

MEMO

Date: March 9, 2007

To: Prospective Regional Comprehensive Genetics Centers Program Applicants

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

Subject: Notice of Availability of Funds – State Fiscal Year 2008
(July 1, 2007-June 30, 2011) Regional Comprehensive Genetics Centers Program

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau for Children with Medical Handicaps (BCMh), announces the availability of grant funds to support activities of the Regional Comprehensive Genetics Centers Program.

Request for Proposals (RFP) for this grant program will be available on the ODH website after March 9, 2007. To obtain a grant application packet:

1. Go to the ODH website at 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 grant RFP's by name;
5. Select and highlight the Regional Comprehensive Genetics Centers Program RFP and click "Submit". This process invokes Adobe Acrobat and will display the entire RFP. You can then review the RFP to determine your organization's ability to meet the requirements of the grant and your intent to apply.

All interested applicants must submit a *Notice of Intent to Apply for Funding form* (attached), no later than Friday, March 30, 2007, and attend a mandatory GMIS 2.0 Training Session. Please complete and return the attached GMIS 2.0 Training Form to schedule a specific training session date to be eligible to apply for funding.

Should you have any questions, please contact Shelley Nottingham, Genetics Program Coordinator at (614) 728-4677, by e-mail at shelley.nottingham@odh.ohio.gov or by fax at (614) 728-3616.

Enclosures

NOTICE OF AVAILABILITY OF FUNDS

Ohio Department of Health
Division of Family and Community Health Services
Bureau for Children with Medical Handicaps

REGIONAL COMPREHENSIVE GENETICS CENTERS PROGRAM

Competitive Grant Applications for State Fiscal Year 2008

Introduction/Background

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau for Children with Medical Handicaps (BCMh), announces the availability of grant funds to support activities of the Regional Comprehensive Genetics Centers Program. Recipients will be expected to have a functional unit organized for and capable of providing coordinated, multidisciplinary, comprehensive services to persons with or at risk for genetic related disorders. They must also meet the ODH Regional Comprehensive Genetics Centers (RCGC) Standards and Criteria (Available on the ODH web site at www.odh.ohio.gov – click on “about ODH”, click on “Programs”, and scroll down to “Genetics Program”, then click on “Standards & Criteria”).

The primary activities of funded centers will be to:

- (1) Participate in general RCGC Statewide Network activities & provide services and data reporting as outlined in the RCGC Standards and Criteria;
- (2) Provide Genetics Outreach Clinics;
- (3) Provide genetic counseling coverage to BCMh and non-BCMh multidisciplinary specialty teams & (for those with BCMh approved Myelo Specialty Teams in their Centers) to participate in the Myelo Surveys Project.
- (4) Participate in the ODH Statewide Cancer Genetics Initiative;
- (5) Provide OCCSN (Birth Defects Information System) case coordination, reporting and support OCCSN regional education efforts; and
- (6) Provide Newborn Screening case coordination, reporting and support regional education efforts.

Authorization of funds of this program is contained in the catalogue of Federal Domestic Assistance (CFDA) Number 93-944 and in legislation initiated by the Ohio 126th General Assembly.

Eligibility

Eligible applicants are approved care facilities* with an identifiable, functional unit organized for and capable of providing coordinated, multidisciplinary, comprehensive care and services to persons with or at risk for genetics related disorders, and who meet the ODH Regional Comprehensive Genetics Centers (RCGC) Standards and Criteria. Preference will be given to facilities that have an established unit that has demonstrated capability, experience and expertise in providing services to patients with or at risk for genetic related disorders and whose programmatic activities address the goals of the Regional Comprehensive Genetics Centers Program.

The program will fund at least one project per region (see Regional Map Attached). More than one project per region may be funded if collaborative efforts to prevent/reduce duplication of services within a region are demonstrated through the submission of one collaborative application or two or more complimentary applications that demonstrate collaboration between centers.

Evidence of collaboration with community partners will be required prior to, and during the grant program period. All applicants must 1) be a governmental or non-profit agency; 2) attend or document, in writing, prior attendance at Grants Management Information System (GMIS) 2.0 training and 3) have the capacity to set up an electronic funds transfer (EFT).

Only those agencies that meet the requirements listed above are eligible to apply. If currently receiving ODH funds, the applicant must have demonstrated acceptable performance standards during previous grant periods.

Program Period and Award Amounts

This is a competitive grant application. The program period for this application will be for four years, beginning July 1, 2007 and ending June 30, 2011. The budget period will be 12 months beginning July 1, 2007 and ending June 30, 2008. No more than ten (10) grants will be awarded. The total anticipated amount of funds for this budget period is \$2,172,500. Initial awards for the first year of this program period will range from \$50,000 to \$500,000. **All awards are contingent on the availability of funds for this purpose.**

To Obtain a Grant Application Packet

1. Go to the ODH website at www.odh.ohio.gov (the Regional Comprehensive Genetics Centers Program RFP will be available for review after March 1, 2007);
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 (RFP)". This will give you a pull down menu with current grant RFP's by name;
5. Select and highlight the Regional Comprehensive Genetics Centers Program RFP and click "Submit". This process invokes Adobe Acrobat and will display the entire RFP. You can then review the RFP to determine your organization's ability to meet the requirements of the grant and your intent to apply.

All interested parties must submit a *Notice of Intent to Apply for Funding* form (attached), no later than Friday, March 30, 2007 to be eligible to apply for funding. Upon receipt of your completed *Notice of Intent to Apply for Funding* form, ODH will:

- a. create the grant application account for your organization¹. This account number will allow you to submit an application via the Internet using the GMIS 2.0. All grant applications must be submitted via the Internet using the GMIS 2.0.
- b. assess your organizations' GMIS 2.0 training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you regarding those needs. GMIS 2.0 training is mandatory. Please complete GMIS 2.0 Training Form on the following page to set up your agency's training date.

Once ODH receives your completed *Notice of Intent to Apply for Funding* form, creates the grant application account for your organization, and finalizes all GMIS training requirements, you may proceed with the application process as outlined in the RFP.

Organizations with previous GMIS training will automatically receive a grant application account number upon receipt of a completed *Notice of Intent to Apply for Funding* form.

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 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 & Community Health Services**

**BUREAU for
Children with Medical Handicaps**

**Regional Comprehensive Genetics Centers Program
REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2008
(07/01/07 – 06/30/08)**

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

COMPETITIVE GRANT APPLICATION INFORMATION

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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:** Regional Comprehensive Genetics Centers
- C. Purpose:** The purpose of the Regional Comprehensive Genetics Centers Program is to ensure and enhance the accessibility and availability of quality, comprehensive genetic services in Ohio. Genetics services include, but are not limited to, genetic counseling, education, diagnosis and treatment for all genetic conditions and congenital abnormalities.
- D. Qualified Applicants:** All applicants must be a local public or non-profit agency in an approved care facilities* with an identifiable, functional unit organized for and capable of providing coordinated, multidisciplinary comprehensive care and services to persons with or at risk for genetic related disorders, and who meet the ODH Regional Comprehensive Genetics Centers (RCGC) Standards and Criteria (available at the ODH web site at www.odh.ohio.gov – click on “about ODH”, click on “Programs”, and scroll down to Genetics Program, then click on RCGC Standards & Criteria). Preference will be given to Centers that have demonstrated capability, experience and expertise in providing comprehensive clinical genetics services and education services, and whose programmatic activities address the goals of the ODH Regional Comprehensive Genetics Services Program.

Applicant agencies must attend or document in writing prior attendance at GMIS 2.0 training and must have the capacity to accept an electronic funds transfer (EFT).

* Accredited state or other medical school, hospital, or clinic accredited by the Joint Commission on Accreditation of Health Care Organizations.

E. Service Area: Ohio is divided into 6 RCGC regions. Each ODH funded Regional Comprehensive Genetics Center (RCGC) serves an ODH defined multi-county region in the state of Ohio. (See APPENDIX 1)

F. Number of Grants and Funds Available: The amount available for funding RCGCs is anticipated to be approximately \$2,172,500. Up to 10 grants will be awarded to eligible agencies, ranging from \$50,000 to \$500,000.

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 grant application is due via the internet on or before **Monday, April 16, 2007.**

Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 Send/Record Comments are due by **Monday, April 16, 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 Shelley Nottingham (614-728-4677), shelley.nottingham@odh.ohio.gov with any questions.

H. Authorization: Authorization for this program is contained in Section 3701.502 of The Ohio Revised Code. Under this section, the Director Health is required to: "... Encourage and assist in the development of programs of education, detection, and treatment of genetic diseases and provision of habilitation rehabilitation, and counseling of persons possessing a genetic trait of, or afflicted with, genetic disease..." Funding authorization for this program is contained in the catalogue of Federal Domestic Assistance (CFDA) Number 93-944 and in legislation initiated by the Ohio 126th General Assembly, Am. Sub. House Bill 66.

I. Goals: The goals of the Regional Comprehensive genetics Centers Program are to assure that:

- a. Children and adults with or at risk for birth defects or genetic disorders and their families, receive quality, comprehensive genetics services that are available, accessible and culturally sensitive; and
- b. Providers, the general public and policy makers are aware and knowledgeable about birth defects, genetic conditions and genetic disease related services in Ohio.

J. Program Period and Budget Period: The program period will begin July 1, 2007 and end on June 30, 2011. The budget period for this application is July 1, 2007 through June 30, 2008.

K. Local Health Districts Improvement Standards:

This grant program will address Local Health Districts Improvement Goal 3701-36-07 – “Promote Healthy Lifestyles,” Standard 3701-36-07-03 – “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:

- (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 Shelley Nottingham, shelley.nottingham@odh.ohio.gov, 614-728-4677. For competitive RFPs ONLY: Applicant must attend Grants Management Information

System (GMIS 2.0) training in order to receive authorization for Internet submission.

A Technical Assistance (TA) meeting may be scheduled to provide guidance and answer questions related to programmatic sections of the RFP. The date and location for this meeting is to be determined (TBD) and will be sent to interested applicants subsequent to the scheduling of GMIS 2.0 Training Session.

- O. Acknowledgment:** An electronic 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. 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, April 16, 2007**.
- Q.** 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.**
- 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.

A sample Application Review Form that grant reviewers will use to score each application is included in APPENDIX #2.

