



## OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

614/466-3543  
www.odh.ohio.gov

Ted Strickland/Governor

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

**To:** Prospective Applicants for Violence Against Women Act (VAWA)  
Sexual Violence Prevention Projects 2010

**From:** Nan Migliozi, Acting Director  
Office of Healthy Ohio  
Ohio Department of Health

**Subject:** Notice of Availability of Funds

**Competitive Grant Applications for State Fiscal Year 2010**  
**Violence Against Woman Act (VAWA) Sexual Violence Prevention**  
(11/01/09 through 10/31/10)

The Ohio Department of Health, Office of Healthy Ohio, Bureau of Health Promotion and Risk Reduction, Sexual Assault and Domestic Violence Prevention Program announce the availability of grant funds to support Sexual Violence Prevention Projects. The Request for Proposals (RFP) will provide guidance in completing the online application for the FY 2009 competitive program period. **Proposals are due by Monday, September 28, 2009 for the funding period of November 1, 2009 through October 31, 2010. Late applications will not be accepted.**

### **Introduction / Background**

The Ohio Department of Health (ODH), Office of Healthy Ohio (OHO), Bureau of Health Promotion and Risk Reduction (BHPRR), Sexual Assault and Domestic Violence Prevention Program (SADVPP) announce the availability of grant funds for rape prevention and crisis intervention activities for unserved and underserved communities. The purpose of the rape prevention program is to reduce the incidence of rape and other forms of sexual assault through prevention and education, and ensure that survivors, their families and friends have access to quality hotline services.

- Projects must designate 80 percent or more of their efforts toward prevention programming.
- Projects must specifically support and expand primary and secondary efforts to reduce or stop sexual violence within the following unserved or underserved communities: African Americans; American Indians/Alaskan Natives; Amish; Appalachians; Asian Americans; Blue Collar/Union; persons who are chemically dependant; Hispanic/Latino; Immigrant/Refugees; Lesbian-Gay-Bisexual-Transgender; Mentally/Physically Challenged, including deaf and vision impairment and blind communities; person's affected by HIV/AIDS; persons experiencing poverty for other reasons; Rural non-Appalachian and Veterans/Active Duty Military Personnel.

**Those currently receiving VAWA Sexual Violence Prevention funds from ODH are not eligible to apply for these funds.** Eligible applicants are local public health departments or non-profit agencies that can provide evidence of prior experience for implementing programs and working collaboratively in the identified communities. Applicant may submit only one proposal for either the Rape Prevention Education Project or the Capacity Building Project

All interested parties must submit a *Notice of Intent to Apply for Funding* form, no later than Monday, August 24, 2009 to be eligible to apply for funding.

All applicants must attend GMIS 2.0 training to be eligible to apply for funding. Complete and return the GMIS 2.0 training form along with the Notice of Intent to Apply form (attached to the RFP) and indicate if training for GMIS 2.0 is needed. This training will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet using GMIS 2.0. GMIS Training is scheduled September 10, 2009.

Once ODH receives your completed Notice of Intent to Apply for Funding and the GMIS 2.0 training forms and you have finalized all GMIS training requirements, a grant application will be created for your organization and you may proceed with the application as outlined in the RFP. The RFP will provide detailed information about the background, intent and scope of the grant, associated with submission of the grant application and administration of the grant.

#### **Technical Assistance Session**

All potential applicants are encouraged to attend a Grant Writing Workshop or participate in a conference call to be held on a date to be announced. The grant writing workshop will provide an opportunity for potential applicants to learn more about the RFP application and to ask questions.

Please contact Beth Malchus, ODH Rape Prevention Coordinator at (614) 466-2144, by e-mail at [Beth.Malchus@odh.ohio.gov](mailto:Beth.Malchus@odh.ohio.gov), or by fax at (614) 564-2409 with questions regarding the RFP application or to register for the grant writing workshop. Responses and questions presented at the workshop will be posted on the Healthy Ohio website [www.healthyohioprogram.org](http://www.healthyohioprogram.org) within seven days of the presentation.

# NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health  
Office of Healthy Ohio  
Bureau of Health Promotion and Risk Reduction

**ODH Program Title: (VAWA) Sexual Violence Prevention**

***ALL INFORMATION REQUESTED BELOW MUST BE COMPLETED.***

*(Please print clearly or type.)*

**County of Applicant Agency/Organization:** \_\_\_\_\_

**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 to which the federal tax identification number is assigned and, if applicable, as listed currently in GMIS.

**Type of Applicant Agency:**       County Agency       Hospital       Local Schools  
(Check One)                       City Agency       Higher Education       Not-for-Profit

**Applicant Agency/Organization Name:** \_\_\_\_\_

**Applicant Agency/Organization Address:** \_\_\_\_\_

**Agency Contact Person/Title:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Please check one:**

- Yes - Our agency will need GMIS training.  
(Complete additional GMIS 2.0 Training form.)
- No - Our agency has already had GMIS training.

**Mail, e-mail, or fax to:**

**Beth Malchus, Rape Prevention Coordinator**  
Ohio Department of Health  
246 North High Street  
Sexual Assault and Domestic Violence Prevention Program  
Columbus OH 43215  
E-mail    [beth.malchus.@odh.ohio.gov](mailto:beth.malchus.@odh.ohio.gov)  
Fax        (614) 564-2409

*Notice of Intent to Apply for Funding form must be received by Monday, August 24, 2009.*

Ohio Department of Health  
**GMIS 2.0 TRAINING**

ALL INFORMATION REQUESTED MUST BE COMPLETED FOR EACH EMPLOYEE FROM YOUR AGENCY/ORGANIZATION WHO WILL ATTEND A GMIS 2.0 TRAINING SESSION.  
(Please print clearly or type.)

Grant Program: \_\_\_\_\_ RFP Due Date: \_\_\_\_\_

County of Applicant Agency/Organization: \_\_\_\_\_

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 to which the federal tax identification number is assigned and, if applicable, as listed currently in GMIS.

Applicant Agency/Organization Name: \_\_\_\_\_

Applicant Agency/Organization Address: \_\_\_\_\_  
\_\_\_\_\_

Agency/Organization Employee to Attend Training: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

GMIS Training Authorized by: \_\_\_\_\_  
(Signature of Agency Head or Agency Fiscal Head)

REQUIRED – Please check one: \_\_\_\_\_ I already have access to the ODH GATEWAY (SPES, ODRS, LHS, etc.).  
\_\_\_\_\_ I DO NOT have access to the ODH GATEWAY.

**Training Date: September 10, 2009**

Mail, e-mail or fax to **GAIL BYERS by Monday, August 24, 2009**  
Grants Administration Unit  
Ohio Department of Health  
246 North High Street  
Columbus OH 43215  
E-mail: [gail.byers@odh.ohio.gov](mailto:gail.byers@odh.ohio.gov)  
Fax: (614) 752-9783

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



**ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET**

# **OHIO DEPARTMENT OF HEALTH**

**Office of Healthy Ohio**

**BUREAU OF  
HEALTH PROMOTION AND RISK REDUCTION**

**VIOLENCE AGAINST WOMEN ACT (VAWA)  
Sexual Violence Prevention**

**REQUEST FOR PROPOSALS (RFP)  
FOR  
FISCAL YEAR 2010  
(11/01/09 – 10/31/10)**

**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 Web site: ODH Application Gateway-GMIS 2.0 which includes various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted on time will result in the entire application not being considered for review.**

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

- A. **Policy and Procedure:** Uniform administration of all ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subgrantee applications. The GAPP manual is available on the ODH Web site <http://www.odh.ohio.gov> (Click on “Funding Opportunities” [located under At a Glance at the bottom of the website]. Click on “ODH Grants” and then click on “GAPP Manual.”)
- B. **Application Name:** Violence Against Women Act (VAWA) Sexual Violence Prevention Program
- C. **Purpose:** The purpose of the Sexual Violence Prevention Program is to reduce the incidence of rape and other forms of sexual violence through prevention and education, and to ensure that survivors and their families and friends have access to quality hotline services. Programs must designate the majority or all of their efforts toward comprehensive community-based prevention programming that will contribute to altering the public’s knowledge, attitudes and behaviors related to sexual violence. The only permitted activity other than prevention efforts are activities related to operating a rape crisis hotline. For more information about Sexual Violence Prevention as intended by the Centers for Disease Control and Prevention (CDC), refer to the document “Sexual Violence Prevention: Beginning the Dialogue” available online at <http://www.cdc.gov/ncipc/dvp/SVPrevention.htm> (see Appendix 1 for Recommended Resources for RPE Grants).
- D. **Qualified Applicants – Those currently receiving VAWA Sexual Assault Prevention funds from ODH are not eligible to apply for these funds.** Eligible applicants include:
  - 1. Rape Prevention Education Project for serving cross-cultural communities – for the general rape prevention education project that supports and expands primary and secondary prevention efforts to reduce or stop sexual violence within the following communities: African Americans; American Indians/Alaskan Natives; Amish; Appalachians; Asian Americans; Blue Collar/Union; persons who are chemically dependant; Hispanic/Latino; Immigrant/Refugees; Lesbian-Gay-

Bisexual-Transgender; Mentally/Physically Challenged, including deaf and vision impairment and blind communities; person's affected by HIV/AIDS; persons experiencing poverty for other reasons; Rural non-Appalachian and Veterans/Active Duty Military Personnel. Primary prevention projects are designed to stop sexual violence before it occurs. Secondary prevention projects are designed to decrease the risk of those identified as most likely to become victims or offenders of sexual violence. **Note: Crisis intervention services outside of limited hotline services will not be funded. Additionally, victim response training on how service providers should respond to victims of sexual violence will not be funded (i.e., hospital advocacy, law enforcement training, SANE training, judicial response).**

Applicant agency must:

- a. Be an Ohio local public or non-profit tax exempt organization as determined by Section 501(c)(3) of the Internal Revenue Code, with a current, valid letter of exemption.
- b. Have attended GMIS 2.0 training.
- c. Have the capacity to accept an electronic funds transfer (EFT).
- d. Document that the main focus is on primary and secondary prevention. Hotline services can make up no more than twenty percent (20%) of project.
- e. Document that planned activities use a public health approach and a multi-level intervention based on the recommendations from the Spectrum of Prevention. Document that planned activities are based on needs and underlying conditions of the identified unserved or underserved community and include interventions that foster and maintain healthy relationships.
- f. Document accessibility to the identified unserved or underserved community. Document that planned activities will be culturally and linguistically appropriate for the audience/communities to be reached.
- g. Demonstrate prior experience for implementing programs within the identified communities. Demonstrate prior experience for working collaboratively within the identified unserved or underserved community.
- h. Demonstrate community partnership and collaboration and show links with other community agencies addressing violence prevention through six (6) letters of support. At least three (3) should be from community organizations, faith community or businesses that are interested in preventing sexual violence within the identified community. The other three (3) can be from community members who are concerned about this issue (e.g., parents, residence, youth, teachers and mental health worker).
- i. Convene an advisory council/task force that reflects the identified community to be served.
- j. Review recommendations made from the Ohio Sexual and Intimate Partner Violence Prevention Consortium statewide plan and actively participate on a planning committee. (See Appendix 5)
- k. Participate in regional meetings and the statewide annual conference sponsored by ODH.
- l. Respond to reasonable requests from ODH for input necessary to complete

- the annual CDC application, strategic plan and annual report.
- m. Commit to sharing information about the agency's prevention programs and activities, in addition to strategies that have been successful and not successful, through the sa-ohio e-list and at statewide and regional meetings.
2. Capacity Building Project – for empowering cross-cultural communities to take action to prevent sexual violence. This Rape Prevention Education project is created to allow Ohio's un-served and underserved communities to build capacity and community leadership to develop a public health strategic plan with activities that will prepare them for statewide prevention interventions. The following populations have been identified: African Americans; American Indians/Alaskan Natives; Amish; Appalachians; Asian Americans; Blue Collar/Union; persons who are chemically dependant; Hispanic/Latino; Immigrant/Refugees; Lesbian-Gay-Bisexual-Transgender; Mentally/Physically Challenged, including deaf and vision impairment and blind communities; person's affected by HIV/AIDS; persons experiencing poverty for other reasons; Rural non-Appalachian, and Veterans/Active Duty Military Personnel.

