

MEMO

To: Prospective Statewide Healthcare Coordination and Initiatives Applicants

From: Will McHugh, Chief, Division of Prevention and Health Promotion
Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Year 2013
(July 1, 2012-June 30, 2013) Statewide Healthcare Coordination and Initiatives Grant

The Ohio Department of Health (ODH), Division of Prevention and Health Promotion (DPHP), Bureau of Health Preparedness (BHP), announces the availability of grant funds to support one Statewide Healthcare Coordination and Initiatives grant.

To obtain a grant application packet, interested parties must contact Adriana Pust, Health Planning Administrator, at (614) 644-1912, by e-mail at adriana.pust@odh.ohio.gov or by fax at (614) 728-3556. The deadline date to request a grant application packet is **March 1, 2012.**

A bidders' conference call will be held on Thursday, March 1, 2012 from 1:00-2:00 p.m. For call-in information, please contact Jeffrey Jaynes at (614)-466-5856 or jeffrey.jaynes@odh.ohio.gov

Enclosure

NOTICE OF AVAILABILITY OF FUNDS

Ohio Department of Health
Division of Prevention and Health Promotion
Bureau of Health Preparedness

Statewide Healthcare Preparedness Coordination and Initiatives Grant

Competitive Grant Applications for State Fiscal Year 2013

Introduction/Background

The Ohio Department of Health (ODH), Division of Prevention and Health Promotion (DPHP), Bureau of Health Preparedness (BPHP), announces the availability of grant funds to support activities for the Statewide Healthcare Preparedness Coordination and Initiatives Program. The funding provided through the Healthcare Preparedness Program (HPP) is for activities that include, but are not limited to maintaining, refining, and to the extent achievable, enhance the capacities and capabilities of the healthcare entities, and for exercising and improving all-hazards preparedness plans, including for pandemic influenza

Federal funds are provided through the Department of Health and Human Services through the Assistant Secretary for Preparedness and Response (ASPR) as authorized by section 319C-2 of the Public Health Service (PHS) Act, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) (P.L. 109-417).

Eligibility

Eligible applicants must be a local public or non-profit tax exempt organization as determined by Section 501 (c) 3 of the Internal Revenue Code, with a current, valid letter of exemption 501(c) organizations. Applicants must have the capacity to set up an electronic funds transfer (EFT).

Project Period and Award Amounts

This is a competitive grant cycle. The funding period for this award will be 12 months beginning July 1, 2012 and ending June 30, 2013. A total of up to \$520,000 will be awarded for one Statewide Healthcare Preparedness Coordination and Initiatives grant.

NOTICE OF AVAILABILITY OF FUNDS

Page 2

To Obtain a Grant Application Packet

1. Contact Adriana Pust, Health Planning Administrator, at (614) 644-1912, by e-mail at adriana.pust@odh.ohio.gov or by fax at (614) 728-3556 and request an application packet.
2. Upon receipt of your request, ODH will mail a grant application packet to you. You will receive two documents in the application packet:
 - a. **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.
 - b. **Notice of Intent to Apply for Funding** - The purpose of this document is to ascertain your intent to apply for available grant funds.
3. When you receive your application packet:
 - a. Review the RFP to determine your organization's ability to meet the requirements of the grant and your intent to apply.
 - b. After your RFP review, if you want to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Fax or mail it to ODH per the instructions listed and by the due date indicated. *The Notice of Intent to Apply for Funding* form is mandatory if you are intending to apply for the grant.

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

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

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



OHIO DEPARTMENT OF HEALTH

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Columbus, Ohio 43215

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

John R. Kasich / Governor

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

To: Statewide Healthcare Preparedness Coordination Initiatives RFP Program Grant Applicants

From: Will McHugh, Chief, Division of Prevention and Health Promotion

Subject: Request for Proposals -- Statewide Healthcare Preparedness Coordination Initiatives RFP Competitive Grant for July 1, 2012 to June 30, 2013.

The Ohio Department of Health's (ODH) Division of Prevention is pleased to announce the availability of grant funds to integrate the Statewide Healthcare Preparedness Coordination Initiatives RFP into Ohio's healthcare preparedness plans. This will be accomplished through collaboration with the Ohio Department of Health and shall focus on coordination with state, local, and regional partners as well as participating in surveillance efforts.

One grant will be awarded for the Statewide Healthcare Preparedness Coordination and Initiatives RFP for a total base amount of \$ 520,000.

All interested applicants must attend a Grants Management Information System (GMIS) 2.0 training to be eligible to apply for funding. Unless previously done so, complete and return the GMIS 2.0 training form (attached to the RFP) if training for GMIS 2.0 is needed. This training 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 the GMIS 2.0.

This Request for Proposals provides 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.

Please contact Adriana Pust, Healthcare Preparedness Program Manager at (614) 752-4484, or by e-mail at adriana.pust@odh.ohio.gov if you have any questions regarding this RFP.

