



OHIO DEPARTMENT OF HEALTH

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John R. Kasich/Governor

DATE: March 24, 2011
TO: Prospective Applicants for Personal Responsibility Education Program (PREP) for Foster Care and Adjudicated Youth
FROM: Karen Hughes, M.P.H. Chief *KAREN F. HUGHES (RPS)*
Division of Family and Community Health Services
SUBJECT: Notice of Availability of Funds – Competitive Grant Applications for 2011 - 2016

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Community Health Services (BCHS), announces the availability of grant funds to support the Personal Responsibility Education Program (PREP) for Foster Care and Adjudicated Youth initiative. The Request for Proposals (RFP) will provide you guidance in completing the online application for the FY 2011 competitive grant program period. Proposals are due Monday May 16, 2011. **Late applications will not be accepted.**

A Bidders Conference will be held April 7, 2011 from 2 pm to 3:30 pm at State Library of Ohio 274 East First Ave. Columbus Ohio 43201. For directions & area information go to <http://www.library.ohio.gov/marketing/directions>. If you cannot attend in person a conference line will be available for call in during the conference. That call in number is 800-510-7500; Participant Code is 867054#. **Attendance at the Bidders Conference is required for agencies who have never received an ODH grant. This meeting is optional for previously funded grantees. Please RSVP by April 1, 2011 if you will be attending in person or calling in for the Bidders Conference to Angela Norton Program Chief by email: angela.norton@odh.ohio.gov or Ann Connelly, School Nursing Supervisor at ann.connelly@odh.ohio.gov.**

Also please submit any RFP questions at the time you RSVP. Responses to questions received will be discussed at the Bidders Conference.

To obtain a grant application packet:

- 1) Go to the ODH website at www.odh.ohio.gov
- 2) From the home page, click on "resources"
- 3) From the next page, click on "funding opportunities"
- 4) Next click on "ODH Grants"
- 5) Next click on "Grant request for Proposals". This will give you a pull down menu with current grant RFP's by name
- 6) Select and highlight the Personal Responsibility Education Program (PREP) for Foster Care and Adjudicated Youth RFP and click "Submit". This process invokes Adobe Acrobat and will display the entire RFP. You can then review the RFP to determine your organizations' ability to meet the requirements of the grant and your intent to apply.

All grant applications must be submitted via the Internet, using GMIS 2.0. To be eligible for funding, all interested applicants must: 1) submit the attached Notice of Intent to Apply for Funding form no later than April 15, 2011 and; 2) for competitive Request for Proposals (RFPs) only, applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training. Please complete and return the attached GMIS 2.0 Training form to schedule a specific training session date.

Should you have any questions, please contact Angela Norton, School and Adolescent Health Program Chief at 614-466-6039 or by email at angela.norton@odh.ohio.gov or Ann Connelly, School Nursing Supervisor at 614-728-0386 or by email at ann.connelly@odh.ohio.gov.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF FAMILY AND COMMUNITY HEALTH SERVICES BUREAU OF COMMUNITY HEALTH SERVICES

SCHOOL AND ADOLESCENT HEALTH

**Personal Responsibility Education Program (PREP) for Foster Care
and Adjudicated Youth**

**REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2012
(08/01/11-07/31/12)**

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

COMPETITIVE GRANT APPLICATION INFORMATION

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I. APPLICATION SUMMARY and GUIDANCE

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

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) Manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The GAPP Manual is available on the ODH Website <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “About ODH”, click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** Personal Responsibility Education Program(PREP) for Foster Care and Adjudicated Youth
- C. Purpose:** The School and Adolescent Health Section, in partnership with the Ohio Department of Jobs and Family Services and the Ohio Department of Youth Services proposes to reduce teen pregnancy and sexually transmitted infection rates for Ohio’s youth ages 14-19 years of age residing in foster care and the juvenile justice systems by educating staff in those systems to become trainers in evidence-based pregnancy prevention programming.

PREP funding will provide education to youth on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS and on three adulthood preparation subjects to assist youth as they transition out of placement into independent living.

Youth residing in foster care and/or involved with juvenile justice agencies have unique circumstances that contribute to their increased vulnerability for unplanned teen pregnancies and higher rates of sexually transmitted infections. Youth in these systems are highly mobile, often moving between group homes, foster families, detention centers and biological families. One consequence of this mobility can be irregular or interrupted school attendance impacting learning and the opportunity to obtain health information.

