



# OHIO DEPARTMENT OF HEALTH

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John R. Kasich/Governor

Richard Hodges/Director of Health

## MEMORANDUM

Date: 5-21-2015

To: Prospective Quality Innovations in the Continuum of HIV Care Applicants

From: Shancie Jenkins, Chief  
Office Health Improvement and Wellness

Subject: Notice of Availability of Funds – Federal Fiscal Year 2016

The Ohio Department of Health (ODH), Office of Health Improvement and Wellness, Bureau of Health Services announces the availability of grant funds to provide services throughout Ohio. Funds will be available to improve the HIV continuum of care for Ohioans living with HIV/AIDS by 1) increasing the percentage of Ohioans living with HIV/AIDS who are linked to HIV medical care; 2) increasing the percentage of Ohioans living with HIV/AIDS who are retained in regular HIV medical care; 3) increasing the percentage of Ohioans living with HIV/AIDS who are on anti-retroviral therapy (ART) for HIV; and 4) increasing the percentage of Ohioans living with HIV/AIDS who are virally suppressed.

To obtain a grant application packet:

1. Go to the ODH website at <http://www.odh.ohio.gov/>
2. From the home page, place cursor on “Our Programs” in upper, right-hand corner;
3. From the drop-down menu, click on “Funding Opportunities;”
4. On the next page, click on “ODH Funding Opportunities;”
5. On the next page, click on “ODH Grants;”
6. On the next page, click on “Grants Requests for Proposal;” this will give you a pull down menu with current RFPs by name; and
7. Select and highlight the Quality Innovations in the Continuum of HIV Care 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 July 13, 2015 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 July 13, 2015. 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 conference call on Thursday, July 9, 2015, conference telephone number 1-800-510-7500, PIN number 9084590# , 1:00pm-3:00pm. The Bidders Conference will provide an opportunity for interested parties to learn more about the RFP and to ask clarifying questions. Please contact Susan DiCocco, at (614) 644-5686 or email at [susan.dicocco@odh.ohio.gov](mailto:susan.dicocco@odh.ohio.gov) to register.

All applications and attachments are due Monday, August 17, 2015. Electronic applications received after Monday, August 17, 2015 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 July 1, 2015.

If you have questions regarding this application, please contact, Susan DiCocco at (614)644-5686 or email at [susan.dicocco@odh.ohio.gov](mailto:susan.dicocco@odh.ohio.gov)



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

# OHIO DEPARTMENT OF HEALTH

**DIVISION OF**  
*Health Improvement and Wellness*

**BUREAU OF**  
*Health Services*

*Quality Innovations in the Continuum of HIV Care*

**SOLICITATION**  
**FOR**  
**FISCAL YEAR 2015**  
**10/01/2015 – 03/31/2016**

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

**COMPETITIVE GRANT APPLICATION INFORMATION**

Revised 3/20/15  
For grant starts 10/1/2015 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 components – an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and Q, the entire application will not be considered for review.**

This is a competitive Solicitation (RFP); A Notice of Intent to Apply for Funding (NOIAF) must be submitted by, 07/13/15 so access to the application via the Internet website “ODH Application Gateway” can be established. The NOIAF must be accompanied by the agency’s Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

The above mentioned forms can be located on the Ohio Department of Administrative Services website at: <http://www.ohiosharedservices.ohio.gov/VendorsForms.aspx>

or directly at the following websites:

- **Request for Taxpayer Identification Number and Certification (W-9),** <http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- **Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)** <http://media.obm.ohio.gov/oss/documents/EFT+FORM++REVISED+01+14+2014.pdf>
- **Vendor Information Form** [http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form\\_11+15+2013.pdf](http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form_11+15+2013.pdf)

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 (OGAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subrecipient applications. The OGAPP manual is available on the ODH website:

<http://www.odh.ohio.gov>.

(Click on Our Programs, Funding Opportunities, ODH Funding Opportunities, ODH Grants) or copy and paste the following link into your web browser:

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/funding%20opportunities/OGAPP%20Manual%20V100-1%20Rev%205-1-2014.ashx>

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

- B. Application Name:** Quality Innovations in the Continuum of HIV Care

- C. Purpose:** This program is authorized by the PHS Act, Sections 2611-23 [42 U.S.C. 300ff-21], as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87). The U.S. Department of Health and Human Services (DHHS) administers the Ryan White Part B Program through the Health Resources and Services Administration (HRSA), the HIV/AIDS Bureau (HAB), Division of State HIV/AIDS Programs (DSHAP). The purpose of the proposed grants are to fund innovative quality improvement projects designed to improve the HIV continuum of care for Ohioans by specifically: 1) increasing the percentage of Ohioans living with HIV/AIDS who are linked to HIV medical care; 2) increasing the percentage of Ohioans living with HIV/AIDS who are retained in regular HIV

medical care; 3) increasing the percentage of Ohioans living with HIV/AIDS who are prescribed antiretroviral medication therapy and/or 4) increasing the percentage of Ohioans living with HIV/AIDS who are virally suppressed. Grant recipients must track and report client-level data every other month to document the outcomes of their quality improvement project(s) to show the effectiveness and replicability of the grant activities.

- D. Qualified Applicants:** All applicants must be a local public and/or non-profit agency that currently serve Ohioans living with HIV/AIDS. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (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 to ODH and has repaid any funds due within 45 days of the invoice date.
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, August 17, 2015.**

- E. Service Area:** Applicants must indicate their service area(s) in their application. Service areas must be within Ohio and can range from a single county to statewide.

**Number of Grants and Funds Available:** Up to 8 grants may be awarded for a total amount of \$1,000,000. Eligible agencies may apply for a maximum of \$125,000 if they are applying as a single agency. If applying as a fiscal entity on behalf of a group of agencies, the maximum award is \$350,000.

Any award made through this program is contingent upon the availability of funds for Ryan White Part B services and activities. The subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments. Authorization of funds for this purpose is contained in Amended Substitute House Bill 1 and the Catalog of Federal Domestic Assistance (CFDA) Number 93.917.

