



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF PREVENTION

BUREAU OF INFECTIOUS DISEASE CONTROL

TUBERCULOSIS PREVENTION AND CONTROL REQUEST FOR PROPOSALS (RFP)

**FOR
FISCAL YEAR 2008
(01/01/07 – 12/31/07)**

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

CONTINUATION GRANT APPLICATION INFORMATION

Table of Contents

I APPLICATION SUMMARY and GUIDANCE

- A. Policy and Procedure 1
- B. Application Name 1
- C. Purpose..... 1
- D. Qualified Applicants 1
- E. Service Area..... 2
- F. Number of Grants and Funds Available 2
- G. Due Date 2
- H. Authorization 2
- I. Goals 2
- J. Program Period and Budget Period 6
- K. Local Health Districts Improvement Standards..... 6
- L. Public Health Impact Statement 6
- M. Appropriation Contingency 6
- N. Programmatic, Technical Assistance & Authorization for Internet Submission 7
- O. Acknowledgment..... 7
- P. Late Applications..... 7
- Q. Successful Applicants 7
- R. Unsuccessful Applicants..... 7
- S. Review Criteria 7
- T. Freedom of Information Act 8
- U. Ownership Copyright..... 8
- V. Reporting Requirements 8
- W. Special Condition(s) 10
- X. Unallowable Costs 10
- Y. Audit 11
- Z. Submission of Application..... 11

II. APPLICATION REQUIREMENTS AND FORMAT

- A. Application Information 12
- B. Annual Assurances 13
- C. Budget..... 13
- D. Budget Certification..... 14
- E. Program Narrative..... 14
- F. Attachments 15
- G. Electronic Funds Transfer (EFT) Form 15
- H. Internal Revenue Service (IRS) W-9 Form 15
- I. Public Health Impact Statement Summary 16
- J. Public Health Impact/Response Statement 16
- K. Liability Coverage 16
- L. Non-Profit Organization Status 16
- M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire 16
- N. Attachments as Required by Program 16

III APPENDICES

- 1. Appendix A: Instructions for Submitting Attachments via GMIS..... 18
- 2. Appendix B: Submitting Program Reports via GMIS..... 19

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: Tuberculosis (TB) Prevention and Control Program

C. Purpose: The purpose of the TB Prevention and Control/Elimination Subgrant is to assist local TB Programs and/or private non-profit agencies who are working towards TB elimination in Ohio. This funding complements the efforts of local TB programs and non-profit agencies in preventing and controlling TB. ODH recognizes that local TB programs may have different needs and priorities because of local levels of TB morbidity, competing health priorities, resources, and a range of socio-cultural factors. Funds are available for recipients to address the core TB prevention and control activities (i. e., completion of therapy, contact investigation, and TB surveillance).

The highest priority TB prevention and control activities are as follows: Finding all cases of active TB and ensuring, through appropriate case management, completion of therapy; finding and evaluating persons who have had contact with infectious TB patients, identifying those with TB and latent TB infection (LTBI), and completing treatment of TB disease and LTBI; ensuring human resource development through internal project training and education; and conducting laboratory and surveillance activities that are essential to these priorities. Each of these activities are essential to effective TB prevention and control, and they are mutually reinforcing. Thus, they constitute a “package” of core activities. These activities should be carried out by all TB prevention and control programs, taking precedence over lower priority activities. Lower priority activities are those such as targeted testing and treatment of LTBI in high risk populations.

D. Qualified Applicants: All applicants must be a local public or non-profit agency. Only agencies currently funded under the TB Prevention and Control program are eligible to apply. Eligible applicants are: American Lung Association of Ohio, Akron City Health

Department, Columbus City Health Department, Hamilton County Job and Family Services, Lucas County Regional Health District, MetroHealth Medical Center, and Montgomery County Combined Health District. The applicant must have demonstrated acceptable performance standards during the previous grant period.