Using a statewide, standardized train-the-trainer model, sub grantees will receive training and then will work regionally to train direct care staff who work with foster care and incarcerated youth on the evidenced-based curriculum, Reducing the Risk

(RTR), as the foundation for the pregnancy prevention education curriculum along with the following adulthood topics incorporated into the curriculum: 1) healthy relationships, such as positive self esteem and relationship dynamics, friendships, dating, romantic involvement, marriage and family interactions; 2) financial literacy; and 3) educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self sufficiency and work place productivity.

This train the trainer model seeks to enhance professional development at the local level for direct care staff while providing sustainability for pregnancy prevention and life skills education for youth in the foster care and Juvenile justice systems.

D. Qualified Applicants: All applicants must be a local public or non-profit agency, able to serve a multi - county region. For competitive Request for Proposals (RFPs) only, 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).

Evidence of collaboration with community partners through joint applications is encouraged. Applicants must demonstrate community collaboration and support for the project by submitting letters from county Jobs and Family Services (JFS) and juvenile justice agencies. Applicants must demonstrate that all local health departments in the region are aware of the proposed project by submitting a letter of acknowledgement with the application.

Only one application will be funded per region. (See Appendix C for map of PREP Regions) Applicants may NOT apply to serve more than one region. Continuation funding will be based upon compliance with program requirements and submission of continuation application each year and availability of federal funds.

In addition, qualified applicants must be able to do the following:

- Demonstrate history of effective collaboration and cooperation within communities including shared or cooperative projects involving more than one agency/organization which enhances the ability to cut across geographic or service system boundaries
- Demonstrate experience in conducting educational trainings on sexual health and related topics to adult learners as well as youth in the target population
- Establish a multi-county regional collaborative of program experts and stakeholders to guide the development of a regional level plan to address the goals of the PREP grant
- Demonstrate the ability to provide the RTR training and technical support to a multi-county region
- Conduct a needs assessment of their region to determine the potential number of direct care staff and youth that could be served with this project
- Submit a detailed plan with 5 year Program goals and objectives and activities for the first year.

Applicants must also demonstrate within their Regional Plan how they will address the following:

- Observe and co-facilitate one session with each of the direct care staff who are trained.
- Be available for TA support to direct care staff by telephone, e-mail or visits as needed.
- Be responsible for quarterly program reports and annual program evaluation with unduplicated counts of numbers of youth and staff served.
- Convene the multi-county regional collaborative on a quarterly basis to review the progress towards meeting program goals.

E. Service Area: For the purposes of Ohio's PREP grant, the state has been divided into nine regions. Each region is comprised of multiple counties. They are as follows:

PREP Regions

Region 1: Northwest

Williams, Fulton, Lucas, Defiance, Henry, Wood, Paulding, Van Wert, Putnam, Ottawa, Hancock, Mercer

Region 2: West Central

Auglaize, Allen, Shelby, Darke, Miami, Champaign, Clark, Montgomery, Greene, Preble, Logan, Hardin

Region 3: Southwest

Butler, Hamilton, Warren, Clermont, Clinton, Brown

Region 4: South

Hocking, Ross, Vinton, Athens, Pike, Jackson, Gallia, Meigs, Scioto, Lawrence, Adams, Highland, Fayette

Region 5: Southeast

Coshocton, Muskingum, Perry, Morgan, Washington, Noble, Monroe, Belmont, Guernsey, Harrison, Jefferson

Region 6: Northeast

Trumbull, Portage, Mahoning, Stark, Columbiana, Carroll, Tuscarawas, Wayne, Holmes

Region 7: Lake Central

Lorain, Cuyahoga, Lake, Geauga, Ashtabula

Region 8: North Central

Erie, Sandusky, Seneca, Wyandot, Crawford, Marion, Richland, Ashland, Huron, Medina, Summit

Region 9: Central

Morrow, Knox, Union, Delaware, Franklin, Pickaway, Madison, Licking, Fairfield

F. Number of Grants and Funds Available

Federal funds from the Health and Human Services, Administration on Children, Youth and Families will be supporting the sub grant program. Only one applicant per region will be funded. A total of nine applications will be funded. Grant awards will be based upon application, work plan (including number of persons to be trained) budget justification. Awards will range from \$150,000.00 to \$180,000.00. ODH reserves the right to modify amount of funding based on applications, geographic representation and funds available.

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

- G. Due Date:** Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by 4:00 pm, Monday May 16, 2011. Attachments and/or forms submitted electronically must be transmitted by 4:00 pm May 16, 2011. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before 4:00 pm May 16, 2011.

Questions related to this RFP may be submitted via email to Angela Norton, at Angela.Norton@odh.ohio.gov . FAQ's will be posted on the ODH website on the Adolescent Health Program Page:
http://www.odh.ohio.gov/odhPrograms/chss/ad_hlth/adhlth1.aspx

- H. Authorization:** Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 93.092.