*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.*

*Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.*

- F. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery by **4:00 p.m. by Monday, August 17, 2015**. Applications and required attachments received after this deadline will not be considered for review.

Contact Susan DiCocco, HIV Care Services Quality Management Supervisor, at 614-644-5686 or [susan.dicocco@odh.ohio.gov](mailto:susan.dicocco@odh.ohio.gov) with any questions.

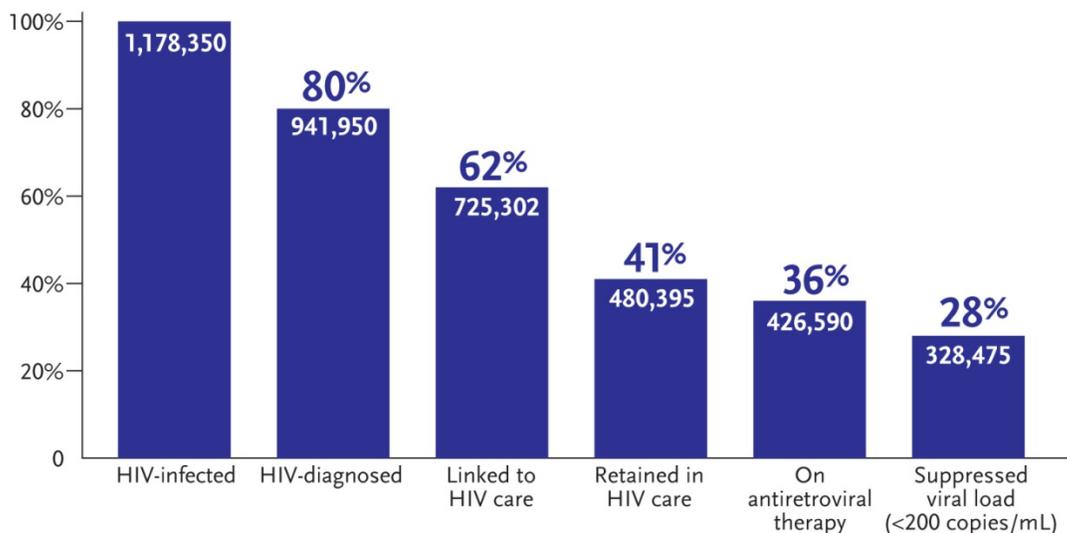
- G. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 1 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 93.917.*

**Goals:** The Ohio Department of Health's purpose in releasing funds for the Quality

Innovations in the Continuum of HIV Care grants is to increase the number of Ohioans living with HIV/AIDS who are linked to HIV medical care, retained in HIV medical care, prescribed HIV antiretroviral therapy and/or who are virally suppressed. Current research shows that viral load suppression among people living with HIV/AIDS not only improves individual health outcomes but also reduces HIV transmission within communities. People living with HIV/AIDS (PLWHA) move back and forth through several stages of care including linkage to care, retention in care, prescribed anti-retroviral therapy and viral load suppression (see below graph template depicting Centers for Disease Control’s HIV Care Continuum). By increasing the bars representing the stages of HIV care, it is possible to improve the health of Ohioans living with HIV/AIDS and reduce the number of new infections.

The most recent data from the Centers for Disease Control (CDC) show that, nationally, 80% of PLWHA who know their status are linked to medical care; only 41% of PLWHA are engaged in care; only 36% are prescribed antiretroviral therapy (ART); and only 28% are virally suppressed. The quality improvement (QI) process offers an ideal framework for developing and testing strategies that prove to be effective in moving individuals living with HIV in a positive direction, using the continuum model as measurement points. By applying the QI process (e.g. Plan-Do-Study-Act (PDSA) model or Lean Six Sigma), applicants will be able to plan strategies to affect the four targeted outcomes, implement the strategies and study the outcomes of the strategies. Strategies that prove effective will become best practices for other Ohio entities serving people living with HIV/AIDS.

## Proportion of HIV-positive Individuals in the U.S. at Each Stage of Care



Source: CDC

Graph obtained from: <http://www.cdc.gov/nchhstp/newsroom/images/WAD/2011/VS-Continuum-of-care.jpg>

Quality Innovations in the Continuum of HIV Care grant dollars may be used to implement strategies in one or more of the following four (4) groups:

- **Group A (Linked to Care):** Ohioans living with HIV/AIDS who know their status but have not yet been linked to HIV medical care;
- **Group B (Retained in Care):** Ohioans living with HIV/AIDS who were previously

- in care but are not currently in active HIV medical care;
- **Group C (On ART):** Ohioans living with HIV/AIDS who are currently in regular HIV medical care but are not on anti-retroviral therapy (ART) to treat HIV ;
- **Group D (Virally Suppressed):** Ohioans living with HIV/AIDS who are currently in care, on ART but not virally suppressed.

Applicants must clearly identify the target group(s) for each of their strategy(ies).

Performance measures for each group have been developed and will be used to measure progress toward achieving grant goals. Applicants may track and report additional performance measures but, at a minimum, the below performance measures must be reported as both aggregate and client-level data. Please note that proposed measures and definitions cannot be altered. The required performance measures include:

1. **Linked to Care:** Numerator: Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis; Denominator: Number of persons with an HIV diagnosis in 12-month measurement period
2. **Retained in Care:** Numerator: Number of persons in the denominator who had a medical visit in the last 6 months of the measurement year (more than 90 days past the visit in the first 6 months); Denominator: Number of persons, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year
3. **On ART:** Numerator: Number of persons in the denominator who are prescribed ART in the 12-month measurement period; Denominator: Number of persons with an HIV diagnosis and who had at least one medical visit in the 12-month measurement period
4. **Virally suppressed** Numerator: Number of persons in the denominator with a viral load <200 copies/mL at last test in the 12-month measurement period; Denominator: Number of persons with an HIV diagnosis and who had at least one medical visit in the 12-month measurement period.

**H. Program Period and Budget Period:** The program period will begin (10/01/2015) and end on (03/31/2017). The budget period for this application is (10/01/2015) through (03/31/2016).

