



MEMORANDUM

Date: September 9, 2013

To: Prospective Applicants for 2014 HIV Rapid Testing in Non-Clinical Community Settings

From: Steve Wagner, MPH, JD
Chief, Division of Prevention and Health Promotion
Ohio Department of Health

Subject: Notice of Availability of Funds – Federal Fiscal Year 2014

The Ohio Department of Health (ODH), Division of Prevention, Bureau of HIV/AIDS, STD and TB (BHST), announces the availability of grant funds to support two projects titled *HIV Rapid Testing in Non-Clinical Community Settings*.

To obtain a grant application packet:

1. Go to the ODH website at <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 “Grant Request for Proposals,” this will give you a pull down menu with current RFPs by name; and
5. Select and highlight the HIV Rapid Testing in Non-Clinical Community Settings RFP and click “Submit.” This process invokes Adobe Acrobat and displays the entire RFP. You can either read and/or print the document as desired.

In the application packet you will find:

1. Request for Proposals (RFP) – This document outlines detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant.
2. *Notice of Intent to Apply for Funding (NOIAF)* form – The purpose of this document is to ascertain your intent to apply for available grant funds. Please note: The NOIAF must be submitted no later than **Friday, September 20, 2013** to be eligible for these funds. NOIAF’s not received by the due date will not be accepted.

When you have accessed the application packet:

1. Review the RFP to determine your organization's ability to meet the requirements of the grant and your intent to apply.
2. If after reviewing the RFP you wish to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Fax or e-mail it to ODH, per the listed instructions and by the indicated due date of **Friday, September 20, 2013**. The *Notice of Intent to Apply for Funding* form is mandatory, if you intend to apply for the grant.

Upon receipt of your completed *Notice of Intent to Apply for Funding* form, ODH will:

1. Create a grant application project number for your organization. This project number will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet using GMIS 2.0.
2. ODH will assess your organization's GMIS 2.0 training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you regarding those needs. GMIS 2.0 training is mandatory if your organization has never been trained on GMIS 2.0.

Once ODH receives your completed *Notice of Intent to Apply for Funding* form, creates the project number for your organization and finalizes all GMIS 2.0 training requirements, you may proceed with the application process as outlined in the RFP.

All potential applicants are encouraged to participate in a Bidders' Conference that will be held via teleconference on Thursday, September 19, 2013, from 10:00 am to 11:00 am. The Bidders' Conference will provide an opportunity for interested parties to learn more about the RFP and to ask clarifying questions. Interested parties can access the Bidders' Conference by calling: 1 (800) 510-7500 and entering the participant code: 2528489.

All applications and attachments are due **Monday, November 4, 2013**. Electronic applications received after **Monday, November 4, 2013** will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using GMIS 2.0. All organizations are required to attend GMIS 2.0 training. If your organization has not been trained, complete and return the GMIS 2.0 training form by **Friday, September 20, 2013**.

If you have questions regarding this application, please contact Jennifer Bartosek, HIV Expanded Testing Coordinator, by email at jennifer.bartosek@odh.ohio.gov.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF PREVENTION AND HEALTH PROMOTION

BUREAU OF HIV/AIDS, STD & TB

HIV Rapid Testing in Non-Clinic Community Settings

REQUEST FOR PROPOSALS (RFP)

FOR

**FISCAL YEAR 2014
(01/01/2014 – 12/31/2014)**

Local Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

Revised 07/02/12
For grant starts 04/01/2013 and thereafter

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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, G, and I 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”) Please refer to Policy and Procedure updates found on the GMIS bulletin board.

B. Application Name: HIV Rapid Testing in Non-Clinical Community Settings

C. Purpose: In accordance with the Centers for Disease Control and Prevention (CDC), the National HIV/AIDS Strategy (NHAS) and the HIV Prevention Plan for Ohio, the purpose of this funding opportunity is to increase testing within populations disproportionately affected by HIV in Ohio, as well as, increase awareness of HIV prevention messaging, provide counseling and referral services, and link HIV-positive persons to medical care within 90 days of a positive HIV test.