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 for Children with Medical Handicaps
Program Genetics 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:

- 1). RCGC Database data due: by the 15th of each month

Additional required attachments associated with a Program Report may be sent electronically to the Genetics Program Coordinator. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. Additional RCGC Program reports to be sent in this manner include:

- 2). RCGC Directory Information due: July 15, 2007
- 3). Myelo surveys due: quarterly: Oct. 15, 2007, Jan. 15, 2008, April 15, 2008 & July 15, 2008.
- 4). SFY 2008 Grant Activity Mid Year Performance Report due: January 15, 2008, & Year End Performance Report due: July 15, 2008

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: **October 15, 2007; January 15, 2008; April 15, 2008; and July 15, 2008.**

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 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 August 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 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 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; and
22. Counseling or referral for abortion except in the case(s) of a medical emergency (as required by Sub. H.B. no. 239. All ODH funded RCGCs projects directors &/or agency directors must complete, sign and return the ODH Certification that Appropriations Are Not Used for Counseling or Referral for Abortion Form. (Send the original and one (1) copy as required - ATTACHMENT # 1)

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. An original and one copy of **Attachments** (non-Internet compatible) as required by Program:
 - 1). ODH Certification That Appropriations Are Not Used For Counseling or Referral For Abortion Form
 - 2). RCGC Grant Application Budget Worksheet
 - 3). Assurance that Program/Agency Meets ODH RCGC Standards and Criteria Assurance Form
 - 4). RCGC State Work Groups Information Forms
 - 5). RCGC Outreach Clinics Information Form
 - 6). RCGC Staff Contacts & Deliverables Information Form
 - 7). RCGC Goals and Objectives Forms

**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 on-line Grants Management Information System 2.0 (GMIS 2.0), will be provided after 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.

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.

Before completing the narrative budget justification, applicants should determine the specific funding amounts they will need to accomplish the 6 major SFY 2008 RCGC Grants Components (see section E.3). Funding parameters are included on the SFY 2008 RCGC Grant Application Budget Worksheet (ATTACHMENT #2). Applicants should complete the Budget Worksheet and construct their narrative budget justification detailing anticipated expenses associate with implementing each Component. **In this narrative, please describe plans for hiring and training personnel, as necessary. Delineate all personnel who will be directly involved in Program activities. Applications will be judged on the completeness and reasonableness of their budget narrative to address the staffing needs and activity costs outlined under each of the 6 major Project Components.**

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 July 1, 2007 to June 30, 2008.

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: Narrative requirements for this section are covered in the instructions for completing the program budget narrative in section C.1 above. No additional narrative response is required for this section.

2. Description of Applicant Agency/Documentation of Eligibility:

Only programs that meet the ODH RCGC Standards and Criteria are eligible to apply for these grant funds. The RCGC Standards and Criteria summarize the agency's structure requirements and outline the parameters for the clinical and administrative components it must have in place to operate as an ODH Regional Genetics Center. To assess its eligibility to apply, each applicant agency should thoroughly review the ODH RCGC Standards and Criteria document (*available at the ODH web site at www.odh.ohio.gov – click on “about ODH”, click on “Programs”, and scroll down to “Genetics Program”, then click on “RCGC Standards & Criteria”*). In lieu of submitting a detailed narrative in this section, the applicant Project Director must sign off the RCGC Standards and Criteria Assurance Form (ATTACHMENT #3) - assuring that their agency/program meets the standards and criteria set forth in that document.

Personnel:

In lieu of submitting a detailed narrative description of applicant agency staff, applicants are required to submit:

(1). Resumes/C.V.s of all new staff listed on the grant (*with this application*).

In addition, every approved applicant agency (*after receipt of their Notice of Award*)

only) will be required to submit detailed program/staff information that will be compiled into the SFY 2008 RCGC Statewide Directory. The RCGC Directory includes information about each funded RGC, such as name of the center; address and internet addresses, a program description; a summary of services provided; and a complete listing of the staff, their credentials and contact information. The Directory will be posted on the ODH Genetics Program Web Page as a means for ODH to increase awareness in the general public and professional groups about the value of RCGC Genetics Clinical and Education services as well as who, how and when to refer for these services.

3. Problem/Need:

Congenital malformations, developmental and learning disabilities, and common chronic diseases of adulthood and aging are the leading causes of mortality and morbidity to Ohioans. Approximately half of all pregnancies end in miscarriage or stillbirth due to genetic causes. Intrauterine exposures to teratogenic agents, such as alcohol, smoking, drugs, and other hazardous agents adds additional risks to the fetus for physical and developmental disabilities. About four percent of babies born in our country are affected with medically significant birth defects. Birth defects are the leading cause of death in infants under 12 months of age, and approximately 20-30% of these infant deaths are due to genetic disorders. By the time children reach school age more are identified as cognitively disadvantaged, and even more have learning, attention, or behavioral difficulties with suspected hereditary components. Of those with mental retardation, about 50% have a genetic basis for their disability. Common adult onset genetically related disorders such as cancers, diabetes and heart disease are on the rise.

SFY 2008 RCGC PROJECT COMPONENTS TO ADDRESS THE PROBLEM/NEED

To address the problem delineated above, the Ohio Department of Health will fund a regional network of RCGCs to assure genetic services are accessible to all Ohio counties as outlined on the RCGC Ohio Regional Map (Appendix #1). To assist RCGCs in providing clinical genetic services and outreach education throughout the state of Ohio, in SFY 2008 regional projects will be funded to:

- (1) Participate in general RCGC Statewide Network activities & provide services and data reporting as outlined in the RCGC Standards and Criteria; In addition, for the first year of this funding period only, RCGCs will receive additional funds to add/revise or update their RCGC database in order to enhance data collection at the center level and improve the frequency and quality of reporting of RCGC data to ODH;
- (2) Provide Genetics Outreach Clinics;
- (3) Provide genetic counseling coverage to BCMH and non-BCMH multidisciplinary specialty teams & (for those with BCMH approved Myelo Specialty Teams in their Centers) to participate in the Myelo Surveys Project;
- (4) Participate in the ODH Statewide Cancer Genetics Initiative;
- (5) Provide OCCSN case coordination, reporting and support OCCSN regional education efforts; and

- (6) Provide Newborn Screening case coordination, reporting and support regional education efforts.

Expected Results:

The Expected Results of the RCGC funded projects will be that:

1. Children and adults with or at risk for birth defects or genetic disorders (and their families) will have improved knowledge and ability to make informed health choices about their conditions.
2. Birth defects with preventable causes will be reduced.
3. Service providers will be skilled in recognizing individuals/families with or at risk for genetic related disorders and knowledgeable about genetic related services and referral resources available to them.
4. The general public will be aware of the role that genetics plays in health and about genetic related services and referral resources available to them.

These RCGC grant expected results along with predetermined project indicators are delineated in APPENDIX #3. **Each funded project's performance will be measured based on these project indicators.**

This section is provided as background information for the applicant. No narrative response is required for this section.

4. Methodology:

Each successful applicant will be funded to do the activities listed under the 6 major SFY 2008 RCGC Grant Program Components described below.

FUNDED RCGC GRANT PROGRAM COMPONENTS

COMPONENT #1: RCGC NETWORK PARTICIPATION

ACTIVITIES:

1. Comply with Standards and Criteria for either RCGC or AGC status.
2. Complete RCGC Directory Information on all RCGC Staff
3. Comply with RCGC database data collection reporting standards for RCGC clinical and education services.
4. Participate in ODH related Advisory Councils, subcommittees, and work groups – submit ATTACHMENT #4.
5. Submit resumes of all new staff.
6. Establish a RCGC Database Manager position to:
 - a. Coordinate efforts to set up, collect, enter and submit 2008 RCGC Database data on all fields to comply with ODH data collection standards see (APPENDIX # 6) for list of RCGC database fields;
 - b. Participate in any database training or updates required by ODH;

- c. Provide technical assistance to RCGC staff on the RCGC database collection process, rules and definitions, submission deadlines and their role in the data collection process;
 - d. Submit data at least on a monthly basis; and
 - e. Act as the RCGC contact for ODH Genetic Database related communications.
- 7. In this first year only:**
- a. Secure services of RCGC staff or IS consultant to add the new RCGC database or revise the existing RCGC database to comply with the 2008 RCGC Data collection system;
 - b. Establish method for obtaining required data from all RCGC staff;
 - c. Train all RCGC staff on RCGC data collection and reporting requirements; and
 - d. Establish means for reporting data to ODH on monthly basis;

COMPONENT #2: OUTREACH CLINICS

ACTIVITIES:

- 1. Establish GC Outreach Clinic Coordinator staff position(s).
- 2. Travel to and staff the clinics
- 3. Provide outreach education seminars to local public health staff
- 4. Assure all patients seen for genetic services in the various specialty Clinics are adequately reported to ODH in the RCGC Database.
- 5. Submit RCGC Outreach Clinics Information Form (see ATTACHMENT #5) for your region.

COMPONENT #3: SPECIALTY CLINICS

ACTIVITIES:

A. BCMH Specialty Clinics

1. Myelo Specialty Team Participation

- a. Establish Myelo Team GC staff Position to staff Myelo Clinics
- b. Assure all patients provided with genetic services in this specialty clinic are reported in the RCGC Database
- c. Provide genetic services input into the revision of BCMH Standards of Care for patients with Myelo disorders as requested

Optional Activity for those Centers in which there is a BCMH Approved Myelo Specialty Team:

- d. Utilize the Myleodysplasia Parent, Male and Female Surveys to educate patients/families about the causes, recurrence risks and prevention strategies associated with neural tube defects, as well as to assess levels of folic acid consumption in this population; and
- e. Send de-identified completed surveys to ODH for data analysis on a quarterly basis.

