



## OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

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

John R. Kasich / Governor

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

### MEMORANDUM

Date: February 11, 2014

To: Ohio Family and Children First Council Coordinators

From: Karen Hughes, Chief *KAREN F. HUGHES (MS)*  
Division of Family and Community Health Services  
Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Year 2015 (July 1, 2014 – June 30, 2015)  
Help Me Grow Service Coordination

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau for Children with Developmental and Special Health Care Needs announces the availability of grant funds to support Help Me Grow: Service Coordination which provides federal funds to be used in conjunction with state, local, and other funds to provide early intervention program oversight as well as coordination of services for infants, toddlers, and their families eligible for help me grow early intervention in Ohio.

Only Administrative Agents of the Family and Children First Council may apply.

To obtain a grant application packet:

1. Go to the ODH website at [www.odh.ohio.gov](http://www.odh.ohio.gov)
2. From the home page click on "Funding opportunities";
3. From the next page click on "ODH Grants";
4. Next click on "Grant Request For Proposals", this will give you a drop down menu with current RFPs by name and
5. Select and Highlight the Help Me Grow RFP and click "Submit". This process invokes the Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired.

Grant applications are due **Monday, March 31, 2014** for the funding period July 1, 2014 through June 30, 2015. All applications must be submitted electronically via GMIS 2.0. Faxed, hand delivered or mailed applications will not be accepted.

All interested parties must submit a Notice of Intent to Apply for Funding form (NOIAF) form by February 25, 2014, in order for ODH to create a grant application account number for your project. This project number will allow you to submit an application via the Grants Management Information System (GMIS) 2.0. All grant applications must be submitted via GMIS 2.0, ODH will assess your GMIS training needs based on the NOIF submitted. The training is mandatory, if your agency has never been trained on GMIS 2.0. Agencies with previous GMIS 2.0 training will

automatically receive a grant application account/project number upon receipt of a completed NOIAF form. The GMIS training will be offered on March 13, 2014.

The Help Me Grow – Service Coordination RFP for SFY 15 is a competitive grant. Subgrantees also known as the Administrative Agents for Family and Children First Councils may apply. ODH requires the applicant to submit a Notice of Intent to Apply for Funding. Please complete the required information and mail, fax or e-mail to:

Kelli D. Lanzot, M.S  
Early Intervention Program Consultant  
Ohio Department of Health  
246 N. High Street 5<sup>th</sup> Floor  
Columbus, Ohio 43215  
E-mail: [kelli.lanzot@odh.ohio.gov](mailto:kelli.lanzot@odh.ohio.gov)  
Fax: 614 -728 - 9163

**The due date for this to be returned is no later than Tuesday, February 25, 2014**

If you have questions regarding this application please contact the Technical Assistance Program Consultant for your county, noted on the Help Me Grow EI Consultants Team Map. Highlights of this year's grant and your questions will also be answered during the Bidders Conference call on Wednesday, February 19, 2014.



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

# **OHIO DEPARTMENT OF HEALTH**

**DIVISION OF  
Family and Community Health**

**BUREAU OF  
Children with Developmental and Special Health Needs**

**Help Me Grow Early Intervention:  
Evaluation and Assessment  
and  
Service Coordination  
REQUEST FOR PROPOSALS (RFP)  
FOR  
FISCAL YEAR 2015  
07/01/2014 – 06/30/2015**

**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” and 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 by the due date indicated in sections D and G 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 Our Programs, Funding Opportunities, ODH Funding Opportunities, ODH Grants). Please refer to Policy and Procedure updates found on the GMIS bulletin board.
- B. Application Name: Help Me Grow Early Intervention: Evaluation and Assessment and Service Coordination**
- C. Purpose:** Help Me Grow service coordination providers fulfill Part C of the federal Individuals with Disabilities Education Act for activities which are mandated for children eligible to receive Help Me Grow Early Intervention. Federal funds and state general funds are available to the subgrantee also known as the Administrative Agents for County Family and Children First Councils to be used in conjunction with local and private funds to provide early intervention program oversight as well as coordination of services for infants, toddlers and their families eligible for the program. Specific activities to be provided under this grant are described in Ohio Administrative Code 3701-8-07, 3701-8-07.1, 3701-8-10 and 3701-8-10.1 to include coordination of screenings evaluations and eligibility determination; assessments of the child and family; developing, monitoring and reviewing Individualized Family Service Plans (IFSPs); and following procedural safeguards to ensure parent’s rights.
- D. Qualified Applicants: The subgrantee also known as the Administrative Agents for the County Family and Children First Councils.** 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).

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not certified to the Attorney General’s (AG’s) office.
3. Applicant has submitted application and all required attachments by 4:00 p.m. on Monday, March 31, 2014.

- E. Service Area:** Applicants may propose in their application to serve a minimum of one Ohio County and a maximum of eighty-eight Ohio counties.
- F. Number of Grants and Funds Available:** Funding is available for up to eighty-eight projects. Maximum funding levels available for each county are listed in Appendix D: Help Me Grow Funding Allocation Table

*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:** All parts of the application must be completed and received by ODH electronically via GMIS or via ground delivery by 4:00 p.m. on Monday, March 31, 2014). Applications and required attachments received late will not be considered for review.