- I. Goals:** The PREP funding will be used to address two target populations: youth between the ages of 14 and 19 who are in the juvenile justice and foster care systems. The goal of the grant is to educate youth and direct care staff working with the youth in the target populations using a state-modified version of RTR as the evidence-based prevention program.

Ohio has three overall goals in the target population to:

- (1) Reduce the rates of teen pregnancy and sexually transmitted infections (STI, including HIV/AIDS) in the target populations;
- (2) Increase number of youth in the target populations who successfully transition to adulthood; and
- (3) Increase and enhance workforce development of child welfare and juvenile justice professionals by providing consistent, standardized in-service training to promote delivery of evidence based, competency based teen pregnancy and STI prevention and adulthood preparation training of youth in foster care and juvenile justice.

To accomplish these goals, applicants will be required to conduct a needs assessment in their regions in the first year of the grant to identify the potential number of direct care staff and youth eligible to participate in the project. The applicant must describe the plan for the process of gathering data for the needs assessment. This needs assessment must include identification of the total number or youth in the target population in the region as well as the total number of direct care staff working with those youth in the region. (See Appendix D for work sheet to determine target population)

Plans to reach target population should reflect the following:

Percent of Youth to be reached

- Year one: 10% of eligible youth will be educated on RTR
- Years two through five: 60% of eligible youth will be educated on RTR

Percent of Direct Care Staff Trained

- Year one: 10% of eligible direct care staff in foster care and juvenile justice will be trained on RTR.
- Years two and three: 20 % direct care staff trained in each year.
- Years four and five: 25% of direct care staff trained in each year.

J. Program Period and Budget Period: This is a competitive grant application. The program period for this application will be five (5) years beginning on 8/1/2011 ending on 7/31/2016. The budget period for this application will be twelve (12) months beginning on 8/1/2011 through 7/31/2012

K. Local Health Districts Improvement Standards: This grant program will address (1) Local Health Districts Improvement Goals: 3701-36-07 “Promote Healthy Lifestyles”, Standard 3701-36-07-01- Health promotion services targeted to identified health risks in the community

The Local Health District Improvement Standards are available on the ODH Website <http://www.odh.ohio.gov/localHealthDistricts/lhdImprovementStandards.aspx> (Click then click “Local Health District Improvement Goals/Standards/Measures.”)

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

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
 - a) The Local Health District Improvement Standard(s) to be addressed by grant activities:
 - A description of the demographic characteristics (e.g., age, race, gender,

ethnicity) of the target population and the geographical area in which they live (e.g. county, city)

- A summary of the services to be provided or activities to be conducted; and,
- A plan to coordinate and share information with appropriate local health districts.

The applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the Local Health Districts Improvement Standards.

NOTE: A complete listing of contact information of the Ohio Local Health Districts by county and city is available on the ODH web-site <http://www.odh.ohio.gov>(At the top of the page click on “Local Health District” then Ohio Local health districts directory”)

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. Statement of Intent to Pursue Health Equity Strategies

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

- Basic Health Equity Concepts:
Certain groups in Ohio experience a disproportionate burden with regard to the incidence, prevalence and mortality of certain diseases or health conditions. These are commonly referred to as health disparities. Health disparities are not mutually exclusive to one disease or health condition and are measurable through

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

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

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **In view of this, the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** *Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon the submission of the Notice of Intent to Apply for Funding (NOIAF).* Questions related to this RFP may be submitted via email to Angela Norton at angela.norton@odh.ohio.gov. FAQ's will be posted on the ODH Adolescent Health web site at: http://www.odh.ohio.gov/odhPrograms/chss/ad_hlth/adhlth1.aspx
- Applicants for this RFP must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission.
- P. Acknowledgment:** An 'Application Submitted' status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **May 16, 2011 at 4:00 pm.**

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver

attachments to ODH, Grants Administration, Central Master Files; but they must be delivered by **4:00 p.m.** on the application due date. FAX attachments will not be accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**

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

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

- U. Freedom of Information Act:** The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services require the release of certain information regarding grants

requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5.

- V. **Ownership Copyright:** Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the ODH. All material(s) must clearly state:

Funded by The Department of Health and Human Services, Administration on Children, Youth and Families (ACYF) and administered by the Ohio Department of Health, Bureau of Community Health Services, School and Adolescent Health Program.

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

Reports shall be submitted as follows:

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

Coalition Membership FormOctober 15, 2011
1st Quarter, August1-October 31.....November 15, 2011
2nd Quarter, November 1-January 31.....February 15, 2012
3rd Quarter, February 1-April 30.....May 15, 2012
4th Quarter, May 1 – July 31.....August 15, 2012

Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date.