D. Qualified Applicants: All applicants must be a non-clinical, non-profit agency with experience conducting HIV testing and providing referrals and services to individuals newly diagnosed with HIV. Priority will be given to applicants located in high incidence areas within the state. 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, November 4, 2013.**

E. Service Area: Applicants will serve one HIV/STD prevention region in Ohio. See Appendix A.

F. Number of Grants and Funds Available: Funds supporting the HIV Rapid Testing in Non-Clinical Community Settings originate from Category B, Expanded HIV Testing, of the CDC grant: Comprehensive HIV Prevention Programs for Health Departments. Up to two grants may be awarded for a total amount of \$150,000. Eligible agencies may apply for a maximum of \$75,000.

Grant funding will depend upon available funds, recommendations of the review panel, quality of each application, justification for funding and adherence to the goals and objectives outlined in this RFP.

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

G. Due Date: 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, November 4, 2013**. Applications and required attachments received late will not be considered for review.

Contact Jennifer Bartosek by email at Jennifer.Bartosek@odh.ohio.gov with any questions. Questions should be sent no later than Friday, October 18, 2013 so there is ample time to provide a response.

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 93.940*.

I. Goals: The goals of ODH in releasing funds for the HIV Rapid Testing in Non-Clinical Community Settings is to reduce HIV transmission through:

1. Increase HIV testing and increase positivity rates in community settings.
2. Increase awareness and educate communities through traditional and innovative techniques about the threat of HIV and how to prevent it.
3. Increase appropriate medical and preventive referrals.
4. Increase the proportion of HIV-infected persons in Ohio who know they are infected; and,
5. Increase the proportion of HIV-infected persons who are linked to prevention and care services.

J. Program Period and Budget Period: The program period will begin January 1, 2014 and end on December 31, 2017. The budget period for this application is **January 1, 2014 through December 31, 2014**.

K. Public Health Accreditation Board (PHAB) Standard(s): This grant program will address the following PHAB standards:

- **Standard 1.2:** Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.
- **Standard 2.1:** Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards
- **Standard 3.1:** Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems Through Collaborative Processes
- **Standard 4.2:** Promote the Community’s Understanding of and Support for Policies and Strategies that will Improve the Public’s Health
- **Standard 8.2:** Assess staff competencies and address gaps by enabling organizational and individual training and development.

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 Work plan), 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 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). Contact Jennifer Bartosek by email at Jennifer.Bartosek@odh.ohio.gov with any questions. Questions should be sent no later than Friday, October 18, 2013 so there is ample time to provide a response.

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, November 4, 2013**.

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.

Additional details regarding scoring can be found on the scoring sheet located in the appendices.

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: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service.

- 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:

HIV Prevention Projects

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of HIV/AIDS, STD, and TB, HIV Prevention Program and as a sub-award of a grant issued by the Centers for Disease Control and Prevention under the PS12-1201, Comprehensive HIV Prevention Projects for Health Departments grant, grant award number 1U62PS003661-02, and CDFA number 93.940.”

- 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 quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of further payments.

- 1. Program Reports:** Subgrantee Program Reports must be completed and submitted via GMIS by the following dates:

Due Date	Report	Submitted Via
July 31, 2014	Interim Progress Report	GMIS
January 31, 2015	Annual Progress Report	GMIS
Monthly*	Test Kit Tracking	Email
Monthly*	Client-Level Testing Data	Email

*15th of each month

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. Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates:

Due Date	Quarter
April 15, 2014	January 1, 2014 to March 31, 2014
July 15, 2014	April 1, 2014 to June 30, 2014
October 15, 2014	July 1, 2014 to September 30, 2014
January 15, 2015	October 1, 2014 to December 31, 2014

- 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 **Friday, February 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 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.

