditions described in the Objective and how the activity is organized and carried out

Person(s) Responsible: list the most appropriate staff member, included in the grant proposal, for carrying out the Activity

Projected date of completion: enter the date the activities will be completed

Evaluation: describe a plan for demonstrating, in measurable terms, that the conditions in the Objective are actually achieved and the effectiveness/appropriateness of each activity is actually achieved.

OBJECTIVES	ACTIVITIES	PERSON (s) RESPONSIBLE	PROJECTED DATE OF COMPLETION	METHOD OF EVALUATION