2. Craniofacial Specialty Team Participation

- a. Establish Craniofacial Team GC staff Position to staff Craniofacial Clinics
 - b. Assure all patients provided with genetic services in this specialty clinic are reported in the RCGC Database
 - c. Provide genetic services input into the revision of BCMH Standards of Care for patients with craniofacial disorders as requested
- 3. Hemophilia Specialty Team Participation**
- a. Establish Hemophilia Team GC staff Position to staff Hemophilia Clinics
 - b. Assure all patients provided with genetic services in this specialty clinic are reported in the RCGC Database
 - c. Provide genetic services input into the revision of BCMH Standards of Care for patients with hereditary bleeding disorders as requested
- 4. Cystic Fibrosis Specialty Team Participation**
(see Newborn Screening component)

B. Non BCMH Specialty Clinics

Prenatal Genetics Services

- 1. Establish GC Prenatal Clinic contact position(s).
- 2. Assure that all patients seen for prenatal genetic services are adequately reported to ODH in the RCGC Database

Other Non BCMH Specialty Clinics

- 3. Establish GC Specialty Clinic staff position(s).
- 4. Assure all patients seen for genetic services in the various specialty Clinics are adequately reported to ODH in the RCGC Database

COMPONENT #4: CANCER GENETICS INITIATIVE

ACTIVITIES:

Establish Cancer Genetic Counselor Initiative lead staff person to:

- 1. Attend Ohio Cancer Genetics Network (OCGN) Meetings
- 2. Serve on an OCGN subcommittee(s)
- 3. Establish contact with and increase awareness of RCGC Services to the American Cancer Society's Patient Navigator staff in your RCGC region.
- 4. Promote the US Surgeon Generals Family Health History Initiative and plan an activity(ies) for Family History Day/Month (November/Thanksgiving Day)
- 5. Assure all patients seen for cancer genetic counseling services are adequately reported to ODH in the RCGC Database.

COMPONENT #5: OCCSN COLLABORATION

ACTIVITIES:

Establish a RCGC OCCSN GC Coordinator position to:

- 1. Coordinate the reporting of all cases (patients with one of the OCCSN 45 Disorders), including identifying information, to ODH via the RCGC

Database

2. Collaborate with ODH OCCSN staff to confirm birth defects diagnoses and provide follow-up information on cases as needed
3. Establish contact with and increase awareness of RCGC services to the Help Me Grow Hospital Base Service Coordinators, local HMG Service Coordinators, local BCMH nurses in each county of your RCGC region
4. Participate in development and implementation of OCCSN Regional Trainings to the HMG Hospital Based Service Coordinators, local HMG Service Coordinators and County BCMH Nurses mentioned above (conduct presentations covering: overview of 45 OCCSN disorders and utilizing ODH/MOD *Birth Defects Causes and Prevention Strategies Handbook*)
5. Report on the number of presentations covering birth defects causes and prevention strategies topics
6. Increase referrals of children 0-5 y.o. with birth defects/developmental delays to HMG and BCMH programs
7. Assist in the development and review of birth defects disorder fact sheets for the OCCSN program
8. Serve on the Ohio Partners for Birth Defects Prevention – an OCCSN Advisory Council Subcommittee – as requested.
9. Plan an activity(ies) to promote Birth Defects Prevention Month in each month of January (2008 – 2011)

COMPONENT # 6: NEWBORN SCREENING PROGRAM

ACTIVITIES:

A. General Metabolic Newborn Screening

1. Establish a RCGC NBS Case Coordinator staff position (GC, nurse or dietician)
2. Coordinate the reporting of all RCGC NBS cases evaluated by your Metabolic Service Team (including identifying information) to ODH via the RCGC Database
3. Participate in other means to educate primary care providers about newborn screening as requested

B. Newborn Screening for Cystic Fibrosis

Clinical Services Project Activities - what the projects will be funded to do:

In close collaboration CF Centers &/or RCGCs will:

1. Establish a CF Newborn Screening GC Case Coordinator to staff CF Clinics
2. Assure a process is in place for receiving notification about newborns who have abnormal CF Newborn screens

3. Schedule newborns with abnormal screens into their CF Center for confirmatory testing
4. Work with PCPs of patients who have had an abnormal screen for CF but have not been referred or scheduled for a diagnostic evaluation
5. Assure that families who have a newborn diagnosed with CF receive genetic counseling and education about CF
6. Assure that newborns determined to be CF carriers and their parents are referred to the RCGC for genetic counseling
7. Report the patient's diagnostic status back to the ODH NBS laboratory for case closure.
8. Report individual patient data in the RCGC Database
9. Present a grand rounds on *NBS and CF* in their institution for sometime in SFY 2007 or 2008.
10. Participate in other means to educate primary care providers about newborn screening for CF as requested

In lieu of writing a narrative elaborating on the project activities described above for this grant, applicants are required to submit:

- (1). the completed SFY 2008 RCGC Staff Contact-Deliverables Information Form (ATTACHMENT #6) stating the name of each staff person(s) allocated to implement the required activities under each of the RCGC Program Components listed in E.3 above.

SFY 2008 RCGC GOALS AND OBJECTIVES:

RCGC Goals and Objectives Form:

In lieu of writing a narrative describing project goals and objectives, each applicant is required to complete the RCGC Goals and Objectives Form (See ATTACHMENT # 7). Instructions for completing the form are as follows:

1. Review the core project goals, partially completed objectives, expected outcomes and indicators that have already been established for applicants as delineated on the form. Applicants should note that the "Project Component Specific Objectives" on the Goals and Objectives pages correspond directly to the Program Components outlined in the grant guidance.
2. Add projected numbers to column 1 (Project Component Specific Objectives); fully complete column 3 (proposed Project Activities the RGC has planned to accomplish each objective); and fully complete column 5 (varying Timelines) on each Objective that applies.

- 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 April 16, 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 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; 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 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 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/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: The following are the ATTACHMENTS that are required by program. These attachments are available in electronic format and can be obtained electronically by contacting Shelley Nottingham, Genetics Program Coordinator, at shelley.nottingham@odh.ohio.gov .

- 1). ODH Certification That Appropriations Are Not Used For Counseling or Referral For Abortion Form
- 2). RCGC Grant Application Budget Worksheet
- 3). Assurance that Program/Agency Meets ODH RCGC Standards and Criteria Assurance Form
- 4). RCGC State Work Groups Information Forms
- 5). RCGC Outreach Clinics Information Form
- 6). RCGC Staff Contacts & Deliverables Information Form
- 7). RCGC Goals and Objectives Forms

III. APPENDICES

1. RCGC Regional Population Map
2. RCGC Grant Application Review Form
3. RCGC Program Expected Results and Indicators
4. RCGC Database Fields
5. List of Acronyms used in this RFP document

ATTACHMENT # 1

Ohio Department of Health

**Certification That Appropriations Are Not Used For Counseling or Referral
For Abortion**

By signing and dating this document, _____
(name of organization)

certifies that it will comply with Substitute House Bill 239 (126th Ohio General Assembly) which requires that none of the funds appropriated to administer the programs authorized by sub. H.B. 370.501 & 370.502 of the Ohio Revised Code shall be used to counsel or refer for abortion, except in the case of a medical emergency.

(Signature)

(Title)

(Date)

ATTACHMENT # 2

SFY 2008 RCGC GRANT APPLICATION BUDGET WORKSHEET

Applicant Agency Name _____ Region # _____ Project Director Signature _____

1. A. Regional Network Services and Activities proposed budget amount: 1.A. _____

To fund Regional Genetics Network services and activities up to:

- \$ 56,000 for Region I
- \$ 41,000 for Region II
- \$ 38,000 for Region III
- \$ 90,000 for Region IV
- \$ 71,000 for Region V
- \$ 79,000 for Region VI

may be allocated per region. (Funding limits are based on total population per region)

B. Database Coordinator proposed budget amount: 1.B. _____

To provide staff support for Regional Genetics Network Database Coordinator, up to \$18,000 may be allocated per project.

C. Additional One Time Only Database Expansion Support Funds: 1.C. _____

To provide staff support agency revisions/expansion to RCGC Database, up to \$25,000 may be allocated per project.

2. RGC Outreach Clinic proposed budget amount 2. _____

To provide support (up to \$185 per patient) for RGC Outreach Clinics suggested Amounts of:

- \$ 7,500 for Region I
- \$ 500 for Region II
- \$ 30,000 for Region III
- \$ 27,500 for Region IV
- \$ 3,500 for Region V
- \$ 6,000 for Region VI

will be allocated. (Funding limits are based on past performance per region.)

3. A. Genetic Counselor Specialty Team coverage proposed budget amount 3.A. _____

To provide genetic counselor coverage to BCMH &/or Other Specialty Teams up to:

- \$ 102,000 for Region I
- \$ 18,000 for Region II
- \$ 13,000 for Region III
- \$ 67,000 for Region IV
- \$ 46,000 for Region V
- \$ 24,000 for Region VI

will be allocated per region. (Funding limits are based on past performance per region.)

B. Participation in Myelo Surveys Project 3.B. _____

To provide staff support for a BCMH approved Myelo Specialty Team Genetic Counselor to participate in the BCMH Myelo Surveys Project up to \$5,000 may be allocated per project.

4. **Cancer Genetics Initiative proposed budget amount** 4. _____
To provide staff for cancer genetics initiative activities up to:
\$ 34,000 for Region I
\$ 25,000 for Region II
\$ 23,000 for Region III
\$ 53,000 for Region IV
\$ 43,000 for Region V
\$ 47,000 for Region VI
may be allocated per region. (Funding limits are based on total population per region.)
5. **RGC OCCSN Coordinator proposed budget amount** 5. _____
To provide staff support OCCSN case reporting and education activities up to:
\$ 36,000 for Region I
\$ 25,000 for Region II
\$ 23,000 for Region III
\$ 55,000 for Region IV
\$ 41,000 for Region V
\$ 45,000 for Region VI
will be allocated per region. (Funding limits are based on total number of births per region.)
6. A. **NBS Case Coordinator Reporting proposed budget amount** 6.A. _____
To provide staff support to NBS Coordinator for case reporting for the MSTs up to:
\$ 24,000 for Region I
\$ 17,000 for Region II
\$ 15,000 for Region III
\$ 37,000 for Region IV
\$ 27,000 for Region V
\$ 30,000 for Region VI
may be allocated per region. (funding limits are based on total birthrate per region)
- B. **NBS For Cystic Fibrosis proposed budget amount** 6.B. _____
To provide support for the evaluation, counseling and follow-up of infants identified with abnormal newborn screens for Cystic Fibrosis, up to:
\$ 76,000 for Region I
\$ 52,000 for Region II
\$ 47,000 for Region III
\$ 118,000 for Region IV
\$ 85,000 for Region V
\$ 94,500 for Region VI
may be allocated per BCMH CF/RCGC Team. (funding limits are based on total birthrate per region)
7. **Add lines 1 through 6 and place sum on line 7 for total proposed budget for SFY 2008** 7. _____

ATTACHMENT # 3

**SFY 2008 Assurance
That Program/Agency Meets ODH RCGC Standards & Criteria**

The purpose of the Regional Comprehensive Genetics Program of Ohio is to ensure and enhance the quality and availability of comprehensive care and services for children and adults in Ohio with or at risk for genetic disorders and congenital anomalies. In addition to clinical care, the program promotes genetics related education to increase awareness in Ohioans about genetic disorders and birth defects.