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

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



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF PREVENTION AND HEALTH PROMOTION

Bureau of Health Preparedness

Statewide Healthcare Preparedness Coordination and Initiatives Program

REQUEST FOR PROPOSALS (RFP) FOR FISCAL YEAR 2013 07/01/12 – 06/30/13

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

COMPETITIVE GRANT APPLICATION INFORMATION

TABLE OF CONTENTS

I. APPLICATION SUMMARY and GUIDANCE

A.	Policy and Procedure	1
B.	Application Name	1
C.	Purpose	1
D.	Qualified Applicants	1
E.	Service Area	2
F.	Number of Grants and Funds Available	2
G.	Due Date	2
H.	Authorization	3
I.	Goals	3
J.	Program Period and Budget Period	3
K.	Local Health Districts Improvement Standards	4
L.	Public Health Impact Statement	4
M.	Statement of Intent to Pursue Health Equity Strategies	5
N.	Appropriation Contingency	6
O.	Programmatic, Technical Assistance & Authorization for Internet Submission	6
P.	Acknowledgment	6
Q.	Late Applications	6
R.	Successful Applicants	6
S.	Unsuccessful Applicants	7
T.	Review Criteria	7
U.	Freedom of Information Act	7
V.	Ownership Copyright	8
W.	Reporting Requirements	8
X.	Special Condition(s)	9
Y.	Unallowable Costs	10
Z.	Audit	11
AA.	Submission of Application	12

II. APPLICATION REQUIREMENTS AND FORMAT

A.	Application Information	14
B.	Budget	14
C.	Assurances Certification	16
D.	Project Narrative	16
E.	Civil Rights Review Questionnaire – EEO Survey	17
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement	17
G.	Electronic Funds Transfer (EFT) Form	17
H.	Internal Revenue Service (IRS) W-9 Form & Vendor Forms	17
I.	Public Health Impact Statement Summary	18
J.	Public Health Impact/Response & Intent to Pursue Health Equity Statement	18
K.	Liability Coverage	18
L.	Non-Profit Organization Status	18
M.	Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire	18
N.	Attachments as Required by Program	19
	a. Work Plan (Attachment A)	

- b. Match Letter(Attachment B)
- c. Budget Narrative Justification
- d. Position descriptions for all funded personnel or applicant agency contract employees who will carry out grant activities

III. APPENDICES

- A. GMIS 2.0 Training Form
- B. Federal Funding Accountability and Transparency Act (FFATA) Reporting Form
- C. Ohio Homeland Security Planning Region Map
- D. Application Review Form
- E. Notice of Intent to Apply for Funding (NOIAF)

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 ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Sub-grantee applications. The GAPP manual is available on the ODH web-site <http://www.odh.ohio.gov> (Click on “Funding Opportunities,” (located under At A Glance), click on “ODH Grants”, and then click on “GAPP Manual.”)

B. Application Name: Statewide Healthcare Preparedness Coordination and Initiatives Program

C. Purpose: To support the Ohio Department of Health as the state agency responsible for Emergency Support Function (ESF) #8 through the maintenance and enhancement of Ohio’s healthcare system’s medical surge capabilities in each of the State’s eight Homeland Security Regions. The funding, provided through the Healthcare Preparedness Program, is for activities that include, but are not limited to maintaining, refining, and to the extent achievable, enhance the capacities and capabilities of the healthcare entities, and for exercising and improving all-hazards preparedness plans, including for pandemic influenza.

Applicant will work to meet the federal HPP Capabilities as found at:

<http://www.phe.gov/preparedness/planning/hpp/pages/default.aspx>

D. Qualified Applicants: All applicants must be a local, public or non-profit agency. Eligible applicants must meet the following criteria:

1. Applicant agency must attend or document in writing prior to attendance at GMIS 2.0 training and must have the capacity to accept an electronic funds transfer (EFT).
2. Be physically located in the State of Ohio.
3. Be a hospital association or clearly demonstrate in the application prior experience working with hospital associations, hospitals and other health care providers, state and local public health

organizations, local and state emergency management agencies (EMA), and other entities involved with emergency preparedness and response.

4. A project coordinator must be identified who can participate in at least 75% of ODH monthly Regional Healthcare Coordination meetings and conference calls, and attend at least 75% of ODH's Statewide Regional Coordinators meetings. If the project coordinator is unable to attend, **a more senior level member of the sub-grantee's organization must attend.**
5. As directed by ODH, collaborate with any vendor under contract with the Ohio Department of Health's Office of Health Preparedness, for the conduct of any statewide initiatives under the ASPR Grant.
6. Comply with all due dates provided during the course of the budget period for information necessary for the completion of federal and state reports as well as data requests.
7. Attend regularly scheduled meetings or participate in conference calls with the ODH Healthcare Preparedness Program Manager or the manager's designee. Meetings and conference calls shall occur at least every other month on dates/times agreed upon by the sub-grantee and the program manager.
8. Be a local public or non profit tax exempt organization as determined by Section 501(c)(3) of the Internal Revenue Code, with a current, valid letter of exemption.
9. Agency maintains and supports "Prepare Ohio.com" through June 30, 2013.