**I. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. This grant program will address PHAB standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services.) The PHAB standards are available at the following website:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.pdf>

**J. 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:
  - 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 the 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 point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

## **K. 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 achieve and sustain optimal health. Throughout the various components of this application (e.g., Program Narrative, Objectives) 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) who experience a disproportionate burden of disease or health condition (this information must be supported by data).
- 2) Explain and identify how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.
- 3) Explain how proposed program interventions will address this problem.
- 4) Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module.

The following section will provide basic framework, links and guidance to information to understand and apply 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.*

**GMIS Health Equity Module:**

The GMIS Health Equity Module links health equity initiatives in grant proposals to national health equity strategies such as those found in *Healthy People 2020* or the *National Stakeholder Strategy for Achieving Health Equity*. Applicants are required to select the goals and strategies from the module which best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

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 sub grantee 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 NOIAF. Please contact Susan DiCocco, HIV Care Services Quality Management Supervisor, at 614-644-5686 or [susan.dicocco@odh.ohio.gov](mailto:susan.dicocco@odh.ohio.gov) for questions regarding this RFP.)

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

- P. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. 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, August 17, 2015.**

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, 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, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) 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 OGAPP;
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. Describe activities which support the requirements outlined in sections I. thru M. of this RFP.

A copy of the Application Review Form is included as Appendix C.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given 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; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. 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:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Health Services, HIV Care Services and as a sub-award of a grant issued by [Health Resources and Services Administration] under the [Ryan White HIV/AIDS ] grant, grant award number [X07HA00016], and CFDA number [93.917].”

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

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

Reports shall be submitted as follows:

**1. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates: Bi-monthly Program Narrative and Data Reports (Appendices E and F): December 15, 2015; February 15, 2016; April 15, 2016. Annual Progress Report (Appendix G): April 30, 2016. 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 Subrecipient Program Reports via the ODH's (GMIS) indicates acceptance of the OGAPP.*

**Periodic Expenditure Reports:** Subrecipient Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

**Monthly expenditure reports** are submitted by the 10<sup>th</sup> of each month for the following timelines:

October 1, 2015-October 31, 2015; due November 10, 2015  
November 1, 2015-November 30, 2015; due December 10, 2015  
December 1, 2015-December 31, 2015; due January 10, 2016  
January 1, 2016-January 31, 2016; due February 10, 2016  
February 1, 2016-February 28, 2016; due March 10, 2016  
March 1, 2016-March 31, 2016; due April 10, 2016.

*Note: Obligations not reported on the 4<sup>th</sup> quarter expenditure report will not be considered for payment with the final expenditure report.*

2. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before May 5, 2016). The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Sub-grantee Final Expense Report serves as an invoice to return unused funds.

*Submission of the Periodic and Final Sub-grantee Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.*

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

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

**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;
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. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees -- unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Any expense not included as an allowable use of Part B funds for the provision of Part B eligible services and activities allowed under the legislation and defined in referenced Policy Notices.

**Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited.**

**Z. Client Incentives and Client Enablers:**

Client incentives are an allowable cost. The following client incentives are allowed. A maximum of \$60 per client per budget period is permitted. Cash payments provided to participants are prohibited.

Client Enablers are an allowable cost. The following client enablers are allowed. Enablers must be directly related to helping the client be linked to HIV medical care, retained in HIV medical care, on antiretroviral therapy (ART) for HIV and HIV viral load suppression. Cash payments provided to participants are prohibited.

Attachment 7 must be completed for incentives and/or enablers if proposed in grant

application.

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

**AA. Indirect (Facilities and Administration):**

The ODH Federal Funder restricted ODH's indirect rate for the Ryan White Part B HIV/AIDS grant. Subrecipients for this grant opportunity who have a federally approved indirect rate are permitted to charge up to 10% but cannot exceed the federally approved indirect rate for their respective agency.

**AB. Audit:** Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$500,000 or more in federal awards per fiscal year are required to have a single audit which 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 no later than nine months after the end of the subrecipient's fiscal year. 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.

Subrecipients that expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent forwarded via e-mail to [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov) or to the ODH, Grants Services Unit, Central Master Files address within 30 days. Reference: OGAPP, OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

**Subrecipient 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.

**AC. Submission of Application**

### Formatting Requirements:

- Properly label each item of the application packet (e.g. Budget Narrative, Program Narrative).
- 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 25 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:

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

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
  - Primary Reason
  - Funding
  - Justification
  - Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Compliance Section
  - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
9. Health Equity Module
10. Public Health Impact Statement Summary
11. Statement of Support from the Local Health Districts
12. Attachments as required by Program
  - Attachment 1: Program Logic Model (*online training to be available at <http://www.odh.ohio.gov/odhprograms/hastpac/hivcare/Training%20Opportunities.aspx>*)
  - Attachment 2: Program Workplan (*online training currently available at <http://www.odh.ohio.gov/odhprograms/hastpac/hivcare/Training%20Opportunities.aspx>*)
  - Attachment 3: CLAS Strategic Plan
  - Attachment 4: Letters of Collaboration

- Attachment 5: Position Descriptions and Resumes
- Attachment 6: Table of Organization

One copy of the following document(s) must be e-mailed to [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov) or mailed to the address listed below:

<p><b>Complete Copy &amp; E-mail or Mail to ODH</b></p>
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Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

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

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

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training 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 OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP 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 10 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 OGAPP and the Compliance Section of the application for additional information.
- 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period (10/01/2015) to (03/31/2016).

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

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

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

The applicant shall itemize all equipment (**minimum \$1,000, unit cost value**) to be purchased with grant funds in the Equipment Section.

**3. Compliance Section:** 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.*

**C. Assurances Certification:** Each subrecipient must submit the Assurances (Federal and State Assurances for Subrecipients) 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 subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

**D. Project Narrative:**

**1. Executive Summary: (2 pages maximum)** Identify the target population including the area(s) in the HIV Care Continuum to be addressed, the baseline data for each performance measure to be addressed and the desired performance goal, the services and strategies to be provided, what agency or agencies will provide those services, the burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.

**Description of Applicant Agency/Documentation of Eligibility/Personnel (10 pages maximum):** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

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

literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff. Describe short-term and long-term plans to sustain the proposed strategy(ies) should funding no longer be available in the future if applicable.

