



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

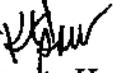
614/466-3543
www.odh.ohio.gov

John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

Date: March 15, 2011

To: Prospective Dental OPTIONS Program Applicants

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

Subject: Notice of Funds Available – 2012 Dental OPTIONS Competitive Application

The Ohio Department of Health (ODH), Division of Family and Community Health Services, Bureau of Community Health Services (BCHS) announces the availability of competitive grant funds to support the Dental OPTIONS Program. The Request for Proposals (RFP) will provide you guidance in completing the online application for the competitive program period. **Grant applications are due by 4:00 p.m. Monday, April 25, 2011 for the funding period July 1, 2011 through June 30, 2012. Late applications will not be accepted.**

Introduction/Background

Dental OPTIONS (Ohio Partnership To Improve Oral health through access to Needed Services) is a partnership between the Ohio Dental Association and the Ohio Department of Health. The partnership was formed in 1996 to improve access to dental care for Ohio's poor, working poor, low-income seniors and persons who are medically, mentally or physically challenged. The mission of the OPTIONS program is to assist Ohioans with special health care needs and/or financial barriers obtain needed dental care.

The administration of the OPTIONS program in each part of the state has been handled by four different not-for profit public agencies who receive grant funding from the Ohio Department of Health. Oversight of the program is provided by a steering committee made up of three representatives from the Ohio Dental Association and three representatives from the Ohio Department of Health. In addition, each agency provides a staff person for daily statewide coordination and communication.

Since OPTIONS began, over \$13.3M in treatment has been provided by volunteer dentists enrolled in the program. Each year, OPTIONS serves over 7,000 people per year with as many as 1,000 of them being linked with over 900 volunteer dentists participating across the state.

All interested parties must submit a *Notice of Intent to Apply for Funding* (NOIAF) form, no later than Thursday, March 31, 2011 to be eligible to apply for funding (attached to the RFP). Upon receipt of your completed NOIAF, ODH will:

- a. Create the grant application account for your organization¹. This account number will allow you to submit an application via the Internet using the Grants Management Information System (GMIS). All grant applications must be submitted via the Internet using the GMIS.
- b. Assess your organization's GMIS training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and ODH will contact you regarding upcoming GMIS training dates. GMIS training is mandatory if your organization has never been trained on GMIS.

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

The RFP will provide detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, general information and requirements associated with the administration of the grant.

Technical Assistance Session

A technical assistance session (Bidders' Conference) will be held in the Columbus area on Wednesday, March 23, 2011, time and location to be determined. Please return a registration form (included) to the Bureau of Community Health Services to confirm your attendance at this session. While attendance is optional, if you have questions or need assistance in completing this grant application, every effort should be made to attend this session.

Please contact Mona Taylor, RDH, BS, Oral Health Access Coordinator, by e-mail at Mona.Taylor@odh.ohio.gov, by phone at (614) 466-4180 or by fax at (614) 564-2421, if you have any questions regarding this application.

Mail the original and two (2) copies of the material not electronically filed to:

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

¹ Organizations with previous GMIS training will automatically receive a grant application account number upon receipt of a completed Notice of Intent to Apply for Funding form.

DENTAL OPTIONS GRANT PROGRAM

Bidders' Conference and Registration Form

BIDDERS' CONFERENCE

A Bidders' Conference will be held for those interested in the Ohio Department of Health, Bureau of Community Health Services' Dental OPTIONS Program Grant. Potential applicants are encouraged to attend; however, attendance is *not* required. At this meeting, Oral Health Program staff will provide detailed information on the goals and objectives of this grant program and the review criteria that will be used to score proposals. This meeting also will provide an opportunity for applicants to ask questions that may arise while working on proposals.

When: Wednesday, March 23, 2011

Where: To Be Determined

REGISTRATION

In order for us to have adequate seating and materials available, please register for the Bidders' Conference *by faxing the Oral Health Program at 614-564-2421 or by e-mailing Mona Taylor at Mona.Taylor@odh.ohio.gov.*

Please respond by Friday, March 18, 2011 with the following information:

The number of people from your agency that will attend: _____

_____ Agency Name

_____ (_____) _____
Contact person name phone number

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Family and Community Health Services
Bureau of Community Health Services
ODH Program Title: Dental OPTIONS Program

ALL INFORMATION REQUESTED MUST BE COMPLETED.