Contact your Help Me Grow EI Program Consultant with any questions. Enter the contact name listed under “Programmatic, Technical Assistance and Authorization for Internet Submission.”

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 59 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 84.181 A*
- I. Goals:** This grant helps Ohio fulfill Part C of the Individuals with Disabilities Education Act, providing evaluation and assessment, service coordination and program oversight locally for the Help Me Grow Early Intervention program.

The subgrantee for this RFP (also known as the Administrative Agent) under the direction of Family and Children First Council will use these funds to ensure that every infant or toddler referred to the Help Me Grow (HMG) Early Intervention program is determined eligible or not eligible, assessed to determine a need for early intervention services, and, when eligible and in need of services, provided with an Individual Family Service Plan within 45 calendar days of program referral. Moreover, these funds are used to ensure that each child participating in Early Intervention receives service coordination, including accountability for timely receipt of services and transition into appropriate services at age three.

Early Intervention service coordination contractors shall ensure that each child referred to HMG Early Intervention is assigned a service coordinator as soon as possible after program referral so that service coordinator can coordinate the eligibility determination process as required in Chapter 3701-8 of the Ohio Administrative Code.

The subgrantee also known as the Administrative Agent under the direction of Family and Children First Council must ensure that agencies providing evaluation to

determine eligibility; child and family-directed assessments to determine need and service coordination adhere to all applicable Federal IDEA Part C laws and regulations and applicable Ohio Administrative Code (Chapter 3701-8). Part C federal regulations may be found at the new Early Childhood Technical Assistance Center (ECTA) website <http://ectacenter.org/> and Help Me Grow rules may be found at [www.odh.ohio.gov](http://www.odh.ohio.gov).

**J. Program Period and Budget Period:** The program period will begin July 1, 2014 and end on June 30, 2015. The budget period for this application is July 1, 2014 through June 30, 2015.

**K. Public Health Accreditation Board (PHAB) Standard(s):** *Identify the PHAB Standard(s) that will be addressed by grant activities. (An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.) The PHAB standards are available at the following website:* <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.pdf>

**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 PHAB Standards.

1. *Public Health Impact Statement Summary* - Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

- a) The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:
  - A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) 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 PHAB Standards.

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.

## **M. Incorporation of Strategies to Eliminate Health Inequities**

### Health Equity Component (Standard Health Equity Language)

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to be healthy. Throughout the various components of this application (Program Narrative, Objectives, and Workplan), applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) which experiences a disproportionate burden of disease or health condition (This information must be supported by data.);
- 2) Explain how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities; and
- 3) Explain how proposed program interventions will address this problem.

The following section will provide basic framework and links to information to understand health equity concepts.

### *Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:*

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities 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 of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities*

*persist, those aforementioned 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 programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

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. **The subgrantee agency (also known as the Administrative Agent for FCFC) must be prepared to support 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, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the RFP to the ODH website and the receipt of the Notice of Intent to Apply for Funding (NOIAF). Please contact your Help Me Grow Early Intervention Consultant for questions regarding this RFP; see Appendix F: Help Me Grow Early Intervention Program Consultants map to whom the applicant agency can contact for questions regarding this RFP.

Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for Internet submission.

**P. Acknowledgment:** An ‘Application Submitted’ status will appear in GMIS 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. 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, March 31, 2014.**

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 Services Unit, Central Master Files; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

**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 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 RFP;
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, health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Applicant describes activities which supports the requirements outlined in sections I. thru M. of this RFP.

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 RFPs.

**There will be no appeal of the Department's decision.**

**U. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations 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 being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 34 CFR Part 5 for funds from the U.S. Department of Education.

**V. Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software,

source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau for Children with Developmental and Special Health Needs, Help Me Grow Early Intervention Program and as a sub-award of a grant issued by [U.S. Department of Education] under the [Part C IDEA] grant, grant award number [H181A120024], and CFDA number [84.181A].”

- W. Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the requirements of the ODH GAPP manual. Reports must be received in accordance with the requirements of the ODH GAPP manual and this RFP before the department will release any additional funds.

**Note: Failure to assure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.**

Reports shall be submitted as follows:

- 1. Program Reports:** subgrantees Program Reports must be completed and submitted via GMIS or the Subgrantee Performance Evaluation System (SPES), as required by the subgrant program by the following dates:

| <u>Reports</u>  | <u>Due Date</u>  |
|---|------------------|
| Mid-Year Program Report – Update on enhancing skill of SC | January 15, 2015 |
| Final Program Report – Update on enhancing skill of SC    | August 15, 2015  |

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 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 ODH’s (GMIS or SPES) indicates acceptance of the ODH GAPP.*

- 2. Periodic Expenditure Reports:** Subgrantee Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

| <u>Report</u>  | <u>Reporting Period</u> | <u>Due Date</u>  |
|----------------|-------------------------|------------------|
| First Quarter  | 07/01/2014 – 09/30/2014 | October 15, 2014 |
| Second Quarter | 10/01/2014 – 12/31/2014 | January 15, 2015 |
| Third Quarter  | 01/01/2015 – 03/31/2015 | April 15, 2015   |
| Fourth Quarter | 04/01/2015 – 06/30/2015 | July 15, 2015    |

*Note: Outstanding obligations cannot be reported on the quarterly expense reports with the exception of the fourth quarterly expense report*

- 3. Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before August 15, 2015. 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 Periodic and Final Subgrantee Expenditure reports via the GMIS 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 list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS 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 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.