- 2. Problem/Need (10 pages maximum):** Identify and describe the local health status concern(s) that will be addressed by the program. Only restate national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

*Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.*

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

- 4. Methodology: (3 pages maximum; not including Attachments 1 and 2)** In narrative form, summarize the strategies to be implemented to achieve the measures and strategies (do not copy and paste specifics from Attachments 1 and/or 2).

Complete Attachment 1: Program Logic Model and Attachment 2: Program Workplan to describe the program goals, **SMART** objectives (specific, measurable, achievable, relevant and timely), program impact, desired outcomes and evaluation measures. Optional training is available online at <http://www.odh.ohio.gov/odhprograms/hastpac/hivcare/Training%20Opportunities.aspx> to assist in properly completing the forms per program specifications. The applicant should list the specific activities that will be implemented to address each strategy(ies). Providing multiple activities in detail will allow the application reviewer to better understand your program's intentions. Completed Attachments 1 and 2 must be inclusive of the entire strategy(ies) and included in the grant application.

- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire 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.sam.gov](http://www.sam.gov).

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

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

**G. Public Health Impact:** Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your 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 that your agency forwarded to the local health district(s).

**H. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. 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 Services Unit, Central Master Files address by **4:00 p.m. on or before (Monday, August 17, 2015)**. A minimum of an original and three (3) copies of paper attachments are required.

### **III. APPENDICES**

- A.** Notice of Intent to Apply For Funding
- B.** GMIS Training Form
- C.** Application Review Form
- D.** Required Performance Measures
- E.** Bi-monthly Program Narrative Report Template
- F.** Bi-monthly Program Data Report Template
- G.** Program Specific Attachments
  - i. Attachment 1: Program Logic Model Template
  - ii. Attachment 2: Program Workplan
  - iii. Attachment 3: CLAS Strategic Plan
  - iv. Attachment 4: Letters of Collaboration
  - v. Attachment 5: Position Descriptions and Resumes
  - vi. Attachment 6: Table of Organization
  - vii. Attachment 7: Incentives and Enablers Program Procedures

**NOTICE OF INTENT TO APPLY FOR FUNDING**

Ohio Department of Health  
Office of Health Improvement and Wellness  
Bureau of Health Services

*ODH Program Title:*  
Quality Innovations in the Continuum of HIV Care  
**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 Name and Title** \_\_\_\_\_

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

\_\_\_\_\_  
**Agency Head (Print Name)**

\_\_\_\_\_  
**Agency Head (Signature)**

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

**If yes, no further action is needed.**

**If no,** at least two people from your agency are **REQUIRED** to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Solicitation. **The NOIAF must be accompanied by the agency’s Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), Authorization Agreement for Direct Deposit of EFT Payments Form (EFT), (New Agency Only) Vendor Information Form. These forms are located on the Ohio Department of Administrative Services website at:**

**<http://www.ohiosharedservices.ohio.gov/VendorsForms.aspx>. You can also access these forms at the following websites:**

- **Request for Taxpayer Identification Number and Certification (W-9),** <http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- **Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)** <http://media.obm.ohio.gov/oss/documents/EFT+FORM+-+REVISED+01+14+2014.pdf>
- **Vendor Information Form** [http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form\\_11+15+2013.pdf](http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form_11+15+2013.pdf)

**Submit all required forms even if no changes to ODH. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY July 13, 2015**

**Mail, E-mail:** Susan DiCocco, HCS QM Supervisor, 614-644-5686/susan.dicocco@odh.ohio.gov  
**Ohio Department of Health HIV Care Services**  
246 North High Street – 6<sup>th</sup> floor  
Columbus, OH 43215  
**E-mail:** susan.dicocco [@odh.ohio.gov](mailto:susan.dicocco@odh.ohio.gov)

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



# OHIO DEPARTMENT OF HEALTH

246 North High Street  
Columbus, Ohio 43215

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

John R. Kasich / Governor

## GMIS 2.0 TRAINING FORM

### (Competitive RFPs ONLY)

*It is mandatory that all new agencies to ODH have at least two people trained in order to apply of a grant. Each Training form must request training for one person.* Requests will only be processed when this form has been signed *by the Agency Head or Agency Financial Head*. The user will receive his/her username and password via e-mail once they have completed the required GMIS Training.

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

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.

Employee Name: (no nicknames, please) \_\_\_\_\_ Title \_\_\_\_\_

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

\_\_\_\_\_

Office Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Agency/Financial Head Signature: **X** \_\_\_\_\_

**(\*Signature of Agency/ Financial Head) \*Required**

**X** \_\_\_\_\_

**(\*Printed Name of Agency /Financial Head) \*Required**

Requests may be mailed to ODH address or e-mailed to:

Gail Byers, Processing Team Manager  
Office of Finance & Information Technology  
246 N. High Street, 4<sup>th</sup> fl.  
Columbus, Ohio 43215  
Phone: 614-644-5728  
[gail.byers@odh.ohio.gov](mailto:gail.byers@odh.ohio.gov)

Included on Page 17 of  
Primary Request for Proposal

Included on Page 18 of  
Primary Request for Proposal

**HIV CARE SERVICES SECTION  
 RYAN WHITE PART B  
 [QUALITY INNOVATIONS WITHIN THE CONTINUUM OF HIV CARE]  
 GRANT APPLICATION REVIEW-RATING FORM  
 PROGRAM PERIOD: OCTOBER 1, 2015 TO MARCH 31, 2016  
 BUDGET PERIOD: OCTOBER 1, 2015 TO MARCH 31, 2017**

Agency: \_\_\_\_\_ Region: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Total Score: \_\_\_\_\_

Recommended Funding Level: \_\_\_\_\_

**SCORE TABLE:**

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

<b>Point Value</b>	<b>Criterion Unmet</b>	<b>Criterion Partially Met</b>	<b>Criterion met</b>
<b>1</b>	0		1
<b>2</b>	0	1	2
<b>3</b>	0	1,2	3
<b>4</b>	0	2	4
<b>5</b>	0, 1	2,3	4,5