Each RCGC operates as an identifiable, functional unit within an approved care facility. It is organized for and capable of providing coordinated, multi disciplinary comprehensive care and services to persons with or at risk for genetic related disorders. It provides the comprehensive health care services necessary for the accurate diagnosis and continuing expert evaluation, treatment and management of people who have inherited disorders, chromosomal disorders, teratogenic disorders and other complex birth defect conditions. Its primary goals are to reduce the burden of these conditions for residents affected with genetic conditions and their families and to promote an increased general awareness of these conditions through educational programs for all residents of the state of Ohio. Comprehensive care ensures continuity of care from the genetics specialists to the primary care providers, home and community.

Each RCGC funded by the state of Ohio must meet or exceed the required (“shall”) Standards and Criteria and May meet many of the optional (“should”) Standards and Criteria outlined under the 4 major service components (Clinical Services; Educational and collaborative Services; Outreach Activities; Research and Evaluation Activities), and the 3 major Administrative Components (Facility Arrangements; Staffing Composition, and RCGC Guiding Operation Principles).

By signing and dating this document, _____
(name of Genetics Center)

assures that it meets and will comply with ODH RCGC Standards and Criteria throughout the SFY 2008 grant funding period.

signature

title

date

ATTACHMENT # 4
SFY 2008 RCGC State Work Groups Information Form

Name of Center: _____ Project Director Signature _____

The information on this form addresses RCGC Program Expected Results

- I.B Genomics is appropriately integrated into public health policy and program planning in Ohio; and
- II. C Policy makers and program planners will have improved knowledge about the role of genomics in improving public health

ODH Sponsored/Affiliated Genetics Related Councils and Work Groups On Which Your Genetic Center Staff Currently Serve				
NAME OF GROUP RCGC staff Currently Serves On	NAME OF STAFF REP.	Professio n	Email address	Telephone Number
BCMh Medical Advisory Council				
BCMh Service Coordinators Groups (Myelo, Craniofacial, Hemophilia, Sickle Cell, Cystic Fibrosis)				
Birth Outcome Improvement Initiative Core Work Group				
Cardiovascular Health-Genetics Integration Work Group				
OCCSN Advisory Council				
Cancer Genetics Integration Core Work Group				
FASD Statewide Task Force				
Genetics Program Grant Application and Database Technical Assistance meetings				
HRSA Region IV Genetics Network Annual Meetings				
HRSA Region IV Genetics Network subcommittee				
Ohio Cancer Genetics Network				
Ohio Partners for Birth Defects Prevention				
Ohio Partners for Cancer Control Statewide Consortium				
Newborn Screening Advisory Council				
RCGC Directors Advisory Group				
OTHER				

SFY 2008 RCGC State Work Groups Information Form

Name of Center: _____

ODH Sponsored/Affiliated Genetics Related Councils and Work Groups On Which Your Genetic Center Staff Would *Like To Serve (*Please note that vacancies on the various groups may or may not be available)		
NAME OF GROUP	NAME OF STAFF REP.	Profession
BCMh Medical Advisory Council		
BCMh Service Coordinators Groups (Myelo, Craniofacial, Hemophilia, Sickle Cell, Cystic Fibrosis)		
Birth Outcome Improvement Initiative Work Group		
Cardiovascular Health-Genetics Integration Core Work Group		
OCCSN Advisory Council		
Cancer Genetics Integration Core Work Group		
FASD Statewide Task Force		
Genetics Program Grant Application and Database Technical Assistance meetings		
HRSA Region IV Genetics Network Annual Meetings		
HRSA Region IV Genetics Network subcommittee		
Ohio Cancer Genetics Network		
Ohio Partners for Birth Defects Prevention		
Ohio Partners for Cancer Control Statewide Consortium		
Newborn Screening Advisory Council		
RCGC Directors Advisory Group		
OTHER		

ATTACHMENT # 5
SFY 2008 RCGC Outreach Clinics Information Form

Name of Center _____ Project Director Signature _____

Definition: An RCGC Outreach Clinic is an RCGC sponsored clinic held outside the RCGC's home county

Program Component # 2	Name of Facility	Address of Facility	County	Name & profession of Local clinic coordinator	Name of RCGC Clinic Coordinator & Profession	Name of RCGC Geneticist Staff
Outreach Clinic #1						
Outreach Clinic #2						
Outreach Clinic #3						
Outreach Clinic #4						
Outreach Clinic #5						

ATTACHMENT # 6
SFY 2008 RCGC Staff Contacts-Deliverables Information Form

Name of Genetics Center: _____ Project Director Signature: _____

Program Component	RCGC Staff Position	Associated Activities/Deliverables	Name of Staff	Profession	% Time on this grant component	Telephone Number	Email Address
#1, RCGC Network Participation	RCGC Database Manager	<ol style="list-style-type: none"> 1. Coordinate set up, collection, data entry and reporting of 2008 RCGC Database data on all fields to comply with ODH data collection standards; 2. Participate in database trainings or updates required by ODH; 3. Provide technical assistance to RCGC staff on the RCGC database collection process, rules and definitions, submission deadlines and their role in the data collection process; 4. Submit data at least on a monthly basis; and 5. Act as the RCGC contact for ODH Genetic Database related communications. 					
# 3 BCMh Specialty Clinics	Myelo Team Genetic Counselor	<ol style="list-style-type: none"> 1. Staff Myelo clinic 2. Assure all patients provided with genetic services in this specialty clinic are reported in the RCGC Database 3. Provide genetic services input into the revision of BCMH Standards of Care for patients with Myelo disorders as requested <p><u>Optional Activity:</u></p> <ol style="list-style-type: none"> 4. Utilize the Myleodysplasia Parent, male and female Surveys to educate patients/families about the causes, recurrence risks and prevention strategies associated with neural tube defects, as well as to assess levels of folic acid consumption in this population ; and 5. Send de-identified completed surveys to ODH for data analysis 					
# 3 BCMh Specialty Clinics	Craniofacial Specialty Team GC	<ol style="list-style-type: none"> 1. Staff Craniofacial Clinic 2. Assure all patients provided with genetic services in this specialty clinic are reported in the RCGC Database 3. Provide genetic services input into the revision of BCMH Standards of Care for patients with craniofacial disorders as requested 					
#3 BCMh Specialty Clinics	Hemophilia Specialty Team GC	<ol style="list-style-type: none"> 1. Staff Hemophilia Clinic 2. Assure all patients provided with genetic services in this specialty clinic are reported in the RCGC Database 3. Provide genetic services input into the revision of BCMH Standards of Care for patients with bleeding disorders as requested 					
Program Component	RCGC Staff	Associated Activities/Deliverables	Name of Staff	Profession	% Time on this grant component	Telephone Number	Email Address

Program Component	RCGC Staff Position	Associated Activities/Deliverables	Name of Staff	Profession	% Time on this grant component	Telephone Number	Email Address
# 3 Non-BCMh Specialty Clinics	Prenatal GC Contact	<ol style="list-style-type: none"> 1. Staff Prenatal Clinics 2. Assure all patients seen for prenatal genetic counseling services are adequately reported to ODH in the RCGC Database. 					
# 4 Cancer Genetics Initiative	Cancer Genetic Counselor Lead	<ol style="list-style-type: none"> 6. Attend Ohio Cancer Genetics Network (OCGN) Meetings 7. Serve on an OCGN subcommittee(s) 8. Establish contact with and increase awareness of RCGC Services to the American Cancer Society's Patient Navigator staff in your RCGC region. 9. Promote the US Surgeon Generals Family Health History Initiative and plan an activity(ies) for Family History Day/Month (November/Thanksgiving Day) 10. Assure all patients seen for cancer genetic counseling services are adequately reported to ODH in the RCGC Database. 					
# 5 OCCSN Collaboration	OCCSN GC Coordinator	<ol style="list-style-type: none"> 1. Coordinate the reporting of all cases (patients with one of the OCCSN 45 Disorders), including identifying information, to ODH via the RCGC Database 2. Collaborate with ODH OCCSN staff to confirm birth defects diagnoses and provide follow-up information on cases as needed 3. Establish contact with and increase awareness of RCGC services to the Help Me Grow Hospital Base Service Coordinators, local HMG Service Coordinators, local BCMH nurses in each county of your RCGC region 4. Participate in development and implementation of OCCSN Regional Trainings to the HMG Hospital Based Service Coordinators, local HMG Service Coordinators and County BCMH Nurses mentioned above (conduct presentations covering: overview of 45 OCCSN disorders and utilizing ODH/MOD <i>Birth Defects Causes and Prevention Strategies Handbook</i>) 5. Report on the number of presentations covering birth defects causes and prevention strategies topics 6. Increase referrals of children 0-5 y.o. with birth defects/developmental delays to HMG and BCMH programs 7. Assist in the development and review of birth defects disorder fact sheets for the OCCSN program 8. Serve on the Ohio Partners for Birth Defects Prevention – an OCCSN Advisory Council Subcommittee – as requested. 9. Plan an activity(ies) to promote Birth Defects Prevention Month in each month of January (2008 – 2011) 					
#6	General	4. Staff NBS-Metabolic clinics					

Newborn Screening	NBS Case Coordinator (GC, nurse or dietician)	5. Coordinate the reporting of all RCGC NBS cases evaluated by your Metabolic Service Team (including identifying information) to ODH via the RCGC Database 6. Participate in other means to educate primary care providers about newborn screening as requested					
#6 Newborn Screening	CF NBS Case Coordinator	11. Staff CR clinics 12. Assure a process is in place for: - receiving notification about scheduling newborns who have abnormal CF Newborn screens; - Scheduling newborns with abnormal screens into their CF Center for confirmatory testing; - Working w/ PCPs of patients who have had an abnormal screen for CF but have not been referred or scheduled for a diagnostic evaluation; and - Reporting the patient's diagnostic status back to the ODH NBS laboratory for case closure. 13. Assure that families who have a newborn diagnosed with CF receive genetic counseling and education about CF 14. Assure that newborns determined to be CF carriers and their parents are referred to the RCGC for genetic counseling 15. Report individual patient data in the RCGC Database 16. Assure a grand rounds on <i>NBS and CF</i> is presented in their institution for sometime in SFY 2007 or 2008. 17. Participate in other means to educate primary care providers about newborn screening for CF as requested					
Name of Non - BCMH Specialty (list as many as apply below) Project Component # 3	Specialty Clinic Counselor	Associated Activities/Deliverables	Name of Genetic Counselor	Profession	% Time on this grant component	Telephone Number	Email Address
1.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
Name of Non - BCMH Specialty (list as many as apply below) Project Component # 3	RCGC Staff Position	Associated Activities/Deliverables	Name of Staff	Profession	% Time on this grant component	Telephone Number	Email Address
2.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					

3.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
4.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
5.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
6.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
7.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
8.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
9.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
10.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
11.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
12.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
13.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
Name of Non - BCMH Speciatly (list as many as apply below) Project Component # 3	RCGC Staff Position	Associated Activities/Deliverables	Name of Staff	Profession	% Time on this grant component	Telephone Number	Email Address
14.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
15.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					

16.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
17.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
18.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
19.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database.					
20.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics					

ATTACHMENT #7
Ohio Department of Health

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____ **Project Director's Signature:** _____

Goal #1: Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.