Applicant agency must:

- a. Be a local public or non-profit tax exempt organization as determined by Section 501(c)(3) of the Internal Revenue Code, with a current, valid letter of exemption.
- b. Have attended GMIS 2.0 training.
- c. Have six (6) letters of support. At least three (3) should be from community organizations, faith community or businesses that are interested in preventing sexual violence within the identified community. The other three (3) can be from community members who are concerned about this issue (e.g., parents, residence, youth, teachers and mental health worker).
- d. Document accessibility to the community to be served.
- e. Document prior experience working with the community to be served.
- f. Demonstrate awareness of sexual violence in the community to be served and a willingness to work with state and local health departments to analyze community data.
- g. Be able to develop and strengthen community leadership for planning and consensus building in order to create local solutions that include developing a strategic sexual violence prevention plan with activities and a logic model.
- h. Attend sexual violence prevention basics concepts training which will include CDC recommended principles.
- i. Review recommendations made from the Ohio Sexual and Intimate Partner Violence Prevention Consortium statewide plan and actively participate on a planning committee. (See Appendix 5)
- j. Participate in regional meetings and the statewide annual conference sponsored by ODH.
- k. Respond to reasonable requests from ODH for input necessary to complete the annual CDC application, strategic plan and annual report.
- l. Commit to sharing information about the agency's prevention programs and

activities, in addition to strategies that have been successful and not successful, through the sa-ohio e-list and at statewide and regional meetings.

**Note:** Applicants may submit only one proposal for either Rape Prevention Education Project or Capacity Building Project. Please contact the Sexual Assault and Domestic Violence Prevention Program if planning to submit a Statewide Project proposal to served one of the identified unserved or underserved populations.

- E. Service Area:** As a general rule no more than one (1) project will be funded per county. However, if the services and identified populations are different and the need is justified, more than one (1) project per county with regional or statewide focus may be eligible for funding.
- F. Number of Grants and Funds Available:** Approximately \$60,000 is available for funding. Funding levels will depend upon the availability of funds, number and size of the proposals received. Selection will be based on recommendations of the review panel, quality of each applicant, justification for the funding request and adherence to the goals and objectives outlined in this RFP.

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

- G. Due Date:** *Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0, are due by **Monday, September 28, 2009**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments including any required forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.*

Please contact Beth Malchus, Rape Prevention Coordinator at 614/466-8960 or e-mail at [beth.malchus@odh.ohio.gov](mailto:beth.malchus@odh.ohio.gov) with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in the Violence Against Women Act and Department of Justice Act Reauthorization Act of 2005, Pub. L. No 103-322 (September 13, 1994), and Catalog of Federal Domestic Assistance (CFDA) Number 93.136.
- I. Goals:** The Ohio Department of Health's goals in releasing funds for the Violence Against Women Act (VAWA) Sexual Assault Prevention are to:
1. Reduce the incidence of rape.
  2. Ensure that rape victims/survivors and their families and friends have access to quality hotline services for immediate care.

**Program Objectives:** The permitted use of these funds according to the Violence Against Women Act of 2005 are:

1. Educational seminars;
2. Operation of hotlines;
3. Training programs for professionals;
4. Preparation of informational materials;
5. Education and training programs for students and campus personnel designed to reduce the incidence of sexual violence at colleges and universities;
6. Education to increase awareness about drugs used to facilitate rapes or sexual violence; and
7. Other efforts to increase awareness of the facts about, or to help prevent, sexual violence, including efforts to increase awareness in underserved communities and awareness among individuals with disabilities (as defined in Section 3 of the Americans with Disabilities Act of 1990 (42.U.S.C. 12102)).

For further explanation see Appendix 1 – CDC Description and Resources.

- J. Program Period and Budget Period:** The program period begins November 1, 2009 and ends on October 31, 2011. The budget period for this application is November 1, 2009 through October 31, 2010. Continuation of projects beyond the budget period is contingent upon the availability of funds to support the approved project, compliance with special conditions of the notice of award and the subgrantee’s performance.
- K. Local Health Districts Improvement Standards:** This grant will address the Local Health Districts Improvement 3701-34-04 “Protect People from Disease and Injury” and 3701-36-07 “Promote Healthy Lifestyle.” The Local Health Districts Improvement Standards are available on the ODH Web site <http://www.odh.ohio.gov> . (Click on “Local Health Departments” then “Local Health Districts Performance Standards Workgroup Information,” and click the link “Local Health Districts Improvement Goals/Standards/Measures.”)
- L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards.
1. *Public Health Impact Statement Summary* – Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
    - a. The Local Health District Improvement Standard(s) to be addressed by grant activities;
    - b. A description of the demographic characteristics (e.g., age, race, gender ethnicity) of the target population and the geographical area in which they

- live (e.g., census tract, census blocks, block groups);
- c. A summary of the services to be provided or activities to be conducted; and,
  - d. A plan to coordinate and share information with appropriate local health districts.

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

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

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

- **Basic Health Equity Concepts:** Certain groups in Ohio experience a disproportionate burden with regard to the incidence, prevalence and mortality of certain diseases or health conditions. These are commonly referred to as health disparities. Health disparities are not mutually exclusive to one disease or health condition and are measurable through the use of various public health data. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. People in such groups also tend to have less access to resources like healthy foods, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as social determinants. Social determinants are necessary to support optimal health. The

systematic and unjust distribution of social determinants among these groups is referred to as *health inequalities*. As long as health inequities persist, marginalized groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as *health equity*. Public health interventions that incorporate social determinants into the planning and implementation of programs will contribute to the elimination of health disparities. For more resources on health equity, please visit the ODH website at:

[http://www.healthyohioprogram.org/health equity/equity.aspx](http://www.healthyohioprogram.org/health%20equity/equity.aspx)

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **In view of this, the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay of grant payment.**
  
- O. Programmatic, Technical Assistance & Authorization for Internet Submission:** Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon the receipt of the Notice of Intent to Apply Form (NOIAF) by ODH. Please contact Beth Malchus, [beth.malchus@odh.ohio.gov](mailto:beth.malchus@odh.ohio.gov), 614-466-8960 to whom the applicant agency can contact for questions regarding this RFP.
  
- P. Acknowledgment:** An ‘Application Submitted’ status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.
  
- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, September 28, 2009**.  
  
Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service or from a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Administration, Central Master Files, but they must be delivered by 4:00 p.m. on the application due date. FAX attachments will not be accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**
  
- R. Successful Applicants:** Successful applicants will receive official notification in the form of a “Notice of Award” (NOA) posted in GMIS 2.0. The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
  
- S. Unsuccessful Applicants:** Within thirty (30) days after a decision to disapprove or not

fund a grant application for a given program period, written notification posted in GMIS 2.0, issued under the signature of the Director of Health or his designee, shall be available to the unsuccessful applicant.

**T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. 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. Indicates that program personnel are well qualified by training and/or experience for their roles in the program, and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the request for proposal;
9. **Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;**
10. **Has demonstrated compliance to GAPP, Chapter 100;**
11. **Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases of health conditions(s) and explains the root causes of health disparities.**
12. Addresses observance to the Ohio Department of Health, Rape Prevention Program Standards and Protocols. Copies are available upon request from the ODH Sexual Assault and Domestic Violence Prevention Program;
13. Indicates that crisis intervention services outside of limited hotline services are not part of the funded project, including victim response training on how service providers should respond to victims of sexual violence will not be funded (i.e., hospital advocacy, law enforcement training, SANE training, judicial response).

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.** (See Appendix 3 for the Grant Application Review Rating Form.)

- U. Freedom of Information Act:** The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying, except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5.
- V. Ownership Copyright:** Any work produced under this grant will be the property of the Ohio Department of Health/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/VAWA  
Office of Healthy Ohio  
Bureau of Health Promotion and Risk Reduction  
Sexual Assault and Domestic Violence Prevention Program

They also must bear the following disclaimer:

For PUBLICATIONS/MATERIALS: *“This publication/material was supported by the 5VF1CE001114-3 from the Center for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessary represent the official views of the Center for Disease Control and Prevention”*

For CONFERENCES/WORKSHOPS including promotional materials, agendas and internet sites: *“Funding for this conference was made possible in part by the cooperative agreement award 5VF1CE001114-3 from the Center for Disease Control and Prevention. The views expressed in written conference material or publications and by speakers and moderators do not necessary reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or practices, or organizations imply endorsement by the U.S. Government.”*

- W. 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.**

Reports shall be submitted as follows:

1. **Program Reports and any reports required by CDC:** Subgrantee Program Reports **must** be completed and submitted **via SPES (Subgrantee Performance Evaluation System)** by the following dates: February 15, 2010, May 15, 2010, August 15, 2010 and November 15, 2010. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

*Submission of Subgrantee Program Reports via the Ohio Department of Health's SPES system indicate acceptance of ODH Grants Administration Policies and Procedures (GAPP).*

Additionally:

- a. A *Yearly Site Visit* is conducted with all subgrantees to assure compliance with ODH program standards and continued progress toward program goals.
  - b. The *Annual Project and Regional Meeting* must be attended by one representative from your agency. The objective for these meetings is to provide technical assistance and an opportunity for sharing successes and barriers in prevention program delivery. Costs associated with these meetings are an allowable cost for this grant proposal.
  - c. The *sa-ohio e-list* is for subgrantees to post quarterly information about their prevention programs, activities and strategies that have been successful and not successful.
2. **Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates: February 15, 2010, May 15, 2010, August 15, 2010 and November 15, 2010.

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

3. **Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** on or before December 15, 2010. 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 Policies and Procedures (GAPP). Clicking the "approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.*

4. **Inventory Report:** A listing of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS 2.0 as part of the Subgrantee Final 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.

- X. Special Condition(s):** Responses to all special conditions **must be submitted via GMIS 2.0 within thirty (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 Policies and Procedures (GAPP). Checking the "selection" box and clicking the "approve" button signifies authorization of the submission as an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.*

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

1. To advance political or religious points of view, or for fund raising or lobbying, but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting 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 Web site <http://obm.ohio.gov/MiscPages/Publish/TravelPolicy.aspx> )
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts, for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
22. Crisis intervention services outside of limited hotline services will not be funded; and
23. Victim response training on how service providers should respond to victims of sexual violence will not be funded (i.e., hospital advocacy, law enforcement training, SANE training and judicial response).
24. Advocate or promote gun control. Funds may not be spent on political action or activities designated to affect the passage of specific Federal, State, or local legislation intended to restrict or control the purchase or use of firearms.

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

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

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

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

Once 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.*

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

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

AA. **Submission of Application** – The Internet application submission must consist of the following:

<b>Complete &amp; Submit Via Internet</b>
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1. Application Information
2. Project Narrative
3. Project Contracts
4. Budget
  - a. Primary Reason
  - b. Funding
  - c. Cash Needs
  - d. Justification
  - e. Personnel
  - f. Other Direct Costs
  - g. Equipment
  - h. Contracts
  - i. Compliance Section D
  - j. Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurance Certification
7. Attachments as required by Program
  - a. Statement of Intent to Pursue Health Equity Strategies
  - b. Program Cover Page
  - c. Program Narrative
  - d. Methodology Form
  - e. Employee/Contract Composition Form
  - f. Volunteer Composition Form
  - g. Agency Board Composition Form
  - h. Advisory/Task Force Composition Form
  - i. Self Assessment Curriculum Components Form
  - j. CDC Sexual Violence Prevention Advisory Membership Form

An original and one (1) copy of the following forms, available on GMIS 2.0 must be completed, printed, signed in blue ink with original signatures by the Agency Health or Agency Financial Health and mailed to the address listed below:

**Complete,  
Sign &  
Mail To  
ODH**

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

Two (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 two (2) copies of **Attachments** (non-Internet compatible) as required by **Program highly encourages Subgrantees to scan materials and submit by attaching into GMIS 2.0 rather than submitting these materials by mail:**
  - a. Staffing Information – Resumes and position descriptions of employees
  - b. Table of Organization
  - c. Curriculum(s) Outline

- d. Evaluation Tools
- e. Have six (6) letters of support. At least three (3) should be from community organizations, faith community or businesses that are interested in preventing sexual violence within the identified community. The other three (3) can be from community members who are concerned about this issue (e.g., parents, residence, youth, teachers and mental health worker). Document accessibility to the community to be served.

**MAIL TO:**

**OHIO DEPARTMENT OF HEALTH  
GRANTS ADMINISTRATION  
CENTRAL MASTER FILES  
246 N. HIGH ST. 4<sup>TH</sup> FLOOR  
COLUMBUS OH 43215**

**II. APPLICATION REQUIREMENTS AND FORMAT**

Access to the on-line Grants Management Information System 2.0 (GMIS 2.0) will be provided at your GMIS 2.0 training session for those agencies requiring training. All others will receive access after the upon receipt of the Notice of Intent to Apply Form (NOIAF) by ODH.