**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 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: 100 points

MINIMUM SCORE TO BE ELIGIBLE FOR FUNDING: 70 points

## GRANT APPLICATION CHECKLIST

External Reviewer checklist regarding responsibilities	Yes ✓	Due Date
Absence of Conflict of Interest for each application submitted		
Two to three grant applications received		
Reviewer scores and recommended action submitted to Susan DiCocco		
Attend External Panel Review, if needed		
Applications, attachments and score sheets returned to Susan DiCocco		

External Reviewer checklist regarding application requirements	Yes ✓	Comments
Applicant is local public or non-profit agency.		
Applicant request meets minimum (\$30,000) allocation.		
Applicant request is less than maximum allocation (\$125,000 or less for single entity; \$350,000 or less for entity applying on behalf of group of agencies)		
Attachment 1: Program Logic Model submitted		
Attachment 2: Program Workplan submitted		
Attachment 3: CLAS Strategic Plan submitted		
Attachment 4: Letters of Collaboration submitted		
Attachment 5: Position Descriptions and Resumes submitted		
Attachment 6: Table of Organization submitted		
Attachment 7: Incentives and Enablers Program Procedures submitted (if applicable)		
Public Health Impact Statement of Support submitted		
Public Health Impact Statement Summary submitted (only if Statement of Support above not submitted)		
Statement of Intent to Pursue Health Equity Strategies submitted		

<b>COMPONENT OF PROPOSAL</b>	<b>Max points possible</b>	<b>SCORE</b>	<b>STRENGTHS / WEAKNESS</b>
<b>PROJECT NARRATIVE</b>			
<b>1. Executive Summary (2 pages maximum):</b> <i>Identifies the target population including the area of the HIV Care Continuum to be addressed</i>	1		
<i>Baseline data for each performance measure to be addressed and the desired performance goal are included</i>	1		
<i>Describes the services and strategies to be provided and what agency or agencies will provide those services</i>	1		
<i>Describes the burden of health disparities and health inequities and the public health problem(s) that the program will address</i>	1		
<b>Total</b>	<b>4</b>		
<b>2. Description of Applicant Agency/ Documentation of Eligibility (10 pages maximum):</b> <i>Demonstrates the applicant agency's eligibility to apply</i>	2		
<i>Summarizes the agency's structure as it relates to this program and, as the lead agency, how it will manage the program</i>	2		
<i>Describes 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, people are not literate, have low literacy skills, and individuals with disabilities)</i>	2		
<i>Notes any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant</i>	1		
<i>Describes plans for hiring and training personnel to assure clients will receive culturally appropriate care</i>	2		
<i>Describes all personnel who will be directly involved in program activities</i>	2		
<i>Includes the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program; describes short-term and long-term plans to sustain the proposed strategy should funding no longer be available in the future.</i>	3		
<b>Total</b>	<b>14</b>		

<p><b>3. Problem/Need (10 pages maximum):</b>  <i>Identifies and describes the local health status concern(s) of people living with HIV that will be addressed by the project. The specific health status concerns that the project intends to address may be stated in terms of health status (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. The target population is clearly identified</i></p>	4		
<p><i>Explicitly describes 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 being addressed by this funding opportunity.</i></p>	4		
<p><i>Includes a description of other agencies/organizations in the area who are also addressing this problem/need.</i></p>	4		
<b>Total</b>	<b>12</b>		
<p><b>4. Methodology</b>  <i>The Program Logic Model (Attachment 1) and Program Workplan (Attachment 2) are included as listed in the RFP. The work plan includes measurable activities that coincide with the stated objectives and submitted program logic model</i></p>	20		
<b>Total</b>	<b>20</b>		

<b>BUDGET</b>			
<b>Budget Narrative</b> <i>A detailed narrative budget justification which describes how the categorical costs are derived should be provided. This should discuss the necessity, reasonableness and ability to allocate the proposed costs.</i>	4		
<i>Budget narrative matches the budget submitted in GMIS 2.0.</i>	3		
<i>Specific roles of personnel, consultants and contractors are explained and justified.</i>	3		
<i>Equipment, travel, supplies and training costs are explained and justified.</i>	3		
<i>Administrative costs are within the 10% allowable cap.</i>	3		
<b>Total</b>	<b>16</b>		
<b>ADDITIONAL RFP REQUIREMENTS</b>			
<i>Public Health Impact Statement (includes Public Health Accreditation Board (PHAB) Standards that will be addressed by grant activities)</i>	2		
<i>Public Health Impact Statement of Support</i>	2		
<i>Federal Funding Accountability and Transparency Act (FFATA)- completed in GMIS</i>	2		
<b>Total</b>	<b>6</b>		
<b>ATTACHMENTS</b>			
1. <i>Program Logic Model</i>	5		
2. <i>Initial Program Workplan</i>	5		
3. <i>CLAS Strategic Plan</i>	4		
4. <i>Letters of Collaboration</i>	4		
5. <i>Position Descriptions and Resumes (and, if applicable, licenses)</i>	1		
6. <i>Table of Organization</i>	1		
7. <i>Incentives and Enablers Program Procedures (if applicable)</i>	1		
<b>Total</b>	<b>21</b>		
<b>OVERALL QUALITY</b>			
<i>Clarity / completeness</i>	3		
<i>Adherence to all RFP guidelines</i>	2		

<i>Formatting requirements met</i> <ul style="list-style-type: none"> <li>• <i>Properly labeled</i></li> <li>• <i>1.5 spacing with 1 inch margins</i></li> <li>• <i>Budget and Project Narratives in portrait orientation on 8 ½ by 11 paper</i></li> <li>• <i>All pages numbered</i></li> <li>• <i>Project Narrative meets page limit requirement</i></li> <li>• <i>12 point font</i></li> </ul>	2		
<b>Total</b>	<b>7</b>		
<b>Total Score</b>	<b>100 Points Total</b>		

Recommendation of Reviewer:

Approval (funding) of proposal as submitted (no conditions)

Approval (funding) of proposal with conditions (please list conditions below)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Disapproval of project. State reason(s) below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