Program Reports that do not include required attachments (non-Internet submitted) will not be approved. All program report attachments must clearly identify the authorized program name and grant number.]

Submission of Subgrantee Program Reports via the ODH's GMIS 2.0 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:

1st Quarter, August1-October 31.....November 15, 2011
2nd Quarter, November 1-January 31.....February 15, 2012
3rd Quarter, February 1-April 30.....May 15, 2012
4th Quarter, May 1 – July 31.....August 15, 2012

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

3. **Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** by 4:00 P.M. on or before November 15, 2011. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

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

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

- X. **Special Condition(s):** Responses to all special conditions **must be submitted via GMIS 2.0 within 30 days of receipt of the first quarter payment**. A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30 day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

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

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

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

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

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

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

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

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

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

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

AA. Submission of Application:

The GMIS 2.0 application submission must consist of the following:

Complete & Submit Via Internet

1. Application Information
2. Project Narrative
 - Description of Applicant Agency
 - Explanation of Process to Create multi county plan for reaching target audience
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 (Attachment B)..
- 8. Attachments required for submission by Program
 - Personnel/Position, Percent of time Devoted to and Paid for by Grant
 - Work plan/timeline
 - C.V/ Resumes and Position Descriptions
 - Letters of support/ commitment

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

**Complete,
Sign &
Mail To
ODH**

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

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

**Copy &
Mail To
ODH**

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

5. Evidence of Non-Profit Status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed**).

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

<p>Complete Copy & Mail To ODH</p>

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (**Required by ALL Non-Governmental Applicant Agencies**)
3. An original and no copies of **Attachments** (non-Internet compatible) as required by program.

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

II. APPLICATION REQUIREMENTS AND FORMAT

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

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 11 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 August 1, 2011 to September 30, 2012.

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

Funds awarded under this sub-grant program may not be used to support fringe benefit costs in excess of thirty-five percent.

In addition funds must be used to purchase the following:

- Training materials such as curricula and participant handbooks
- Travel to Columbus for **one mandatory project meeting** in each of years two through five of the grant
- Travel to **two mandatory train the trainer regional training sessions** per year

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

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

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

- 3. Compliance Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.

- 4. Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.
- C. Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- D. Project Narrative:**
- 1. Executive Summary: (No more than two pages)**
- Describe the public health problem/need this project will address.
 - Identify the target populations to be served in the region.
 - Describe the project plan for reaching the target populations.
 - Describe the regional coalition and how they will be involved in the project.
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:**
- Briefly discuss the applicant agency's eligibility to apply include past experience in teaching sexual health. (See requirements listed under Qualified Applicants in Section 1.)
 - Describe the agency 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 resumes and position descriptions for these staff. Complete Personnel/staffing form Appendix E

3. Problem/Need:

-Identify and describe the local health status concern that will be addressed by the program. Do not restate national and state data. Comparison of the counties in your region to state data is encouraged. 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 in each county within the defined region. Describe the process used to identify the number of eligible youth and direct care staff to be served by this project. (See example in appendix D)

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

-Include a description of other agencies/organizations also addressing this problem/need and how collaboration /coordination efforts will occur.

4. Coalition Development:

-Describe the coalition that will be developed to guide the work of this project. Each county within a region is unique and the manner in which services are provided by county agencies to the target population will vary. Compositions of Coalitions should reflect the community to enable the applicant agency to develop a program plan that is accepted by stakeholders in each county within the region. Membership should be representative of agencies/organizations and key stakeholders who work with and are familiar with the target population in each community within the defined region as well as agencies that can provide resources and referrals for the target population.

-Submit a minimum of 2 letters of commitment per county from key agencies/facilities that serve the target population. Letters of acknowledgement from local health departments and support/collaboration from county JFS and juvenile justice agencies must be included.

5. Methodology:

Program Plan/Approach

The Ohio Department of Health will provide applicants access to a modified, evidence-based program to reduce teen pregnancy and STI rates and prepare teens to transition successfully to adulthood—the modified RTR. Regional applicants will receive state level training on the delivery of the modified RTR. Applicants must identify the foster care and juvenile justice direct care staff in their region and deliver training to them on how to use this modified RTR with the target population of youth. The trained direct care staff, with assistance from the applicant, must then use the modified RTR to train the identified youth in the target population. The minimum length of training: eight hours for the direct care staff and 16 hours for the youth.