*All applications must be submitted via GMIS 2.0. 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 Policies and Procedures (GAPP). Submission of the Application signifies authorization by an agency official and constitutes electronic acknowledgement and acceptance of GAPP rules and regulations in lieu of an executed Signature page document.*

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

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

1. **Primary Reason and Justification Page:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel (including any plans for out-of-state travel), supplies and training costs. If you have joint costs, refer to GAPP Chapter 100, Section 103 and Section D (9) of the application for additional information.
2. **Personnel, Other Direct Costs, Equipment & Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period November 1, 2009 to October 31, 2010.

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

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

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

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

3. **Compliance Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.
  4. **Funding, Cash Needs and Budget Summary Section:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete this section will cause delays in receipt of grant funds.
- C. Assurance Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantee) form. This form is submitted automatically with each application via GMIS 2.0. The Assurance 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 states does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgement to the financial standards of conduct as stated therein.

**D. Project Narrative**

1. **Executive Summary:** Keep the summary short and to the point (400-500 maximum words). The body of the first paragraph should include a brief detail: identify if this is a Rape Prevention Education grant or a Capacity Grant, who the project will be serving including demographics, what the goals of the project are, where the activities/programs/services will be held, planning factors leading to the decision to propose this project. The second paragraph should describe the public health problem(s) to be addressed, total funds requested, what specific levels from the Spectrum of Prevention will be addressed, summary of the implementation plan and evaluation efforts. The third paragraph should describe community collaboration for both planning and implementing the program. Final paragraph should be a summation.

Note: This summary will be used for legislative and public inquiries about local programs and services.

2. **Description of Applicant Agency/Documentation of Eligibility/Personnel:**

- a. *Agency*

- Briefly discuss the applicant agency’s mission statement, guiding principles, focus of services or programs provided.
- Describe how long the agency has been in operation and has been involved or experienced with sexual violence and/or prevention work within the identified unserved or underserved community to be served.
- Identify how the proposed project will be incorporated within the organizational structure of the agency and how this project will support the agency’s mission.
- Identify the strengths and resources the agency will bring to the design, implementation and evaluation of the proposed project. Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant.
- Describe the capacity of your organization, its personnel or contractors ability to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills and individuals with disabilities.

- b. *Community Outreach*
- Specifically discuss how activities will be linked to a broad community effort.
  - Describe existing agency networking, coordination and collaborations within the proposed community. Include reasons why it made sense to partner with the specific groups (e.g., serve similar populations, have expert knowledge) and how the community members are/will be involved in the project planning, implementation and evaluation.
  - Describe any partnership and activities with 1) faith-based organizations and 2) organizations that serve men and boys.
- c. *Governing Board/Advisory Committee*
- Describe your governing board, advisory committee or community task force, which must have at least five (5) members. **(If the agency is not a rape crisis center with a board specifically focused on sexual violence, the agency must have a project advisory committee that meets at least twice a year.)** Membership should include people knowledgeable about the community's needs for rape prevention and sexual violence.
  - Describe how members are trained on sexual violence issues.
  - Describe how often the board or advisory committee meets and the minutes taken and maintained.
  - Provide assurance that the board has an adopted set of by-laws and they are reviewed annually. ***If the agency doesn't have an advisory group, describe the plan and how it will be formed.***
- d. *Contracts and Personnel*
- If the objectives of the grant are to be implemented through a contract, include information about the contracting agency or individual, if known. Include all work to be completed through contracts in the methodology.
  - Delineate key personnel who will be directly involved in program activities. Include the relationship among program staff members, staff members of the applicant agency, staff members of any contracting agency and other partners and agencies that will be working on this program. Include a table of organization of the agency showing sexual violence component in the attachment section. Include position descriptions for these staff in the attachment section, as described in the attachment instructions.
  - Describe training efforts, including training and orientation required for all project staff, student interns and volunteers. ODH standards require a minimum of twenty (20) hours of basic training, plus additional training specific to job responsibilities. Include plans for **ongoing training** based upon identified needs. **(If prevention**

**objectives are to be completed through a contract, contract personnel are held to the same training and orientation requirements.)**

- For prevention educators, cross-training with other ODH funded Rape Prevention Programs is strongly encouraged.
  - Out-of-state travel must be submitted as part of the original grant, via a budget revision, or receive approval in writing from ODH program consultants in cases where no budget revision is necessary.
  - Describe procedures for evaluation and review of job performance for all project staff, interns and volunteers. Show these are conducted at least annually. (Note: Executive Director review is to be conducted by the Board annually.) This should be a narrative description; summarize, but do NOT include copies of the forms used.
- e. *Agency Policies and Confidentiality*
- Confirm the ability and intent to meet the expectations of the ODH Rape Prevention Program Standards and Protocols (copies are available upon request from the Rape Prevention Program).
  - Describe the agency's confidentiality policy that addresses the following:
    - All services are provided in a confidential manner;
    - No information regarding a client may be disclosed without an individual's consent, except as required by law;
    - No information regarding a client's case is released to the media;
    - All agency staff/student interns/volunteers/contract workers are given confidentiality training and must sign a confidentiality statement;
    - Precaution is taken to ensure and maintain confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones, cell phones, telephone answering machines and other electronic or computer technology; and
    - For teen education and outreach, explain the agency's policy regarding reporting and responding to disclosure of sexual violence that may occur during/after a program in accordance with Ohio Revised Code, Section 2151.421. The Ohio Revised code can be found on the Internet at <http://onlinedocs.andersonpublishing.com/revisedcode>. Discuss how the agency works with schools or community organizations in addressing this issue.
- You can either summarize the confidentiality policy, or if it is two (2) pages or less, include the actual policy in the attachments section, noting in the online application where it can be found in the attachments.

f. *Quality Assurance*

- Provide a description of the QA plan including review of the agency's services and prevention programs, mechanism for reporting results and procedures for corrective action plan. The plan should include professional and community input and consumer participation.
- Quarterly QA should include a committee of three or more persons who:
  - Review cultural and linguistic competency of services and agency;
  - Review any unusual incidents for patterns and trends (including teacher/parent complaints or denial of services);
  - Review agency records (e.g., confidentiality, program evaluation forms);
  - Evaluate the project's performance in meeting goals and objectives of the project;
  - Identify success stories; and
  - Review compliance with ODH Rape Prevention Program Standards.
- Annual QA should include:
  - Review of agency's policies and procedures;
  - Scheduled review of materials (e.g., brochures, handouts and posters) and curriculums used;
  - Employees, student interns and volunteer annual performance review;
  - Review of compliance with ODH Rape Prevention Program Standards.
- Include assurance that resources, successes and program design weaknesses will be shared with other local agencies statewide (e.g., ODH meetings, sa-ohio e-list) quarterly and annually.

g. *Funding and Sustainability*

Describe how the project plans to sustain activities after funding period.

The proposed outline should include:

- Organization of a subcommittee or the board or advisory committee to address future funding.
- Identification of resource availability and gaps.
- Review of other potential on-going funding, including:
  - Review of other potential resources to support the project after sources of ODH funding are terminated
  - Development of supplemental funding sources to allow for expansion of the project and increase in expenses above the ODH spending limit
  - How the program can be integrated into existing ongoing services.

- Assurance that the agency will attend sexual violence prevention basics concepts training that will include CDC recommended principles.

h. *Required Attachments*

- Position descriptions for all staff, including qualification standards
- Resumes for all staff
- Table of Organization
- Completed Employee, Volunteer, Agency Board and Advisory/Task Force Committee Composition Forms (See enclosures 2, 3, 4, and 5.)
- Completed CDC Sexual Violence Prevention Advisory/Task Force Membership Form (See enclosure 9.)
- Include Have six (6) letters of support as an attachment. At least three (3) should be from community organizations, faith community or businesses that are interested in preventing sexual violence within the identified community. The other three (3) can be from community members who are concerned about this issue (e.g., parents, residence, youth, teachers and mental health worker). The letters should:
  - Identify their role and/or responsibilities for implementing any of the objectives and activities;
  - Describe their relationship to the agency;
  - Tell how they will provide any resources to the project; and
  - Show their support for this project in their community.
 School/teacher evaluations of prevention programming can also be considered a letter of support. **No support letters will be considered that arrive separately from the grant attachments.**

3. **Problem/Need:**

- a. Describe the specific community problem(s)/issue(s) as they relate to sexual violence (e.g., high bullying rates, community tolerance of sexual violence, high domestic violence rates, high alcohol-related offenses, lack of institutional support from the community to prosecute perpetrators):
- Provide support as to why this is a problem in your community (do not restate national or state data).
  - Identify and describe how the problem affects the specific group/community and any un-served or underserved populations this project intends to reach (e.g., geographic diversity, urban/rural, demographics – age, race, ethnicity, gender, etc).
  - Describe who has a stake in the problem.
  - Explicitly describe segments of the target population who experience disproportionate burden of the local health status concern (this information must correlate with the Statement of Intent of Pursue Health Equity Strategies) Note: the following communities have been identified by SADVPP and unserved or underserved populations:

African Americans; American Indians/Alaskan Natives; Amish; Appalachians; Asian Americans; Blue Collar/Union; persons who are chemically dependant; Hispanic/Latino; Immigrant/Refugees; Lesbian-Gay-Bisexual-Transgender; Mentally/Physically Challenged, including deaf and vision impairment and blind communities; person's affected by HIV/AIDS; persons experiencing poverty for other reasons; Rural non-Appalachian and Veterans/Active Duty Military Personnel.

- Specifically, describe who in the community cares whether or not the problems are resolved.

b. Discuss:

- For Capacity Building Projects only – Plans for conducting a community needs assessment and developing a strategic plan during the first year.
- Sexual violence prevention needs of the community intended to be served.
- How results are considered in the design and implementation of agency's project.
- Reasons the particular strategies and activities to be used are appropriate to the community.
- Existing strengths, including other organizations and resources within the community related to sexual violence prevention efforts.
- Potential gaps and barriers for addressing sexual violence in the intended community and strategies for overcoming these issues.

c. In addition to ongoing assessment:

- Discuss how the community needs assessment should receive special attention from the agency's governing board or advisory committee on a set schedule, ideally every three (3) to five (5) years, and should be used in the development of the agency/program's strategic plan.
- Indicate if such an in-depth needs assessment of sexual violence prevention programming has been completed for the community to be served within the past two (2) years. If so, include a summary of the results of the needs assessment.
- If it is beyond two (2) years since a needs assessment was conducted, include an in-depth needs assessment of sexual violence prevention programming for the community to be served *as an objective* for the upcoming grant year. This assessment should include:
  - Input from identified population and service providers regarding awareness of services and areas of unmet needs
  - Results of evaluations, pre-program tests for prevention and awareness programs and community assessments completed by other entities such as the local health department, family and

children first councils or other local planning efforts.

More information on needs assessment can be found in the ODH Rape Prevention Program Standards.

- d. For previously funded projects, also include:
- Description of ongoing community assessment of sexual violence prevention programming. Identify where your project is with regard to:
    - self assessment;
    - external assessment;
    - partnership building;
    - community planning;
    - data and needs/capacity;
    - priority setting;
    - intervention planning;
    - implementation planning; and
    - evaluation planning.
4. **Methodology:** This section is intended to demonstrate the applicant’s knowledge, experience and ability to conduct the project and meet the requirements set forth in the RFP. The selection of goals, objectives and activities should reflect that the sexual violence prevention project builds on community strengths and resources, and that the activities selected will contribute to altering the public’s knowledge, attitudes, beliefs and behaviors related to sexual violence prevention. This section will consist of three parts: a. **Logic Model**, b. **Methodology Form** and c. **Methodology Narrative**, which includes an evaluation plan based on the Spectrum of Prevention.

The following items are to be included as attachments:

- Self-Assessment Curriculum Components Form (Enclosure 7)
  - Methodology Form (Enclosure 8)
- a. *Logic Model*
- Submit project’s logic model.
- b. *Methodology Form* (Enclosure 8)
- All activities described in the narrative must be reflected on the methodology form.
  - All program staff listed on the budget should be found in the “person responsible” column of the methodology, and everyone listed on the methodology should be represented in the budget, either under personnel or in the section on explanation of personnel funding excluding program funds.

**Note:** Where any objectives of the grant are to be implemented through a contract, include all work to be completed through contracts in the program narrative and in the methodology. Note that contract agencies must follow the ODH Rape Prevention Program Standards and must contribute information to the quarterly and annual reports.