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:
17. <http://obm.ohio.gov/MiscPages/TravelRule>) Then click on OBM Travel Rule.
18. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
19. Training longer than one week in duration, unless otherwise approved by ODH;
20. Contracts for compensation with advisory board members;
21. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
22. 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 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 15 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:

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 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 or mailed to the address listed below:

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

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

**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th 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**

An original and 0 copies of **Attachments** (non-Internet compatible) as required by program: **NONE**

**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th 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 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 **January 1, 2014 to December 31, 2014.**

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

CCAs cannot be submitted until after the 1st 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.

Purchase of incentives must be in accordance with the policy provided by the HIV and STD Prevention Programs.

- 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 25 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 (1 page maximum):** Identify the target population(s) consistent with the priority populations identified by the regional community planning group based on the epidemiological profile for the region of the applicant (i.e. MSM, African American men, and/or African American women),

services and programs to be offered and what agency or agencies will provide those services, the HIV/STD prevention region to be served, and burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.

2. Description of Applicant Agency/Documentation of Eligibility/Personnel (2 pages maximum):

- i. Briefly discuss the applicant agency's eligibility to apply.
- ii. Summarize the agency's structure as it relates to this program and, as the lead agency, how the program will be managed.
- iii. 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.
- iv. Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. If there are no deficiencies, applicant should indicate there are no deficiencies within the narrative.
- v. Describe plans for hiring and training, as necessary.
- vi. Delineate all personnel who will be directly involved in program activities. List their experience and expertise in program activities they will be responsible for overseeing. 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 grant funded staff.

3. Problem/Need (4 page maximum):

- i. Identify and describe the local or targeted health status concern(s) 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.
- ii. Clearly identify the target population(s) for one specified region. 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 and strategies/settings where the applicant proposes to achieve HIV testing positivity levels.
- iii. Include a description of other agencies/organizations also addressing this problem/need and how the applicant's strategies are designed to be collaborative and/or more effective.

- 4. Methodology (10 page maximum):** By answering the following section questions in narrative form, applicants should 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.

Section I: Grants Administration

Questions:

- 1a. Each agency is responsible for sending at least one representative to the Ohio Community Planning Group (OCPG) meetings, as well as a representative to the regional community planning group meetings within their testing region. List the name(s) of the applicant agency's designee(s) who will attend the statewide and regional community planning meetings.
- 1b. List the name of the applicant agency's designee(s) who will participate in quarterly grantee calls.
- 1c. All testing staff must be trained in client-centered counseling. List HIV testers who will work on this grant and their client-centered counseling testing number assigned by the ODH. If testers have not been selected or will need to be hired, include assurance that testers will be trained in client-centered counseling prior to testing. Indicate the date that all testers will complete training.
- 1d. All HIV testing and data collection must be in alignment with the requirements of the most recent ODH Expanded Testing Initiative Protocol. Submission of this grant application indicates acceptance of the most recent ODH Expanded Testing Initiative Protocol. Include assurance that the protocol has been reviewed.

Section II: HIV Testing

Details: Applicants will provide testing within one HIV/STD prevention region in Ohio (see Appendix A). Testing may be conducted at non-healthcare setting(s), in partnership with a healthcare setting, or at community based non-healthcare outreach settings. All testing and data collection must be conducted in accordance with the most recent version of the Expanded Testing Protocol. Test kits, training and capacity building will be provided by ODH.

Applicants are not required to test each of the target populations, however applicants are expected to conduct between 600 and 1000 tests and achieve a 2.0 percent new positivity rate within their selected target population(s). Additionally, each applicant is required to provide or facilitate linkage to medical care and case management services for HIV-positive individuals, including referral to partner services (PS), referral to medical and social services, and referral to Linkage to Care resources in the region to assure engagement in care and treatment services.