-In Narrative form, the applicant must describe the overall plan for the project. The plan should address the goals and objectives of the project. The goal statements should be written for the five year grant period. Process and Outcome Objectives should be written for a one year time period and must be in a SMART (**Specific, Measureable, Attainable, Realistic & Time-Phased**) format that clearly state the expected results or benefits of the action proposed and link with the goal statement. Each outcome objective should have at least one process and outcome objective and activities describing how the objective will be accomplished. Identify program objectives and activities and the start and completion dates for each. Plans must describe how the project will reach the required percentages of the identified target population within the region. (See Appendix F for more information on writing smart objectives) and See Appendix G for the work plan.) Indicate how they will be evaluated to determine the level of success of the program. **Describe how program activities will address health disparities.**

-Applicants will be required to conduct a needs assessment in their regions in the first year of the grant to identify the potential number of direct care staff and youth eligible to participate in the project. Applicants must describe their plan for the process of gathering data for the needs assessment. This needs assessment must include identification of the total number of youth in the target population in the region as well as the total number of direct care staff working with those youth in the region. The numbers reported in this needs assessment will be the basis for determining the minimum numbers of direct care staff and youth to be trained in each grant year.

- All applicants must describe in their plans how they will address both populations (foster care and juvenile justice) in their training of direct care staff and the youth. Applicants are encouraged to be creative in their planning to reach these populations as long as all goals and benchmarks of the grant are met (e.g., applicants must describe if they will train staff and youth in both systems together or separately, simultaneously or sequentially; if training for direct care staff will be provided on one day or in several shorter sessions; the length and frequency of

trainings for the youth; if incentives or support for travel will be offered to either direct care staff or youth, etc.).

-Percent of youth and direct care staff to be trained annually (see Section I above) are minimum numbers and are based on the findings of the applicant's regional needs assessment. If higher percentages of youth and direct care staff are trained in those years, the applicant must describe plans for additional or refresher training in the later years of the grant. This allows applicants flexibility in their approach to the timing of trainings.

-Applicants must agree to conduct evaluation as directed by the Ohio Department of Health. Evaluation will include, but is not limited to, process evaluations including:

- Numbers of unduplicated direct care staff who start training
- Numbers of unduplicated direct care staff who complete training
- Learner satisfaction/training evaluation by the direct care staff who attend the training
- Numbers of unduplicated youth who start training
- Numbers of unduplicated youth who complete training
- Learner satisfaction/training evaluation by the youth who attend the training

Evaluation will include, but is not limited to, outcome evaluations including:

The modified PREP Youth Risk Behavior Survey (YRBS), administered as a pre- and post-test

Applicants must describe their plan to conduct evaluation, including any other evaluation that they will conduct in addition to that required by the Ohio Department of Health.

- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address by 4:00 P.M. on or before (May 16, 2011). All attachments must clearly identify the authorized program name and program number
- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required only if new agency, thereafter only when banking information has changed.)**

H. Internal Revenue Service (IRS) W-9 and Vendor Forms: Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:**

- 1. Vendor Information Form (New Agency Only), or**
- 2. Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s).)**
- 3. Change request in writing on Agency letterhead (Existing Agency with tax identification number, name and/or address change(s).)**

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

I. Public Health Impact Statement Summary: Submit two copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed).**

J. Public Health Impact & Intent to Pursue Health Equity Statements: Submit two copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards and Intent to Pursue Health Equity Statements. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for competitive cycle only; for continuation, only if changed).**

K. Liability Coverage: Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; current liability coverage and thereafter at each renewal period.)**

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

M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire: The DMA is a questionnaire that must be completed by all non-governmental grant applicant agencies to certify that they have not provided "material assistance" to a terrorist organization (Sections 2909.32,

2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head's signature. The DMA Questionnaire (in PDF format. [Adobe Acrobat](#) is required) is located at the Ohio Department of Public Safety /Ohio Homeland Security website:

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

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

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

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor 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, Attachment B is located on the GMIS Bulletin Board. It must be completed and attached to the GMIS Application/Project Comment Section.)

- O. Attachments as Required by Program:**

- **ATTACHMENT B - Ohio Department of Health Sub-Awardee Federal Funding Accountability and Transparency Act (FFATA) Reporting Form**
 - 1) Attachment E – Personnel/Staffing Form
 - 2) Attachment G- Work Plan
 - 3) C.V/ Resumes and Position Descriptions
 - 4) Letters of support/ commitment
 - 5) Notice of Intent to Apply for Funds (NOIAF)

III. APPENDICES

- A.** GMIS 2.0 Training Form
- B.** Application Review form Other Program Documents
- C.** Ohio County PREP Regional Map
- D.** Sample Work Sheet for Determining Target Population to be Served
- E.** Personnel/Staffing Form
- F.** Guidelines for writing Goals and Objectives
- G.** Work Plan
- H.** NOIAF