One objective per page; duplicate form as needed

Project Component #1: RCGC Network Participation Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Serve at least (#) _____ patients in general genetics clinic in SFY 2008/09.	Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge and ability to make informed health care choices about their condition.		Track the number of: * clinical genetic patients receiving evaluation/diagnosis, genetic counseling, treatment and follow up services through RCGC General Genetics Clinics and prenatal clinics. (ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #1: Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.

One objective per page; duplicate form as needed

Project Component #2: Outreach Clinics	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Specific Objectives				
Serve at least (#)_____patients in RCGC outreach sites in SFY 2008/09.	Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge and ability to make informed health care choices about their condition.		Track the number of clinical genetics patients receiving services at a RCGC affiliated outreach clinic sites. (ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #1: Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.

One objective per page; duplicate form as needed

Project Component #2: Outreach Clinics Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Schedule at least(#)_____ RCGC outreach clinic dates in SFY 2008/09.	Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge and ability to make informed health care choices about their condition.		Track the number of outreach clinics convened in SFY 2008/09. (ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #1: Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.

One objective per page; duplicate form as needed

Project Component #3: A. BCMH Specialty Clinics	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Specific Objectives				
Provide genetic counseling services to at least (#) _____ patients in BCMH Myelo Team Clinics in SFY 2008/09.	Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge and ability to make informed health care choices about their condition.		Track the number of patients receiving services at each BCMH Myelo Specialty Team location. (ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #1: Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.

One objective per page; duplicate form as needed

Project Component #3: A. BCMH Specialty Clinics Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Provide genetic counseling services to at least (#) _____ patients in BCMH Hemophilia Team Clinics in SFY 2008/09.	Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge and ability to make informed health care choices about their condition.		Track the number of patients receiving genetic counseling services at each BCMH Hemophilia Specialty Team location. (ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #1: Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.

One objective per page; duplicate form as needed

Project Component #3: A. BCMH Specialty Clinics Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Provide genetic counseling services to at least (#) _____ patients in BCMH Craniofacial Team Clinics in SFY 2008/09.	Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge and ability to make informed health care choices about their condition.		Track the number of patients receiving genetic counseling services at each BCMH Craniofacial Specialty Team location. (ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #1: Improve the health of all children and adults with genetic disorders through the provision of quality, comprehensive genetic services that are available, accessible and culturally sensitive

One objective per page; duplicate form as needed

Project Component #3 B. Non-BCM Specialty Clinics Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Serve at least (#) _____ patients in prenatal clinics in SFY 2008/09.	Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge and ability to make informed health care choices about their condition.		Track the number of women receiving prenatal screening and genetic counseling for birth defects/genetic related disorders through RCGC prenatal clinics.(ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #1: Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.

One objective per page; duplicate form as needed

Project Component #3 B. Non-BCMHS Specialty Clinics Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Serve at least(#)_____patients in genetic disease related specialty clinics (other than BCMH or prenatal) in SFY 2008/09.	Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge and ability to make informed health care choices about their condition.		Track the number of patients who receive genetic counseling services by RCGC staff at a genetic disease related Specialty Clinic. (ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #1: Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.

One objective per page; duplicate form as needed

Project Component # 4: Cancer Genetics Initiative Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Serve at least(#)_____patients with or at risk for hereditary cancer related diagnoses in SFY 2008/09.	Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge and ability to make informed health care choices about their condition.		Track the number of patients who receive genetic counseling services by RCGC staff for hereditary cancer related diagnoses. (ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #1: Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.

One objective per page; duplicate form as needed

Project Component # 5: OCCSN Collaboration Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Report at least(#)_____patients with one of the 45 OCCSN Diagnoses in the RCGC database in SFY 2008/09.	Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge and ability to make informed health care choices about their condition.		Track the number of patients who are evaluated for one of the OCCSN 45 Diagnoses in the Genetics Database & OCCSN Data System)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #1: Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.

One objective per page; duplicate form as needed

Project Component # 5: OCCSN Collaboration Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Assure that at least (#) _____ Of children from birth -3 yrs. with birth defects/DD are referred to their local HMG program in SFY 2008/09.	Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge and ability to make informed health care choices about their condition.		Track the number of patients who are referred to HMG by RCGC Staff (ODH Genetics Database – HMG Early Track database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #1: Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.

One objective per page; duplicate form as needed

Project Component # 5: OCCSN Collaboration Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Assure that at least (#) _____ Of children from birth - 5 yrs. with birth defects/genetic disorders are referred to the BCMH diagnostic &/or Treatment programs in SFY 2008/09.	Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge and ability to make informed health care choices about their condition.		Track the number of patients who are referred to BCMH by RCGC staff. (ODH Genetics Database & BCMH INFORM database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #1: Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.

One objective per page; duplicate form as needed

<p style="text-align: center;">Project Component #6: Newborn Screening Program</p> <p style="text-align: center;">Specific Objectives</p>	<p style="text-align: center;">Expected Outcomes/Impact/Results</p>	<p style="text-align: center;">Project Activities/ Responsible Party</p>	<p style="text-align: center;">Method of Evaluation</p>	<p style="text-align: center;">Timelines/ Start/Finish</p>
<p>Evaluate at least (#)_____infants for NBS disorders in SFY 2008/09.</p>	<p>Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge and ability to make informed health care choices about their condition.</p>		<p>Track the number of:</p> <ul style="list-style-type: none"> * infants receiving NBS evaluations through RCGC Metabolic Service Team.(ODH Genetics Database) * children with possible NBS disorders identified by the ODH Lab that received a confirmatory diagnosis by RCGC MST (ODH Genetics Database). * children diagnosed with a NBS disorder who received the diagnosis in a timely manner (ODH Genetics Database & ODH Lab database). * children evaluated for a NBS disorder whose case status was reported back to ODH in a timely manner (ODH Genetics Database & ODH lab database). * children with a confirmed NBS disorder that are under long term care management through RCGCs (ODH Database). 	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal # 1: Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.

One objective per page; duplicate form as needed

Project Component #6: Newborn Screening Program	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Specific Objectives				
Provide genetic counseling to at least (#) _____ infants/parents diagnosed as being CF carriers through the NBS process in SFY 2008/09.	Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge and ability to make informed health care choices about their condition.		Track the number of: * infants/parents who receive NBS CF Carrier counseling by an RCGC genetic counselor (ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #2: The general public and professionals/providers are aware and knowledgeable about birth defects, genetic conditions and genetic disease-related services in Ohio.

One objective per page; duplicate form as needed

Project Component #1 RCGC Network Participation Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Provide presentations/talks, lectures, courses &/or trainings to at least (#)_____ individuals (in the general public) in SFY 2008/09.	The general public will be aware of the role that genetics plays in health and about genetic related services and referral resources available to them.		Track the number of: * genetic related talks/presentations, courses &/or trainings that are offered to consumers/general public by RCGC staff. (ODH Genetics Database) * Consumers/individuals in the general public who attend talks/presentations, lectures, courses or trainings given by RCGC staff. (ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #2: The general public and professionals/providers are aware and knowledgeable about birth defects, genetic conditions and genetic disease-related services in Ohio.

One objective per page; duplicate form as needed

Project Component #1 RCGC Network Participation Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
In SFY 2008/09, participate in at least (#) _____ genetics related health fairs, radio/tv spots, etc., geared to the general public.	The general public will be aware of the role that genetics plays in health and about genetic related services and referral resources available to them.		Track the number of genetics related health fairs, radio/tv spots, etc., aimed at the general public, that RCGC staff participate in. (ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #2: The general public and professionals/providers are aware and knowledgeable about birth defects, genetic conditions and genetic disease-related services in Ohio.

One objective per page; duplicate form as needed

Project Component #1: RCGC Network Participation Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Offer presentations, lectures, courses &/or trainings to at least (#)____service providers in SFY 2008/09.	Service providers will be skilled in recognizing individuals/families with or at risk for genetic related disorders and knowledgeable about genetic related services and referral resources available to them.		Track the number of: * genetics presentations, lectures, courses or trainings provided to service providers by RCGC staff. (ODH Genetics Database) * service providers who attend lectures, presentations, courses or trainings given by RCGC staff. (ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #2: The general public and professionals/providers are aware and knowledgeable about birth defects, genetic conditions and genetic disease-related services in Ohio.

One objective per page; duplicate form as needed

Project Component #2: Outreach Clinics Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Offer at least (#) _____ educational seminars for local health care providers at RGC Outreach Clinic sites in SFY 2008/09.	Service providers will be skilled in recognizing individuals/families with or at risk for genetic related disorders and knowledgeable about genetic related services and referral resources available to them.		Track the number of: * Seminars offered at outreach sites (ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #2: The general public and professionals/providers are aware and knowledgeable about birth defects, genetic conditions and genetic disease-related services in Ohio.