E. Service Area: Applicants must conduct activities within and for all of Ohio's Homeland Security Planning Regions. A map of these regions is provided in **Appendix C**.

F. Number of Grants and Funds Available: Federal funds are provided through the Department of Health and Human Services through the Assistant Secretary for Preparedness and Response (ASPR) as authorized by section 319C-2 of the Public Health Service (PHS) Act, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) (P.L. 109-417). A total of up to \$520,000 will be awarded for one Statewide Healthcare Preparedness Coordination and Initiatives grant.

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

Monday, April 9, 2012 at 4:00 p.m. Attachments and/or forms sent electronically must be transmitted by the application due. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Contact Adriana Pust at (614) 644-1912 or adriana.pust@odh.ohio.gov with any questions regarding this RFP.

H. Authorization: Authorization of funds for this purpose is contained in The Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Public Law 107-188, Section 319C-1 of the Public Health Service Act, 42 U.S.C. 247d-3a and the Catalog of Federal Domestic Assistance (CFDA) Number 93.889.

I. Goals: The goals of ODH in releasing funds for this initiative are the goals as outlined in section 319C-2 of the Public Health Services Act as amended by PAHPA (Integration, Medical, At Risk Individuals, Coordination, and Continuity of Operations) and the National Preparedness Goals as follows:

1. Expanded Regional Collaboration
2. Implementation of the National Incident Management System (NIMS) And the National Response Plan (NRP)
3. Implementation of the Infrastructure Protection Plan (NIPP)
4. Strengthen Information Sharing and Collaboration Capabilities
5. Strengthen Interoperable Communications Capabilities
6. Strengthen Chemical, Biological, Radiological/Nuclear, and Explosive (CBRNE) Detection, Response, and Decontamination Capabilities
7. Strengthen Medical Surge and Mass Prophylaxis Response.

For more information, see www.hhs.gov/aspr/opeco/hfp/index.html

The HPP Program has identified the following eight capabilities as the basis for healthcare system, healthcare coalitions, and healthcare organization preparedness:

1. Healthcare System Preparedness
2. Healthcare System Recovery
3. Emergency Operations Coordination
5. Fatality Management
6. Information Sharing
10. Medical Surge
14. Responder Safety and Health
15. Volunteer Management

J. Program Period and Budget Period: The program period for this

application is July 1, 2012-June 30, 2017. The budget period for this application is July 1, 2012 through June 30, 2013.

K. Local Health Districts Accreditation Standards: Identify the Public Health Accreditation Board (PHAB) Standard(s) that will be addressed by grant activities. (An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.) The PHAB standards are available at the following website:

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

Goal 3701-36-04: Protect People from Disease and Injury, Standard 3701-36-04-02 – “Response plans exist that delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people” and Standard 3701-36-04-04 – “Urgent public health messages are received and communicated quickly and clearly and actions are documented.”; Goal 3701-36-06: Assure a Safe and Healthy Environment, Standard 3701-36-06-03 – “Services are available to respond to environmental events or other disasters that threaten the public’s health.”; Goal 3701-36-08: Address the need for Personal Health Services, Standard 3701-36-08-02 – “Information is available that describes the local health system, including resources critical for public health protections and information about health care providers, facilities, and support services.”

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

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

- a) The Local Health District Improvement Standard(s) to be addressed by grant activities:
 - A description of the demographic characteristics (e.g., age, race, gender, ethnicity) of the target population and the geographical area in which they live (e.g. census tracts, census blocks, block groups);
 - A summary of the services to be provided or activities to be

- conducted; and,
- A plan to coordinate and share information with appropriate local health districts.

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

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

M. Statement of Intent to Pursue Health Equity Strategies

The ODH is committed to the elimination of health inequities. All applicant agencies must submit a statement which outlines the intent of this application to address health disparities. This statement should not exceed 1 ½ pages and must: (1) explain the extent in which health disparities are manifested within the health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) focus of this application; (2) identify specific group(s) who experience a disproportionate burden for the disease or health condition addressed by this application; and (3) identify specific social and environmental conditions which lead to health disparities (social determinants). This statement must be supported by data. The following section will provide a basic framework and links to information to understand health equity concepts. This information will also help in the preparation of this statement as well as respond to other portions of this application. **Applicants for the Statewide Healthcare Preparedness Coordination and Initiatives Grant are exempt from this requirement (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 sub-grantee 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 posting of the Request for Proposal to the ODH website. Please contact Adriana Pust at (614) 644-1912 or Adriana.pust@odh.ohio.gov with any questions regarding this RFP.
- For competitive RFPs ONLY: Applicant must attend or must document, in writing, prior attendance at Grants Management Information System 2.0 (GMIS 2.0) training in order to receive authorization for Internet submission.
- P. Acknowledgment:** An ‘Application Submitted’ status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, April 9, 2012 at 4 p.m.**

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 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 Ohio Department of Health, 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; and,
 - 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds.**
 - 10. Has demonstrated compliance to GAPP, Chapter 100.**

The Ohio Department of Health 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 Ohio Department of Health. All material(s) must clearly state:

Funded by Ohio Department of Health/ASPR/ HPP/OPEO
Bureau of Health Preparedness
Healthcare Preparedness Program

- W. **Reporting Requirements:** Successful applicants are required to submit sub-grantee program and expenditure reports. Reports must adhere to the Ohio Department of Health, Grants Administration Policies and Procedures (GAPP) Manual. Reports must be received before the Department will release any additional funds.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of agency flexibility status and/or further payments.