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

Submission Date

____/____/____

Sub-Awardee Data

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

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

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

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

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

Ohio Department of Health
GMIS 2.0 TRAINING

**ALL INFORMATION REQUESTED MUST BE COMPLETED for EACH EMPLOYEE
FROM YOUR AGENCY WHO WILL ATTEND A GMIS 2.0 TRAINING SESSION.**
(Please Print Clearly or Type)

Grant Program _____ RFP Due Date _____

County of Applicant Agency _____

Federal Tax Identification Number _____

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

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to attend training _____

Telephone Number _____

E-mail Address _____

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

Required

Please Check One:

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

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

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

Mail, E-mail, or Fax To:

GAIL BYERS

Grants Administration Unit

Ohio Department of Health

246 N. High Street

Columbus, Ohio 43215

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

Fax: 614-752-9783

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

**2011 Ohio's Personal Responsibility Education Program (PREP) for Foster Care and Adjudicated Youth
Program
Application Review Form**

Executive Summary (5 Points)

- Identifies the public health problem to be addressed
- Describes the target population within the region that will be served
- Describes the project plan for reaching the target population
- Describes the process for coalition development and recruitment of members
- Adheres to the two page limit

Description of Applicant Agency/Documentation of Eligibility/Personnel (15 Points)

- Discuss agency's eligibility to apply including a brief description of previous experience in teaching sexual health/reproductive health. Include experience with adult learners as well as youth
- Describe the agency's structure as it relates to this program and how the agency will manage the program
- Describe capacity to communicate in a manner easily understood by diverse audiences
- Describe plans for hiring personnel
- Describe ability to attend required statewide training
- Delineate all personnel who will be involved in the program activities
- Personnel Attachment form is completed
- Resume/CV are included for each staff on the grant
- Adequately describes applicant's ability to work collaboratively across counties

Problem/Need (20 Points)

- Identifies and clearly describes local health status concerns
- State and local data is discussed
- Target populations within each county of the region are identified
- Addresses the unique challenges of providing training to foster care parents and Juvenile Justice staff
- Discusses coordination with other agencies serving the same target population

Coalition Development (20 Points)

- Letters of Support or commitment from Key stakeholders are included
- Identifies stakeholders and agency collaborators serving the target population
- Clearly describes how the coalition will function
- Clearly describes how the coalition will be involved in developing the project
- Clearly indicates that all counties within the region have representation on the Coalition

**2011 Ohio's Personal Responsibility Education Program (PREP) for Foster Care and Adjudicated Youth
Program
Application Review Form
PAGE 2**

PREP Work Plan (30 Points)