Applicants will be expected to meet the following indicators:

- Conduct 600 to 1,000 tests within specified target population(s)
- 95% of tested persons receive their test results
- 2% of individuals tested are newly diagnosed HIV-positive
- 95% of newly diagnosed persons receive their test results
- 95% of newly diagnosed persons are referred to PS
- 80% of newly diagnosed persons referred to syphilis, hepatitis C virus (HCV) and other STD testing
- 80% of newly diagnosed persons receive risk-reduction counseling
- 90% of newly identified, confirmed HIV-positive clients are referred to medical care
- 80% of newly identified, confirmed HIV-positive clients attended their first medical care appointment within 90 days of the confirmed HIV-positive test date.

Questions:

- 2a. List the HIV/STD prevention region where testing will be conducted. Describe the applicant’s experience testing within the selected region.
- 2b. Describe the target populations (from the 3 specified below) the applicant will test under this RFP. Describe successes and challenges the applicant has previously overcome testing this population.
- 2c. Describe where the applicant agency will conduct HIV testing and how the applicant agency will ensure that HIV testing is provided in settings most likely to reach persons who are likely to be infected, but unaware of their status. Include strategies to assure positivity rates are in-line with expectations.
- 2d. Complete the tables below, projecting the number of tests to be completed throughout the program period.

Population	Tested	# Positive	% Positive	# Linked to Care
MSM				
African American MSM				
African American Women				
Total				

- 2e. Describe how the applicant agency will ensure that HIV testing is delivered in an appropriate, competent and culturally sensitive manner.
- 2f. Describe how the applicant agency will ensure that newly diagnosed individuals will be linked to medical care and prevention services.
- 2g. Describe how the applicant agency will assure the collection and reporting of HIV testing data. Describe the quality assurance procedures to confirm the accuracy and completeness of information on testing data collection forms before they are submitted.

- 2h. Describe policies and procedures the applicant agency has in place to prevent HIV test kits from expiring. Confirm that test kit tracking reports will be submitted to ODH by the seventh day of each month.
- 2i. Describe referral strategies to meet the 80 percent performance threshold for newly diagnosed individuals to be tested for STD, HCV and TB.
- 2j. If the applicant agency is also a funded Counseling, Testing, and Referral (CTR) site or expanded testing site, describe the transition plan for adding this funded initiative.

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.

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, the FFATA form is located on the GMIS Application Page and must be completed in order to submit the application.)

G. Electronic Funds Transfer (EFT) Form: Print in PDF format and attach in GMIS. **(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 attach in GMIS. **(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 Services Unit, 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 Accreditation Board Standards:** Attach in GMIS the PHAB Standards that will be addressed by grant activities.
- J. **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).
- K. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Attach in GMIS 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. Attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.
- M. **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 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, October 28, 2013.**

III. APPENDICES

- A. 2014 HIV/STD Prevention Regions
- B. Grant Application Review Criteria
- C. GMIS Training Form
- D. Notice of Intent To Apply Form
- E. Resources

**HIV PREVENTION
HIV RAPID TESTING IN NON-CLINIC SETTINGS
RATING FORM**

Agency: _____ Date: _____
 Region: _____ Reviewer #: _____
 Total Score: _____ Funding Requested: _____

SCORE TABLE:

Use the following table as a guide in completing the review sheet.

Point Value	Criterion Unmet	Criterion Insufficient	Criterion Partially Met	Criterion met
1	0	n/a	n/a	1
2	0	n/a	1	2
3	0	1	2	3
4	0	1	2, 3	4
5	0	1, 2	3, 4	5
10	0	1 - 3	4 – 8	9, 10

Criterion Unmet – Does not answer the question nor address any of the required issues.

Criterion Partially Met - Attempts to answer the question, but does not offer key details or explanation. Answers the question and offers some concrete information.

Criterion Partially Met - Attempts to answer the question, but does not offer specific information. Answers the question and offers some concrete information.

Criterion Met - Offers substantive information; a complete answer in a clear manner. An exemplary answer, uses quantitative measure for example; is concise and to the point.