(Please Print Clearly or Type)

County of Applicant Agency _____

Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency (Check One)

<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

Please Check One: _____ Yes - Our agency will need GMIS training

_____ No - Our agency has already had GMIS training

Mail, E-mail, or Fax To:

Mona Taylor, RDH, BS
Oral Health Access Program Coordinator
Ohio Department of Health
Bureau of Community Health Services
246 N. High Street
Columbus, Ohio 43215
E-mail: mona.taylor@odh.ohio.gov
Phone: (614) 466-4180
Fax: (614) 564-2421

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY Thursday, March 31, 2011



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF FAMILY AND COMMUNITY HEALTH SERVICES

BUREAU OF COMMUNITY HEALTH SERVICES

DENTAL OPTIONS PROGRAM REQUEST FOR PROPOSALS (RFP)

FOR
FISCAL YEAR 2012
(07/01/11 – 06/30/12)

Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

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I. APPLICATION SUMMARY and GUIDANCE

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

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) Manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The GAPP Manual is available on the ODH Website <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** Dental OPTIONS Program.
- C. Purpose:** The Dental OPTIONS (Ohio Partnership To Improve Oral health through access to Needed Services) Program is designed to assist local agencies in referring individuals to resources such as Medicaid providers and safety net dental care programs in their communities and, when no local resources exist, to match qualified individuals with dentists participating in the Dental OPTIONS Program.
- D. Qualified Applicants:** All applicants must be a local public or non-profit agency. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT).
- E. Service Area:** Services areas are defined on Appendix D, *Map of Dental OPTIONS Regions*. The central region services twenty-nine counties in central and southeast Ohio; the northeast region services fourteen counties in northeast Ohio; the northwest region services eighteen counties; and the southern region services twenty-seven counties in southern Ohio.
- F. Number of Grants and Funds Available:** Program funding is from federal sources including Maternal and Child Health Services Block Grant, HRSA Workforce Grant, as well as from state General Revenue Funds. A range of \$230,000 to \$444,029 is available to be awarded to up to four agencies to administer the Dental OPTIONS Program in the four regions: central, northeast, northwest and southern. Grants will be awarded based on target number of cases to be closed, staffing and agencies’ past performance. A minimum of 200 cases per 1.0 FTE referral coordinator is required; the SFY12 statewide target for closed cases is 1,100. Agencies that propose to close more than 200 cases per 1.0 FTE referral coordinator must provide a rationale for

achieving the increased number of closed cases.

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 **4:00 p.m. Monday, April 25, 2011**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Please contact Mona Taylor, Oral Health Access Program Coordinator, at (614) 466-4180, or via email at Mona.Taylor@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 1 and the Catalog of Federal Domestic Assistance (CFDA) Number 93.994, Maternal and Child Health Services Block Grant to the States and CFDA Number 93.236 HRSA Grant to States to Support Oral Health Workforce Development Activities.

- I. Goals:** The main goal of Dental OPTIONS is to improve access to dental care for vulnerable Ohioans. This goal is achieved by the awarded agencies in two ways: 1) by acting as a referral source to programs offering dental services to the low-income population, and 2) by linking people who meet specific income eligibility criteria to dentists who have enrolled in the Dental OPTIONS Program. Dental OPTIONS dentist volunteer their services and agree to donate or discount dental care to individuals accepted into the program. Referral coordinators facilitate communication between the patient and the dentist's office until the patient's course of treatment is complete.

- J. Program Period and Budget Period:** The program period will begin on July 1, 2011 and end on June 30, 2016. The budget period for this application is July 1, 2011 through June 30, 2012.

- K. Local Health Districts Improvement Standards:** All applicants that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the Local Health District Improvement Standards. This grant program will address *Local Health Districts Improvement Goal 5* – “Address the Need for Personal Health Services,; Standard 3701-36-08-02 – “Information being available that describes the local health system, including resources critical for public health protection and information about healthcare providers, facilities and support services.” The Local Health District Improvement Standards are available on the ODH Website:
<http://www.odh.ohio.gov/localHealthDistricts/lhdImprovementStandards.aspx>.
(Click on “Local Health District Improvement Goals/Standards/Measures.”)

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

1. *Public Health Impact Statement Summary* - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
 - a) The Local Health District Improvement Standard(s) to be addressed by grant activities:
 - A description of the demographic characteristics (e.g., age, race, gender, ethnicity) of the target population and the geographical area in which they live (e.g. census tracts, census blocks, block groups);
 - A summary of the services to be provided or activities to be conducted; and,
 - A plan to coordinate and share information with appropriate local health districts.