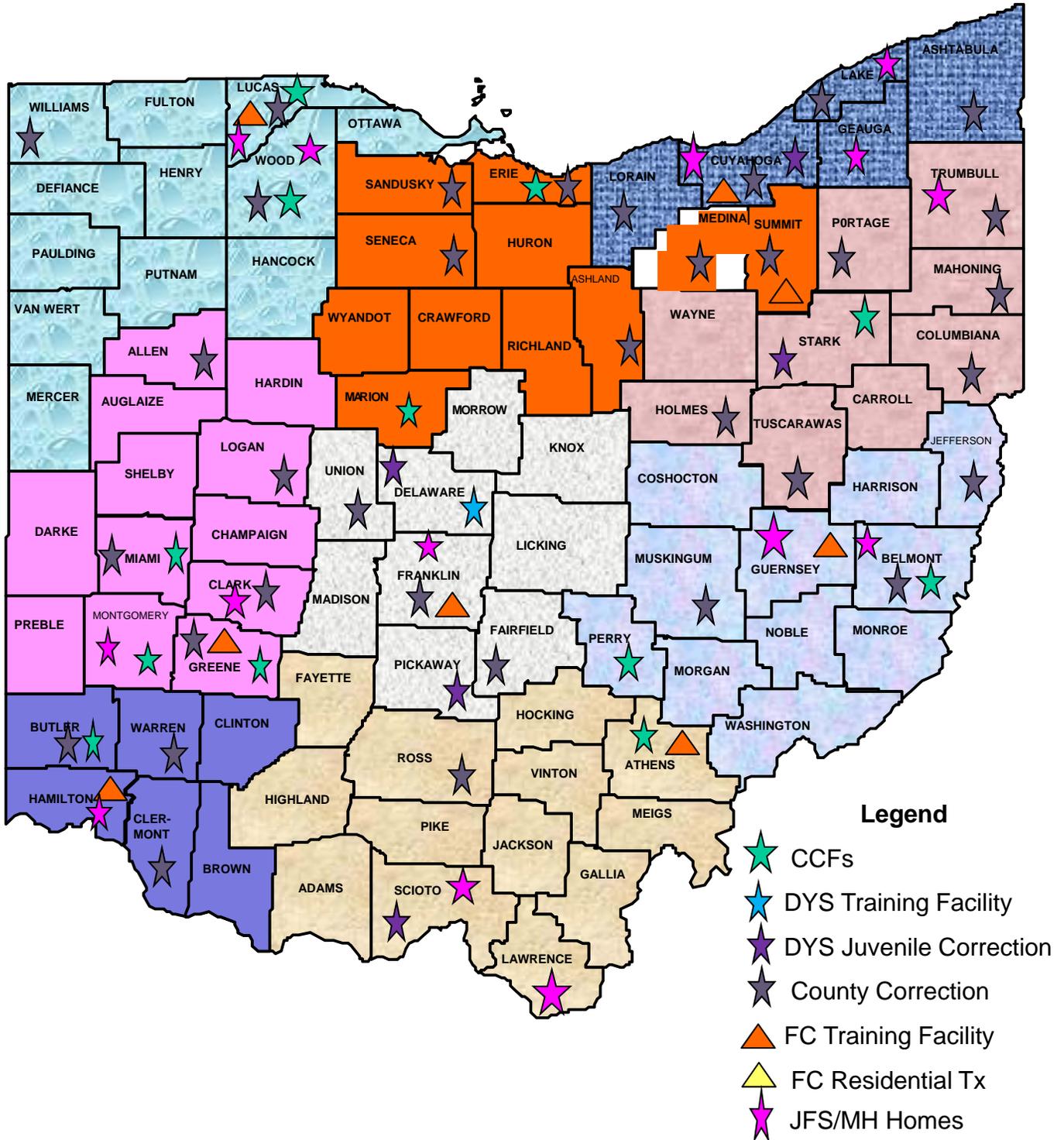
- **Work Plan attachment is completed for each goal**
- **Work Plan reflects the scope of work for the project**
- **Goals adequately reflect the purpose of the PREP project and are written for 5 year period**
- **Process and Outcome Objectives are written in SMART format for one year period**
- **Objectives clearly detail how the applicant will achieve the desired outcomes of the PREP project**
- **Activities are reasonable, specific, have deadlines and indicate who is responsible for the activity**
- **Evaluation activities are included for each objective**

Budget (10 Points)

- **Budget Justification clearly details all expenses and rationale for expenditure**
- **Adequately describes how costs were derived**
- **Clearly discusses reasonableness of proposed costs**
- **Clearly describes functions of the staff**
- **Adequately explains and justifies equipment, travel, supplies, meeting costs**
- **Budget is reasonable and adequate to meet the goals and objectives of the project**

Appendix C

Ohio County Map—PREP Regions



Sample Work Sheet for Determining Target Population to be Served by the PREP Grant

The following is an example of how an applicant may determine the total number of persons eligible to be trained (both direct care staff and youth in foster care and Juvenile Justice) in a region. Note: These are just examples all numbers are fictitious. An assessment of what currently exists in your region must be explored and documented in your grant application.

Region A is comprised of 2 counties

A review of current number of foster families (one parent/guardian per foster family) and foster youth ages 14-19 years in each county

A review of current number of Youth Service facilities in each county such as: 1) Juvenile Correctional Facilities (Institutions); 2) Community Correctional Facilities; 3) County juvenile detention centers

In each of the settings listed above, calculate the number of direct care staff who are most likely to work with youth and reinforce the messages learned in the curriculum. For example:

Region A = 2 counties

County 1

Direct Care Staff

- 20 foster families with one person trained per family = 20 potential trainees
 - One county juvenile detention center with 10 direct care staff = 10 potential trainees
- Total direct care staff eligible for training = 30

Youth 14 – 19 Years of Age

- Out of 20 foster families, all 20 youth from foster care families range from 14 to 19 yrs. Old= 20 potential trainees
 - Out of 60 youth from juvenile detention center with extended admissions, 50 range in ages 14-19 years old = 50 potential trainees
- Total youth eligible for training = 70

County 2

Direct Care Staff

- 100 foster care families at one person trained per family = 100 potential trainees
 - One Community Correctional Facility with 30 beds with 8 direct care staff= 8 potential trainees
- Total direct care staff eligible for training = 108

Youth 14-19 Years of Age

- Out of 100 foster care families, 80 youth range in ages 14-19 years old=80 potential trainees
 - Out one Community Correctional Facility, 25 youth range in ages 14-19 years old= 25 potential trainees
- Total eligible youth for training = 105

APPENDIX D

Continue this process for each county within the region and add together to determine target populations served by grant. Note: PREP requires that 60% of youth in the target population be served in years two through five. The following is merely an example of how that could be done—each region must outline in their plan how many youth will be trained each year to meet that goal.