- E. Service Area:** Services are to be provided by applicants for the county in which the applicant is located; except for the American Lung Association of Ohio, which will provide statewide services.
- F. Number of Grants and Funds Available:** Up to seven grants will be awarded for TB Prevention and Control activities totaling \$584,934. Eligible agencies may apply for up to \$245,743: the average grant award will be less than \$100,000

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:** The application must be submitted via the Internet no later than **Monday, October 16, 2006.**

Applications, including any mailed forms and required attachments, are due by **Monday, October 16, 2006.** Attachments and any mailed forms will be considered to be “on time” if they are postmarked or received on or before the established due date.

Contact Maureen Murphy, RN, via telephone at 614 387-0652 or e-mail at maureen.murphy@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 530 and the Catalog of Federal Domestic Assistance (CDFA) Number 93.118
- I. Goals:** During this project period, locally funded agencies should strive to meet and demonstrate significant progress toward meeting the following Ohio Department of Health Tuberculosis Prevention and Control Program goals and objectives:

Program goals:

Initiative I. TB Prevention and Control

(1) Treatment and Case Management of Persons with Active TB

- Ensure case management and treatment of persons with active TB through the use of adherence-promoting measures such as cohort analysis, outreach staff, extensive application of directly observed therapy, incentives, and enablers.
- Assess reasons for non-adherence with TB treatment, both for patients not completing therapy and for patients with delayed completion of therapy. Devise individual and programmatic interventions to increase completion of therapy and improve timely completion of therapy.

- Assess adequacy and appropriateness of therapy for each patient by reviewing initial regimen, susceptibility results, adherence, and response to therapy. Therapy should be consistent with American Thoracic Society/Infectious Disease Society of America/ Centers for Disease Control and Prevention guidelines. Refer to the following web link for more information. <http://www.cdc.gov/nchstp/tb/>.
- Collaborate with HIV/AIDS programs to ensure that all newly diagnosed TB cases are counseled and tested for HIV and referred for HIV services if found to be HIV positive.
- Collaborate with substance abuse and homeless programs to ensure all newly diagnosed TB cases are evaluated and treated for TB.
- Ensure that immigrants and refugees classified as A, B1, or B2 are located promptly and evaluated and treated appropriately. Refer to “Medical Examination of Aliens and Technical Instructions” page six, at the following web link <http://www.cdc.gov/ncidod/dq/panel.htm>.
- Develop and implement the appropriate use of the Binational TB Card and appropriate referral systems for patients who may receive care along the US-Mexico border or who may cross the border while under treatment for TB.
- Ensure that effective interventions are implemented to identify foreign-born and U.S. minorities at highest risk for developing TB and ensure they are evaluated and treated for TB or TB infection.
- Establish a systematic process to routinely evaluate case management activities to ensure optimal program performance.

(2) Contact Investigation

- Ensure that contact investigation activities are initiated and completed promptly; including interviewing TB cases to identify contacts, evaluating contacts for latent TB infection (LTBI) and disease, and ensuring infected contacts complete an appropriate course of treatment for LTBI.
- Assess reasons for cases with no contacts identified or a low number (e.g., less than three) of contacts identified, delays in interviewing cases or evaluating contacts, and number completing treatment for LTBI, and devise strategies for improvement.
- Combine epidemiologic data with TB genotyping results, where appropriate, to confirm or identify previously unidentified transmission links between TB cases and use genotyping results to evaluate the completeness of contact investigations.
- Cooperative agreement recipients will submit data from contact investigations in the Aggregate Reports for Tuberculosis Program Evaluation (ARPE): Follow-up and Treatment of Contacts to Tuberculosis Cases, (or via such reports that will supersede ARPE’s as developed and agreed between CDC and the National Tuberculosis Controllers Association).

(3) TB Surveillance/Reporting

- Enhance identification, reporting, and follow-up of TB cases and suspects by

establishing liaisons with appropriate reporting sources such as hospitals, clinics (e.g., TB and HIV/AIDS clinics), laboratories performing tests for *Mycobacteria*, selected physicians (e.g., pulmonary and infectious disease specialists), correctional facilities, community and migrant health centers, pharmacies, and other public and private facilities providing care to populations with or at risk for TB.