- c. *Methodology Narrative & Evaluation Plan/Spectrum of Prevention* (to be submit as an attachment)

*Spectrum of Prevention:* A six-level framework that expands sexual violence prevention efforts beyond education-only models by promoting a multi-faceted range of activities for a more comprehensive and effective understanding of prevention. See the National Sexual Violence Resource Center for the full report:

<http://www.nsvrc.org/publications/booklets/spectrum.html>.

Agencies are not expected to have planned activities occurring at every level currently, but should show activities in at least three (3) levels. If it is unknown that there are any activities occurring at a given level, describe a plan of how to address this in the next three years.

For Capacity Building Projects only – It is anticipated that the majority of the objectives will continue to fall under Level 4 - Fostering Coalitions and Networks.

**Guidelines:** In each level of the Spectrum of Prevention you have selected the following information should be included. See below for the specific requirements for each level.

- How goals and objectives were selected based on the problem(s) identified in the Problem/Need section. All goals and objectives **must** be selected from those listed in Appendix 3 – RPE Objectives of this “Request for Proposal” document.
- Describe how program activities will address health disparities.
- If the agency plans to use/replicate an *existing* project, curriculum, campaign or model of promising practice or one that has been developed within the agency, describe:
  - Details of project, curriculum, campaign or model of promising practice; reason(s) it was chosen to accomplish the goals and objectives.
  - How it was developed and evaluated and by whom (include if it is recognized as evidence-based), and how it will be reviewed annually.
  - Document that it is appropriate for the identified population to be served.

- Project evaluation is the systematic collection of information about the activities and outcomes of a project's goals and objectives that determines if and how well a project is working, identifies ways to improve the project and informs decisions about future development. The evaluation methods and tools should be completed before the project begins. This narrative section must match the goals, objectives and evaluation identified on the Methodology Form.
- Describe how the agency will actively participate in implementing the Ohio Sexual and Intimate Partner Violence consortium statewide plan. (See Appendix 5). Indicate what committee(s) funded personnel will be working on.

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

*By October 31, 2010, participants of primary prevention activities will be able to demonstrate an overall increase by 10% in a positive change in knowledge and attitude towards preventing sexual violence and promoting healthy relationships.*

Activities may include, but are not limited to, researching curricula, training staff and volunteers for presentations, publicizing availability of programming, contacting prospective audiences and scheduling and offering presentations. Examples of clubs may include MOST, PAVE, Teen Ambassadors or after-school clubs.

- Educational programs must be multi-session. Specify the length and number of sessions provided to each audience.
- Describe the curriculum to be used in outline format, including objectives and specific content of lessons, programs or presentations. Also complete the Self-Assessment Curriculum Components Form (Enclosure 7).
- Discuss evaluation plan, methods and tools that include how goals and objectives will be measured, as it pertains to changes in an individual's knowledge, attitudes, behaviors, beliefs or changes in policy, practice or procedure, not just audience satisfaction with the program or facilitator. Include copies of actual forms to be used.
- Describe how school or community educational sessions are supported by other agencies or activities in the community. Describe what type of activities these agencies are providing to support your efforts.
- If it is unknown that there are any activities occurring at this level, describe a plan of how to address this in the next two years.
- Note: Self defense/emotional and physical literacy can be one component of a curriculum.

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

*By October 31, 2010 community groups can identify three ways to prevent sexual violence and promote healthy relationships.*

Activities may include, but are not limited to, researching curricula, training staff and volunteers for presentations, publicizing sexual violence prevention messages, contacting prospective audiences and scheduling and offering presentations. Additional activities may also include, but are not limited to, learning about social marketing, conducting research to identify effective strategies to reach intended audiences, development and distribution of materials, participation of community events and evaluation of efforts.

- Community programs:
  - Educational programs must be multi-session. Specify the length and number of sessions provided to each audience.
  - Describe the curriculum to be used in outline format, including objectives and specific content of lessons, programs or presentations. Also complete the Self-Assessment Curriculum Components Form (Enclosure 7).
  - Discuss evaluation plan, methods and tools that include how goals and objectives will be measured, as it pertains to changes in an individual's knowledge, attitudes, behaviors, beliefs or changes in policy, practice or procedure, not just audience satisfaction with the program or facilitator. Include copies of actual forms to be used.
- Media advocacy:
  - Identify the following: 1) goal/message of your media campaign (i.e., change in knowledge, attitude, behavior, belief, professional policy or practice); 2) the specific audience the message is to reach; 3) media to be used and why it was chosen; and 4) how you will know the project was successful.
  - Describe your process in identifying the appropriate sexual violence prevention message.
- If it is unknown that there are any activities occurring at this level, describe a plan of how to address this in the next two years.

**Level Three - Educating Providers: *Sexual violence prevention training, culturally specific and/or cultural competency training.***

*By October 31, 2010 service providers who attend educational sessions will increase their promotion of healthy relationships within their field of expertise by 10%.*

Activities may include, but are not limited to, increasing the capacity of partners and professional organizations to develop skills to impact prevention and bystander intervention efforts with youth, men and boys and using a train-the-trainer model for sustainability of the program.

Additionally activities may include, but are not limited to, educating little league coaches, prison guards and law enforcement, nursing home providers, journalists and educators on sexual violence prevention practices (i.e., school safety plan assessment). This may include activities within applicant agency (i.e., attending state RPE conferences, regional meetings and Ohio Sexual Violence Prevention Network).

- Discuss the rationale for choosing specific professionals for the educational program or training.
- Discuss if these professionals have an opportunity to engage men, youth or other community leaders as change agents.
- Educational programs must be multi-session. Specify the length and number of sessions provided to each audience.
- Describe the curriculum to be used in outline format, including objectives and specific content of lessons, programs or presentations. Also complete the Self-Assessment Curriculum Components Form (Enclosure 7).
- Discuss evaluation plan, methods and tools that include how goals and objectives will be measured, as it pertains to changes in an individual's knowledge, attitudes, behaviors, beliefs or changes in policy, practice or procedure, not just audience satisfaction with the program or facilitator. Include copies of actual forms to be used.
- If it is unknown that there are any activities occurring at this level, describe a plan of how to address this in the next two years.

**Level Four - Fostering Coalitions and Networks: *Community needs assessment, strategic planning, community partners, collaboration, sustainability.***

*By October 31, 2010 a Sexual Violence Prevention Task Force/Advisory Committee/Coalition will develop and implement a community specific strategic plan that contributes to sustainable policy and systems change that support sexual violence prevention and healthy relationships.*

Activities may include, but are not limited to, development of a sexual violence prevention strategic plan and a logic model based on the ecological framework. The community needs assessment may also include identifying other prevention programming in the schools (e.g., parenting, healthy relationships, alcohol and other drug prevention, bullying, etc.)

Additionally, participation on state or national committee may also be included as an activity (e.g., Subcommittee work on implementing Ohio Sexual and Intimate Partner Violence Prevention Consortium's plan - see Appendix 5 for more information; or Subcommittee work with the National

Task Force to End Sexual and Domestic Violence Against Women.)

- Describe major accomplishments and challenges of the coalition or task force.
- If it is unknown that there are any activities occurring at this level, describe a plan of how to address this in the next two years.

**Level Five - Changing Organizational Practices: *School policies, community policies.***

*By October 31, 2010, (number) community organizations will have policies and systems in place that promote prevention, reduce sexual violence and related health consequences.*

Activities may include, but are not limited to review, implementation and enforcement of Ohio's Bullying, Harassment and Intimidation School Policy, Teen Dating Violence Policy or local businesses' or organizations' sexual harassment or domestic violence policies, as well as training staff related to the policies.

- Obtain a copy of school/organization policy on sexual harassment, bullying, sexual assault, domestic violence and/or disclosure of child abuse. Review the policies for a) disciplinary policy; b) training for all staff; and/or c) training for students/staff that includes prevention elements.
- Obtain a copy of school/organization's short-term and long-term response and services policies/procedures that are in place following a crisis or injury that has affected the school/workplace community. Identify if school/organization has strong community links for services.
- For school policies, identify other prevention programming occurring in the schools (e.g. parenting, healthy relationships, alcohol and drug prevention, bullying, sexual harassment, suicide and abstinence).
- If it is unknown that there are any activities occurring at this level, describe a plan of how to address this in the next two years.

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

*By October 31, 2010, provide technical assistance and/or advocacy to (number) community leaders and policy makers focusing on increasing their ability to make informed decisions with regards to sexual violence prevention policies.*

Activities may include, but are not limited to, attending school board or city council meetings, letters to the editor, public hearings, media briefings or

establishing college or university policies to provide sexual violence prevention education to all students. Additionally, publicity of Ohio's Sexual and Intimate Partner Violence Prevention Consortium Plan may also be included as an activity. See Appendix 5 for more information.

- Describe activities the project will conduct during National Teen Dating Violence Awareness Week or National Sexual Assault Awareness Month.
- Identify audiences to whom the message will be directed (i.e., parents, teachers, youth, clergy).
- Describe how messages will be delivered (e.g., letters to the editor, press conference, rallies, townhall meetings).
- Discuss project's relationship with local community leaders and policymakers and how project staff will provide technical assistance, legislation monitoring, response and analysis. Additionally, participation on state or national committee may also be included as an activity (e.g., Subcommittee work on implementing Ohio Sexual and Intimate Partner Violence Prevention Consortium's plan; or Subcommittee work with the National Task Force to End Sexual and Domestic Violence Against Women.)
- If it is unknown that there are any activities occurring at this level, describe a plan of how to address this in the next two years.

5. **Cultural Competency Plan:** Every community contains diversity. Some communities may have more or less cultural/ethnic diversity than others, but all have diversity related to geography, age, religion, sexual orientation, socio-economic status, disability status and other factors. Communities with less clearly visible diversity will still need to be prepared to respond to cultural/ethnic diversity. Achieving cultural competency is an ongoing process.

Cultural and linguistic competency is exhibiting a defined set of valued and principles that are reflective of an individual and organization that is knowledgeable and respectful of language (i.e., included but not limited to:

- Literacy level
  - English as a second language
  - American Sign Language, Braille
  - Customs
  - Culture
  - Beliefs and
  - Needs of racial, ethnic, religious and social group (i.e., to include but not limited to disability status, gender, sexual orientation, class, age)
- a. In each of the following areas, identify your agency's strengths, gaps and areas of outreach/expansion that are priorities for the coming year.

Each applicant is asked to include a quarterly in-service or staff discussion regarding issues of diversity.

- Access for the community to be served:
  - Are the hours of prevention education programming and hotline services adequate for the needs of the community to be served? Are you providing prevention programming to all populations within your community to be served as described in the “Problem Need Section?” How will the community know about your prevention programming?
  - Does your agency have resources in place for requests from communities with limited English proficiency and/or non-literate populations? Does your agency have a procedure for choosing interpreters and bilingual staff?
  
- Cultural competency in staffing:
  - Do the Sexual Violence Advisory Committee/Agency Board members reflect a broad representation of the community to be served that includes representatives from organizations serving diverse communities? If not, include a plan for achieving this representation.
  - Are agency staff, college interns and volunteers reflective of the community to be served? If not, include a plan for achieving representation.
  - Is there ongoing professional development and in-service training for staff, student interns, volunteers and board members related to culturally competent provision of service? Describe past programs and future plans.
  
- Are all materials and curricula reviewed by representatives reflecting the community to be served? Explain how this review was accomplished or include such review in your methodology for this year.

**E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

**F. Attachments:** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration, Central Master Files address on or before **Monday September 28, 2009**. All attachments must clearly identify the authorized program name and program number. *A minimum of an original and the indicated number of*

*copies of non-Internet attachments are required (See page 13, Section Z).*

- 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 & Vender 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.) One (1) of the following forms must accompany the IRS, W-9:**
1. **Vender Information Form (new agency only) OR**
  2. **Vender Information Change Form (Existing agency with tax identification number, name and/or address change[s].)**
  3. **Change Request in writing on agency letterhead. (Existing agency with tax identification number, name and /or address change[s].)**

Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed appropriate Vendor Form **must** be dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy each.