One objective per page; duplicate form as needed

Project Component #3 A. BCMH Specialty Clinics Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
<p><u>OPTIONAL OBJECTIVE:</u></p> <p>At least (#)_____ of patients/parents with spina bifida followed by the BCMH Specialty Team Genetic Counselor in SFY 2008/09 will be educated through use of the Myelo Parent/Male/Female Surveys about neural tube defects and folic acid consumption.</p>	<p>Birth defects with preventable causes will be reduced.</p>		<p>Track the number of:</p> <ul style="list-style-type: none"> * at risk individuals who complete the Myelo Surveys. (ODH Myelo Surveys Database) * at risk individuals identified by the BCMH Myelo Specialty Team who are taking the recommended amount of folic acid daily. (ODH Myelo Surveys Database) 	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #2: The general public and professionals/providers are aware and knowledgeable about birth defects, genetic conditions and genetic disease-related services in Ohio.

One objective per page; duplicate form as needed

Project Component #4: Cancer Genetics Initiative Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Establish contacts/networking meetings with at least (#) _____ ACS Patient Navigators in in SFY 2008/09 to increase awareness about cancer genetic services in the region.	Service providers will be skilled in recognizing individuals/families with or at risk for genetic related disorders and knowledgeable about genetic related services and referral resources available to them.		Track the number of ACS Patient Navigators/Local health care providers are educated about RGC cancer-genetics related services (ODH Genetics Database).	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #2: The general public and professionals/providers are aware and knowledgeable about birth defects, genetic conditions and genetic disease-related services in Ohio.

One objective per page; duplicate form as needed

Project Component #4: Cancer Genetics Initiative Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Do at least (#)_____ activities to promote the U.S. Surgeon Generals Family Health History Initiative/Website during November 08 and November 09.	Service providers will be skilled in recognizing individuals/families with or at risk for genetic related disorders and knowledgeable about genetic related services and referral resources available to them.		Track the number of activities which promoted the U.S. Surgeon General's Health History Initiative/website during the Thanksgiving holiday seasons. (ODH database & mid/yr end reports)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #2: The general public and professionals/providers are aware and knowledgeable about birth defects, genetic conditions and genetic disease-related services in Ohio.

One objective per page; duplicate form as needed

Project Component #5: OCCSN Collaboration Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Establish contact/networking meetings with at least (#) _____ Help Me Grow staff/Local Public Health Nurse Service Coordinators in SFY 2008/09 to increase awareness about RCGC services in the region.	Service providers will be skilled in recognizing individuals/families with or at risk for genetic related disorders and knowledgeable about genetic related services and referral resources available to them.		Track the number of HMG/LHD Service Coordinators are educated about RGC services in the region. (ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #2: The general public and professionals/providers are aware and knowledgeable about birth defects, genetic conditions and genetic disease-related services in Ohio.

One objective per page; duplicate form as needed

Project Component #5: OCCSN Collaboration Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Do at least (#) _____ education presentations covering birth defects causes and prevention strategies in SFY 2008/09.	Service providers will be skilled in recognizing individuals/families with or at risk for genetic related disorders and knowledgeable about genetic related services and referral resources available to them.		Track the number of presentations that cover Birth defect causes and prevention strategies. (ODH Genetics Database)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #2: The general public and professionals/providers are aware and knowledgeable about birth defects, genetic conditions and genetic disease-related services in Ohio.

One objective per page; duplicate form as needed

Project Component #5: OCCSN Collaboration Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Do at least (#) _____ Activities to promote Birth Defects Prevention Month (Jan. 08 and Jan. 09) in our region.	Service providers will be skilled in recognizing individuals/families with or at risk for genetic related disorders and knowledgeable about genetic related services and referral resources available to them.		Track the number of activities which promote Birth Defects Prevention Month in Jan 08 and Jan 09) (ODH database & mid/yr end reports)	

SFY 2008/09 RCGC GOALS & OBJECTIVES

Project Name: _____

Goal #2: The general public and professionals/providers are aware and knowledgeable about birth defects, genetic conditions and genetic disease-related services in Ohio.

One objective per page; duplicate form as needed

Project Component #6: Newborn Screening Program Specific Objectives	Expected Outcomes/Impact/Results	Project Activities/ Responsible Party	Method of Evaluation	Timelines/ Start/Finish
Provide at least #_____ regional Grand Rounds on the topic of Newborn Screening for Cystic Fibrosis will be presented by the RCGC or CF Center in SFY 2007/08.	Service providers will be skilled in recognizing individuals/families with or at risk for genetic related disorders and knowledgeable about genetic related services and referral resources available to them.		Track the number, date, time, location and attendance of regional CF Grand Rounds (ODH Genetics Database).	

APPENDIX 1
REGIONAL GENETICS POPULATION INFORMATION
SFY2008

REGION 1

8 Counties: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, Warren
2005 Population: 1,700,000 = 15%
2003 Birthrate: 24,000 = 16%

REGION 2

12 Counties: Auglaize, Champaign, Clark, Darke, Greene, Hardin, Logan, Mercer, Miami, Montgomery, Preble, Shelby
2005 Population: 1,300,000 = 11%
2003 Birthrate: 17,000 = 11%

REGION 3

14 Counties: Allen, Defiance, Fulton, Hancock, Henry, Lucas, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood
2005 Population: 1,100,000 = 10%
2003 Birthrate: 15,000 = 10%

REGION 4

32 Counties: Athens, Belmont, Coshocton, Crawford, Delaware, Fairfield, Fayette, Franklin, Gallia, Guernsey, Hocking, Jackson, Knox, Lawrence, Licking, Madison, Marion, Meigs, Monroe, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Ross, Scioto, Union, Vinton, Washington, Wyandot
2005 Population: 2,700,000 = 24%
2003 Birthrate: 37,000 = 25%

REGION 5

6 Counties: Ashtabula, Cuyahoga, Erie, Geauga, Lake, Lorain
2005 Population: 2,100,000 = 19%
2003 Birthrate: 27,000 = 18%

REGION 6

16 Counties: Ashland, Carroll, Columbiana, Harrison Holmes, Huron, Jefferson, Mahoning, Medina, Portage, Richland, Stark, Summit, Tuscarawas, Trumbull, Wayne
2005 Population: 2,400,000 = 21%
2003 Birthrate: 9,000 = 20%

APPENDIX # 2

SFY 2008 RCGC Grant Application Review Form

Project Name _____ **Reviewer Name** _____ **Review Date** _____ **Total Score** _____

Category	Comments: Strengths/Weaknesses/Special Conditions	Maximum Score	Reviewer's Score
Description of Applicant Agency/Eligibility <input type="checkbox"/> RCGC Standards & Criteria Assurance Form <input type="checkbox"/> Certification re. Counseling for Abortions		10 points	
Description of Personnel <input type="checkbox"/> Staff C.V.s/Resumes		5 points	
Methodology <input type="checkbox"/> RCGC State Work Groups Information Form <input type="checkbox"/> Outreach Clinics Information Form <input type="checkbox"/> Staff Contacts-Deliverables Form <input type="checkbox"/> RCGC Goals and Objectives Form <input type="checkbox"/> Myelo Survey Project Participation Status		25 points 5 points	
Fiscal Application/Budget Narrative: <input type="checkbox"/> RCGC Funding Worksheet <u>Does applicants describe:</u> <input type="checkbox"/> their budget narrative around the 6 major SFY 08 Grant Components <input type="checkbox"/> How categorical costs are derived; <input type="checkbox"/> The functions of all personnel, consultants, collaborators; <input type="checkbox"/> Use of 1 yr. funding for database revisions <input type="checkbox"/> Justification of equipment, travel, and training costs; <input type="checkbox"/> a Budget that reasonably reflects work to be completed		50 points	
TOTAL GRANT APPLICATION SCORE		100 POINTS	

Additional/General Comments:

APPENDIX #3
**SFY 2008 RCGC PROGRAM GOALS, EXPECTED
RESULTS & INDICATORS**

GOAL #1

I. Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.

EXPECTED RESULTS:

- A. Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge about their condition, community resources & support systems and ability to make informed choices related to their condition.
- B. Genomics is appropriately integrated into public health policy and program planning in Ohio.

GOAL #2

II. Providers, the general public and policy makers are aware and knowledgeable about birth defects, genetic conditions, and genetic disease-related services in Ohio.

EXPECTED RESULTS:

- A. Service providers will be skilled in recognizing individuals/families with or at risk for genetic related disorders and knowledgeable about genetic related services and referral resources available to them.
- B. The general public will be aware of the role that genetics plays in health and about genetic related services and referral resources available to them.
- C. Policy Makers and Program Planners will have improved knowledge about role of genomics in improving public health.

I. Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.

EXPECTED RESULT:

A. Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge about their condition, community resources & support systems and ability to make informed choices related to their condition.

SFY 08 Grant Component Measured	PERFORMANCE INDICATORS	SOURCE OF DATA
<p>#1 RCGC Network Participation</p> <p>1. RCGC Standards & Criteria</p>	<p>a. The number of RCGCs who complete the RCGC Self Evaluation Tool on or before the deadline date.</p> <p>b. The number of RCGCs who meet or exceed RCGC Standards & Criteria after completion of ODH Monitoring Site Visits process is completed.</p>	<p>RCGC Self Evaluation Tool</p> <p>ODH RCGC Site Visit Monitoring Tool</p>
<p>#1 RCGC Network Participation</p> <p>2. Clinical Database Reporting</p>	<p>a. The geographic distribution of RCGC patients</p> <p>b. The racial and ethnic distribution of RCGC patients.</p> <p>c. The age distribution of RCGC patients.</p> <p>d. The distribution of clinic type in which RCGC patients were seen.</p> <p>e. The number and distribution of new & return RCGC patients.</p> <p>f. The referral source of patients to the RCGC.</p> <p>g. Tracking of Referrals to: e.g. HMG, OCCSN,</p> <p>h. The number counseled, excluding patient.</p> <p>i. The number of individuals receiving evaluation/diagnosis, genetic counseling, treatment and follow-up services & the distribution of those services offered through RCGCs.</p> <p>j. The number & distribution of services specific RCGC staff types provided.</p> <p>k. The number of RCGC patients with known,</p>	<p>RCGC Database (zip, county, state)</p> <p>RCGC Database (race/Hispanic ethnicity)</p> <p>RCGC Database (pt. D.O.B.)</p> <p>RCGC Database (General Genetics, prenatal, specialty, consult)</p> <p>RCGC Database (patient type)</p> <p>RCGC database</p> <p>RCGC database (add "referral to" category)</p> <p>RCGC Database (number counseled)</p> <p>RCGC Database (service types list)</p> <p>RCGC Database</p> <p>RCGC Database</p>