Reports shall be submitted as follows:

1. **Program Reports: Attach a copy in GMIS under the application section by the following dates: January 15, 2013 and July 15, 2013.** 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. Subgrantee reports must be submitted on the Work Plan template (**Attachment A**).

Submission of Sub-grantee Program Reports via the Ohio

Department of Health's SPES indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP).

2. **Sub-grantee Program Expenditure Reports:** Sub-grantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates: **October 15, 2012, January 15, 2013, April 15, 2013, and July 15, 2013.**

Submission of Sub-grantee Program Expenditure Reports via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (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 Sub-grantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0 on or before August 15, 2013.** The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Sub-grantee Final Expense Report. The Sub-grantee Final Expense Report serves as an invoice to return unused funds.

Submission of the Sub-grantee Final Expenditure Report via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (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 Sub-grantee Final Expenditure Report. At least once every two years, inventory must be physically inspected by the sub-grantee. 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 sub-grantee's first payment. The 30-day time period, in

which the sub-grantee 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 Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (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/Publish/TravelPolicy.aspx>);
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. Replacement or maintenance of any existing equipment or items that a health care provider already has in their inventory that was not previously purchased with ASPR funds or not deemed for emergency response;
 23. Fit testing of N95 masks by outside contractors;
 24. Testing costs to evaluate employees who do not pass fit testing;
 25. Medication for patient treatment or patient prophylaxis unless specifically waived by ODH on a case by case basis
 26. Ante rooms that do not have a negative air pressure system attached
 27. Construction or major renovations without ODH approval
 28. The purchase of antivirals for prophylaxis
 29. Critical Infrastructure Protection activities at the facility level
- Without explicit approval from ODH Program staff.**

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

- Z. Audit:** *Sub-grantees 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 sub-grantee's fiscal year.*

Sub-grantees that have an agency fiscal year that ends on or after January 1, 2004 which expend \$500,000 or more in Federal awards in its 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.

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

Sub-grantee 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 Ohio Department of Health;
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AA. Submission of Application:

Formatting Requirements:

- Properly label each item of the application packet (ex. budget narrative, program narrative, etc).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget narratives must be submitted in portrait orientation.
- Number all pages (print on one side only).
- Program narrative should not exceed 30 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font, Times New Roman.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS 2.0 application submission must consist of the following:

**Complete
& Submit
Via
Internet**

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

- b. Match Letter (Attachment B)
- c. Budget Justification narrative
- d. Position descriptions for all funded personnel or applicant agency contract employees who will carry out grant activities.

An original and one (1) 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 (2) 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). Applicant agencies for the Statewide Healthcare Preparedness Coordination and Initiatives Program Grant are exempt from this requirement**
- 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 (1) copy of the following documents must be mailed to the address listed below:

**Complete
Copy &
Mail To
ODH**

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

Submit to:

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

II. APPLICATION REQUIREMENTS AND FORMAT

Access to 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 RFP is posted to the ODH Website.

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 10 of the RFP for unallowable costs.

A match of 10 % is required by this program. A copy of the Match Documentation Letter must be completed and submitted with the application (Attachment **B**)

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. **As character space is limited in GMIS 2.0, applicant agencies must submit the budget narrative as an attachment.**

Applicant agencies may budget funds to offset the costs for salaries and wages for hospital personnel to attend training, or to participate in exercises and drills.

The applicant agency must clearly describe in the budget narrative how these funds will be used to directly provide program coordination for grant deliverables.

- 2. Personnel, Other Direct Costs, Equipment and Contracts):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2012 to June 30, 2013.

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

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

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

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

- 3. Compliance Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.
- 4. Funding, Cash Needs and Budget Summary Sections:** Enter information

about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.

C. Assurances Certification: Each sub-grantee must submit the Assurances (Federal and State Assurances for Sub-grantees) 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 do 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 sub-grantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative Summary: In narrative form, describe the following:

1. Executive Summary

Describe the geographic area where services and programs will be Offered and what agencies will provide these services. Describe the healthcare system preparedness efforts that the program will address.

2. Description of the applicant agency

Provide a brief description of the agency structure. Include a description of the agency personnel and or contract personnel hired or to be hired to conduct activities aimed at the proposed projects. Include a description of all agency personnel supported by the grant.

3. Description of Current Status

Provide an overview of the current status of objectives to be undertaken to support the objectives on the workplan. Include gaps, lessons learned, and other assessments that may impact the proposed projects.

4. Methodology

Provide a description of projects to be undertaken to support the objectives identified on the workplan. Include gaps, lessons learned, and other assessments that may impact the proposed projects

All proposed contracts must be delineated on the Work Plan template (**Attachment A**) and receive ODH Program approval prior to execution. Do not include budgeted amounts for the routine maintenance of websites, tracking systems, other fees, and individual hospital contracts on the work plan.