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

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

M. Statement of Intent to Pursue Health Equity Strategies

The ODH is committed to the elimination of health inequities. All applicant agencies must submit a statement which outlines the intent of this application to address health disparities. This statement should not exceed 1 ½ pages and must: (1) explain the extent in which health disparities are manifested within the health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) focus of this application; (2) identify specific group(s) who experience a disproportionate burden for the disease or health condition addressed by this application; and (3) identify specific social and environmental conditions which lead to health disparities (social determinants). This statement must be supported by data. The following section will provide a basic

framework and links to information to understand health equity concepts. This information will also help in the preparation of this statement as well as respond to other portions of this application. **(Required for competitive cycle only; not required for continuation cycle, if unchanged)**

- ***Basic Health Equity Concepts:***

Certain groups in Ohio experience a disproportionate burden with regard to the incidence, prevalence and mortality of certain diseases or health conditions. These are commonly referred to as health disparities. Health disparities are not mutually exclusive to one disease or health condition and are measurable through the use of various public health data. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. People in such groups also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as social determinants. Social determinants are necessary to support optimal health. The systematic and unjust distribution of social determinants among these groups is referred to as health inequities. As long as health inequities persist, marginalized groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as health equity. Public health interventions that incorporate social determinants into the planning and implementation of programs will contribute to the elimination of health disparities. For more resources on health equity, please visit the ODH website at:

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

N. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **In view of this, the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization after submission of the Notice of Intent to Apply for Funding (NOIAF). Please contact Mona Taylor, Oral Health Access Program Coordinator at (614) 466-4180 or via email at Mona.Taylor@odh.ohio.gov with questions regarding this RFP.

Applicant must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission.

P. Acknowledgment: An 'Application Submitted' status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.

Q. Late Applications: Applications are dated the time of actual submission via the

Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, April 25, 2011**.

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Administration, Central Master Files; but they must be delivered by **4:00 p.m.** on the application due date. FAX attachments will not be accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a “Notice of Award” (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
 - 1. Contributes to the advancement and/or improvement of the health of Ohioans;
 - 2. 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. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
 - 5. Estimates reasonable cost to the ODH, considering the anticipated results;
 - 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
 - 7. Provides an evaluation plan, including a design for determining program success;
 - 8. 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 Grants Administration Policy and Procedures (GAPP), Chapter 100; and**
 - 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities.**

Dental OPTIONS Program Specific Criteria

Applications must document commitment to maximizing the impact of the Dental OPTIONS Grant Program. The ODH gives significant consideration to past performance (e.g. meeting or exceeding targets and benchmarks provided by ODH) in its review of applications submitted by previously funded agencies.

The proposal must:

1. Estimate the projected number of client referrals, new active cases and closed cases;
2. Close a minimum of 200 cases per 1.0 FTE referral coordinator; and,
3. Describe how the program will be evaluated.

An Application Review Form and Score Sheet is Provided in Appendix C

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

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

Funded by Ohio Department of Health/Federal Government
Bureau of Community Health Services
Dental OPTIONS Program

- W. **Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the ODH, GAPP manual. Reports must be received before the department will release any additional funds.
Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of agency flexibility status and/or further payments.

Reports shall be submitted as follows:

1. **Program Reports:** Dental OPTIONS Program agencies are required to e-mail regional databases to ODH by the following dates of each fiscal year: August 5th, September 5th, October 5th, November 5th, December 5th, January 5th, February 5th, March 5th, April 5th, May 5th, June 5th and July 5th.

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.]

2. **Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates: October 15, 2011; January 15, 2012; April 15, 2012; and July 15, 2012.

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

3. **Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** by 4:00 P.M. on or before August 15, 2012. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

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

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

- X. **Special Condition(s):** Responses to all special conditions **must be submitted via GMIS 2.0 within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30 day time period, in which the subgrantee must respond to special conditions, will begin

when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

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

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

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

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

Z. Audit: *Subgrantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan*

(if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than 9 months after the end of the subgrantee's fiscal year.

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

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

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

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

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

AA. Submission of Application:

The GMIS 2.0 application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Federal Funding Accounting and Transparency Act (FFATA) Requirements (Attachment B)
8. Attachments as required by Program
 - Staffing Plan

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

**Complete,
Sign &
Mail To
ODH**

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

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

**Copy &
Mail To
ODH**

1. Public Health Impact Statement (**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. **Statement of Intent to Pursue Health Equity Strategies (for competitive cycle only: not required for continuation cycle, if unchanged)**
4. Liability Coverage (**Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period**)
5. Evidence of Non-Profit Status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed**).