- 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 (including but not limited to bank fees);
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/Memos/default.aspx> then click on most recent Mileage Reimbursement memo.)
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. The use of incentives or promotional items provided to families.

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

**Client Incentives:** Client incentives are an unallowable cost.

**Client Enablers:** Client enablers are an unallowable cost.

Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive. Subgrantees are required to maintain a log of all client incentives and enablers purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

- 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 nine months after the end of the subgrantee's fiscal year.

Subgrantees that 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 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 Services Unit, 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 ODH; and,
- 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**

### **Formatting Requirements:**

- Properly label each item of the application packet (ex. budget narrative, program narrative, etc.).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program narrative should not exceed **three (3)** pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

|   |
|---|
| <b>Complete<br/>&amp; Submit<br/>Via Internet</b> |
|---|

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 Accountability and Transparency Act (FFATA) reporting form
  8. Electronic Funds Transfer (EFT) form **(Required if new agency, thereafter only if banking information has changed.)**
  9. 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).)**
  10. Public Health Impact Statement
  11. Statement of Support from the Local Health Districts
  12. Liability Coverage **(Non-Profit organizations only; proof of current liability coverage and thereafter at each renewal period.)**
  13. Evidence of Non-Profit Status **(Non-Profit organizations only)**
  14. Attachments as required by Program (NONE |
- One copy of the following documents must be e-mailed to [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov) or mailed to the address listed below:

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

**Complete  
Copy &  
E-mail or  
Mail to  
ODH**

**Ohio Department of Health  
Grants Services Unit  
Central Master Files, 4<sup>th</sup> Floor  
246 N. High Street  
Columbus, Ohio 43215**

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

**Complete  
Copy &  
Mail To  
ODH**

1. An original copy of **Attachment** (non-Internet compatible) as required by program: **None**  
**Ohio Department of Health  
Grants Services Unit  
Central Master Files, 4<sup>th</sup> Floor  
246 N. High Street  
Columbus, Ohio 43215**

## **II. APPLICATION REQUIREMENTS AND FORMAT**

Access to GMIS, will be provided after GMIS training for those agencies requiring training. All others will receive access after the RFP is posted to the ODH website.

*All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS 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 and 9 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 103.3 Cost Allocation Plan and the Compliance Section 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, 2014 to June 30, 2015. Funds may be used to support personnel, their training, travel (see OBM website <http://obm.ohio.gov/MiscPages/TravelRule>) and supplies directly related to

planning, organizing and conducting the initiative/program activity described in this announcement.

The applicant shall retain all original fully executed contracts on file. A completed “Confirmation of Contractual Agreement” (CCA) must be submitted via GMIS 2.0 for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

**CCAs cannot be submitted until after the 1<sup>st</sup> quarter grant payment has been issued.**

The applicant shall 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 in GMIS 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 but not to exceed 20 percent of the funds being provided by ODH. 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 Sub-grantees) form within GMIS. This form is submitted as a part of each application via GMIS. 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:**
1. **Executive Summary** *Identify the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the*

*program will address.*

2. In HMG Rule 3701-8-07.1(D) identifies the federal requirement of the functions of a service coordinator in their work with infants and toddlers who have special needs and their families. Review this rule to assist you in responding to the following question.

(A). The Ohio Department of Health, as the lead agency continues to refine the Help Me Grow early intervention program particularly the role of the service coordinator by revising trainings; providing guidance documents and focused technical assistance. In requesting funds for this RFP identify:

- One (1) area in which the Service Coordinator(s) need to improve their skills and/or knowledge to meet the federal requirements for this role;
- The specific activity that you will implement in order to enhance the skills and/or knowledge in the area identified;
- How the activity will be evaluated to measure the level of success.

The mid-year and final program report will provide updates on the activity identified.

(B). Identify the agency (ies) or individuals that will provide infants and toddlers referred to Help Me Grow early intervention when:

- A screening is appropriate;
- Evaluation to determine eligibility is needed;
- Child Assessment to determine individual needs for EI service;
- A family – directed assessment; and
- Re-determination of eligibility and need for EI service

(C). Submit a Data Quality Assurance Plan in a separate word document that includes the required elements identified in **Appendix C.** |

3. **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.

- 4. Problem/Need:** Identify and describe the local health status concern that will be addressed by the program. Only restate national and state data if local data is not available. 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 for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.*

*Include a description of other agencies/organizations, in your area, also addressing this problem/need.*

- 5. Methodology:** In narrative form, identify the program goals, **Specific, Measureable, Attainable, Realistic & Time-Phased (SMART) process, impact, or outcome objectives** and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed will address these issues. This includes goals and objectives to overcome health disparities, specifically including the lack of access, delays in identification of a delay or diagnosis from racial and ethnic minority groups; and the misdiagnosis of children with developmental delays due to language or cultural factors. 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. Sub-grantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

**F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:**

FFATA was signed on September 26, 2006. FFATA requires ODH to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form in GMIS.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration 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](http://www.ccr.gov).