Example of Percentages of Target Populations to be Served Each Year of the Five Year Grant

Year One Targets for Staff and Youth Trainings

10% of staff total from all counties = $30 + 108 = 138$ staff $\times 10\% = 13$ staff to be trained in year 1

10% of youth total from all counties = $70 + 105 = 175$ youth $\times 10\% = 17$ youth eligible to be trained in year 1

Year Two Targets for Staff and Youth Trainings

20% of staff total from all counties = $30 + 108 = 138$ staff $\times 20\% = 27$ staff eligible to be trained in year 2

10% of youth total from all counties = $70 + 105 = 175$ youth $\times 10\% = 17$ youth eligible to be trained in year 2

Year three Targets for Staff and Youth Trainings

20% of staff total from all counties = $30 + 108 = 138$ staff $\times 20\% = 27$ staff eligible to be trained in year 3

10% of youth total from all counties = $70 + 105 = 175$ youth $\times 10\% = 17$ youth eligible to be trained in year 3

Year four Targets for Staff and Youth trainings

25% of staff total from all counties = $30 + 108 = 138$ staff $\times 25\% = 34$ staff eligible to be trained in year 4

20% of youth total from all counties = $70 + 105 = 175$ youth $\times 20\% = 35$ youth eligible to be trained in year 4

Year five Targets for staff and youth trainings

25% of staff total from all counties = $30 + 108 = 138$ staff $\times 25\% = 34$ staff eligible to be trained in year 5

20% of youth total from all counties = $70 + 105 = 175$ youth $\times 20\% = 35$ youth eligible to be trained in year 5

PERSONNEL/POSITION, PERCENT OF TIME DEVEOTED TO AND PAID BY GRANT, AND FUNCTION

Person/Position *	% of Time on Project	% of Time Paid by Grant	Function

*Attach a CV/resume for each staff person on this grant

GUIDELINES FOR COMPLETING THE PREP WORK PLAN

Outcome and Process Objectives must be written in **SMART** (Specific, Measureable, Achievable, Relevant, and Time –Framed) format. To determine if your objectives are **SMART** review the following:

- **Specific** – Identifies a specific event of action that will take place or change that will occur. Who is expected to change or benefit?
- **Measurable** – It quantifies the number of events or the amount of change to be achieved. What or how much is expected? Measurable objectives use action verbs such as establish, enact, train, adopt, commit institute or organize.
- **Achievable**- Realistic given available resources and plans for implementation, yet challenging enough to accelerate program efforts. Uses baseline measure to assist in estimating potential success.
- **Relevant**- It is logical and relates to the program’s goals. It is sufficiently meaningful and important. Considers the financial and human resources and the cost benefit of the intervention.
- **Time Framed** – It specifies a time by which the objective will be achieved. When will the event or change occur?

Goals:

A goal is a broad statement of what you wish to accomplish. Goals are broad, general, intangible, and abstract. A goal is really about the final impact or outcome that you wish to bring about. Goals need to be linked back to your need statement.

Objectives:

The objective represents a step toward accomplishing a goal. In contrast to the goal, an objective is narrow, precise, tangible, concrete, and can be measured. State your objectives in quantifiable terms. There are two types Process and Outcome.

Process Objectives explains **how something happens or will get done**

Outcome should specify the result of an activity

All Objectives should identify the target audience or community being served.

All Objectives need to be realistic and capable of being accomplished within the grant period.

Activities:

Activities in support of the objective:

Describe anticipated events that take place as part of a program in support of the objective. You should list all activities for each objective.

Activity Completion Date:

Identify when you anticipate completing each activity. Be sure the timeline is reasonable, clear and consistent

Ohio's Personal Responsibility Education Program (PREP) for Foster Care and Adjudicated Youth

WORK PLAN

Create one sheet per Goal

Five Year Program Goal:

One Year Process Objective:

One Year Outcome Objective:

Activities	Person responsible	Completion Dates	Evaluation Measures

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Family and Community Health Services
Bureau of Community Health Services

**ODH Program Title: Personal Responsibility Education Program for Foster Care and
Adjudicated Youth (PREP)**

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 _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

Please check all applicable: Yes, our agency will need GMIS 2.0 training
 No, our agency has completed GMIS 2.0 training
 First time applying for an ODH grant
 Our agency will attend the Bidder's Conference

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