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

**Complete
Copy &
Mail To
ODH**

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

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

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line GMIS 2.0, will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after submission of the NOIAF.

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

- A. **Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. **Budget:** Prior to completion of the budget section, please review page 8 of the RFP for unallowable costs.

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

- 1. **Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the application for additional information.
- 2. **Personnel, Other Direct Costs, Equipment and Contracts):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2011 to June 30, 2012.

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

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

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

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

- 3. Compliance Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.
 - 4. Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.
- C. Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- D. Project Narrative:** (limit 7 pages)
- 1. Executive Summary:** (limit 1 page) Identify the target population, services and programs to be offered and what agency or agencies will provide those services. Describe the public health problem(s) that the program will address.
 - 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

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

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

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

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

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

4. **Methodology:** In narrative form, identify the program goals, **Specific, Measureable, Attainable, Realistic & Time-Phased (SMART) process, impact, or outcome objectives** and activities. *The following SMART objectives pertain to all ODH Dental OPTIONS Program subgrantees and must be submitted as the SMART objectives the subgrantee will be working toward accomplishing (insert numbers specific to your program:*
 - a) Program will close _____ cases by June 30, 2012;
 - b) Program will enroll _____ new active patients by June 30, 2012; and,
 - c) Program will provide _____ referrals to other sources of care for clients who do not qualify for the program by June 30, 2012.

Indicate how they will be evaluated to determine the level of success of the program. **Describe how program activities will address health disparities.** Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

- E. **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. **Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible

must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address by 4:00 P.M. on or before (**Due Date**). All attachments must clearly identify the authorized program name and program number. *A minimum of an original and one (1) copy of non-Internet attachments are required.*

- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy. (**Required only if new agency, thereafter only when banking information has changed.**)
- H. Internal Revenue Service (IRS) W-9 and Vendor Forms:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy. (**Required if new agency, thereafter only when tax identification number or agency address information has changed.**) **One of the following forms must accompany the IRS, W-9:**
- 1. Vendor Information Form (New Agency Only), or**
 - 2. Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s).)**
 - 3. Change request in writing on Agency letterhead (Existing Agency with tax identification number, name and/or address change(s).)**

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

- I. Public Health Impact Statement Summary:** Submit two copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards (**for competitive cycle only; for continuation, only if changed**).
- J. Public Health Impact & Intent to Pursue Health Equity Statements:** Submit two copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards and Intent to Pursue Health Equity Statements. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s).
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two copies of the Certificate of Insurance Liability (**Non-Profit Organizations only; current liability coverage and thereafter at each renewal**)

period.)

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

M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire: The DMA is a questionnaire that must be completed by all non-governmental grant applicant agencies to certify that they have not provided “material assistance” to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head’s signature. The DMA Questionnaire (in PDF format. [Adobe Acrobat](#) is required) is located at the Ohio Department of Public Safety /Ohio Homeland Security website:

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

1. 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. Federal Funding Accountability and Transparency Act (FFATA) Requirements: The Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. ODH is required to report all subgrants of \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form. A sample of the FFATA Reporting Form is attached to this RFP.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor’s Number (CCR) and submit the information in the grant application, Attachment B. For information about the DUNS go to <http://fedgov.dnb.com/webform>. For information about CCR go to www.ccr.gov.

Information on Federal Spending Transparency can be located at www.USAspending.gov or the Office of Management and Budget’s Website for Federal Spending Transparency at www.whitehouse.gov/omb/open.

Required by all applicants, Attachment B is located on the GMIS Bulletin Board. It must be completed and attached to the GMIS Application/Project Comment Section.