- 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 and Intent to Pursue Health Equity 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 and Intent to Pursue Health Equity Statement. 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) **(New 2010: Health Equity Response)**
- 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 Web site:

[http://www.homelandsecurity.ohio.gov/DMA\\_Terrorist/HLS\\_0038\\_Contracts.pdf](http://www.homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.pdf)

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

**N. Attachments as Required by Program:**

1. Statement of Intent to Pursue Health Equity Strategies
2. Program Cover Page
3. Program Narrative
4. Methodology Form
5. Employee/Contract Composition Form
6. Volunteer Composition Form
7. Agency Board Composition Form
8. Advisory/Task Force Composition Form
9. Self Assessment Curriculum Component Form
10. Table of Organization
11. CDC Sexual Violence Prevention Advisory Membership Form
12. Staffing Information - resumes and position descriptions
13. Curriculum Outline
14. Evaluation Tools
15. A minimum of six (6) letters of support to this program and current application

**III. APPENDICES**

1. Recommended Resources for RPE Grants
2. Grant Application Review Rating Form
3. RPE Objectives
4. Methodology Guidelines
5. Ohio Sexual and Intimate Partner Violence Prevention Consortium Ways to Engage

*Ohio Department of Health*

*Office of Healthy Ohio  
Bureau of Health Promotion and Risk Reduction*

*Sexual Assault and Domestic Violence  
Prevention Program*

*Fiscal Year 2010*

*Appendices*

## CDC Recommended Resources for RPE Grants

The CDC strongly recommends the resources below to assist RPE awardees in their program and/or project efforts:

### Planning resources

#### ***CDCYNERGY VIOLENCE PREVENTION EDITION, Your Guide to Effective Health Communication***

An interactive tool that is designed to help violence prevention program planners conceptualize, plan and develop health communication programs. This edition of ***CDCYNERGY*** is ideal for those interested in developing prevention programs on the issues of child abuse, intimate partner violence, sexual violence and youth violence. The six phases will help plan a well-designed health communication plan tailored to the specific needs of the selected violence issue and audience. To order your copy by going to the CDC's Internet site:

<http://www.cdc.gov/ncipc/dvp/CDCynergy/CDCynergy.htm>

#### ***The Community Tool Box***

An Internet-based “one-stop shopping” service to assist the promotion of community health and development. The site provides a variety of program planning, implementation and evaluation practice guidelines as well as organizational practices. ***The Community Tool Box*** can be accessed on the Internet at <http://ctb.ku.edu>

#### ***Getting to Outcomes (GTO)***

A “how-to” workbook that can be used by an organization or coalition to help plan, implement and evaluate its programs and strategies. Includes ten accountability questions that address needs and resource assessment, goals, target populations, desired outcomes (objectives), science and best practices, logic models, fit of programs with existing programs, planning, implementation with fidelity, process evaluation, outcome evaluation, continuous quality improvement and sustainability. ***GTO*** is designed to be comprehensive and to help the program, strategy or partnership succeed in reaching its goals. ***GTO*** can be accessed at [www.rand.org/pubs/technical\\_reports/TR101](http://www.rand.org/pubs/technical_reports/TR101) ***Getting to Outcomes for Intimate Partner Violence and Sexual Assault Prevention*** is under development; specific planning and assessment sections will be available for use by fall 2006.

#### ***Sexual Violence Prevention: Beginning the Dialogue***

Document produced by the CDC to provide guidance to the RPE awardees regarding primary prevention and sexual violence prevention programming. The document can be accessed at <http://www.cdc.gov/ncipc/dvp/SVPrevention.htm>

#### ***Preventing Violence Against Women***

Document produced by CDC to provide RPE awardees with information regarding primary prevention activities and resources. The document can be accessed at <http://www.cdc.gov/ncipc/dvp/vaw.pdf>

## **Informational resources**

Below are suggested resources that can be used to assist RPE awardees as they develop and implement prevention strategies:

### **National Sexual Violence Resource Center (NSVRC)**

NSVRC is a comprehensive collection and distribution center for information, research and emerging policy on sexual violence intervention and prevention. The NSVRC provides an extensive on-line library and customized technical assistance and coordinates National Sexual Violence Awareness Month initiatives. NSVRC can be accessed at <http://www.nsvrc.org>

### **National Youth Violence Prevention Resource Center (NYVPRC)**

NYVPRC provides current information developed by Federal agencies or with Federal support pertaining to youth violence. The Resource Center offers the latest tools to facilitate discussion with children, to resolve conflicts nonviolently, to stop bullying, to prevent teen suicide and to end violence committed by and against young people. Resources include fact sheets, best practices documents, funding and conference announcements, statistics, research bulletins, surveillance reports and profiles of promising practices. NYVPRC can be accessed at <http://www.safeyouth.org> and its call center 1-866-SAFEYOUTH (723-3968).

### **Violence Against Women Network (VAWnet)**

A National Online Resource Center on Violence Against Women housed within the National Resource Center on Domestic Violence (NRC DV). VAWnet is an easily accessible and comprehensive collection of full-text, searchable electronic resources on domestic violence, sexual assault and related issues. VAWnet's primary goal is to support local, state and national violence against women prevention and intervention strategies that are safe, effective and address the self-identified issues of consequence to victims and survivors. VAWnet can be accessed on the Internet at <http://www.vawnet.org>

## **Training resources**

### **PREVENT (Preventing Violence through Education, Networking and Technical Assistance)**

PREVENT, operated by the University of North Carolina Injury Prevention Research Center, provides training, networking and technical assistance opportunities to help individuals and organizations nationwide reduce violence through local, state, tribal and national approaches. PREVENT offers an intensive PREVENT Institute and distance learning resources to enhance skills to prevent violence before it occurs. Additional information about PREVENT and its training resource can be accessed at <http://www.PREVENT.unc.edu>

### **Prevention Connection**

Prevention Connection: The Violence Against Women Prevention Partnership is a national project of the California Coalition Against Sexual Assault (CALCASA) to conduct Web conferences, moderate a listserv and lead on-line discussions to advance primary prevention of violence against women. Prevention Connection can be accessed at <http://www.preventconnect.org>

Note: Some costs may be associated with these resources.

**Ohio Department of Health**  
**Bureau of Health Promotion and Risk Reduction**  
**Sexual Assault and Domestic Violence Prevention Program**  
**Grant Application Review Rating Form**  
**VAWA Sexual Assault Prevention FY 2010**

Agency \_\_\_\_\_ County \_\_\_\_\_

Indicates: statewide efforts  general RPE  capacity building

Reviewed by \_\_\_\_\_ Recommended funding level \_\_\_\_\_

CRITERIA	SCORE
1. Executive Summary (12 possible)	
2. Description of Applicant Agency/Documentation of Eligibility (40 possible)	
3. Problem/Need (30 possible)	
4. Methodology (50 possible)	
5. Cultural Competency (12 possible)	
6. Financial Management ( 6 possible)	
<b>TOTAL</b> (150 possible)	

**Recommendation of Reviewer:**

- Approval (funding) of proposal as submitted (no conditions)
- Approval (funding) of proposal with conditions (please list conditions below)
  - 1.
  - 2.
  - 3.
- Disapproval of project. State reason(s) below:
  - 1.
  - 2.
  - 3.

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date

## Scoring Range

NONE 0	POOR 1	GOOD 2	EXCELLENT 3
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### 1. Executive Summary

Component	Comments	Score
Identifies who the project will be serving. Discusses the demographics of the area to be served.		
Describes the project goals and where the activities will be held. Identifies planning factors leading to the decision to propose the project.		
Describes community collaboration and identifies what levels from the Spectrum of Prevention that will be addressed.		
States how the project will be evaluated and total funds requested and summarizes how these funds will be used.		
<b>Total points received (out of twelve [12] possible points)</b>		

## Scoring Range

NONE 0	POOR 1-2	GOOD 3-4	EXCELLENT 5
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## 2. Description of Applicant Agency

Component	Comments	Score
<p>A brief discussion about: 1) the applicant agency’s mission statement, guiding principles, focus of services or programs. 2) how long the agency has been in operation and has been involved or experienced with sexual violence and/or prevention work within the community to be served. 3) how the proposed project will be incorporated within the organizational structure of the agency and how this project will support the agency’s mission. 4) the strengths and resources the agency will bring to the design, implementation and evaluation of the proposed project. Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. 5) the capacity of the organization, personnel or contractors ability to communicate effectively and convey information in a manner that is easily understood by diverse audiences – including those who are not literate and have low literacy rates.</p>		
<p><i>Community Outreach</i>            Proposal specifically discusses how activities will be linked to a broad community effort. Proposal describes existing agency networking, coordination and collaborations within the proposed community. Includes reasons why it makes sense to partner with the specific groups (e.g., serve similar populations, have expert knowledge) and how the community members are/will be involved in the project planning, implementation and evaluation. Proposal describes any partnership and activities with 1) faith-based organizations and 2) organizations that serve men and boys.</p>		
<p><i>Governing Board/Advisory Committee</i>            Proposal describes agency governing board, advisory committee or community task force. There are at least five (5) members on the governing board, advisory committee or community task force and membership identified and includes people knowledgeable about the community’s needs for rape prevention and sexual violence. Proposal describes: how members are trained on sexual violence issues; how often the board or advisory committee meets; and how minutes are taken and maintained. Proposal provides assurance that the agency board has an adopted set of by-laws and they are reviewed annually.</p> <p><i>If the agency doesn’t have an advisory group, describe the plan and how it will be formed.</i></p>		

<p><i>Contracts</i>          Proposal identifies if objectives of the grant are to be implemented through a contract and includes information about the contracting agency or individual, if known. Proposal identifies all work to be completed through contracts in the methodology.</p> <p><i>Personnel</i>          Proposal delineates key personnel who will be directly involved in program activities and includes the relationship between program staff members, staff members of the applicant agency and other partners and agencies that will be working on this program. Proposal describes ongoing training and orientation efforts for all project staff (ODH standards require a minimum of twenty [20] hours of basic training, plus additional training specific to job responsibilities.) Proposal describes procedures for annual evaluation and review of job performance for all project staff, interns and volunteers. <i>Note: Executive Director review is to be conducted by the Board annually.</i></p> <p>Assurance that the agency will attend sexual violence prevention basics concepts training that will include CDC recommended principles.</p>		
<p><i>Agency Policies and Confidentiality</i>          Proposal confirms the ability and intent to meet the expectations of the ODH Rape Prevention Program Standards and Protocols. Proposal describes agency's confidentiality policy that addresses the items listed in the RFP.</p>		
<p><i>Quality Assurance</i>          Proposal provides a description of the QA plan including review of the agency's services and prevention programs, mechanism for reporting results and procedures for corrective action plan. The plan should include professional and community input and consumer participation. The agency has a quality assurance committee of three (3) or more persons who meet quarterly and annually. Agency's QA committee's quarterly and annual meetings review the tasks described in the RFP.</p> <p>The proposal provides assurance that resources, successes and program design weaknesses will be shared with other local agencies statewide (e.g., ODH meetings, sa-ohio e-list).</p>		

<p><i>Funding and Sustainability</i></p> <p>Proposal describes how the project plans to sustain activities after funding period. The proposed outline includes:</p> <ul style="list-style-type: none"> <li>• Organization of a subcommittee or the board or advisory committee to address future funding.</li> <li>• Identification of resource availability and gaps.</li> <li>• Review of other potential resources to support the project after sources of ODH funding development, of fundamental sources to allow for expansion of the project, and a plan showing how the program can be integrated into existing ongoing services.</li> </ul>		
<p>Attachments include:</p> <ul style="list-style-type: none"> <li>• Position descriptions for staff affiliated with grant and that are found in the budget.</li> <li>• Resumes for all staff positions that are affiliated with the grant. Education, skills and experience should match those required in the job description and that are found in the budget.</li> <li>• Table of Organization</li> <li>• Completed Employee/Volunteer/Agency Board/Advisory or Task Force Composition forms. (See enclosures 2, 3, 4, and 5.)</li> <li>• Complete CDC Sexual Violence Prevention Advisory/Task Force Membership Form. (See enclosure 9).</li> <li>• Six (6) letters of support (refer to grant application for statewide and capacity grant requirements, page 20).</li> </ul>		
<p><b>Total points received (out of forty [40] possible points)</b></p>		

### Scoring Range

NONE 0	POOR 1-3	GOOD 4-5	EXCELLENT 6
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### 3. Problem/Need