Information on Federal Spending Transparency can be located at [www.USAspending.gov](http://www.USAspending.gov) or the Office of Management and Budget's website for Federal Spending Transparency at [www.whitehouse.gov/omb/open](http://www.whitehouse.gov/omb/open).

**(Required by all applicants, the FFATA form is located on the GMIS Application Page and must be completed in order to submit the application.)**

- G. Public Health Accreditation Board Standards:** Attach in GMIS the PHAB Standards that will be addressed by grant activities.
- H. Public Health Impact:** Only for applicants which are not local health departments, attach in GMIS 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 PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s).
- I. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by 4:00 p.m. on or before (Monday, March 31, 2014).

### **III. APPENDICES**

- A.** Notice of Intent to Apply
- B.** GMIS Training Form
- C.** EI Data Quality elements
- D.** Application Review Form
- E.** Funding Allocation Table)
- F.** HMG Early Intervention Program Consultant Map |

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Family
Bureau of Children with Developmental and Special Health Needs

ODH Program Title:

HELP ME GROW EARLY INTERVENTION: EVALUATION AND ASSESSMENT and
SERVICE COORDINATION

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)
County Agency
City Agency
Hospital
Higher Education
Local Schools
Not-for Profit

Applicant Agency/Organization

Applicant Agency Address

Agency Contact Person Name and Title

Telephone Number E-mail Address

Agency Head (Print Name)

Agency Head (Signature)

Does your agency have at least two staff members who have been trained in and currently have access to the ODH GMIS 2.0 system? YES NO

If yes, no further action is needed.

If no, at least two people from your agency are REQUIRED to complete the training before you will be able to access the ODH GMIS 2.0 system and submit a grant proposal. Fill out the training request form in the Request for Proposal. The training form must be submitted with the Notice of Intent to Apply for Funding, W-9 form, EFT form, Proof of Liability (if applicable) and Proof of Non-Profit (if applicable).

Mail, E-mail or Fax to: Kelli Lanzot, Program Consultant
Ohio Department of Health Help Me Grow Early Intervention
246 North High Street - 5th Floor
Columbus, OH 43215
E-mail: Kelli.Lanzot@odh.ohio.gov
Fax: (614) 466-4077

NOTICE OF INTENT TO APPLY FOR FUNDING (NOIAF), W-9 form, Vendor Information Form (New Agency Only), EFT form, PROOF OF LIABILITY (if applicable), AND PROOF OF NON-PROFIT (if applicable) MUST BE RECEIVED BY Tuesday, February 25, 2014.

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by the due date. NOIAF's considered late will not be accepted.

Ohio Department of Health  
GMIS TRAINING

ALL INFORMATION REQUESTED MUST BE COMPLETED FOR EACH EMPLOYEE FROM  
YOUR AGENCY WHO WILL ATTEND A GMIS 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 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

## EI Quality Data Plan

## Appendix C

Review OAC 3701-8-09      Data and maintenance of records

Submit one HMG EI Data Quality Assurance plan to the GMIS. The plan should include specific measurable methods, frequencies and:

- The names and position titles of all individual(s) responsible for inputting data in ET;
- The names and position titles of all individual(s) assigned as the ET System Administrator(s) for the provider (ODH will verify the names of these System Administrators);
- The names and position titles of all individual(s) responsible for running and analyzing ET reports (If multiple people will be running reports, break down who will be running which reports) i.e. who is responsible for running TRS compliance report; SC caseloads monitoring report; or the 45 Day compliance monitoring report.
- The names and position titles of individuals authorized to have access to personally-identifiable information of program HMG EI participants and shall include:
  - Whether the individual has access to paper records, electronic records, or both
  - Date access was granted;
  - Date access was revoked for any reason, if applicable.
- A narrative outlining the plan, description and proactive steps to ensure that data entry is complete and accurate and includes the following:
  - All required data are entered into ET;
  - Data entered into the ET within thirty calendar days of the program activity;
  - Information entered into the ET is consistent with the information in the program HMG EI participants' record;
  - Required reports in the ET for data quality, compliance, and monitoring will be analyzed at least quarterly.
- How and who will monitor the following:
  - Individuals complete required trainings prior to obtaining access ET and how they will access ET trainings;
  - Individuals (which includes but is not limited HMG Service Coordinators, SC Supervisors, and contract managers and FCFC members) shall sign the Department data user agreement prior to obtaining access to the ET;
  - Data entry accuracy be checked by a random sample of files or will files be checked on a specific day of the week/month;
  - If data entry is not accurate what steps will be taken to improve quality;
  - Access to the ET is deactivated upon a user's termination, resignation, or when a user no longer requires access including procedures for the limiting access to ET for a terminated employee.
  - Adherence to the federal and state laws, regulations, and rules with regard to confidentiality and security of personally identifiable information is maintained

How will the FCFC ensure that the collection and entry of data for each program participant in HMG meets program standards for quality?