	<p>suspected, undetermined or with no evidence of specific diagnosis</p> <p>I. The number & distribution of RCGC patients with specific genetics related diagnoses (ICD-9 or other diagnostic codes).</p> <p>m. The number of RCGCs who submit clean, accurate and complete RCGC data in a timely manner.</p>	<p>(diagnostic status)</p> <p>RCGC Database (Best working diagnosis)</p> <p>Genetics Program Coordinator</p>
SFY 08 Grant Component Measured	PERFORMANCE INDICATORS	SOURCE OF DATA
<p>#2 Outreach Clinics</p> <p>1. Outreach Clinics</p>	<p>a. The number and distribution of individuals receiving clinical genetic services at a RCGC outreach clinic site.</p> <p>b. The number of outreach clinics convened.</p>	<p>RCGC Database (Clinic location)</p> <p>RCGC Database (clinic location by appt. date)</p>
<p>#3 Specialty Clinics</p> <p>1. Non-BCMh Specialty Clinics</p>	<p>a. The number & distribution of individuals who received genetic counseling services at a genetic disease related Specialty Clinics.</p>	<p>RCGC Database (Clinic Type by region & patient demographics)</p>
<p>#1 Network Participation</p> <p>1. Statewide Directory</p>	<p>a. The number of RCGCs who complete Directory Information Surveys on or before the deadline date.</p>	<p>Program Coordinator</p>
<p>#1 Network Participation</p> <p>6. New Staff Orientation (pending)</p>	<p>a. The number of new staff reported in the RCGC grant applications matched with C.Vs/Biosketches received.</p>	<p>Program Coordinator (RCGC Staff credentials file)</p>
<p>#3 Specialty Clinics</p> <p>1. BCMH Program/General</p>	<p>a. The number of RCGC Geneticists who are BCMH Providers.</p> <p>b. The number of children who are evaluated by RCGC Geneticists that are on the BCMH diagnostic service.</p> <p>c. The number of children referred to BCMH diagnostic program by an RCGC.</p> <p>d. The number of children who receive RCGC services that are on the BCMH treatment program.</p> <p>e. The number of children who are on the BCMH treatment program who were referred by an RCGC.</p>	<p>INFORM/CMACS</p> <p>INFORM/CMACS</p> <p>INFORM/CMACS RCGC Database</p> <p>INFORM/CMACS</p> <p>INFORM/CMACS – RCGC Database</p>

SFY 08 Grant Component Measured	PERFORMANCE INDICATORS	SOURCE OF DATA
#3 Specialty Clinics 2. Craniofacial Specialty Team	a. The number & distribution of individuals who received genetic counseling services at a Craniofacial Specialty Clinic. b. The number of individuals who receive genetic counseling services at BCMH Craniofacial Specialty Clinics per BCMH Standards of Care.	RCGC database (Clinic type by service type) Develop data elements based on RCGC related pieces of the BCMH Craniofacial Standards of Care when they are revised.
#3 Specialty Clinics 3. Cystic Fibrosis Specialty Team	a. The number & distribution of individuals who received genetic counseling services at a BCMH CF Specialty Clinic. b. The number of confirmed CF carriers who received genetic counseling by a RCGC GC. c. The number of at risk CF NBS screened cases evaluated by the CF Teams whose case statuses are reported back to lab in timely manner. d. The number of CF disease cases that are confirmed by the CF Teams that receive RCGC by RCGC staff. e. The number of individuals who receive genetic counseling services at BCMH CF Specialty Clinics per BCMH Standards of Care.	RCGC Database RCGC Database RCGC Database ODH Lab Database RCGC Database (Clinic type by diagnostic status by best working diagnosis by service provided) Develop data elements based on RCGC related pieces of the CF Standards of Care when they are revised.
#3 Specialty Clinics 4. Hemophilia Specialty Team	a. The number & distribution of individuals who received genetic counseling services at a Hemophilia Specialty Clinic. b. The number of individuals who receive genetic counseling services at BCMH Hemophilia Specialty Clinics per BCMH Standards of Care.	RCGC database (Clinic type by service type) Develop data elements based on RCGC related pieces of the BCMH Hemophilia Standards of Care when they are revised.
#3 Specialty Clinics 5. Myelo Specialty Team	a. The number & distribution of individuals who received genetic counseling services at a Myelo Specialty Clinic. b. The number of individuals who receive genetic counseling services at BCMH Myelo Specialty Clinics per BCMH Standards of Care. c. The number of Myelo Patient/Parent Surveys completed; # questions respondents answered correctly; # patients/mothers taking folic acid; # affected who know the cause of Myelo; # who	RCGC database (Clinic type by service type) Develop data elements based on RCGC related pieces of the BCMH Myelo Standards of Care when they are revised. Myelo Surveys Database

	know the chance of recurrence; # who know the importance of Folic acid and the correct dosage; # who are consuming the recommended levels of FA, etc...	
SFY 08 Grant Component Measured	PERFORMANCE INDICATORS	SOURCE OF DATA
# 5 OCCSN Collaboration 1. OCCSN Program	<ul style="list-style-type: none"> a. The number of children identified with an OCCSN disorder who received a diagnostic evaluation from an RCGC. b. The number of children identified with a possible OCCSN disorder whose condition was confirmed or ruled out by an RCGC. c. The number of children identified with an OCCSN disorder who received other services (refer to services list – e.g. “genetic counseling”) from an RCGC. d. The number of cases identified by OCCSN that were referred to an RCGC e. The number of children reported to OCCSN program by the RCGCs. 	<p>OCCSN Database by RCGC Database (name & diagnostic status & best working diagnosis) OCCSN Database by RCGC Database (demographics by diagnostic status & best working diagnosis)</p> <p>OCCSN database by RCGC Database (demographics by services provided)</p> <p>OCCSN database??</p> <p>RCGC Database (add limited “referrals to” category)</p>
# 4 Cancer Genetics Initiative 1. Cancer Genetics	<ul style="list-style-type: none"> a. The number of individuals with a cancer- genetic diagnosis who receive genetic counseling services through a RCGC. b. The number of patient navigators & others who are educated about RCGC services. 	<p>RCGC Database</p> <p>RCGC Database</p>
# 6 NBS 13. NBS Case Reporting	<ul style="list-style-type: none"> a. The number of children with/at risk for a NBS disorder that are evaluated by RCGC MSTs. b. The percent of all infants identified by the NBS Lab with an abnormal metabolic screen that are evaluated by a RCGC MST. c. The number of children with a possible NBS disorder identified by the ODH NBS Lab that received a confirmatory diagnosis by a RCGC MST. d. The number of children who were diagnosed by a RCGC for a NBS disorder that received the diagnosis in a timely manner. e. The number of children who were evaluated by a RCGC for a NBS disorder whose case status was reported back to the ODH NBS Lab in a timely manner. f. The number of children with specific NBS disorders who are receiving treatment through a 	<p>ODH Lab Database & RCGC Database (by diagnosis)</p> <p>ODH Lab Database & RCGC Database (by diagnosis)</p> <p>ODH Lab database & RCGC database (diagnostic status)</p> <p>RCGC Database (date of diagnosis)</p> <p>RCGC Database (date dx was reported back to the lab)</p> <p>RCGC Database (Treatment initiated)</p>

	RCGC.	
	g. Breakdown of the types of treatment being provided.	RCGC Database (specific treatment being provided)
	h. The number of children with a confirmed NBS disorder that are under long term care management through RCGCs (tracked more than one year)	RCGC Database
	i. Breakdown of mechanisms used to report outcomes back to ODH lab.	RCGC Database
	j. The % of RCGC reported diagnostic outcomes that match Lab recorded outcomes at case closing.	RCGC Database ODH Lab Database

EXPECTED RESULT:

B. Genomics is appropriately integrated into public health policy and program planning in Ohio.

SFY 08 Grant Component Measured	PERFORMANCE INDICATORS	SOURCE OF DATA
#1 Network Participation 1. RCGC Standards & Criteria	a. The number of ODH RCGC Directors meetings attended by ODH Genetics Program/RCGC Directors.	ODH Genetics Program Coord. meeting attendance sheets
#3 Specialty Clinics 1. BCMH Program/General	a. The number of ODH BCMH Medical Advisory Council (MAC) meetings attended by ODH Genetics Program/RCGC staff. b. The number of ODH BCMH Parent Advisory Council (PAC) meetings attended by ODH Genetics Program/Parents of children with genetic disorders.	ODH BCMH Lead Administrator meeting attendance sheets ODH BCMH Lead Administrator meeting attendance sheets
#3 Specialty Clinics 2. Craniofacial Specialty Teams	a. The number of statewide ODH BCMH Craniofacial Specialty Team advisory meeting attended by ODH Genetics Program/RCGC staff. b. Completed revisions adding genetics component to the BCMH Craniofacial Standards of Care.	ODH Genetics Program Coord. meeting attendance sheets Revised copy of BCMH Craiofacial Standards of Care
#3 Specialty Clinics 3. Cystic	a. The number of ODH BCMH CF Team advisory meetings attended by ODH Genetics Program/RCGC staff. b. Completed revisions adding genetics	ODH Genetics Program Coord. meeting attendance sheets Revised copy of BCMH CF