Component	Comments	Score
<p>The proposal describes the specific community problem(s)/issue(s) as they relate to sexual violence. Provide support as to why this is a problem in the community (do not restate national or state data). Proposal identifies and describes how the problem affects the specific group/community and any un-served or underserved populations this project intends to reach (e.g., geographic diversity, urban/rural, demographics – age, race, ethnicity, gender, etc). Proposal describes who has a stake in the problem and who in the community cares whether or not the problems are resolved. Describes the segment of the population who experience disproportionate burden of the local health concern. (Information correlates with Statement of Intent of Pursue Health Equity Strategies.</p>		
<p>The proposal discusses an ongoing community assessment process to identify demographic changes, changes in rates of sexual violence or rape, or changes in violence or sexual harassment. The community assessment identifies:</p> <ul style="list-style-type: none"> <li>• Sexual violence prevention needs of the community intended to be served.</li> <li>• How results are considered in the design and implementation of agency’s project.</li> <li>• Reasons the particular strategies and activities to be used are appropriate to the community.</li> <li>• Existing strengths, including other organizations and resources within the community related to sexual violence prevention efforts.</li> <li>• Potential gaps and barriers for addressing sexual violence in the intended community and strategies for overcoming these issues.</li> </ul>		
<ul style="list-style-type: none"> <li>• The proposal discusses how the community needs assessment should receive special attention from the agency’s governing board or advisory committee on a set schedule, ideally every three (3) to five (5) years, and should be used in the development of the agency’s/program’s strategic plan.</li> <li>• The proposal indicates if such an in-depth needs assessment of sexual violence prevention programming has been completed for the community to be served within the past two (2) years. If so, include a summary of the results of the needs assessment.</li> </ul> <p><u>For Capacity Building Projects only</u> – Plans are included for conducting a community needs assessment and developing a strategic plan during the first year.</p>		

<p>If it is beyond two (2) years since a needs assessment was conducted, the proposal includes an in-depth needs assessment of sexual violence prevention programming for the community to be served <i>as an objective</i> for the upcoming grant year. This assessment should include:</p> <ul style="list-style-type: none"> <li>• Input from residents and service providers regarding awareness of services and areas of unmet needs.</li> <li>• Results of evaluations, pre-program tests for prevention and awareness programs and community assessments completed by other entities such as the local health department, family and children first councils or other local planning efforts.</li> </ul>		
<p>For previously funded projects, included are:</p> <ul style="list-style-type: none"> <li>• A summary of achievement using ODH funds. For any objectives not substantially achieved last year, the proposal provides an analysis of the problems and a clear plan for the coming year that addresses these problems.</li> <li>• Description of ongoing community assessment of sexual violence prevention programming. The proposal addresses community assessment process items listed in the RFP.</li> </ul>		
<p><b>Total points received (out of thirty [30] possible points)</b></p>		

## 4. Methodology

Component	Comments	Score
<p>Proposal components demonstrate: (Possible 3 points)</p> <ul style="list-style-type: none"> <li>• Indicates that at least eighty percent of the grant resources are allocated towards prevention efforts.</li> <li>• Proposed objectives and activities were chosen from more than one level (1 through 6)</li> <li>• The applicant has used ODH goals and objectives as found in Appendix 4 of the request for proposals.</li> </ul>		<p>Y/N</p> <p>Y/N</p> <p>Y/N</p>
<p><i>Methodology Narrative:</i> (Possible 16 points)</p> <ul style="list-style-type: none"> <li>• How goals and objectives were selected based on the problem(s) identified in the Problem/Need section.</li> <li>• Describes how program activities will address health disparities.</li> <li>• Proposal describes plans to use/replicate an <i>existing</i> project, curriculum, campaign or model of promising practice or one that has been developed within the agency, describe:</li> <li>• Includes details of project, curriculum, campaign or model of promising practice; reason(s) it was chosen to accomplish the goals and objectives.</li> <li>• Identifies it was developed and evaluated and by whom (include if it is recognized as evidence-based), and how it will be reviewed annually.</li> <li>• If the project, curriculum, campaign, or model of promising practice was used previously, describe any frustrations, barriers, obstacles or challenges the agency experienced, including what works, what doesn't work and what additional components or activities will be used to accomplish the goals and objectives.</li> <li>• For Spectrum of Prevention level one and level two objectives, the length and number of sessions per audience are provided.</li> <li>• Provided an outline for the curriculum(s) to be used.</li> <li>• Describe how the agency will actively participate in implementing the Ohio Sexual and Intimate Partner Violence consortium statewide plan. (See Appendix 5). Indicate what committee(s) funded personnel will be working on.</li> </ul>		<p>.</p> <p>Y/N</p>
<p><i>Evaluation:</i> (Possible 16 points)</p> <ul style="list-style-type: none"> <li>• Proposal discusses evaluation plan, methods and tools that include how goals and objectives will be measured, as it pertains to changes in an individual's knowledge, attitudes, behaviors, beliefs or changes in policy, practice or procedure, not just audience satisfaction with the program or facilitator.</li> <li>• Evaluation plan is appropriate and measures both impact and process objectives.</li> <li>• Evaluation tools are appropriate for the different levels chosen.</li> <li>• Include copies of actual forms to be used.</li> </ul>		<p>Y/N</p>

<p>Methodology form attachment includes the following: (Possible 12 points)</p> <ul style="list-style-type: none"> <li>• Methodology represents realistic activities and time frame with sufficient staffing and resource allocation.</li> <li>• Evaluation is included appropriately and reflects what is described in the online narrative description.</li> <li>• Program staff are appropriately designated and can be found in the budget.</li> </ul>		
<p>The following items are included as attachments: (3 Possible points)</p> <ul style="list-style-type: none"> <li>• Logic Model</li> <li>• Self-Assessment Curriculum Components Form (Enclosure 7)</li> <li>• Methodology Form (Enclosure 8)</li> </ul>		<p>Y/N Y/N Y/N</p>
<p><b>Total points received (out of fifty [50] possible points)</b> <b>Note: Y/N = 1 point</b></p>		

## Scoring Range

NONE 0	POOR 1	GOOD 2-3	EXCELLENT 4
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## 5. Cultural Competency Plan

Component	Comments	Score
<p>Proposal identifies agency's strengths, gaps and areas of outreach/expansion in reference to:</p> <ul style="list-style-type: none"> <li>• Access for the community to be served.</li> <li>• Identifies how the community will know about program activities.</li> <li>• Proposal identifies resources in place for requests from communities with limited English proficiency and/or non-literate populations. Proposal describes procedure for choosing interpreters and bilingual staff.</li> </ul>		
<p>Cultural competency in staffing:</p> <ul style="list-style-type: none"> <li>• Sexual Violence Advisory Committee/Agency Board members reflect a broad representation of the community to be served that includes representatives from organizations serving diverse communities. If not, include a plan for achieving this representation.</li> <li>• Agency staff, college interns and volunteers reflective of the community to be served. If not, include a plan for achieving representation.</li> <li>• Proposal discusses ongoing professional development and quarterly in-service training for staff, student interns, volunteers and board members related to culturally competent provision of service. Describe past programs and future plans.</li> </ul>		
<p>Are all materials and curricula are reviewed by representatives reflecting the community to be served. Proposal explains how this review is accomplished.</p>		
<p><b>Total points received (out of twelve [12] possible points)</b></p>		

## Scoring Range

NONE 0	POOR 1	GOOD 2	EXCELLENT 3
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## 6. Financial Management

Component	Comments	Score
<p>The online budget is reasonable and adequate to meet the goals and objectives of the project. The budget narrative explains the proposed line items, including only where applicable in-kind contributions essential to the success of the project. Includes discussion justifying unusual or high cost items.</p> <ul style="list-style-type: none"><li>• Includes statewide efforts, if appropriate.</li><li>• Includes capacity efforts, if appropriate.</li></ul>		
<p>The online budget demonstrated a staffing pattern that is realistic, appropriate and adequate to carry out the goals and objectives of the project.</p>		
<b>Total points received (out of six [6] possible points)</b>		

**Goal One: To reduce the incidence of sexual violence in (Ohio or specific community) by implementing three or more levels of the Spectrum of Prevention Model.**

**Level 1 Objective:** By October 31, 2010, participants of primary prevention activities will be able to demonstrate an overall increase by 10% in a positive change in knowledge and attitude towards preventing sexual violence and promoting healthy relationships.

Activities	Evaluation
<p>1-1 <b>Prevention Programs for School Aged Youth</b> – (Pre-K, elementary, middle or high school) presentations that promote healthy relationships/healthy sexuality, are primary prevention focused and have sufficient dosage that is likely to change knowledge, attitudes, behaviors and/or beliefs</p>	<p>For each population (i.e., Pre-K, elementary, middle or high school) identify number to be served and number of sessions.</p> <p>Through pre/post test, self assessment or other method evaluate increase of change in knowledge and attitude towards prevention towards preventing sexual violence and promoting healthy relationships.</p>
<p>1-2 <b>College-based Prevention Programs</b> – may focus on reducing the incidence of sexual violence on campus, promoting healthy relationships/healthy sexuality, are primary prevention focused and have sufficient dosage that is likely to change knowledge, attitudes, behaviors and/or beliefs</p>	<p>Identify number to be served and number of sessions.</p> <p>Through pre/post test, self assessment or other method evaluate increase of change in knowledge and attitude towards prevention towards preventing sexual violence and promoting healthy relationships.</p>
<p>1-3 <b>Clubs</b> – refers to sexual violence prevention education/information provided in a group setting to promote in-person social-emotional support.</p>	<p>For each population (i.e., Youth Club, MOST Club) identify number to be served and number of sessions.</p> <p>Through pre/post test, self assessment or other method evaluate increase of change in knowledge and attitude towards prevention towards preventing sexual violence and promoting healthy relationships.</p>
<p>Activities may include, but are not limited to, researching curricula, training staff and volunteers for presentations, publicizing availability of programming, contacting prospective audiences and scheduling and offering presentations. Examples of clubs may include MOST clubs, PAVE club, Teen Ambassadors, after school clubs, Campus groups – Men Against Rape and community groups – Founding Fathers. Self-defense/emotional and physical literacy can be one component of a curriculum. All programs should have learning objectives evaluation plan.</p>	

**Level 2 Objective:** By October 31, 2010 community groups can identify three ways to prevent sexual violence and promote healthy relationships.

Activities	Evaluation
<p>2-1 <b>Community Prevention Programs</b> – presentations to community groups on issues related to sexual violence for improving safety and preventing sexual violence. Part of a dosage for social norm/media campaign.</p>	<p>For each population/group (i.e., PTO, Elks, Faith Based Organization) identify number to be served and number of sessions.</p> <p>Through pre/post test, self assessment or other method evaluate that the group can identify 3 ways to prevent sexual violence and promoting healthy relationships.</p>
<p>2-2 <b>Social Norms/Media Campaigns</b> – based on a plan that includes goals and objectives, input from the intended audience on how to promote the primary prevention message, and has an evaluation component. Plan may include community events, poster campaigns, handing out prevention resources that promote a social marketing message.</p>	<p>Identify population(s) reached. Identify the number of doses each audience received.</p> <p>Through survey or other method evaluate 1) audience can identify the message and 2) identify 3 ways to prevent sexual violence and promoting healthy relationships.</p>
<p>2-3 <b>Resource Libraries/Informational Materials Preparation</b> – prevention focused, part of media campaign, developed and/or purchased with input by intended audience and has an evaluation plan.</p>	<p>Identify population(s) reached. Identify number of times resource was used.</p> <p>Through survey or other method evaluate 1) audience can identify the message and 2) identify 3 ways to prevent sexual violence and promoting healthy relationships.</p>
<p>2-4 <b>Media Advocacy</b> – the use of the mass media to gain visibility and advance a specific sexual violence prevention message, and/or a social or public policy change or initiative through the use of editorials, interviews, media events, letters to the editor and/or paid ads.</p>	<p>Identify population(s) reached. Identify methods used (i.e., letter to the editor, interviews)</p> <p>Through survey or other method evaluate 1) audience can identify the message and 2) identify 3 ways to prevent sexual violence and promoting healthy relationships.</p>
<p>Activities may include, but are not limited to, researching curriculum, training staff and volunteers for presentations, publicizing prevention message, contacting prospective audiences and scheduling and offering presentations. Additionally activities may include learning about social marketing, conducting research to identify effective strategies, development of materials, providing a resource library for teachers and distribution of materials, and participation in community events and process and outcome evaluation plan. Community events: e.g., Take Back the Night, Sexual Assault Awareness Month, V-Day Activities, and National Get Carded Day. If a Health Fair is planned the main focus must be sexual violence prevention educational sessions. Screenings and handing out literature should be secondary to the educational session.</p>	

Level 3 Objective: By October 31, 2010 service providers who attend educational sessions will increase their promotion of healthy relationships within their field of expertise by 10%.