Federal guidance for the FY2012 budget period will be communicated with applicants upon its release from the federal government to further assist in providing program guidance during the course of the fiscal year.

- 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. 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):** 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, the FFATA form is located on the GMIS 2.0 Application Page and must be completed in order to submit the application.)

- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Services Unit, Central Master Files address. The completed EFT form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy. **(Required only if new agency, thereafter only when banking information has changed.)**
- H. Internal Revenue Service (IRS) W-9 & Vendor Forms:** Print in PDF format and mail to ODH, Grants Services Unit, 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 (1) 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 Services Unit, Central Master Files address. The completed appropriate Vendor Form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one (1) copy of each.

- I. **Public Health Impact Statement Summary:** Submit two (2) 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 (2) 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 (2) 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 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 Homeland Security Website:

http://www.homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.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. 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 Services Unit Central Master Files address by 4:00 P.M. on or before April 9, 2012. **All attachments must clearly identify the authorized program name and program number.**

ATTACHMENTS

- A. Work Plan
- B. Match Letter

APPENDICES

- A. GMIS 2.0 Training Form
- B. Federal Funding Accountability and Transparency Act (FFATA Requirement) form
- C. Ohio Homeland Security Planning Region Map
- D. Application Review Score sheet
- E. Notice of Intent to Apply for Funding (NOIAF)

ATTACHMENT A: Work Plan Template
Statewide Healthcare Preparedness Coordination and Initiatives Grant
Grant Period: July 1, 2012 - June 30, 2013

STATEWIDE HEALTHCARE PREPAREDNESS COORDINATION AND INITIATIVES WORKPLAN TEMPLATE INSTRUCTIONS

Objective	Activities	Timeline	Evaluation Measures	Progress/Accomplishments
<p><i>The objectives are provided by ODH guidance.</i></p> <p><i>The applicant must address all of the objectives associated with each target capability.</i></p>	<p><i>List the specific Activities proposed that will be done to implement each Objective.</i></p>	<p><i>Indicate the date the Activities will be completed or accomplished.</i></p> <p><i>It is not acceptable to list “ongoing” or “at end of grant period” for all Activities.</i></p>	<p><i>The Evaluation Measures describe how the Objectives will be measured and evaluated.</i></p> <p><i>Each Objective has /Evaluation Measures associated with it. All Evaluation Measures associated with an objective must be addressed.</i></p>	<p><i>The Progress/Accomplishments column on the program plan is not due at the time of the grant submission.</i></p> <p><i>A description of the Progress/Accomplishments is due with the mid-year and Annual Progress Reports.</i></p> <p><i>The reports should describe the overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period.</i></p> <p><i>It is not acceptable to state “in progress”.</i></p>

ATTACHMENT A: Work Plan Template
Statewide Healthcare Preparedness Coordination and Initiatives Grant
 Grant Period: July 1, 2012 - June 30, 2013

PROJECT/CAPABILITY: Medical Surge

The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

OBJECTIVE 1: Agency will provide training to Ohio’s hospitals, Regional Healthcare Coordinators and other healthcare providers on the family reunification system and resource tracking modules during the FY 13 project period.

Activities	Timeline	Evaluation Measures	Progress/Accomplishments
Applicant completes this section			
		1. Submit a plan to ODH Program staff which indicates the training delivery method and training availability announcement, to be used to deliver the training and a timeline for conducting the trainings. 2. Submit a draft of the training curriculum to be provided to ODH Program for approval prior to the first training.	

ATTACHMENT A: Work Plan Template
Statewide Healthcare Preparedness Coordination and Initiatives Grant
 Grant Period: July 1, 2012 - June 30, 2013

PROJECT/CAPABILITY: Medical Surge

The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

OBJECTIVE 2: Agency will revise the Ohio Medical Coordination Plan to include pediatric crisis standard of care and submit to ODH by 06/30/2013.			
Activities	Timeline	Evaluation Measures	Progress/Accomplishments
Applicant completes this section			
		1. Submit a plan to ODH Program staff which indicates the training delivery method and training availability announcement, to be used to deliver the training and a timeline for conducting the trainings. 2. Submit a draft of the training curriculum to be provided to ODH Program for approval prior to the first training.	

ATTACHMENT A: Work Plan Template
Statewide Healthcare Preparedness Coordination and Initiatives Grant
 Grant Period: July 1, 2012 - June 30, 2013

PROJECT/CAPABILITY: Medical Surge

The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

OBJECTIVE 3: Agency will provide a written report to ODH which summarizes stakeholder input from public engagement meetings on the Ohio Medical Control plan by 06/30/2013.