**APPLICATION REVIEW FORM APPENDIX D**

Program Name: \_\_\_\_\_ Reviewer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Agency: \_\_\_\_\_ GMIS

# \_\_\_\_\_

County(s) to be Served: \_\_\_\_\_ Total Requested Budget: \$ \_\_\_\_\_



| Section  | Maximum Points | Score |
|--|----------------|-------|
| 1. Executive Summary                                     | 10             |       |
| 2. Description of Applicant Agency/Eligibility/Personnel | 10             |       |
| 3. Problem/Need  | 15             |       |
| 4. Budget  | 15             |       |
| 5. Methodology   | 15             |       |
| 6 Program Requirements                                   | 30             |       |
| 7. Application Requirements                              | 5              |       |
| <b>Total</b>   | <b>100</b>     |       |



**Overall Application Comments:**

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Approval of Application as Submitted

Approval of Application with Special Conditions: (Please List)

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**APPLICATION REVIEW FORM APPENDIX D**

**Disapproval of Application:** (Statement of Rational)

|   | Max       | Score | Comments: Strengths, Weaknesses |
|---|-----------|-------|---------------------------------|
| <b>Project Narrative Section</b>  |           |       |                                 |
| <b>1. <u>Executive Summary</u></b>  |           |       |                                 |
| Identifies the target population, services and programs to be offered.  | <b>4</b>  |       |                                 |
| Identifies what agency or agencies will provide the services.   | <b>2</b>  |       |                                 |
| Defines the burden of health disparities and health inequities.   | <b>2</b>  |       |                                 |
| Describes the health problem that the program will address.   | <b>2</b>  |       |                                 |
| <b>Executive Summary Total</b>  | <b>10</b> |       |                                 |
| Overall Executive Summary Comments:   |           |       |                                 |
| <b>2. <u>Description of Applicant Agency/ Documentation of Eligibility/Personnel</u></b>  |           |       |                                 |
| Briefly describes the applicant agency's eligibility to apply.  | <b>2</b>  |       |                                 |
| Adequately summarized the agency's structure as related to this program and as the lead agency, how it will manage the program. | <b>2</b>  |       |                                 |

**APPLICATION REVIEW FORM APPENDIX D**

|   | <b>Max</b> | <b>Score</b> | <b>Comments: Strengths, Weaknesses</b> |
|---|------------|--------------|--|
| Described capacity of organization, personnel or contractors, to communicate in a manner easily understood by diverse audiences   | <b>2</b>   |              |  |
| Noted personnel and/or equipment deficiencies <ul style="list-style-type: none"> <li>• If personnel deficient described plans for hiring and training, if necessary</li> </ul>                                  | <b>1</b>   |              |  |
| Delineated <b>all</b> personnel who will be involved in the program activities. <ul style="list-style-type: none"> <li>• Position Descriptions were included for the staff identified.</li> </ul>               | <b>1</b>   |              |  |
| Adequately described the relationship between program staff, staff members and other partners/agencies who are working on this program.   | <b>2</b>   |              |  |
| <b>Description of Applicant Agency/ Documentation of Eligibility/Personnel Total</b>  | <b>10</b>  |              |  |
| Overall Description of Applicant Agency Comments  |            |              |  |
| <b>3. <u>Problem/Need</u></b>   |            |              |  |
| Identified and clearly described the local health status concern.   | <b>3</b>   |              |  |
| Discussed local and/or state data used.   | <b>3</b>   |              |  |
| Discussed specific health status concerns that the program intends to address (morbidity/mortality) or health system indicators   | <b>3</b>   |              |  |
| Clearly describes segments of the target population who have a disproportional burden of the local health status concern or who are at an increased risk for the problem addressed by this funding opportunity. | <b>3</b>   |              |  |
| Identifies and describes other agencies/organizations which address the same problem/need.  | <b>3</b>   |              |  |

**APPLICATION REVIEW FORM APPENDIX D**

|  | <b>Max</b> | <b>Score</b> | <b>Comments: Strengths, Weaknesses</b> |
|--|------------|--------------|--|
| <b>Problem/Need Total</b>  | <b>15</b>  |              |  |
| Overall Problem/Need Comments  |            |              |  |
| <b>Budget Narrative Section</b>  |            |              |  |
| <b>4. <u>Budget</u></b>  |            |              |  |
| Includes a detailed budget justification narrative that matches the budget in GMIS and relates expenses to program activities.   | <b>2</b>   |              |  |
| Clearly describes how categorical costs are derived.   | <b>5</b>   |              |  |
| Adequately discusses the necessity, reasonableness and allocability of proposed costs. Budget is adequate to meet the goals and objectives of the program.   | <b>4</b>   |              |  |
| Personnel, Other Direct Costs, Equipment, and Contracts are identified and appropriate to program scope of work <ul style="list-style-type: none"> <li>• Clearly describes the specific functions of the personnel, consultants and collaborators.</li> <li>• Adequately explains and justifies equipment, travel, supplies, and training costs</li> </ul> | <b>4</b>   |              |  |
| <b>Budget Total</b>  | <b>15</b>  |              |  |