NOTE: The maximum point value is shown in each section. Please score each section using the score table as a guide. Your comments are important and provide clarification when necessary.

TOTAL MAXIMUM SCORE: 140 points

MINIMUM SCORE TO BE ELIGIBLE FOR FUNDING: 98 points

COMPONENT OF PROPOSAL	Max Points Possible	SCORE	STRENGTHS / WEAKNESS
PROGRAM NARRATIVE			
<p>Executive Summary Identify the target population(s) consistent with the priority populations identified by the regional community planning group based on the epidemiological profile for the region of the applicant (i.e. MSM, African American men, and/or African American women), services and programs to be offered and what agency or agencies will provide those services, the HIV/STD prevention region to be served, and burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.</p>	5		
Total:	5		
<p>Description of Applicant Agency/ Documentation of Eligibility Briefly discuss the applicant agency's eligibility to apply.</p>	1		
<p>Summarize the agency's structure as it relates to this program and, as the lead agency, how the program will be managed.</p>	5		
<p>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.</p>	5		
<p>Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. If there are no deficiencies, applicant should indicate there are no deficiencies within the narrative.</p>	2		
<p>Describe plans for hiring and training, as necessary.</p>	2		
<p>Delineate all personnel who will be directly involved in program activities. List their experience and expertise in program activities they will be responsible for overseeing. 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 grant funded staff.</p>	5		

COMPONENT OF PROPOSAL	Max Points Possible	SCORE	STRENGTHS / WEAKNESS
Total:	20		
Problem/Need Identify and describe the local or targeted health status concern(s) 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.	3		
Clearly identify the target population(s) for one specified region. 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 and strategies/settings where the applicant proposes to achieve HIV testing positivity levels.	5		
Include a description of other agencies/organizations also addressing this problem/need and how the applicant's strategies are designed to be collaborative and/or more effective.	2		
Total:	10		
Methodology Section 1: Grant Administration 1a. Each agency is responsible for sending at least one representative to the Ohio Community Planning Group (OCPG) meetings, as well as a representative to the regional community planning group meetings within their testing region. List the name(s) of the applicant agency's designee(s) who will attend the statewide and regional community planning meetings.	3		
1b. List the name of the applicant agency's designee(s) who will participate in quarterly grantee calls.	1		

COMPONENT OF PROPOSAL	Max Points Possible	SCORE	STRENGTHS / WEAKNESS
1c. All testing staff must be trained in client-centered counseling. List HIV testers who will work on this grant and their client-centered counseling testing number assigned by the ODH. If testers have not been selected or will need to be hired, include assurance that testers will be trained in client-centered counseling prior to testing. Indicate the date that all testers will complete training.	1		
1d. All HIV testing and data collection must be in alignment with the requirements of the most recent ODH Expanded Testing Initiative Protocol. Submission of this grant application indicates acceptance of the most recent ODH Expanded Testing Initiative Protocol. Include assurance that the protocol has been reviewed.	5		
Section 2: HIV Testing			
2a. List the HIV/STD prevention region where testing will be conducted. Describe the applicant's experience testing within the selected region.	3		
2b. Describe the target populations (from the three specified) the applicant will test under this RFP. Describe successes and challenges the applicant has previously overcome testing this population.	5		
2c. Describe where the applicant agency will conduct HIV testing and how the applicant agency will ensure that HIV testing is provided in settings most likely to reach persons who are likely to be infected, but unaware of their status. Include strategies to assure positivity rates are in-line with expectations.	10		
2d. Complete the tables, projecting the number of tests to be completed throughout the program period. Are the numbers and positivity rates in-line with grant requirements?	10		
2e. Describe how the applicant agency will ensure that HIV testing is delivered in an appropriate, competent and culturally sensitive manner.	5		
2f. Describe how the applicant agency will ensure that newly diagnosed individuals will be linked to medical care and prevention services.	10		
2g. Describe how the applicant agency will assure the collection and reporting of HIV testing data. Describe the quality assurance procedures to confirm the accuracy and completeness of information on testing data collection forms before they are submitted.	5		