O. Attachments as Required by Program:

**ATTACHMENT B – Ohio Department of Health Sub-Awardee
Federal Funding Accountability and Transparency Act (FFATA) Reporting
Form**

1. Staffing Plan

III. APPENDICES

- A. GMIS 2.0 Training Form
- B. Application Review Form
- C. Map of Dental OPTIONS Regions

Attachment B
Ohio Department of Health Sub-Awardee
Federal Funding Accountability and Transparency Act (FFATA) Reporting Form

Submission Date
 ____/____/____

Sub-Awardee Data

1	DUNS #	
2	DUNS # plus 4	
3	Name	
4	DBA Name	
5	Address - Street # 1	
6	Address - Street # 2	
7	Address - Street # 3	
8	City	
9	State	
10	County (select from list of Ohio counties)	
11	Zip plus 4	
12	Congressional District	
13	Sub-awardee - Parent DUNS #	
14	Amount of Sub-award/Contract	Completed by ODH
15	Sub-award Obligation/Action Date (i.e., date the NOA and/or Contract is signed/approved)	Completed by ODH
16	CFDA and Program Title	Completed by ODH
17	Federal Agency Name	Completed by ODH
18	Principal Place of Performance (PPP)- City (or County if as a whole)	
19	PPP - State	
20	PPP - County	
21	PPP - Zip + 4	
22	PPP - Congressional District	

23	Sub-award/Contract # (i.e., the project ID for sub-grants)	
24	Q1. In organization's previous FY did it receive 80% or more from federal contracts and \$25,000,000 or more from federal contracts? If yes, please see Q2.	
25	Q2. Does the public have access to compensation of senior executives via the section 6104 of the IRS Code of 1986? If "yes", then the project is not required to report the compensation information. If "no" please enter the compensation information.	
26	1 of 5 highest compensated officials - Name	
27	1 of 5 highest compensated officials - Amount	
28	2 of 5 highest compensated officials - Name	
29	2 of 5 highest compensated officials - Amount	
30	3 of 5 highest compensated officials - Name	
31	3 of 5 highest compensated officials - Amount	
32	4 of 5 highest compensated officials - Name	
33	4 of 5 highest compensated officials - Amount	
34	5 of 5 highest compensated officials - Name	
35	5 of 5 highest compensated officials - Amount	
36	Project Description	Completed by ODH
37	Agency Director/President	
38	Agency Program/Project Director	
39	Agency Phone Number	
40	Program Source/Treasury Account Symbol	Completed by ODH
41	CCR # (of Parent Agency if applicable)	

Complete section below if Agency is not in the State of Ohio

42	If 'Other' County Selected, name of county outside of Ohio	
43	If 'Out of State' Congressional District Selected, provide State and Congressional District	
44	If 'Out of State' PPP - County	
45	If 'Out of State' PPP - Congressional District	

Ohio Department of Health
GMIS 2.0 TRAINING

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

(Please Print Clearly or Type)

Grant Program _____ RFP Due Date _____

County of Applicant Agency _____

Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned and as listed, if applicable, currently in GMIS.

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to attend training _____

Telephone Number _____

E-mail Address _____

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

Required

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

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

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

Mail, E-mail, or Fax To:

GAIL BYERS

Grants Administration Unit

Ohio Department of Health

246 N. High Street

Columbus, Ohio 43215

E-mail: gail.byers@odh.ohio.gov

Fax: 614-752-9783

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

DUE DATE – Thursday, March 31, 2011

APPENDIX B

**2012 DENTAL OPTIONS GRANT PROGRAM
Application Review Form and Score Sheet**

M= Criteria Met

PM= Criteria Partially Met

U= Criteria Unmet

1. Program Description	M	PM	U
A. Target population is clearly consistent with the population targeted for OPTIONS.	10	5	0
Comments:			
B. Number of clients targeted for completion in the proposal is consistent with the numbers defined by ODH (200 closed cases per FTE Referral Coordinator). If the ratio differs, a clear rationale is provided.	10	5	0
Comments:			
B. An effective evaluation plan is provided.	10	5	0
Comments:			
	1. Score _____		
2. Implementation Schedule	M	PM	U
A. Expediency and reasonableness of time schedule.	20	10	0
Comments:			
	2. Score _____		

APPENDIX B

**2012 DENTAL OPTIONS PROGRAM
Application Review Form and Score Sheet**

M= Criteria Met

PM= Criteria Partially Met

U= Criteria Unmet

3. Capabilities of Applicant	M	PM	U
A. Experience and competence of staff to accomplish defined objectives.	20	10	0
Comments:			
	3. Score _____		
4. Budget and Justification	M	PM	U
A. Clarity and completeness of budget and justification.	10	5	0
Comments:			
B. Appropriateness of budget in relation to OPTIONS program objectives.	10	5	0
Comments:			
C. Capability and documented willingness to support the project in the event of a delay in grant payments.	10	5	0
Comments:			
	4. Score _____		

Total Score _____