\_\_\_\_\_  
Date

**Required Performance Measures to be Reported Every Other Month**

*December 15, 2015; February 15, 2016; and April 15, 2016*

<b>Target Group</b>	<b>Performance Measure Name</b>	<b>Numerator</b>	<b>Denominator</b>
Group A: Linkage to Care	Linkage to HIV Medical Care	Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis	Number of persons with an HIV diagnosis in 12-month measurement period
Group B: Retention in Care	Retention in HIV Medical Care	Number of persons in the denominator who also had a medical visit in the last 6 months of the measurement year	Number of persons, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year
Group C: On ART	Antiretroviral Therapy (ART) Among Persons in HIV Medical Care	Number of persons in the denominator who are prescribed ART in the 12-month measurement period	Number of persons with an HIV diagnosis and who had at least one medical visit in the 12-month measurement period
Group D: Virally Suppressed	Viral LoadSuppressions Among Persons in HIV Medical Care	Number of persons in the denominator with a viral load <200 copies/mL at last test in the 12-month measurement period	Number of persons with an HIV diagnosis and who had at least one medical visit in the 12-month measurement period

## **General Outline to follow when completing the Quality Innovations with the Continuum of HIV Care Bi-Monthly Program Narrative Reports**

**Submit a cover page with the following information (in GMIS 2.0):**

To: Ryan White Part B Program Administrator  
Ohio Department of Health  
HIV Care Services  
Innovations in HIV Care  
Grant Project Number: \_\_\_\_\_  
Bi-Monthly Narrative Report

From: Agency/Organization Name: \_\_\_\_\_  
Person(s) Completing Report: \_\_\_\_\_  
Reporting Period Start Date: \_\_\_\_\_ / Reporting Period End Date: \_\_\_\_\_

### **I. Goals/Objectives**

For each objective of each goal listed in your submitted Work Plan of your QI Innovations grant application please use the following process A through D to evaluate each objective.

#### **A. Goal/Objective Statement**

State the goal and objective as written in your Work Plan and state the progress made, accomplishments achieved and/or any activities conducted in this objective. Include in this section any quantifiable information such as number of clients served, etc. as related to this particular objective. For example:

Goal: Improve the percentage of participants who are virally suppressed.

Objective 1: 150 participants will report 100% adherence with their HIV-related medications in the past week.

#### **B. Progress/Accomplishments/Successes for this objective.**

#### **C. Difficulties/Barriers experienced while accomplishing this objective.**

#### **D. Plan of Correction if objective not met**

### **II. Additional Activities**

In this section list any special activities that occurred during this period which you would like to report on. Also describe any aspects of your program which are different from those which were originally proposed. Discuss evolving needs of your target population which have not previously been discussed.

### **III. Staffing/Personnel**

In this section discuss any changes in personnel (e.g., vacancies), dates of vacancies, status of filling vacancies, and information about newly hired personnel. Discuss what impact these changes may have on your clients, your agency and accomplishments of your work plan, as applicable.

### **IV. Evaluation**

Discuss how your agency is evaluating services provided and how it is monitoring the achievement of all activities by the person responsible according to the timetable originally identified in your Work Plan.

### **V. Technical Assistance Requests**

List any concern or issues needing assistance from the Ohio Department of Health's HIV Care Services.

### **VI. Required Program Report Attachments as specified in the Request for Proposal must be received by ODH on the quarterly program report's due date:**

December 15, 2015; February 15, 2015; April 15, 2016

**Quality Innovations with the Continuum of HIV Care  
Bi-monthly Data Report Instructions**

This entire MS Excel file must be submitted through GMIS bi-monthly by December 15, 2015; February 15, 2016 and April 15, 2016.

Tab 2 (Aggregate Data), Tab 3 (Client-level Data) and Tab 4 (Data Analysis) must be updated with each submission. Please include all clients who participated in the strategy during the measurement period.

Special instructions for Tabs 2 and 4: For Tab 2, count individuals in **every Group** for which they meet the criteria. For Tab 4, count individuals in only **ONE Group** (the "highest" Group for which they meet the criteria). For purposes of this tab, the highest category is Group D: Viral Load Suppression and the lowest category is Group A: Linked to HIV Medical Care (A < B < C < D).

If you have any questions on how to complete the form, please contact your QM program consultant (to be assigned at time of award announcement).

Appendix F

Quality Innovations with the Continuum of HIV Care Bi-monthly Data Report												
Agency Name:												
Person Completing Report:												
Measurement Period:												
Reporting Date:												
Data Source(s):												
	Group A: Linkage to HIV Medical Care <sup>2</sup>			Group B: Retention in HIV Medical Care <sup>2</sup>			Group C: On Antiretroviral (ART) Therapy <sup>2</sup>			Group D: Viral Load Suppression (less than viral load <200 copies/mL) <sup>2</sup>		
	Num.	Denom.	%	Num.	Denom.	%	Num.	Denom.	%	Num.	Denom.	%
<b>Total<sup>1</sup></b>			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
Race/ethnicity: Black			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
Race/ethnicity: Latino			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
Race/ethnicity: White			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
Race/ethnicity: Other			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
<i>Race/ethnicity: Total</i>	0	0	#DIV/0!	0	0	#DIV/0!	0	0	#DIV/0!	0	0	#DIV/0!
Gender: Male			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
Gender: Female			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
Gender: Transgender M-to-F			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
Gender: Transgender F-to-M			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
<i>Gender: Total</i>	0	0	#DIV/0!	0	0	#DIV/0!	0	0	#DIV/0!	0	0	#DIV/0!
Age: 0-12			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
Age: 13-18			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
Age: 19-24			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
Age: 25-34			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
Age: 35-44			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
Age: 45-54			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
Age: 55-64			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
Age: 65 and older			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
Age: Unknown			#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!
<i>Age: Total</i>	0	0	#DIV/0!	0	0	#DIV/0!	0	0	#DIV/0!	0	0	#DIV/0!
<sup>1</sup> Gray highlighted fields must match												
<sup>2</sup> Count clients in every Group for which they meet the criteria												