**APPLICATION REVIEW FORM APPENDIX D**

|   | <b>Max</b> | <b>Score</b> | <b>Comments:</b> Strengths, Weaknesses |
|---|------------|--------------|--|
| Overall Budget Comments:  |            |              |  |
| <b>Methodology Section</b>  |            |              |  |
| <b>5. <u>Methodology</u></b>  |            |              |  |
| Narrative identifies program goals, process, impact or outcome (SMART) objectives and activities and they indicate how they will be evaluated to determine success.<br>Applicant included a program activities timeline identifying program objectives, activities and the start and completion dates for each. | <b>13</b>  |              |  |
| Program objectives include language that addresses health disparities.  | <b>2</b>   |              |  |
| <b>Methodology Total</b>  | <b>15</b>  |              |  |
| Overall Methodology Comments:   |            |              |  |
| <b>Program Requirements</b>   |            |              |  |

**APPLICATION REVIEW FORM APPENDIX D**

|  | <b>Max</b> | <b>Score</b> | <b>Comments:</b> Strengths, Weaknesses |
|--|------------|--------------|--|
| <b>6. <u>Program Requirements</u></b>  |            |              |  |
|  |            |              |  |
|  |            |              |  |
|  |            |              |  |
|  |            |              |  |
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|  |            |              |  |
|  |            |              |  |
|  |            |              |  |
|  |            |              |  |
| <b>Program Requirements Total</b>  | <b>30</b>  |              |  |
| Overall Comments:  |            |              |  |
| <b>Application Requirements</b>  |            |              |  |
| <b>7. <u>Application Requirements</u></b>  |            |              |  |
| Identified the Public Health Accreditation Board (PHAB) Standard (s) that will be addressed by grant activities. Uploaded as an attachment in GMIS the document will identify the PHAB Standards that will be addressed by grant activities. | <b>2</b>   |              |  |

**APPLICATION REVIEW FORM APPENDIX D**

|   | <b>Max</b> | <b>Score</b> | <b>Comments: Strengths, Weaknesses</b> |
|---|------------|--------------|--|
| Public Health Impact Statement Summary for non-public health applicants. <ul style="list-style-type: none"> <li>• Public Health Summary</li> <li>• Public Health Impact Statement of Support</li> </ul>   | <b>Yes</b> | <b>No</b>    | This item is verified only, not scored |
| Formatting requirements met <ul style="list-style-type: none"> <li>• Properly label each item of the application packet (ex. budget narrative, program narrative, etc.).</li> <li>• Each section should use 1.5 spacing with one-inch margins.</li> <li>• Program and Budget narratives must be submitted in portrait orientation on 8 ½ by 11 paper.</li> <li>• Number all pages (print on one side only).</li> <li>• Program narrative should not exceed XX pages (excludes appendices, attachments, budget and budget narrative).</li> <li>• Use a 12 point font.</li> <li>• Forms must be completed and submitted in the format provided by ODH.</li> </ul> | <b>3</b>   |              |  |
| <b>Application Requirements Total</b>   | <b>5</b>   |              |  |
| Overall Header Comments:  |            |              |  |
|   |            |              |  |
| <b>Grand Total</b>  | <b>100</b> |              |  |

\_\_\_\_\_  
Grant Reviewer Signature

\_\_\_\_\_  
Date

SFY15 EI Allocation Table

Appendix E

| County     | SFY15 GRF<br>(actual) | SFY15 Part C<br>(actual) | SFY15 Total<br>(actual) |
|------------|-----------------------|--------------------------|-------------------------|
| Adams      | \$ 25,306             | \$ 41,290                | \$ 66,596               |
| Allen      | \$ 72,472             | \$ 118,243               | \$ 190,715              |
| Ashland    | \$ 40,362             | \$ 65,855                | \$ 106,217              |
| Ashtabula  | \$ 68,372             | \$ 111,553               | \$ 179,925              |
| Athens     | \$ 39,726             | \$ 64,817                | \$ 104,543              |
| Auglaize   | \$ 39,704             | \$ 64,781                | \$ 104,485              |
| Belmont    | \$ 30,384             | \$ 49,575                | \$ 79,959               |
| Brown      | \$ 34,504             | \$ 56,297                | \$ 90,801               |
| Butler     | \$ 305,696            | \$ 498,768               | \$ 804,464              |
| Carroll    | \$ 14,385             | \$ 23,469                | \$ 37,854               |
| Champaign  | \$ 33,464             | \$ 54,598                | \$ 88,062               |
| Clark      | \$ 73,370             | \$ 119,709               | \$ 193,079              |
| Clermont   | \$ 152,432            | \$ 248,705               | \$ 401,137              |
| Clinton    | \$ 56,248             | \$ 91,774                | \$ 148,022              |
| Columbiana | \$ 44,767             | \$ 73,042                | \$ 117,809              |
| Coshocton  | \$ 30,959             | \$ 50,513                | \$ 81,472               |
| Crawford   | \$ 45,076             | \$ 73,545                | \$ 118,621              |
| Cuyahoga   | \$ 910,048            | \$ 1,484,814             | \$ 2,394,862            |
| Darke      | \$ 40,182             | \$ 65,559                | \$ 105,741              |
| Defiance   | \$ 19,120             | \$ 31,197                | \$ 50,317               |
| Delaware   | \$ 201,348            | \$ 328,516               | \$ 529,864              |
| Erie       | \$ 62,623             | \$ 102,175               | \$ 164,798              |
| Fairfield  | \$ 129,677            | \$ 211,579               | \$ 341,256              |
| Fayette    | \$ 36,450             | \$ 59,472                | \$ 95,922               |
| Franklin   | \$ 852,699            | \$ 1,391,245             | \$ 2,243,944            |
| Fulton     | \$ 38,120             | \$ 62,197                | \$ 100,317              |
| Gallia     | \$ 21,125             | \$ 34,466                | \$ 55,591               |
| Geauga     | \$ 59,640             | \$ 97,308                | \$ 156,948              |
| Greene     | \$ 189,725            | \$ 309,550               | \$ 499,275              |
| Guernsey   | \$ 40,153             | \$ 65,514                | \$ 105,667              |
| Hamilton   | \$ 488,417            | \$ 796,891               | \$ 1,285,308            |
| Hancock    | \$ 55,487             | \$ 90,532                | \$ 146,019              |
| Hardin     | \$ 25,562             | \$ 41,707                | \$ 67,269               |
| Harrison   | \$ 20,636             | \$ 33,670                | \$ 54,306               |
| Henry      | \$ 33,980             | \$ 55,441                | \$ 89,421               |
| Highland   | \$ 44,886             | \$ 73,235                | \$ 118,121              |
| Hocking    | \$ 20,097             | \$ 32,789                | \$ 52,886               |
| Holmes     | \$ 34,267             | \$ 55,908                | \$ 90,175               |
| Huron      | \$ 63,245             | \$ 103,188               | \$ 166,433              |
| Jackson    | \$ 23,116             | \$ 37,716                | \$ 60,832               |
| Jefferson  | \$ 31,019             | \$ 50,609                | \$ 81,628               |
| Knox       | \$ 34,182             | \$ 55,771                | \$ 89,953               |
| Lake       | \$ 111,387            | \$ 181,736               | \$ 293,123              |
| Lawrence   | \$ 46,114             | \$ 75,239                | \$ 121,353              |
| Licking    | \$ 86,135             | \$ 140,535               | \$ 226,670              |