Activities	Timeline	Evaluation Measures	Progress/Accomplishments
Applicant completes this section			
		Submit a project that includes steps for: <ol style="list-style-type: none"> 1. Establishing an overall steering committee, including ODH, for the project. 2. Accessing the jurisdictional workgroup through steering committee for ongoing project monitoring and information exchange. 3. Providing technical assistance in finalizing the design for the project. 4. Recruiting and convening appropriate stakeholders, with the 	

ATTACHMENT A: Work Plan Template
Statewide Healthcare Preparedness Coordination and Initiatives Grant
 Grant Period: July 1, 2012 - June 30, 2013

		<p>inclusion of at-risk population representation.</p> <ol style="list-style-type: none"> 5. Recruiting and convening citizens-at-large, with inclusion of at-risk populations. 6. Providing information to stakeholders and citizens-at-large. 7. Providing assurance of neutral facilitation. 8. Integration of the contributions of stakeholders and citizens-at-large into a single report. 9. Overall project evaluation. 	
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ATTACHMENT A: Work Plan Template
Statewide Healthcare Preparedness Coordination and Initiatives Grant
 Grant Period: July 1, 2012 - June 30, 2013

PROJECT/CAPABILITY: Medical Surge

The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

OBJECTIVE 4: Agency will revise the Ohio Burn Surge Plan to include management of pediatric burn surge by 06/30/2013.			
Activities	Timeline	Evaluation Measures	Progress/Accomplishments
Applicant completes this section			
		Agency will revise the Ohio Burn Surge Plan to include management of pediatric burn surge by 06/30/2013.	

ATTACHMENT A: Work Plan Template
Statewide Healthcare Preparedness Coordination and Initiatives Grant
 Grant Period: July 1, 2012 - June 30, 2013

PROJECT/CAPABILITY: Medical Surge

The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

OBJECTIVE 5: Agency will submit a feasibility study on the establishment of a burn surge coordination center to ODH by June 30, 2013.			
Activities	Timeline	Evaluation Measures	Progress/Accomplishments
Applicant completes this section			
		Provide a list of work group participants by September 30, 2013.	

ATTACHMENT A: Work Plan Template
Statewide Healthcare Preparedness Coordination and Initiatives Grant
 Grant Period: July 1, 2012 - June 30, 2013

PROJECT/CAPABILITY: Medical Surge

The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

OBJECTIVE 6: Agency will provide a written report, which includes a cost analysis, on the integration of the patient reunification system onto Surgenet.			
Activities	Timeline	Evaluation Measures	Progress/Accomplishments
Applicant completes this section			
		Agency will provide a written report, which includes a cost analysis, on the integration of the patient reunification system onto Surgenet.	

ATTACHMENT A: Work Plan Template
Statewide Healthcare Preparedness Coordination and Initiatives Grant
 Grant Period: July 1, 2012 - June 30, 2013

PROJECT/CAPABILITY: Medical Surge

The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised.

OBJECTIVE 7: Upon ODH approval of the standardized Surgenet data field definitions, the agency will provide training in each of Ohio's homeland security regions to all facilities registered in Surgenet by June 30, 2013.			
Activities	Timeline	Evaluation Measures	Progress/Accomplishments
Applicant completes this section			
		1. With assistance from ODH, develop standard definitions and processes for data fields on Surgenet by all users. 2. Provide a summary of the training process to be implemented for Surgenet users to ODH Program which includes dates, times, and locations of the trainings.	

ATTACHMENT B: Match Documents
Statewide Healthcare Preparedness Coordination and Initiatives Grant
Grant Period: July 1, 2012 - June 30, 2013

Ohio Hospital Preparedness Program
Match Overview Document

Match Requirement for Subgrantees

Beginning in fiscal year 2011 (07/1/2010 – 06/30/2011) the Regional Hospital Coordination and the Statewide Healthcare Coordination and Initiatives subgrantees are required to contribute 10% of their award towards Matching Funds. Each subgrantee is required to submit the “Match Documentation” sheet with their FY13 grant application.

Match Background

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Assistant Secretary for Preparedness and Response
Office of Preparedness and Emergency Operations
Division of National Healthcare Preparedness Programs
FY09 Hospital Preparedness Program
Funding Opportunity Announcement

3.2: Cost Sharing or Matching

Hospital Preparedness Program (HPP) New Cooperative Agreement (CA) funding must be matched by nonfederal contributions beginning with the distribution of FY09 funds. Nonfederal contributions (match) may be provided directly or through donations from public or private entities and may be in cash or in-kind donations, fairly evaluated, including plant, equipment, or services. Amounts provided by the federal government, or services assisted or subsidized to any significant extent by the federal government, may not be included in determining the amount of such nonfederal contributions. Awardees will be required to provide matching funds as described:

- For FY09, not less than 5% of such costs (\$1 for each \$20 of federal funds provided in the CA); and
- For any subsequent fiscal year of such CA, not less than 10% of such costs (\$1 for each \$10 of federal funds provided in the CA).

Please refer to 45 CFR § 92.24 for match requirements, including descriptions of acceptable match resources. Documentation of match (including methods and sources) must be included in the FY09 application for funds, follow procedures for generally accepted accounting practices and meet audit requirements. Beginning with FY09, the HHS Secretary may not make an award to an entity eligible for HPP funds unless the

ATTACHMENT B: Match Documents
Statewide Healthcare Preparedness Coordination and Initiatives Grant
Grant Period: July 1, 2012 - June 30, 2013

eligible entity agrees to make available nonfederal contributions in full as described above.