- Develop and implement active surveillance activities to ensure complete and timely reporting of TB cases and suspects. At minimum, ongoing active laboratory surveillance should be conducted in all areas to ensure complete reporting of all TB cases and suspects with positive acid-fast bacilli (AFB) smears and cultures for *M. tuberculosis* complex.
- Maintain a registry of TB cases that the jurisdiction will include in its morbidity total that contains at a minimum the elements to produce data for the national TB case report, Report of Verified Case of Tuberculosis (RVCT). All local jurisdictions should also have at least a log, if not a registry, that contains key demographic and clinical information on each reported TB suspect. It is also recommended that TB cases receiving diagnostic, treatment, or contact investigation services in the local jurisdiction, although not included in the annual morbidity total, be included in the TB registry.
- Incorporate quality assurance policies and procedures into the maintenance operations of the TB registry to ensure complete and reliable data.
- Routinely analyze TB surveillance data to monitor trends, detect potential outbreaks, and define high-risk groups, and produce and disseminate at least an annual report summarizing current data and trends.
- Annually evaluate programmatic performance by using TB surveillance data to assist in compiling supporting evidence to determine the extent to which program objectives are being met and also to assist in developing strategies for improvement.
- Ensure that TB surveillance data are kept confidential and that all data files are secure. Policies and procedures must be in place to protect the confidentiality of all surveillance case reports and files. Policies and procedures to protect HIV test results must conform to confidentiality standards.

**Initiative II: Nurse Incentive Coordinator and Ohio Tuberculosis Coalition (OTC)
Director Program Goals**

- Administer the state TB incentive program.
- Coordinate special projects as assigned by the Ohio Department of Health TB Program Manager or TB Controller.
- Perform the role of Director of the OTC.

Program objectives:

Initiative I: TB Prevention and Control Objectives

1. At least 90% of patients with newly diagnosed TB, for whom therapy for one year

- or less is indicated, will complete therapy within 12 months.
2. Drug susceptibility results will be reported for at least 95% of all newly reported culture positive patients.
 3.
 - a. At least 93% of contacts to sputum AFB smear positive TB cases will be evaluated for infection and disease.
 - b. At least 90% of infected contacts will be placed on treatment for latent TB infection (LTBI).
 - c. At least 85% of infected contacts started on treatment for LTBI will complete therapy.
 4.
 - a. At least 75% of the referred Class A, B1, and B2 immigrants will be appropriately evaluated for tuberculosis infection and disease.
 - b. At least 60% of Class A, B1, and B2 immigrants evaluated will be referred for treatment. Refer to the following web link, pages 2-6, for classification descriptions: <http://www.cdc.gov/ncidod/dq/pdf/ds-forms-instructions.pdf>.
 5. Decrease the number of TB cases in U.S.-born African Americans.
 6. At least 80% of adults (≥ 15 years of age) will be tested for HIV.
 7. All newly diagnosed cases of TB will be reported to ODH with at least 95% completeness for all the variables specified in the expanded Report of Verified Case of Tuberculosis (RVCT) form.
 8. Monthly submission of Case Management Interchange forms.

Initiative II: Statewide TB Nurse Incentive Coordinator and Ohio Tuberculosis Coalition (OTC) Director Objectives

1. Establish liaison with the 88 counties in Ohio regarding the statewide TB incentive program.
2. Manage, distribute, track and document the statewide TB incentive program, including review of applications and preparation of reports in accordance with ODH policy and procedure.
3. By December 31st of each year, determine goals and objectives to direct the activities of the OTC for the coming year.
4. Coordinate and facilitate quarterly meetings of the OTC.
5. Conduct subcommittee meetings of the OTC (Education Subcommittee and Steering Committee) as necessary.
6. Coordinate OTC-sponsored educational events.
7. Assist with special projects as assigned by the TB Program Manager/TB Controller (e.g., quality improvement activities such as cohort reviews, etc.)
8. Submit activity reports to the TB Program Manager (monthly activity report by the 10th of each month and an annual progress report within 45 days of the end of the current budget year).