Fibrosis Specialty Teams	component to the BCMH Cystic Fibrosis Standards of Care.	Standards of Care
SFY 08 Grant Component Measured	PERFORMANCE INDICATORS	SOURCE OF DATA
#3 Specialty Clinics	<p>a. The number of ODH BCMH Myelo Specialty Team work groups attended by ODH Genetics Program/RCGC staff.</p> <p>b. Completed revisions adding genetics component to the BCMH Hemophilia Standards of Care.</p>	<p>ODH Genetics Program Coord. meeting attendane sheets</p> <p>Revised copy of BCMH Hemophilia Standards of Care</p>
4. Hemophilia Specialty Teams		
5. Myelo Specialty Teams	<p>a. The number of ODH BCMH Specialty Team workgroups attended by ODH Genetics Program/RCGC staff.</p> <p>b. Completed revisions adding genetics compont to the BCMH Myelo Standards of Care.</p>	<p>ODH Genetics Program Coord. meeting attendane sheets</p> <p>Revised copy of BCMH Myelo Standards of Care</p>
#5 OCCSN collaboration	The number of ODH OCCSN Advisory Council meetings attended by ODH Genetics Program/RCGC staff.	ODH OCCSN Coord. meeting attendane sheets
1. OCCSN Program	The number of ODH Ohio Partners for Birth Defects Prevention Subcommittee meetings attended by ODH Genetics Program/RCGC staff	ODH Genetics Program Coord. meeting attendane sheets
#6 NBS	The number of UNHS Subcommittee meetings attended by Genetics State & RCGC staff	ODH UNHS Coord. meeting attendane sheets
1. Universal Newborn Hearing Screening Program		
#4 Cancer Genetics	The number of ODH Cancer-Genetics Work Group meetings attended by ODH Genetics Program/RCGC Staff.	ODH Genetics Program Coord. meeting attendane sheets
1. Cancer Genetics		
2. CVH & Genetics	a. The number of CVH & Genetics work group meetings attended by Genetics program/RCGC staff	ODH Genetics Program Coord. meeting attendane sheets
#6 NBS	a. The number of ODH NBS Advisory Council meetings attended by ODH Genetics Program/RCGC Staff.	ODH NBS secretary's meeting attendane sheets
1. NBS Program		
FASD Initiative	a. The number of FASD State Task Force	ODH FASD Coord. meeting attendane sheets

	meetings attended by Genetics Program/RCGC staff	
HRSA Region IV Grant Activities	<p>a. The number of HRSA Regional Grant subcommittee meetings attended by ODH Genetics Program/RCGC staff.</p> <p>b. The number of HRSA Region IV Regional meetings attended by ODH Genetics Program/RCGC staff.</p> <p>a. The activities/products developed from subcommittee and regional meetings.</p>	<p>ODH HRSA Reg. IV Coord. meeting attendane sheets</p> <p>ODH HRSA Reg. IV Coord. meeting attendane sheets</p> <p>Meeting & grant activity reports</p>

II. Providers, the general public and policy makers are aware and knowledgeable about birth defects, genetic conditions, and genetic disease-related services in Ohio.

EXPECTED RESULT:

A. Service providers will be skilled in recognizing individuals/families with or at risk for genetic related disorders and knowledgeable about genetic related services and referral resources available to them.

SFY 08 Grant Component Measured	PERFORMANCE INDICATORS	SOURCE OF DATA
#1 Network Participation 1. Education Database Reporting	The number of genetic lectures, courses or trainings provided to service providers by RCGC staff.	RCGC Database
	The number of services providers who attend lectures/presentations, course or trainings given by RCGC staff.	RCGC Database
	The number of staff who provide education events aimed at services providers.	RCGC Database
	The number of RCGCs who have an updated web page for service providers to access that is also linked to the ODH Web Page.	Activated web page and links
#2 Outreach Clinics 2. Outreach Clinics	a. The number of service providers who attend the educational presentations offered at RGC Outreach venues.	RCGC Database
#1 Network Participation 3. Statewide Directory	a. RCGC Directory is posted on ODH web site	Activated on web page
#3 Speciatly Clinics	a. Number of Folic Acid education presentations	RCGC Database

4. Myelo Specialty Teams	b. Number in audience	RCGC Database
#5 OCCSN collaboration 5. Help Me Grow	a. Number of HMG Service Coordinators trained.	Training Attendance sheets
SFY 08 Grant Component Measured	PERFORMANCE INDICATORS	SOURCE OF DATA
#5 OCCSN collaboration 6. OCCSN Program	a. Number of attendees at N & R trainings b. The number of BD Prevention trainings offered. c. Number of RCGC staff provide N & R trainings d. The number of RCGC OCCSN coord.s who provide input into OCCSN disorder Fact sheet development. e. The number of fact sheets developed.	Attendance Sheets Gen Prog Coord Mid/Yr end reports Gen Prog Coord Gen. Prog. Coord
#4 Cancer Genetics 7. Cancer Genetics	a. The number of staff who participate in the NSGC Cancer-Genetics Speakers Bureau. b. The number of ACS patient navigators who receive cancer-genetics training from RCGC staff.	Mid/Yr end reports RCGC Database
#6 NBS 8. NBS Program	a. The number of regional NBS grand rounds presented in sfy 08/09. b. The number of primary care providers who attend the RCGC sponsored regional grand rounds on NBS disorders. c. Number of trainings in NBS disorders offered.	Mid/Yr. end reports Mid/Yr end reports RCGC Database
9. FASD Initiative	a. Number of FASD trainings targeting providers conducted. a. Number of providers (& breakdown) who attended.	RCGC Database RCGC Database
10. Surgeon Generals/ Family Health History Initiative	a. The number of trainings to providers on importance of family health history & RCGC referral awareness. b. The number of providers (breakdown) in attendance.	RCGC Database RCGC Database

EXPECTED RESULT:

B. The general public is aware of the role that genetics plays in health and about genetic related services and referral resources available to them.

SFY 08 Grant Component Measured	PERFORMANCE INDICATORS	SOURCE OF DATA
#1 Network Participation 1. Education Database Reporting	a. The number of genetic talks/presentations provided to consumers/general public by RCG staff. b. The number of consumers/general public who attend talks/presentations given by RCGC staff. c. The number of RCGCs who have an updated web page for consumers to access that is also linked to the ODH Genetics web page.	RCGC Database RCGC Database
#3 Specialty clinics 2. Myelo Specialty Teams	a. The number of at risk individuals who receive FA info/ed. in a timely manner at BCMH Myelo Specialty Clinic by G.C. b. The number of at risk individuals identified in the BCMH Myelo Specialty Clinics who are taking the recommended amount of FA daily.	Myelo Surveys Database Myelo Surveys Database
#5 OCCSN Collaboration 3. Birth Outcomes Improvement Initiative	a. # of consumers who attend talk on preconception health; birth defects prevention.	RCGC Database
#5 OCCSN Collaboration 4. OCCSN Program	a. The number of talks re. BDP offered to consumer groups. b. The number of consumers who attended. c. The number of OCCSN disorder fact sheets distributed to parents/consumers.	RCGC Database RCGC Database Gen Prog Coord
#4 Cancer Genetics 5. Cancer Genetics	a. The number of consumers/general public who attend Cancer-genetics talks by RCGC staff.	RCGC Database
6. FASD Initiative	a. The number of consumers who attend FASD presentations.	RCGC Database
7. Surgeon General's Family Health History Initiative	a. The number of RCGC provide with links to family history or have their own on their web sites. b. The number of presentations to consumer groups on this topic. c. The number of health fairs focusing on this topic.	Mid/Yr. end reports RCGC Database RCGC Database

APPENDIX #4
SFY 2008 GENETICS CLINICAL DATA BASE
PROPOSED DATA ELEMENTS LIST

Data Element	Proposed for New System	CURRENTLY Collected
<i>PATIENT INFORMATION</i>		
Patient Name	X	
Patient ID		X
Date of Birth	X	X
Gender	X	X
Zip Code	X	X
County of Residence	X	X
State/Country	X	X
Hispanic Ethnicity	X	X
Race	X	X
<i>SERVICE INFORMATION</i>		
Appointment Date	X	X
Referral Source		X
Referral To HMG, BCMH, ETC.	X	
Patient Type (new/return)	X	X
Number Counseled	X	X
Clinic Location	X	X
Clinical Setting	X	X
Clinic Type (<i>General Genetics Clinic; Prenatal Clinic; Specialty Clinic; Consult</i>)	X	X
Providers of services/staff types		X
Services (<i>diagnostic eval, Med. management; genetic counseling; Prenatal Counsl (how to I.D. if woman is hi risk preg., Preconceptional couns.; nutritional mgmt</i>)	X	X

<i>DIAGNOSTIC OUTCOME INFORMATION</i>		
Diagnostic Status (known/confirmed; suspected;undetermined; no evidence of disorder)	X	X
Best Working Diagnosis	X	X
NBS Kit # (if applicable)	X	
Date of Diagnosis (for NBS disorders)	X	
Treatment Initiated-Y/N (for NBS disorders)	X	
Treatment Provided	X	
Date that RCGC reported NBS diagnostic status back to approp. ODH program	X	X (on year end report forms)
Mechanism used to report NBS case status back to approp. ODH program (<i>standardize list</i>)	X	
<i>BILLING INFORMATION</i>		<i>X</i>

GENETICS EDUCATION DATA BASE

Data Element	06/01/2006 DRAFT Proposed for New System	CURRENTLY Collected
<i>EDUCATION EVENT INFORMATION</i>		
Event Title		X
Event Topic <i>(use a standardized list)</i>	X	
Date of Education Event	X	X
Geographic Location of Event	X	X
Facility Where Ed. Event Was Held (specify data element for Outreach clinic lunch seminars)	X	X
<i>INFORMATION ON EDUCATION ACTIVITY DURING EVENT</i>		
Instructional Format	X	X
Name of Education Provider	X	
Profession of Education Provider	X	X
Folic Acid Focus		X
Evaluation Tool Used?		X
Audience Type	X	X
Audience Number	X	X
Was Special Population Targeted?	X	X
Clock Hours Spent		X

APPENDIX # 5
SFY 2008 RCGC RFP
LIST OF ACRONYMS

ACS: American Cancer Society

BCMHS: Bureau for Children with Medical Handicaps
(Ohio's Children with Special Health Care Needs Program)

BDP: Birth Defects Prevention

CCA: Confirmation of Contractual Agreement

CF: Cystic Fibrosis

CY: Calendar Year

EFT: Electronic Funds Transfer

FASD: Fetal Alcohol Spectrum Disorder

FY: Fiscal Year

GAPP: Grants Administration Policy and Procedure (manual)

GMIS 2.0: Grants Management Information System 2.0

HMG: Help Me Grow (Ohio's Early Intervention System)

HRSA: Federal Department of Health & Human Services –
Health Resources and Services Administration

MOD: March of Dimes

MST: Metabolic Service Team

NBS: Newborn Screening

NOA: Notice of Award

OCCSN: Ohio Connections For Children With Special Needs
(the name of Ohio's birth defects surveillance program)

ODH: Ohio Department of Health

PCP: Primary Care Provider

PHN: Public Health Nurse

RGC: Regional Genetics Center

RCGC: Regional Comprehensive Genetics Centers

RFP: Request for Proposals

SFY: State Fiscal Year