COMPONENT OF PROPOSAL	Max Points Possible	SCORE	STRENGTHS / WEAKNESS
2h. Describe policies and procedures the applicant agency has in place to prevent HIV test kits from expiring. Confirm that test kit tracking reports will be submitted to ODH by the seventh day of each month	2		
2i. Describe referral strategies to meet the 80 percent performance threshold for newly diagnosed individuals to be tested for STD, HCV and TB.	5		
2j. If the applicant agency is also a funded CTR or expanded testing site, describe the transition plan for adding this funded initiative.	5		
Testing Region: Cleveland, Columbus, or Cincinnati?	10		
Total:	80		
Budget Narrative A detailed narrative budget justification which describes how the categorical costs are derived is provided. The necessity, reasonableness and ability to document allocated costs are included.	10		
All personnel, contractors, other direct costs (e.g. supplies, travel and training) is explained and justified.	5		
Total:	15		
OVERALL QUALITY			
Clarity / completeness	5		
Adherence to RFP guidelines	5		
Total:	10		
Submitted: Public Impact Statement Summary	2		
Submitted: Public Health Impact Statements of Support	5		
Total:	7		
CUMULATIVE TOTAL	140		

Recommendation of Reviewer:

- Approval (funding) of proposal as submitted (no conditions)
- Approval (funding) of proposal with conditions (please list conditions below)

- Disapproval of project. State reason(s) below:

Signature of Reviewer

Date

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

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

Mail, E-mail, or Fax To: Gail Byers
Grants Services 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 TRAINING SESSION WILL BE E-MAILED TO YOU

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Prevention and Health Promotion
Bureau of HIV/AIDS, STD, and TB

HIV Rapid Testing in Non-Clinical Community Settings

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 [] Hospital [] Local Schools
[] City Agency [] Higher Education [] Not-for Profit

Applicant Agency/Organization Agency Head _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

Agency Head Signature _____

Employees needing access to this grant other than Agency Head (Agency Head will be granted access):

Does your agency have at least one staff person who has been trained in and currently has access to the ODH GMIS 2.0 system? YES [] NO []

If NO, someone from your agency is 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 and check the box stating that your agency is applying for an ODH grant for the first time and training is needed in order to submit your grant proposal. The training form must be attached to the Notice of Intent to Apply for Funding.

If YES, above, you have verified that your agency already has access to the ODH GMIS 2.0 system. Are you satisfied with the level of GMIS training of your staff? YES NO [] []

If YES - No further action is needed.

If NO - Use the attached training request form to request to be scheduled for GMIS 2.0 training. While we will try to schedule you for training as soon as possible, agencies which do not have access to the ODH GMIS 2.0 system will have first priority for training.

Mail, E-mail or Fax to: Jen Keagy, STD Prevention Program Manager
Ohio Department of Health - HIV and STD Prevention Program
246 North High Street
Columbus, OH 43215
E-mail: Jen.Keagy@odh.ohio.gov
Fax: 614-387-2602

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY SEPTEMBER 20, 2013

Resources:

1. Ohio Department of Health's HIV/AIDS Epidemiologic Profile
<http://www.odh.ohio.gov/healthStats/disease/hivdata/pf1.aspx>
2. National HIV/AIDS Strategy (NHAS):
<http://www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/what-is-the-nhas/strategy.html>
3. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention's (NCHHSTP) Strategic Plan:
http://www.nchhstp.cdc.gov/docs/10_NCHHSTP%20strategic%20plan%20Book_semi%20final508.pdf
4. CDC Health Disparities and Inequalities Report — United States, 2011:
<http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>
5. NCHHSTP's Social Determinants of Health White Paper:
<http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf>
6. PCSI White Paper:
http://www.cdc.gov/nchhstp/programintegration/docs/207181-C_NCHHSTP_PCSI%20WhitePaper-508c.pdf
7. HIV Surveillance Report, Volume 21: Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2009
www.cdc.gov/hiv/surveillance/resources/reports/2009report/index.htm
8. Healthy People 2020 – HIV Topic Area:
<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=22>
9. Department of Health and Human Services Implementation Guidance for Syringe Services Programs, July 2010:
<http://www.cdc.gov/hiv/resources/guidelines/PDF/SSP-guidanceacc.pdf>
10. Integrated Guidelines for Developing Epidemiologic Profiles: HIV Prevention and Ryan White CARE Act Community Planning:
<http://www.cdc.gov/hiv/topics/surveillance/resources/guidelines/epi-guideline/index.htm>
11. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, 2006:
<http://www.cdc.gov/mmwr/pdf/rr/rr5514.pdf>
12. Revised Guidelines for HIV Counseling, Testing, and Referral, 2001:
<http://www.cdc.gov/mmwr/pdf/rr/rr5019.pdf>

13. Quality Assurance Standards for HIV Counseling, Testing, and Referral Data, 2009:
<http://www.cdc.gov/hiv/testing/resources/guidelines/qas/>
14. Quality Assurance Guidelines for Testing Using Rapid HIV Antibody Tests Waived Under the Clinical Laboratory Improvement Amendments of 1988 | Rapid HIV Testing | Testing | Topics | CDC HIV/AIDS:
http://www.cdc.gov/hiv/topics/testing/resources/guidelines/qa_guide.htm
15. HIV Testing Implementation Guidance in Correctional Settings, January 2009:
http://www.cdc.gov/hiv/topics/testing/resources/guidelines/correctional-settings/pdf/Correctional_Settings_Guidelines.pdf
16. Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e1030a1.htm>
17. Guidelines for Internet-based Partner Services:
<http://www.ncsddc.org/upload/wysiwyg/documents/IGPS.pdf>
18. Sexually Transmitted Diseases Treatment Guidelines, 2010:
<http://www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf>
19. Interim Guidance: Pre-exposure Prophylaxis for the Prevention of HIV Infection in Men Who Have Sex with Men:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a1.htm?s_cid=mm6003a1_w
20. Non-Occupational Post-Exposure Prophylaxis: <http://www.cdc.gov/mmwr/PDF/rr/rr5402.pdf>
21. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>
22. Compendium of HIV Prevention Interventions with Evidence of Effectiveness:
<http://www.cdc.gov/HIV/topics/research/prs/evidence-based-interventions.htm>
23. Diffusion of Effective Behavioral Interventions:
www.effectiveinterventions.org
24. Act Against AIDS Communication Campaign:
<http://www.cdc.gov/hiv/aaa/>
25. Antiretroviral Treatment Access Study (ARTAS) Linkage to Care Intervention: Craw JA, Gardner LI, Marks G, Rapp RC, Bosshart J, Duffus WA, Rossman A, Coughlin SL, Gruber D, Safford LA, Overton, J, Schmitt K. Brief strengths-based case management promotes entry into HIV medical care: results of the Antiretroviral Treatment Access Study-II (ARTAS-II). *JAIDS*, 2008; 47:597-606.
<http://www.ncbi.nlm.nih.gov/pubmed/18285714>

26. National Standards for Culturally and Linguistically Appropriate Services in Health Care:
<http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>
27. Distinguishing Public Health Research and Public Health Nonresearch” Policy:
<http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>
28. Guidelines for Budget Preparation: <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>
29. Contract Clause for Safeguards for Individuals and Establishments against Invasions of Privacy and with Subsection (m) of the Privacy Act of 1974 (5 U.S.C. 552a) and Section 308(d) of the Public Health Service Act (42 U.S.C. 242m):
<http://www.justice.gov/opcl/privstat.htm>