SFY15 EI Allocation Table

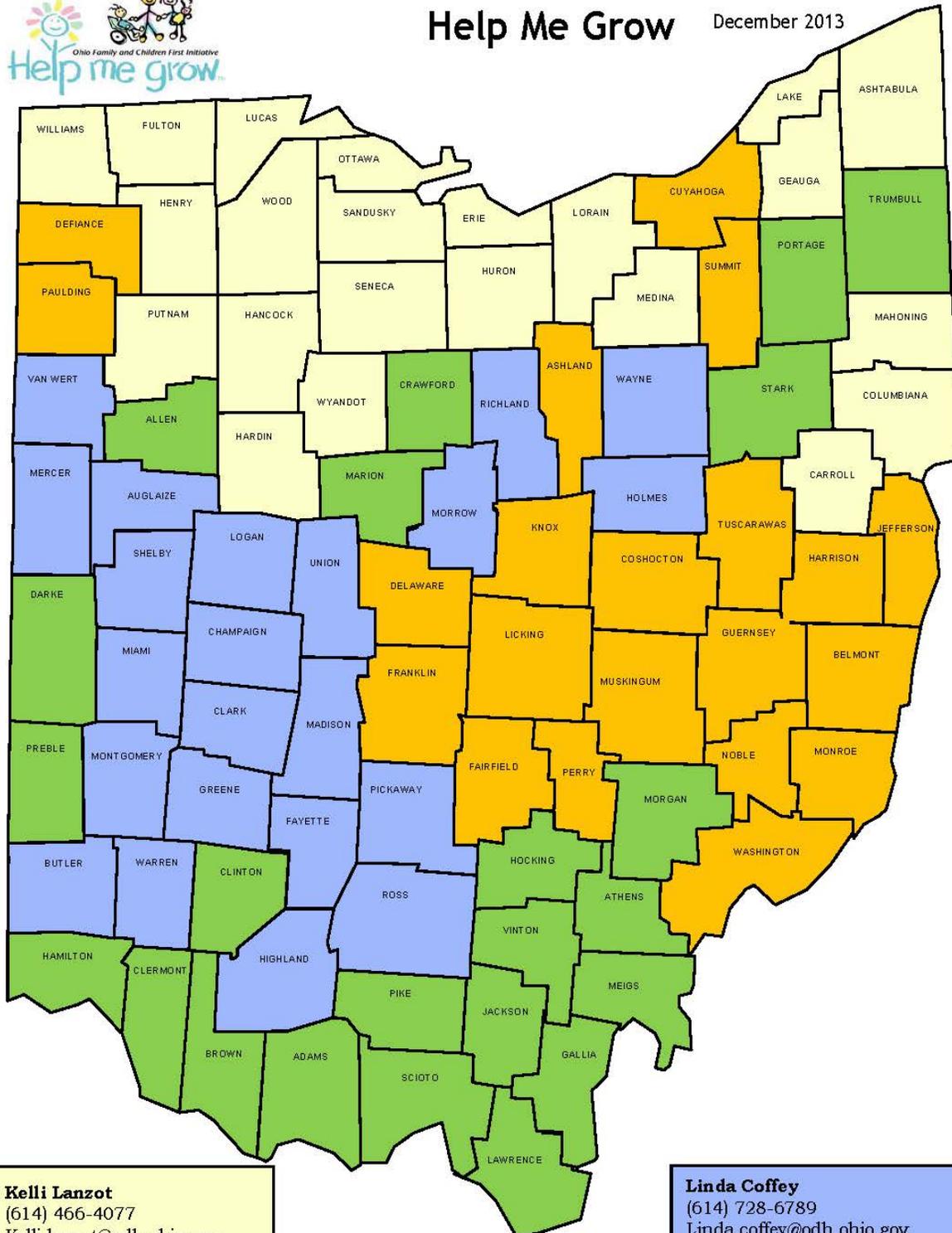
Appendix E

| County       | SFY15 GRF<br>(actual) | SFY15 Part C<br>(actual) | SFY15 Total<br>(actual) |
|--------------|-----------------------|--------------------------|-------------------------|
| Logan        | \$ 31,326             | \$ 51,110                | \$ 82,436               |
| Lorain       | \$ 243,100            | \$ 396,637               | \$ 639,737              |
| Lucas        | \$ 352,526            | \$ 575,173               | \$ 927,699              |
| Madison      | \$ 25,340             | \$ 41,343                | \$ 66,683               |
| Mahoning     | \$ 92,261             | \$ 150,532               | \$ 242,793              |
| Marion       | \$ 45,620             | \$ 74,433                | \$ 120,053              |
| Medina       | \$ 133,904            | \$ 218,476               | \$ 352,380              |
| Meigs        | \$ 18,282             | \$ 29,829                | \$ 48,111               |
| Mercer       | \$ 46,501             | \$ 75,869                | \$ 122,370              |
| Miami        | \$ 76,375             | \$ 124,612               | \$ 200,987              |
| Monroe       | \$ 11,400             | \$ 18,600                | \$ 30,000               |
| Montgomery   | \$ 396,276            | \$ 646,555               | \$ 1,042,831            |
| Morgan       | \$ 11,400             | \$ 18,600                | \$ 30,000               |
| Morrow       | \$ 22,542             | \$ 36,779                | \$ 59,321               |
| Muskingum    | \$ 55,001             | \$ 89,739                | \$ 144,740              |
| Noble        | \$ 20,908             | \$ 34,114                | \$ 55,022               |
| Ottawa       | \$ 28,595             | \$ 46,655                | \$ 75,250               |
| Paulding     | \$ 17,998             | \$ 29,365                | \$ 47,363               |
| Perry        | \$ 23,608             | \$ 38,517                | \$ 62,125               |
| Pickaway     | \$ 45,745             | \$ 74,637                | \$ 120,382              |
| Pike         | \$ 23,422             | \$ 38,215                | \$ 61,637               |
| Portage      | \$ 92,869             | \$ 151,523               | \$ 244,392              |