Activities	Evaluation
<p>3-1 <b>Basic Sexual Violence and Prevention Training</b> – educating those who influence others on sexual violence prevention, such as professionals, paraprofessionals, community activists or peers to ensure that these service providers are able to provide training or serve as role models to effectively promote sexual violence prevention with youth, parents, colleagues, and policy makers. Components of the curriculum should address oppression and culturally specific issues.</p>	<p>For each population (i.e., teachers, nurses, school administrators, and head start teachers) identify number to be served and number of sessions.</p> <p>Through follow-up survey or other method evaluate there increase promotion of promoting healthy relationships.</p>
<p>3-2 <b>Advanced/In-depth Sexual Violence Prevention Training and/or Culturally Specific and/or Cultural Competency Training</b> –information regarding eliminating health disparities, social inequalities and other forms of oppression that contributes to a culture that condones sexual violence. Note: a culture that condones sexual violence also condones/promotes other forms of oppression which must be addressed in conjunction with sexual violence prevention. (This may include activities within the applicant agency.)</p>	<p>For each population (i.e., teachers, nurses, school administrators, and head start teachers) identify number to be served and number of sessions.</p> <p>Through follow-up survey or other method evaluate there increase promotion of promoting healthy relationships.</p>
<p>Activities may include, but are not limited to, increasing the capacity of partners and professional organizations to develop skills to impact prevention and bystander intervention efforts with youth, men and boys and using train-the-trainer model for sustainability of the program. Additionally activities may include, but are not limited to, educating little league coaches, prison guards and law enforcement, nursing home providers, journalists and educators on sexual violence prevention practices, such as assisting school safety officers in assessing school safety plans. Programs should take into account professional requirements, organizational policies, practices and norms. All programs should have learning objectives and have a process and outcome evaluation plan. This may include activities within applicant agency (i.e., attending state RPE conferences, regional meetings and Ohio Sexual Violence Prevention Network).</p>	

**Note: Victim response training on how service providers should respond to victims of sexual violence (i.e., hospital advocacy, law enforcement training, SANE training, and judicial response) are not allowable activities with RPE funds.**

**Level 4 Objective:** By October 31, 2010 a Sexual Violence Prevention Task Force/Advisory Committee/Coalition will develop and implement a community specific strategic plan that contributes to sustainable policy and systems change that support sexual violence prevention and healthy relationships.

Activities	Evaluation
4-1 <b>Community Partners</b> – recruiting and educating new members, community partners or stakeholders	Listing within the strategic plan community partners and resources they are sharing to develop/implement the plan.
4-2 <b>Collaboration</b> –A relationship of working together cooperatively with stakeholders and partners toward a common goal, community response or specific project by sharing information and resources, coordinating communication, and building consensus.	Listing within the strategic plan community partners and resources they are sharing to develop/implement the plan. Documented meeting agendas and meeting minutes.
4-3 <b>Community Needs Assessment</b> – includes identifying the community/climate/culture that supports sexual violence and other community agencies or resources that are stakeholders in preventing sexual violence.	A report documented the results of a community needs assessment.
4-4 <b>Strategic Plan</b> – developing a strategic plan to promote sexual violence prevention through communication, collaboration, and changing systems and policies, and strengthening collaboration	A strategic plan based on a community needs assessment. Documentation of how the plan is being implemented/deliverables identified.
4-5 <b>Sustainability</b> – increasing financial capacity and sustainability by exploring other funding opportunities (i.e., grants, foundations, shared community resources)	A strategic plan to increase financial capacity and sustainability.
<p>Activities may include, but are not limited to, development of a sexual violence prevention strategic plan, logic model based on ecological framework, such as the social ecological model or the spectrum of prevention, engaging grassroots community-based organizations to promote community understanding of and solutions related to sexual violence prevention. The community needs assessment may also include identifying other prevention programming in the schools (e.g., parenting, healthy relationships, alcohol and drug prevention, bullying, sexual harassment, suicide and abstinence). Additionally, participation on state or national committee may also be included as an activity (e.g., Subcommittee work on implementing Ohio Sexual and Intimate Partner Violence Prevention Consortium’s plan; or Subcommittee work with the National Task Force to End Sexual and Domestic Violence Against Women.)</p>	

**Level 5 Objective:** By October 31, 2010, (number) community organizations will have policies and systems in place that promote prevention, reduce sexual violence and related health consequences.

<b>Activities</b>	<b>Evaluation</b>
5-1 <b>School Policies</b> – reflects practices that promote primary prevention of sexual violence and healthy relationships within school communities.	Identify number of school policies reviewed with recommendations. Identify number of schools that have implemented recommendations.
5-2 <b>Community Policies</b> – reflects local government, businesses, faith communities and other local organizations’ policies that promote primary prevention of sexual violence and healthy relationships.	Identify number of community organization’s policies reviewed with recommendations. Identify number of community organizations that have implemented recommendations.
Activities may include, but are not limited to, the review, implementation and enforcement of Ohio’s Bullying, Harassment and Intimidation School Policy, Teen Dating Violence policy, local business’ or organizations’ sexual harassment, domestic violence, or workplace violence policies, as well as staff or student training related to these policies.	

**Level 6 Objective:** By October 31, 2010, provide technical assistance and/or advocacy to (number) community leaders and policy makers focusing on increasing their ability to make informed decisions with regards to sexual violence prevention policies.

Activities	Evaluation
<p>6-1 <b>Community Leaders and Policy Makers Interaction</b> – includes inviting community leaders and policy makers to observe a sexual violence prevention activity, agency open house, annual meeting or public event (e.g., Take Back the Night March, Sexual Assault Awareness Month, V-Day Activities, and National Get Carded Day).</p>	<p>Number of community leaders/policy makers attending an event.</p>
<p>6-2 <b>Technical Assistance</b> – includes providing technical assistance to a legislative body, committee or public official in response to their written request.</p>	<p>Number of technical assistant provided.</p>
<p>6-3 <b>Monitoring Legislation/Policies</b> – includes observing those that have an impact on sexual violence prevention and the health and safety of the community, and updating board, advisory committee and coalition members, without a call to action.</p>	<p>Number of bills and policies reviewed.</p>
<p>6-4 <b>Policy Assistance and Response</b> – responding to state and local legislation, school, and college policies that have an impact on sexual violence prevention, healthy relationships and the health and safety of the community. Serving on an advisory committee for policy development.</p>	<p>Number of responses provided. Number of advisory committee meetings attended – internal documentation: meeting agenda and meeting minutes.</p>
<p>6-5 <b>Reports and Analysis</b> – making available nonpartisan analysis, study or research to officials and the public about sexual violence problems and their potential solutions within the community.</p>	<p>Number of reports provided (i.e., Ohio Sexual and Intimate Partner Violence Prevention Consortium’s plan, success stories, reported results from the community needs assessment)</p>
<p>Activities may include, but are not limited to, attending school board or city council meetings, editorial and letters to the editor submissions, testimony on impact of legislation/policy on your program activities at public hearings, media briefings, or establishing policies at colleges and universities to provide sexual violence prevention education to all students. Additionally, participation on state or national committee may also be included as an activity (e.g., Subcommittee work on implementing Ohio Sexual and Intimate Partner Violence Prevention Consortium’s plan; or Subcommittee work with the National Task Force to End Sexual and Domestic Violence Against Women.)</p>	

**Goal Two: To ensure that all sexual violence survivors (intended population – county or specific group) have access to quality crisis hotline support services.**

**Objective 1:** By October 31, 2010, 85% of all hotline callers will be provided at least 3 community resources.

Activities	Evaluation
<p>C-1 <b>Crisis Hotline</b> – refers to the operation of a 24-hour telephone service seven days a week, which provides guidance, emotional support, information and referral, etc.</p>	<p>Chart audits – audit measure reviewed: hotline callers were provided at least three community resources. Corrective action plan to be implemented on deficiencies.                      Client Satisfaction Survey: Question: “Were provided at least three community resources.”                      Organizational Policies and Procedures include offering hotline callers three community resources.</p>
<p>T-1 <b>Basic Crisis Intervention Training</b> – on sexual violence, including other topics necessary to providing a basic crisis response for victims.</p>	<p>Training evaluation: 1) staff/volunteers are able were provided information about community resources available/resource book. 2) staff/volunteers are able to provide at least 3 community resources. Community resource book is updated annually. Organizational Policies and Procedures include offering hotline callers three community resources.</p>
<p>Activities may include, but are not limited to, recruiting, training and supervising staff/volunteers to answer rape crisis calls, maintaining records, publicizing the hotline, including messages that sexual violence is preventable, and maintaining current referral information and evaluating client satisfaction.</p>	

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

**Ohio Department of Health  
Sexual Assault and Domestic Violence Prevention Program**

**Methodology Objective Guidelines**

Included in this document you will find a listing of proposed goals, objectives and activities that we ask that you follow. You must select at least one of the goals and at least two objectives. If you wish to choose objectives other than the ones listed, please contact Debra Seltzer at (614) 728-2176 or Beth Malchus at (614) 466-8960.

A list of definitions is provided to help you develop your program:

Program Goal: A statement of a future event toward which a committed endeavor is directed. States what should happen as a result of the program. Use one of the prescribed found in **Appendix 3**.

Program Objective: A more precise statement that represents smaller steps than the program goal. Outlines the specific changes that will occur in the priority population as a result of exposure to the program. An objective can be thought of as a bridge between needs assessment and a planned intervention. Use one of the prescribed objectives found in **Appendix 3**.

Activities: The actions that will take place to meet the objectives. Need multiple activities for each objective. Use ones prescribed in **Appendix 3**.

**Appendix 5**  
**Ohio Sexual and Intimate Partner Violence Prevention Consortium**  
**Ways to Engage**

Please print clearly as you complete this form:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Agency Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_

These are relationships with local businesses/colleges and universities/youth serving organizations/media/professional associations/non-profit agencies I can leverage to help move this Plan forward (please list):

- 1.
- 2.
- 3.
- 4.

I am willing to help by serving on the following work groups (please indicate by circling):