J. Program Period and Budget Period: The project period will begin on January 1, 2005 and end on December 31, 2009. The budget period for this application is January 1, 2007 through December 31, 2007.

K. Local Health Districts Improvement Standards: This grant program will address the Local Health Districts Improvement Goal 1 – “Protect People from Disease and Injury”, Standard 1.3 – “Communicable disease investigation and control procedures are in place and well documented”. The Local Health District Improvement Standards are available on the ODH web-site: <http://www.odh.state.oh.us>. (Click on “Local Health Departments” then “Local Health Departments Performance Standards Workgroup Information” and click the link “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 Maureen Murphy, RN, at email address maureen.murphy@odh.ohio.gov or by telephone at 614-387-0652 with questions.

O. Acknowledgment: An electronic mail (e-mail) message will be sent to the valid e-mail address of the program director listed in the applicant agency’s “Application

Information Page” acknowledging ODH system receipt of the Internet submission.

- P. Late Applications:** Applications are dated the time of actual submission via the Internet, or are automatically submitted on the application due date. Any required forms and any required attachments will be considered to be "on time" and reviewable if they are postmarked or received on or before the established application due date of **Monday October 16, 2006**.

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 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 timelines 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 Ohio Department of Health/Federal Government
 - Bureau of Infectious Disease Control
 - Tuberculosis Prevention and Control 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: Additional required attachments associated with a Program Report may be sent electronically associated with an email. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date.
An annual progress report on forms provided by the ODH Tuberculosis Program is due to ODH by Friday April 27, 2007. This annual report must include sections addressing each indicator (TB program objectives and activities). A narrative must be included that elaborates upon the results of the program assessment findings and details an action plan for areas, which have not achieved the local TB program objectives.

Submission of Subgrantee Program Reports via the Ohio Department of Health's

GMIS 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: April 15, 2007, July 15, 2007, October 15, 2007, and January 15, 2008.

Submission of Subgrantee Program Expenditure Reports via the Ohio Department of Health’s GMIS 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.

- 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 February 15, 2008. 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 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 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; and
22. Purchase of Anti-tuberculosis drugs.
23. Equipment or supplies used for supplanting agency operation other than for the enhancement of outreach activity in the tuberculosis program.

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. Attachments as required by Program - None

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

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

**Complete
Copy &
Mail To
ODH**

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (Required by ALL Non-Governmental Applicant Agencies).
3. Attachments 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

To access the on-line Grants Management Information System (GMIS), enter the GMIS site address: <http://gap.odh.state.oh.us> and enter the 11-digit program number provided by your program contact, which serves as your username when you log in. Do not submit the grant application until all appropriate sections have been completed and saved. For additional instructions, please refer to the information available on each individual screen through the on-line GMIS System's User Manual.

All applications must be submitted via the Internet. Submission of all parts of the grant application via the Ohio Department of Health's GMIS 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 10 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 01/01/07 to 12/31/07.

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 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: Program Narrative: Section 1 (Executive Summary), if unchanged from previous application, needs only one sentence declaring a program commitment to all the program goals described on page 2,3,abd 4 of the RFP. Sections 2 and 3 that follow need only be addressed if there are changes in personnel, activities or scope of the project from the previous competitive application. If there are no changes, those sections may be omitted.

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 problems that the program will address.