Appendix F

ClientID	Date Tested Positive for HIV	Date of First HIV Medical Visit after Positive HIV Test	Most Recent HIV Medical Visit Date	Most recent CD4 Test Date	Most Recent CD4 Value	Most Recent Viral Load Test Date	Most Recent Viral Load Value	On Antiretroviral Therapy (ART)?
<p><i>Example:</i>  <u>SSDC1001701</u>                      Generate number using:                      - 1st and 3rd letters of legal first name                      - 1st and 3rd letters of legal last name                      - DOB: mmddy and                      - Gender code (1=Male; 2=Female; 3=Transgender; 9= Unknown)</p>	<i>mm/dd/yyyy</i>	<i>mm/dd/yyyy</i>	<i>mm/dd/yyyy</i>	<i>mm/dd/yyyy</i>	<i>XXXX</i>	<i>mm/dd/yyyy</i>	<i>xxxxxxx</i>	Y = Yes N = No U = Unknown

Appendix F

Group	Performance Measure Name	Total number of individuals in previous data report	Total number of individuals in current data report <i>(automatically filled)</i>	% change <i>(automatically filled)</i>
A	Linkage to HIV Medical Care <sup>1</sup>		0	#DIV/0!
B	Retention in HIV Medical Care <sup>1</sup>		0	#DIV/0!
C	Antiretroviral Therapy (ART) Among Persons in HIV Medical Care <sup>1</sup>		0	#DIV/0!
D	Viral Load Suppressions Among Persons in HIV Medical Care <sup>1</sup>		0	#DIV/0!
TOTAL		0	0	

<sup>1</sup>Include individual in only ONE Group (the "highest" Group reached during reporting period where D > C > B > A)

Group	Number of individuals who moved up to this group during the current data period	Number of individuals who moved down to this group during the current data period	Number of individuals who remained in this same group during the current data period	Number of new individuals during the current data period	Number of individuals removed from data report during the current data period <sup>2</sup> <i>(Numbers subtracted from totals)</i>	Total	Explanation for movement between Groups
A						0	<i>Include explanation of movement within each group in Appendix E: Bi-monthly Narrative Program Report</i>
B						0	
C						0	
D						0	
TOTAL	0	0	0	0	0	0	

<sup>2</sup>Due to moving out of state, deceased, lost to follow-up, etc.

Appendix F

Target Group	Performance Measure Name	Numerator	Denominator
Group A: Linkage to Care	Linkage to HIV Medical Care	Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis	Number of persons with an HIV diagnosis in 12-month measurement period
Group B: Retention in Care	Retention in HIV Medical Care	Number of patients in the denominator who also had a medical visit in the last 6 months of the measurement year	Number of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in the first 6 months of the measurement year
Group C: On ART	Antiretroviral Therapy (ART) Among Persons in HIV Medical Care	Number of persons in the denominator who are prescribed ART in the 12-month measurement period	Number of persons with an HIV diagnosis and who had at least one medical visit in the 12-month measurement period
Group D: Virally Suppressed	Viral LoadSuppressions Among Persons in HIV Medical Care	Number of persons in the denominator with a viral load <200 copies/mL at last test in the 12-month measurement period	Number of persons with an HIV diagnosis and who had at least one medical visit in the 12-month measurement period

**General Outline to follow when completing  
HIV Care Services  
Quality Innovations in the Continuum of HIV Care  
Annual Progress Report**

**Submit a cover page with the following information (in GMIS 2.0):**

To: Ryan White Part B Program Administrator  
Ohio Department of Health  
HIV Care Services  
Quality Innovations in the Continuum of HIV Care  
Grant Project Number: \_\_\_\_\_  
Annual Progress Report

From: Agency/Organization Name: \_\_\_\_\_  
Person(s) Completing Report: \_\_\_\_\_  
Reporting Period: Year Start Date: \_\_\_\_\_ / Year End Date: \_\_\_\_\_

Due April 30, 2016

**I. Summary of Project**

Include target population(s), performance measures addressed, strategy(ies) implemented and final client outcomes as a result of the grant.

**II. Goals/Objectives**

For each objective of each goal listed in the Work Plan of your QI Innovations grant application please use the following process A through D to evaluate each objective.

A. Goal/Objective Statement

State the goal and objective as written in your Work Plan and state the progress made, accomplishments achieved and/or any activities conducted in this objective. Include in this section any quantifiable information such as number of clients served, etc. as related to this particular objective. For example:

Goal: Improve the percentage of participants who are virally suppressed.

Objective 1: 150 participants will report 100% adherence with their HIV-related medications in the past week.

B. Progress/Accomplishments/Successes for this objective.

C. Difficulties/Barriers experienced while accomplishing this objective.

D. Recommendations for future projects addressing this objective.

**III. Additional Activities**

In this section list any special activities that occurred during this period which you would like to report on. Also describe any aspects of your program which were different from those which were originally proposed. Discuss evolving needs of your target population which have not previously been discussed.

**IV. Evaluation**

Discuss how your agency evaluated services provided, how it monitored the achievement of all activities identified in your Work Plan and the outcome(s) of the evaluation.

**V. Lessons Learned**

Discuss lessons learned in implementing the grant activities overall and recommendations for future work in this area.

**VI. Next Steps (Sustainability)**

Discuss the project's next steps and sustainability options (if applicable to project).

**VII. Due Date**

Required Annual Program Report (APR) must be received by ODH by April 30, 2016. A copy of the Program Workplan, with the "Accomplishments" column and final benchmarks must be submitted along with the APR.

Attachment 1  
Quality Innovations with the Continuum of HIV Care Program Logic Model

Problem	Inputs	Outputs			Outcomes-Impact		
Project Context	<i>Using these available</i> Resources	<i>We will do these</i> Activities	<i>Involving these</i> Participants	<i>Resulting in these</i> Products/Outputs	Short-term	Mid-term	Long-term
What is the problem/issue this project is designed to address.	What resources, supports, or assets are available for this project? What resources, supports, assets are still needed?	What actions, processes, events, services, products, technologies, or other elements will be used to implement your project	Who will this project involve or target? List intended participants, clients, agencies, decision-makers, or customers.	What measurable direct services, products, or research-specific materials are created?	(Learning Outcomes) What improved learning, awareness, knowledge or attitudes will occur as a result of the outputs?	(Action Outcomes) What actual changes in behavior, actions, decisions, and /or policies will occur as a result of short-term outcomes?	(Conditions) What social, economic, civic, environmental impacts will occur as a result of mid-term outcomes?