- |                       |                                |
|-----------------------|--------------------------------|
| Communications Plan   | Prevention Education Resources |
| Recommended Practices | Process & Outcome Evaluation   |
| Data Collection       | Resources for Sustainability   |

~~~~~

Someone from the Consortium will contact you regarding your future involvement within the next several weeks.

Thank you!!

**Appendix 5**  
**First-year Deliverables and Proposed Work Group/Subcommittee Structure**

**1. Communications Plan**

1. Marketing pieces for Consortium members
2. A unified key message
3. Key messages for audiences: prevention practitioners, policy makers, Ohio citizens, et al.

*Communications Work Group*

Jo Simonsen – team lead and facilitator

Sharon Richardson

Sondra Miller

Jamie Smith

**2. Effective Youth SV and IPV Recommended Practices**

1. Develop research questions and research approach for universal and selected populations
2. Compile research regarding primary prevention recommended practices
3. Compile a baseline of on-line directory of SV and IPV primary prevention efforts in Ohio.
4. Compile an on-line directory of evaluation measures currently in use by Ohio SV and IPV primary prevention efforts.
5. Research and analyze existing evaluation measures in use by SV and IPV primary prevention programs nationwide, which have been assessed for cultural competence, inclusiveness and appropriateness and accurate measurement of SV and IPV primary prevention outcomes.
6. Identify gaps in the existing evaluation measures in use by SV and IPV primary prevention programs nationwide that have been assessed for cultural competence and accurate measurement of SV and IPV primary prevention outcomes.

*Recommended Practices Work Group:*

**3. Data Collection (as distinct from program evaluation):**

1. With an eye on state level data collections mechanisms, keeping in mind the need is for data related to perpetration of SV and IPV and how data impacts and informs primary prevention of SV and IPV
2. Operationally define incidents and prevalence of SV and IPV for the purpose of data collection in Ohio.
3. Research and analyze existing SV and IPV data collection strategies and databases in use in Ohio and nationwide.
4. Begin developing state level mechanisms for the collection of SV and IPV incidence and prevalence data.

*Data Collection Work Group:*

**4. Resources for Sustainability:**

1. Create a funding and resources committee that will explore diversification of funding for Consortium efforts and create an action plan for applying for funding
2. Identify who is involved in reviewing and analyzing existing and proposed public policy (ODVN, Health Policy Institute of Ohio (HPIO), state sexual assault coalition, others) and identify key issues on which they focus.
3. Engage in legislative education and advocacy to secure federal and state funding for SV and IPV primary prevention capacity building, planning, implementation, and evaluation at the state and local levels, as well as securing funding for intervention and advocacy services in Ohio. *The specific deliverable is amorphous.*

4. Support efforts to acquire adequate resources for adoption and institutionalization SV and IPV primary prevention practices across Ohio's social ecology. This will be measured by an increase of state agencies and local communities that access funding or allocate resource for SV and IPV prevention between 2009 and 2013. *The specific deliverable is amorphous.*
5. Conduct an assessment of existing resources in governmental agencies and other organizations directed toward prevention activities including SV and IPV primary prevention policies and procedures, advocacy efforts, and sources of funding. *The specific deliverable is an assessment instrument such as a survey monkey survey. ODVN may already have this developed. We simply need to implement it at local and state levels.*
6. Develop and publish a list of endorsements of the state plan by Consortium members and other statewide allied associations. Endorsers will be provided the opportunity to participate at the Consortium level and/or provided technical assistance about SV and IPV primary prevention.

*Resources for Sustainability Work Group:*

##### **5. Prevention Education Resources & Dissemination:**

1. Encourage and support the formation of or inclusion in already existing community based coalitions, collaborative efforts, and coordinated community response teams, IPV and SV primary prevention principles, concepts, and practices. These efforts will be aligned with efforts of the Empowered Local Communities work group. *The specific deliverable is a starter toolkit for primary prevention of SV and IPV aimed at professionals, communities, youth serving organizations, businesses, etc.*
2. Identify a broad spectrum of professional associations/organizations (e.g. NASW, PCSAO, SPHE, Local Health Commissioners, Ohio Professional Licensing Boards, etc.) that are willing to integrate training on IPV and SV prevention within their professional development or educational opportunities and their annual meetings. *The specific deliverable is a list.*
3. Identify a broad spectrum of colleges and universities with relevant programs (Nursing, Allied Health Professions, Social Work Education, etc.) that are willing to integrate training on SV and IPV primary prevention within their educational opportunities. *The specific deliverable is a list.*
4. Identify resources that support the adoption of SV and IPV (including sexual harassment) workplace policies at all levels of government and private sector employers. *The specific deliverable is a list.*
5. Assess established relationships of Consortium members with youth serving state organizations that are potential partners in SV and IPV prevention work (network analysis).
6. Create an effective SV and IPV prevention tool kit while assessing the needs of youth and of staff of youth serving association for considerations to keep in mind.
7. Engage three to five communities in the process of adopting and/or adapting the Consortium's goals and outcomes for their region.
8. Mobilize participation of local representatives of the previously identified statewide youth serving organizations in three to five local regional planning efforts
9. Identify existing media campaigns and explore their efficacy and evidence base for possible adaptation by local communities in Ohio. While keeping the selected population in the forefront. *The specific deliverable is a list.*
10. Identify resources to support the adoption of media advocacy strategies by local SV and IPV programs. *The specific deliverable is a list* Prevention Resources Work Group:

##### **6. Process and Outcome Evaluation**

PROGRAM COVER PAGE  
Ohio Department of Health  
*Sexual Assault and Domestic Violence Prevention Program*  
***Please complete and return this form.***

Budget Period: **November 1, 2009** to **October 31, 2010**

Project Title: VAWDJA Sexual Assault Prevention

Authorized User Name/Grant Number: \_\_\_\_\_

Applicant Agency (Fiscal Agent): \_\_\_\_\_

Address: \_\_\_\_\_

Project Director: \_\_\_\_\_

Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_ FAX #: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Address: \_\_\_\_\_

County: \_\_\_\_\_

Federal Vendor Tax ID Number of Fiscal Agent: \_\_\_\_\_

Communities to be served:

Single County Program – Specify county: \_\_\_\_\_

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

Capacity Building Grant – Specific population to be served: \_\_\_\_\_

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

Level 1 – Individual Education (Est. numbers to be served): \_\_\_\_\_

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

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

Level 4 – Fostering Coalitions and Networks

Level 5 – Changing Organization Practices

Level 6 – Advocating Policy and Legislation

Crisis Hotline (Est. numbers to be served): \_\_\_\_\_

Total Project Budget: \$ \_\_\_\_\_

Amount Requested from ODH: \$ \_\_\_\_\_









## CDC Sexual Assault Prevention Advisory Board Membership Form

(You need only identify the *type* of representation on your board.)

| <i>County/City Health Department</i>                  | <b># Representatives</b> |
|-------------------------------------------------------|--------------------------|
| Maternal & Child Health Staff                         |                          |
| HIV/STD Staff                                         |                          |
| Adolescent Health/Youth Violence/Injury Program Staff |                          |
| <b><i>Other City Agencies</i></b>                     |                          |
| Prosecutor's Office                                   |                          |
| Emergency Preparedness/Health Department              |                          |
| Children & Family Services/Jobs & Family              |                          |
| Law Enforcement Agency                                |                          |
| Other County/City Agencies (specify)                  |                          |
| <b><i>Local Officials</i></b>                         |                          |
| Mayor's Office                                        |                          |
| City/County Administration                            |                          |
| County Health Director/Commissioner                   |                          |
| Other High-profile County Officials (specify)         |                          |
| <b><i>Schools</i></b>                                 |                          |
| School Health Nurses                                  |                          |
| School Safety Officers                                |                          |
| Administrators                                        |                          |
| Teachers                                              |                          |
| <b><i>Community-Based Organizations</i></b>           |                          |
| Youth Services (specify)                              |                          |
| Mental Health                                         |                          |
| Reproductive Health                                   |                          |
| Domestic Violence Shelter/Prevention                  |                          |
| Substance Abuse Treatment/Prevention                  |                          |
| Men & Boys' Services                                  |                          |
| Marginalized Communities' Services                    |                          |
| Hospitals                                             |                          |
| Child & Family First Council                          |                          |
| Migrant Farm Workers' Services                        |                          |
| Community Health Centers                              |                          |
| Faith-based                                           |                          |
| <b><i>Colleges &amp; Universities</i></b>             |                          |
| Universities/Colleges                                 |                          |
| Community Colleges                                    |                          |
| Technical/Art Schools                                 |                          |
| <b><i>Racial/Ethnic/Underserved Communities</i></b>   |                          |
| African American                                      |                          |
| Hispanic/Latino                                       |                          |
| Asian Pacific Islander                                |                          |
| Native American                                       |                          |
| Persons with Disabilities                             |                          |
| Rural                                                 |                          |
| Gay/Lesbian/Bisexual/Transgender/Questioning (GLTBQ)  |                          |
| Other (specify)                                       |                          |

**Spectrum of Prevention**  
**Level 1: Strengthening Individual Knowledge and Skills**  
**Self-Assessment of Curriculum Components**

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Created by rape crisis center, trainer or expert in sexual assault prevention</li> <li><input type="checkbox"/> Currently used and recommended by CDC</li> <li><input type="checkbox"/> Responds to gap identified by survey/needs assessment</li> <li><input type="checkbox"/> Addresses current and special concerns</li> <li><input type="checkbox"/> Teacher component</li> <li><input type="checkbox"/> Parent component</li> <li><input type="checkbox"/> Length of programming: _____</li> <li><input type="checkbox"/> Number of sessions: _____</li> <li><input type="checkbox"/> Interactive (role playing, group work)</li> <li><input type="checkbox"/> Skill building           <ul style="list-style-type: none"> <li><input type="checkbox"/> Social emotional intelligence</li> <li><input type="checkbox"/> Problem solving</li> <li><input type="checkbox"/> Emerging leadership/responsibilities</li> <li><input type="checkbox"/> Recognize inappropriate sexual behavior</li> <li><input type="checkbox"/> Communication</li> <li><input type="checkbox"/> Decision making</li> <li><input type="checkbox"/> Impulse control</li> <li><input type="checkbox"/> Refusal/resistance skills</li> <li><input type="checkbox"/> Conflict resolution</li> <li><input type="checkbox"/> Social perspective taking</li> <li><input type="checkbox"/> Parenting skills</li> <li><input type="checkbox"/> Stress management skills</li> </ul> </li> <li><input type="checkbox"/> Developmentally tailored</li> <li><input type="checkbox"/> Culturally sensitive</li> <li><input type="checkbox"/> Separate gender workshops</li> <li><input type="checkbox"/> Separate gender facilitators</li> <li><input type="checkbox"/> Peer-facilitated</li> <li><input type="checkbox"/> Theory-based</li> <li><input type="checkbox"/> Evaluation           <ul style="list-style-type: none"> <li><input type="checkbox"/> For instructor to use to meet stated objectives</li> <li><input type="checkbox"/> Evaluated for effectiveness</li> <li><input type="checkbox"/> Evaluated for knowledge/attitude change</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Local statistics</li> <li><input type="checkbox"/> Bystander behavior           <ul style="list-style-type: none"> <li><input type="checkbox"/> Responding to behavior</li> <li><input type="checkbox"/> Victim empathy</li> </ul> </li> <li><input type="checkbox"/> Bullying</li> <li><input type="checkbox"/> Sexual Harassment</li> <li><input type="checkbox"/> Peer pressure</li> <li><input type="checkbox"/> Inappropriate language about women</li> <li><input type="checkbox"/> Cultural and heterosexist beliefs about power, sexuality &amp; violence</li> <li><input type="checkbox"/> Sexism and male/female socialization</li> <li><input type="checkbox"/> Sexual consent/coercive behavior on a continuum</li> <li><input type="checkbox"/> Alcohol/drugs           <ul style="list-style-type: none"> <li><input type="checkbox"/> From survivor's perspective</li> <li><input type="checkbox"/> From perpetrator's perspective</li> </ul> </li> <li><input type="checkbox"/> Negative consequence of sexual assault</li> <li><input type="checkbox"/> Abuse and power/coercion</li> <li><input type="checkbox"/> Healthy male/female relationships           <ul style="list-style-type: none"> <li><input type="checkbox"/> Sexual activity as a choice</li> <li><input type="checkbox"/> Inappropriate/appropriate behavior</li> </ul> </li> <li><input type="checkbox"/> Risk reduction/assertiveness training for specific populations</li> <li><input type="checkbox"/> Emotional and physical literacy</li> <li><input type="checkbox"/> Increasing healthy behaviors</li> <li><input type="checkbox"/> Challenge rape myths, not reinforce stereotypes</li> <li><input type="checkbox"/> Definition of sexual assault, stranger rape &amp; acquaintance rape</li> <li><input type="checkbox"/> Same-sex rape and men as survivors of sexual assault</li> <li><input type="checkbox"/> Media advocacy and images</li> <li><input type="checkbox"/> Avoid demeaning and offensive labels/stereotypes</li> </ul> |
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- Community resources

### Instructions for Methodology Worksheet

You can re-create the methodology form in your own computer program or e-mail Debra Seltzer or Beth Malchus at [debra.seltzer@odh.ohio.gov](mailto:debra.seltzer@odh.ohio.gov) or [beth.malchus@odh.ohio.gov](mailto:beth.malchus@odh.ohio.gov) to receive the form as a MS Word document.

See **Appendix #4** for the listing of allowable Goals and Objectives. Only these approved Goals and Objectives can be used. If you have questions about the objectives contact Debra Seltzer or Beth Malchus at 614/466-2144.

Use the enclosed Methodology form to:

- A. List activities for each objective, including strategies and methods/mechanisms based on the Spectrum of Prevention to be used in reaching goals and objectives; for prevention programming, specify for each audience length and number of sessions of training/education that the audience will receive.
- B. Indicate the person/discipline responsible for completing each activity;
- C. Project a date for completing each activity, using specific beginning and ending dates;
- D. Describe evaluation methods that will be used to measure the impact objective. Identify evaluation tools that will measure the process objectives. The evaluation methods should be well thought out and specific evaluation tools completed before the project begins. This section must match the evaluation plan described separately in the grant application. The evaluation plan should pertain to changes in an individual/community's knowledge, attitudes, behaviors, beliefs, or changes in policy, practice or procedure, not just audience satisfaction with the program or facilitator or number of participants.

***NOTE: The Ohio Department of Health, Bureau of Health Promotion and Risk Reduction, within which the Sexual Assault and Domestic Violence Prevention Program is located, requires the adherence to Program Standards for all grant funded programs. Copies of the Standards are available upon request.***

**Ohio Department of Health**  
 Bureau of Health Promotion and Risk Reduction  
**Sexual Assault and Domestic Violence Prevention Program**

**Methodology**

Goal(s): \_\_\_\_\_

| <b>Objective</b>                                      | <b>Activities</b>                                                                                                 | <b>Staff Person Responsible</b>                | <b>Timetable</b>                                               | <b>Evaluation</b>                                                                                                                                                                                                                    |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Objectives must be from the prescribed in Appendix 4. | Include strategies, methods and mechanisms to be used in reaching goal and objective. See Appendix 4 for listing. | Indicate person responsible for each activity. | Include specific beginning and ending dates for each activity. | Methods for each activity should be well thought out, with specific evaluation tools ready before project begins. Ensure this section matches the evaluation section elsewhere in the grant application. See Appendix 4 for listing. |
|                                                       |                                                                                                                   |                                                |                                                                |                                                                                                                                                                                                                                      |