In FY 2010 (8/09/2009 – 6/30/2010), Ohio was required to match 5% of its total ASPR award. ODH provided this match by working with state partners. Subgrantees were not required to contribute any matching funds.

FY 2013 (7/01/2012 – 6/30/2013), Ohio will be required to match 10% of its total ASPR award. ODH will match 10% of its budget and subgrantees will be required to provide 10% of their award amount in matching funds.

Match Source of Funds

ASPR cooperative agreement funding must be matched by nonfederal contributions provided directly to subgrantees or through donations from public or private entities. The nonfederal contributions can be cash dollars or in-kind donations, such as equipment or services. There are specific penalties associated with the match requirement. Subgrantees who cannot meet the matching funds requirement will not be eligible to receive ASPR funding awards. Match is a condition of eligibility – you must meet the match requirement to be funded. Match is not a strictly cash requirement. It can be met 100% through in-kind contributions that are documented.

- Nonfederal contributions may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services.
- Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government, may not be included in determining the amount of such nonfederal contributions.
- Fully document, the specific costs or contributions proposed to meet the matching requirement, the source of funding or contribution, and how the valuation was determined.

Administrative Requirement

Subgrantees must be able to separately account for stewardship of the ASPR funds and for any required matching; it is subject to monitoring, oversight, and audit. Matching is calculated on the basis of the subgrantee award amount and is comprised of subgrantee contributions proposed to support anticipated costs of the project during a specific budget period.

Source Documentation

Subgrantees must be able to fully document the specific costs or contributions proposed to meet the matching requirement, the source of funding or contribution, and how the valuation was determined. Appropriate source documentation does not need to be submitted with the application, but will need to be in place and available for review

ATTACHMENT B: Match Documents
Statewide Healthcare Preparedness Coordination and Initiatives Grant
Grant Period: July 1, 2012 - June 30, 2013

during an audit and/or monitoring visit. Examples of appropriate source documentation include the General Ledger and may also include the following expenditures in detail:

- Personnel and fringe benefits, certifications, personnel activity reports/time sheets, payroll journals
- Travel – expense reports with receipts, travel log with point to point mileage
- Equipment, reference contract, inventory listing
- Other supplies: invoices, bills, cancelled checks
- Volunteer contributed time: time and activity reports, time sheets, sign in sheets
- Letters of assurance from partners specifying the expenditures

ATTACHMENT B: Match Documents
Statewide Healthcare Preparedness Coordination and Initiatives Grant
Grant Period: July 1, 2012 - June 30, 2013

Mr. John Smith
Buckeye Hospital Association
123 Main Street
Anytown, Ohio 43215

Dear Mr. Wagner:

As a subgrantee, we are required to contribute a total of \$ 52,000 Matching funds to the ASPR grant for the period of July 1, 2012– June 30, 2013. This is 10% of our total grant award. The table below outlines the source and amount of the funds. These matching funds are not used for other match requirements nor are they federal funds. The funds come from our general revenue from our hospitals. These matching funds reflect work and activities that enhance and support our hospital preparedness efforts in our region. If you have any questions about this, please contact _____ of my staff.

Sincerely,

Fiscal Agent or Association Representative

Entity	Description of Match	Amount of Match
Hospital Association	Development of a statewide preparedness evaluation tool to be used by healthcare facilities across Ohio will be developed, submitted, and analyzed.	\$25,000.00
Hospital Association	Staff development and hosting a hospital leadership tract at 2012 Annual Meeting.	\$2,000.00
Hospital Association	Indirect costs that support the grant by are unallowable via GAPP manual but allowable via federal standards.	\$25,000.00
	TOTAL Match Requirement	\$52,000

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:

Evelyn Suarez
Grants Services Unit
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215
E-mail: evelyn.suarez@odh.ohio.gov Fax: 614-752-9783

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

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

SAMPLE ONLY – COMPLETE FFATA IN GMIS 2.0

Submission Date ____/____/____

Sub-Awardee Data

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

APPENDIX B

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	
44	If 'Out of State' PPP - County	
45	If 'Out of State' PPP - Congressional District	



APPENDIX D: ASPR Grant Application Review Sheet
Statewide Healthcare Preparedness Coordination Initiatives Grant
 Grant Period: July 1, 2012 - June 30, 2013

Agency _____

SECTION 1			
GRANT APPLICATION COMPONENT	SCORE	REVIEWER COMMENTS	Special Condition Applied Y or N
APPLICATION INFORMATION (15 POINTS)			
▪ Public Health Impact Statement (2 point)			
▪ Public Health Impact Statement of Support (2 points)			
▪ Match Statement (6 points)			
▪ Position Descriptions for all funded personnel or applicant agency contractors working on the grant (5 points)			
SECTION TOTAL _____ /15 POINTS			

APPENDIX D: ASPR Grant Application Review Sheet
Statewide Healthcare Preparedness Coordination Initiatives Grant
 Grant Period: July 1, 2012 - June 30, 2013

SECTION 2

GMIS BUDGET NARRATIVE JUSTIFICATION (10 POINTS)

SCORE KEY:

- 0 Points- Agency does not address/provide.
- 3 Points- Budget narrative includes minimal information; line items missing that are on the budget; special condition to be applied.
- 5 Points- Budget narrative is minimally satisfactory, all line items addressed; no special conditions applied.
- 10 Points- Budget narrative is thorough and descriptive; all line items addressed; no special conditions applied.