<i>What are your</i> <b>Assumptions</b> <i>about resources, activities and participants?</i>	<i>What</i> <b>External factors</b> <i>may impact your outputs and outcomes?</i>
Why will your project work the way you intend? What are your principles, beliefs and ideas about the problem, resources, expected outcomes, knowledge base, external or internal environment or participants? Upon what do you base your	What external factors may influence your project's success? These may include culture, climate, economic structure, housing patterns, demographics, politics, backgrounds and experiences of participants, media, changing policies and procedures.



**Quality Innovations in the Continuum of HIV Care  
Program Workplan Instructions**

*(For information on how to complete refer to online training available  
at <http://www.odh.ohio.gov/odhprograms/hastpac/hivcare/Training%20Opportunities.aspx>)*

One comprehensive program plan must be submitted by the applicant agency. Multiple program plans from the applicant agency and subcontractors will not be accepted. Applicants should complete the program plan for each goal and objective proposed.

### Innovations in HIV Care Program Workplan

Agency Name: \_\_\_\_\_ GMIS # \_\_\_\_\_ Date: \_\_\_\_\_

**Target Action(s):**

- Linking to HIV Medical Care    Retention in HIV Medical Care    On Antiretroviral Therapy    Viral Suppression

**This document is being submitted as: (please check one)**

- Initial Program Workplan    Revised Program Workplan    Annual Progress Report (APR)

SMART Objective(s)	Activities/Tasks/Steps	Required Resources	Constraints	Mitigating Constraints	Timeline	Benchmarks and Evaluation Measures (include data source(s))	Responsible person	Accomplishments (complete for Annual Progress Report only)

## Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

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

GMIS # \_\_\_\_\_

This document is being submitted as: *(please check one)*

Initial Plan     Annual Progress Report (APR)

Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments <i>(See note above)</i>
Standard #1: Understandable and Respectful Care					
Standard #2: Promote CLAS and health equity					
Standard #3: Diverse Staff and Leadership					
Standard #4: Ongoing Education and Training  <b>EXAMPLE</b>	<ul style="list-style-type: none"> <li>• <i>Orient new staff members to cultural competence training</i></li> <li>• <i>Develop orientation materials related to cultural competency</i></li> <li>• <i>Encourage all staff to participate in cultural competence training</i></li> </ul>	<i>Administrative Staff</i>  <i>Clinical Staff</i>	<i>October 1, 2015 – December 31, 2015</i>	<i>Staff participation in ongoing training and education will be accounted for in a database.</i>  <i>The percentage of staff who have participated in ongoing training will be assessed bi-monthly to monitor progress toward our objective.</i>	<i>The percentage of staff who have participated in ongoing training and education increased from 75% to 90%</i>
Standard #5: Language Assistance Services					
Standard #6: Right to Receive Language Assistance Services					
Standard #7: Competence of Language Assistance					
Standard #8: Patient-Related Materials					
Standard #9: Written Strategic Plan					
Standard #10: Organizational Self-Assessment					
Standard #11: Patient / Consumer Data					
Standard #12: Community Profile					
Standard #13: Community Partnerships					
Standard #14: Conflict/Grievance Processes					
Standard #15: Implementation					

Use this template to create a plan to increase Culturally and Linguistically Appropriate Services (CLAS).

- Based on what your agency learned from the CLAS self-assessment (<http://www.odh.ohio.gov/ODHPrograms/FAMX/familyX1.htm>), activities should be identified to improve Culturally Competency of services in this upcoming fiscal year. Additional resources available at: <http://minorityhealth.hhs.gov/> and <https://www.thinkculturalhealth.hhs.gov/>
- At the end of the grant cycle, you will submit this form to show what you have accomplished toward each objective.

## Letters of Collaboration

Submit a minimum of five letters documenting program collaboration relevant to the strategy(ies) proposed. Letters must demonstrate a referral relationship that exists between the QI-funded agency and key points of access along the HIV care continuum in the counties/regions covered/shared by the entities. Letters of collaboration must be specific to this program and the current application year. If agency has multiple offices/sites throughout Ohio, agency must obtain 5 letters of collaboration from each of the regions they provide services.

Examples of key collaborators are:

- HIV disease counseling and testing sites
- Health care points of entry specified by eligible areas
- Federally Qualified Health Centers
- Entities such as Ryan White Parts A, C and D grantees
- Local Ryan White Part B-funded entities
- Community-based HIV service providers
- Emergency rooms
- Substance abuse and mental health treatment programs
- Detoxification centers
- Detention facilities
- Clinics regarding sexually transmitted disease
- Homeless shelters
- Other non-HIV-specific service providers in the community

HCS grant coordinators will review client charts during quarterly site visits to determine whether collaborative relationships are being used. (Per the HRSA/HAB Division of Service Systems Program Monitoring Standards – Part B, pg. 46).

## **Staffing Information**

### **Quality Innovations with the Continuum of HIV Care**

**Must be submitted in GMIS 2.0**

Include all documents that apply to funding requested:

- Copies of position descriptions for all project staff;
- Copies of resumes for all project staff;
- Copies of applicable licenses required for proposed positions such as social work or nursing licenses;

**Organization Information**

**Quality Innovations with the Continuum of HIV Care**

**Must be submitted in GMIS 2.0**

Include all documents that apply to funding requested:

- Agency Table of Organization that includes location of proposed project

**Program Procedures for Incentives**

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

GMIS Program Code: \_\_\_\_\_

Project Period: \_\_\_\_\_

Incentives to be provided:

Enablers to be provided:

**Program Procedures for Incentives**

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

GMIS Program Code: \_\_\_\_\_

Project Period: \_\_\_\_\_

Method for Monitoring Use and Distribution:

Signatures:

\_\_\_\_\_  
Program Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Administrator

\_\_\_\_\_  
Date