| Preble       | \$ 28,229             | \$ 46,058                | \$ 74,287               |
| Putnam       | \$ 25,344             | \$ 41,350                | \$ 66,694               |
| Richland     | \$ 89,259             | \$ 145,633               | \$ 234,892              |
| Ross         | \$ 47,738             | \$ 77,888                | \$ 125,626              |
| Sandusky     | \$ 40,896             | \$ 66,726                | \$ 107,622              |
| Scioto       | \$ 49,189             | \$ 80,257                | \$ 129,446              |
| Seneca       | \$ 43,688             | \$ 71,281                | \$ 114,969              |
| Shelby       | \$ 38,875             | \$ 63,428                | \$ 102,303              |
| Stark        | \$ 137,726            | \$ 224,712               | \$ 362,438              |
| Summit       | \$ 343,600            | \$ 560,611               | \$ 904,211              |
| Trumbull     | \$ 79,292             | \$ 129,370               | \$ 208,662              |
| Tuscarawas   | \$ 55,178             | \$ 90,027                | \$ 145,205              |
| Union        | \$ 29,219             | \$ 47,673                | \$ 76,892               |
| Van Wert     | \$ 23,526             | \$ 38,385                | \$ 61,911               |
| Vinton       | \$ 11,400             | \$ 18,600                | \$ 30,000               |
| Warren       | \$ 141,663            | \$ 231,133               | \$ 372,796              |
| Washington   | \$ 51,912             | \$ 84,698                | \$ 136,610              |
| Wayne        | \$ 63,661             | \$ 103,867               | \$ 167,528              |
| Williams     | \$ 32,567             | \$ 53,136                | \$ 85,703               |
| Wood         | \$ 77,626             | \$ 126,654               | \$ 204,280              |
| Wyandot      | \$ 15,507             | \$ 25,300                | \$ 40,807               |
| <b>TOTAL</b> | <b>\$ 8,067,761</b>   | <b>\$ 13,163,193</b>     | <b>\$ 21,230,954</b>    |



# Help Me Grow

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**Kelli Lanzot**  
(614) 466-4077  
Kelli.lanzot@odh.ohio.gov

**Cynthia Woodbeck**  
(614) 644-9166  
Cynthia.woodbeck@odh.ohio.gov

**Linda Coffey**  
(614) 728-6789  
Linda.coffey@odh.ohio.gov

**Laura Friedman**  
(614) 728-2729  
Laura.friedman@odh.ohio.gov