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

4. Methodology: This section is required. In a narrative, identify the program goals, objectives, and activities. Indicate how they will be evaluated to determine the level of success of the program. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each. **Number each objective (1 through 7 for TB Prevention and Control and 1 through 8 for TB Nurse Incentive Coordinator and OTC Director) exactly as they are numbered on pages 4 and 5 of the RFP.**

- F. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS system. Attachments will be sent via GMIS as a file as part of an email utilizing the GMIS Send/Record Comments link. Attachments sent electronically must be transmitted by the application due date. 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 16, 2006**. All attachments must clearly identify the authorized program name and program number. A minimum of an original and two copies of non-Internet attachments are required.
- 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 competitive cycle only; for continuation, only if changed)**.
- J. Public Health Impact Response/Statement:** Submit two (2) copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for competitive cycle only; for continuation, only if changed)**.

K. Liability Coverage: Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two (2) copies of the Certificate of Insurance Liability (**Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period**).

L. Non-Profit Organization Status: Non-profit organizations **must** submit documentation validating current status. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving your 501(c)(3) 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 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. Attachments as Required by Program: None required by program.

III. APPENDICES

1. Appendix A: Instructions for Submitting Attachments via GMIS.
2. Appendix B: Submitting Program Reports via GMIS.

Appendix #A
Instructions for Submitting Attachments via GMIS

1. Complete the Word document “FY08RFPAttach”, then save the document to your computer’s hard drive using “FY08 *Your Agency’s Name* RFP Attachment” as a file name.
2. After submission of your FY08 grant application through GMIS, go to the GMIS Welcome screen and click on “**Send-Record Comments**”.
3. An e-mail message box will come up. Scroll down to the **Add New Comments** section. Type in a message indicating that you are submitting your FY08 grant attachments.
4. Next to the Attachment box, click on the **Browse** button.
5. Find your saved attachment (FY08 *Your Agency’s Name* RFP Attachment) document on your hard drive.
6. Double click on the file name and the file name will appear in the Attachment box on the **Add New Comments** screen.
7. Click on **Add New Comments** screen at the bottom of the page.
8. You should get a message that says “Please wait Sending E-mail”. This may take a few minutes.
9. This should be followed by a message that says “Email sent successfully!”.
10. If no other attachments are needed, click on **Close**. If other attachments are needed, return to step #1 and begin the process again.

If you have any questions or problems, please contact Maureen Murphy, at 614-466-2381 or by email at maureen.murphy@odh.ohio.gov .

Appendix #B Submitting Program Reports via GMIS

1. Log on to your GMIS account.
2. You will see the Welcome screen.
3. Choose the **Program Report** option.
4. Select the appropriate **Available Report Period**.
5. Click the **Get Information** button.
6. The screen will display the **Subgrantee Program Report** form. This form will display three boxes with questions and text boxes. In the first text box, **I. Comparison of actual accomplishments to the objectives required by the Request for Proposals (RFP)** type a response which indicates that you are submitting the program report with this report (for example, “Program Quarterly Activity Reports for second quarter FY08 are being submitted on 4/28/07”). You do not need to enter a message in all of the text boxes, just the first one.
7. Scroll down to the bottom and click on **Save Changes**.
8. Then click on **Add Attachments**.
9. An e-mail message box will come up. Scroll down to the **Add New Comments** section. Type in a message indicating that you are submitting your program report.
10. Next to the Attachment box, click on the **Browse** button.
11. Find your saved program report document on your hard drive.
12. Double click on the file name and the file name will appear in the Attachment box on the Add New Comments screen.
13. Click the **Add Comments** button at the bottom of the page.
14. You should get a message that says “Please wait. Sending E-mail. This may take a few minutes.”
15. This should be followed by message that says “E-mail Sent Successfully!”
16. If you wish to send another attachment (with optional forms) click on the box that says “Send Another E-mail” and attach your document to this e-mail.
17. If no other attachments are needed, click on **Close**.
18. You should then be back at the **Subgrantee Program Report** screen. Go to the bottom of this page and click on **Save Changes**. Then click on the **Submit Program Report** button. You should get a message box that says “The Program Report has been successfully Submitted!”.
19. You are then finished.

If you have any question or problems, please contact Maureen Murphy, at 614-466-2381 or by email at maureen.murphy@odh.ohio.gov