BUDGET SECTION	POINT VALUE	COMMENTS
This section will be evaluated on the following areas: <ul style="list-style-type: none"> ▪ Personnel ▪ Other Direct Costs ▪ Equipment ▪ Contracts 		
SECTION TOTAL _____ /10 POINTS		

APPENDIX D: ASPR Grant Application Review Sheet
Statewide Healthcare Preparedness Coordination Initiatives Grant
 Grant Period: July 1, 2012 - June 30, 2013

SECTION 3

PROJECT NARRATIVE (40 POINTS)

SCORE KEY:

0 Points- Agency does not address/provide.

5 Points- Narrative section includes minimal information; items missing that are required in the RFP; special condition to be applied.

8 Points- Narrative is minimally satisfactory, all items addressed; no special conditions applied.

10 Points- Narrative is thorough and descriptive; all line items addressed; no special conditions applied.

NARRATIVE SECTION	POINT VALUE	COMMENTS
1. Executive Summary: Describe the geographic area where services and programs will be offered and what agencies will provide these services. Describe the healthcare system preparedness efforts that the program will address.		
2. Description of the applicant agency: Provide a brief description of the agency structure. Include a description of the agency personnel and or contract personnel hired or to be hired to conduct activities aimed at the proposed projects. Include a description of all agency personnel supported by the grant.		
3. Description of Current Status: Provide an overview of the current status of objectives to be undertaken to support the objectives on the workplan. Include gaps, lessons learned, and other assessments that may impact the proposed projects.		
4. Provide a description of projects to be undertaken to support the objectives identified on the workplan. Include gaps, lessons learned, and other assessments that may impact the proposed projects.		
SECTION TOTAL	/40 POINTS	

APPENDIX D: ASPR Grant Application Review Sheet
Statewide Healthcare Preparedness Coordination Initiatives Grant
 Grant Period: July 1, 2012 - June 30, 2013

SECTION 4		
WORKPLAN (25 POINTS)		
0 Points- Agency does not address/provide. 5 Points- Workplan includes minimal information; areas on workplan incomplete and/or workplan is missing proposed projects/contracts. 15 Points- Workplan is minimally satisfactory, all proposed projects and contracts are addressed. 25 Points- Workplan is thorough and descriptive; all proposed budget/contract items are included.		
WORKPLAN ELEMENTS	POINT VALUE	COMMENTS
The workplan will be evaluated on the following criteria: <ul style="list-style-type: none"> ▪ Activities are provided for each objective. ▪ Performance Measures are provided for each objective. ▪ Timelines are provided for each objective. ▪ Proposed projects on the budget are included on the workplan. 		
SECTION TOTAL _____/25 POINTS		

APPENDIX D: ASPR Grant Application Review Sheet
Statewide Healthcare Preparedness Coordination Initiatives Grant
 Grant Period: July 1, 2012 - June 30, 2013

SECTION 5		
PREVIOUS PERFORMANCE (10 POINTS)		
Previous Performance review is based on the following areas:	POINT VALUE	COMMENTS
1. Reports are submitted on time (2 points) 2. Quarterly expenditure reports are submitted on time (2 points) 3. Final expenditure report submitted on time (2 points) 4. Timely response to special conditions (2 points) 5. Timely return of unspent grant funds (2 points)		
SECTION TOTAL _____ / 10 POINTS		

APPENDIX D: ASPR Grant Application Review Sheet
Statewide Healthcare Preparedness Coordination Initiatives Grant
 Grant Period: July 1, 2012 - June 30, 2013

Strengths:
Weaknesses:

APPLICANT TOTAL SCORE	
SECTION 1: Program Attachments	_____
SECTION 2: GMIS Budget Information	_____
SECTION 3: Project Narrative	_____
SECTION 4: Work Plan	_____
SECTION 5: Past Performance	_____
Maximum: 100 points	_____
TOTAL	_____
PERCENT	_____
Final Percentage will be calculated based on point value	

Reviewer Signature _____

Date _____

A score of less than 70 percent of the total points will not be funded.

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Prevention and Health Promotion
Bureau of Health Preparedness

ODH Program Title: Statewide Healthcare Coordination and Initiatives

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:
Schools (Check One)
[] County Agency [] Hospital [] Local
[] 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

Mail, E-mail or Fax To:
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Healthcare Preparedness Program
Ohio Department of Health
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Columbus, Ohio 43215
E-mail: adriana.pust@odh.ohio.gov
Fax: (614) 728-3556
