

MEMO

Date: March 21, 2011

To: Prospective Sickle Cell Services Program - Statewide Family Support Initiative Applicants

From: Karen F. Hughes, M.P.H., Chief
Division of Family and Community Health Services
Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Year 2012
(July 1, 2011 - June 30, 2012) Statewide Family Support Initiative

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau for Children with Medical Handicaps (BCMh), announces the availability of grant funds to support activities of the Sickle Cell Services Program – Statewide Family Support Initiative.

To obtain a grant application packet:

1. Go to the ODH website at <http://www.odh.ohio.gov>
2. From the home page, click on “Funding Opportunities”;
3. From the next page, click on “ODH Grants”;
4. Next click on “Grant Request for Proposals”. This will give you a pull down menu with current grant RFP’s by name;
5. Select and highlight the Statewide Family Support Initiative RFP and click “Submit”. This process invokes Adobe Acrobat and will display the entire RFP. You can then review the RFP to determine your organization’s ability to meet the requirements of the grant and your intent to apply.

All grant applications must be submitted via the Internet, using GMIS 2.0. To be eligible for funding, all interested applicants must: 1) submit the attached *Notice of Intent to Apply for Funding* form no later than Friday, April 15, 2011 and 2) attend a mandatory GMIS 2.0 Training Session. Please complete and return the attached *GMIS 2.0 Training* form (APPENDIX A) to schedule a specific training session date.

Should you have any questions, please contact Cheryl L. Jones, Sickle Cell Services Program Coordinator at (614) 728-6787, by e-mail at cheryl.jones@odh.ohio.gov, or by fax at (614) 728-3616.

NOTICE OF AVAILABILITY OF FUNDS

Ohio Department of Health
Division of Family and Community Health Services
Bureau for Children with Medical Handicaps

STATEWIDE FAMILY SUPPORT INITIATIVE

Competitive Grant Applications for State Fiscal Year 2012

Introduction/Background

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau for Children with Medical Handicaps (BCMh), announces the availability of grant funds to support the provision of **statewide** training, education, advocacy and support/empowerment resources to individuals and families at risk or affected by sickle cell disease, sickle cell trait and other hemoglobinopathies and the professionals who serve them.

Authorization of funds of this purpose is contained in 3701.131 O.R.C. and Am. Sub. H. B. 1 of the 129th Ohio General Assembly.

Qualified Applicants

Qualified applicants for grant funds under this initiative include any community-based 501(C) (3) agency/organization organized for and capable of ensuring the provision of **statewide** sickle cell services as described above. Funding consideration will be given to the applicant agency/organization that demonstrates capability, experience and expertise in the provision of **statewide** sickle cell services and whose programmatic activities address the Goals of the Statewide Family Support Initiative. **Only one agency will be funded in the state.**

Note: Applicants that apply for funds under this initiative MAY NOT apply for additional grant funding under the ODH Sickle Cell Services Program – Direct Service Initiative.

All applicants must 1) be a governmental or non-profit agency; 2) attend or document in writing prior attendance at Grants Management Information System (GMIS) 2.0 training and 3) have the capacity to set up an electronic funds transfer (EFT). Evidence of effective collaboration and cooperation with community partners will also be required prior to, and during the grant program period.

Program Period and Award Amounts

This is a competitive grant application. The program period for this application will be for four (4) years beginning July 1, 2011 and ending June 30, 2015. The budget period will be twelve (12) months beginning July 1, 2011 and ending June 30, 2012. No more than one (1) grant will be awarded. The total grant funds available will be approximately \$90,000. **Any award is contingent on the availability of funds for this purpose.**

To Obtain a Grant Application Packet

1. Go to the ODH website at <http://www.odh.ohio.gov>;
2. From the home page, click on "Funding Opportunities";
3. From the next page, click on "ODH Grants";
4. Next click on "Grant Request for Proposals (RFP)". This will give you a pull down menu with current grant RFP's by name;
5. Select and highlight the **Statewide Family Support Initiative** RFP and click "Submit". This process invokes Adobe Acrobat and will display the entire RFP. You can then review the RFP to determine your organization's ability to meet the requirements of the grant and your intent to apply.

NOTICE OF AVAILABILITY OF FUNDS

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All interested applicants must submit a *Notice of Intent to Apply for Funding* (NOIAF) form (attached), no later than **Friday, April 15, 2011 to be eligible to apply for funding. Upon receipt of your completed *Notice of Intent to Apply for Funding* form, ODH will:**

- a. Create the grant application account for your organization. This account number will allow you to submit an application via the Internet using GMIS 2.0. All grant applications must be submitted via the Internet using GMIS 2.0.
- b. Assess your organizations' GMIS 2.0 training needs and contact you regarding those needs. GMIS 2.0 training is mandatory for all interested applicants.

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 2.0 training requirements, you may proceed with the application process as outlined in the RFP.

Bidders Conference

All potential applicants are encouraged to participate in a Bidders' Conference that will be held **via conference call on Friday, April 08, 2011 from 2:00 to 3:30 p.m. EST.** To participate in the call, dial 1-800-510-7500 and enter the participant access code 9591760#. The Bidders' Conference is scheduled to provide potential applicants with an opportunity to learn more about the RFP and ask clarifying questions. *Participation in the conference call is not a substitution for GMIS 2.0 Training.*

Note: To receive a copy of the Power Point for the Bidders Conference, send your e-mail address to Cheryl Jones at cheryl.jones@odh.ohio.gov by 12 Noon Thursday, April 07, 2011.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

**DIVISION OF
Family and Community Health Services**

**BUREAU FOR
Children with Medical Handicaps**

**SICKLE CELL SERVICES PROGRAM
STATEWIDE FAMILY SUPPORT INITIATIVE
REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2012
(07/01/11-06/30/12)**

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

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I. APPLICATION SUMMARY and GUIDANCE

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

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) Manual. This manual must be followed to assure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The GAPP Manual is available on the ODH Web site at <http://www.odh.ohio.gov/about/grants/grants.aspx>.
- B. Application Name: STATEWIDE FAMILY SUPPORT INITIATIVE**
- C. Purpose:** To support the provision of **statewide** training, education, advocacy and support/empowerment resources to individuals and families at risk or affected by sickle cell disease, sickle cell trait and other hemoglobinopathies and the professionals who serve them. **Support of clinical services in not a funding priority for this grant initiative.**
- D. Qualified Applicants:** Qualified applicants for grant funds under this initiative include any community- based 501 (C) (3) agency/organization organized for and capable of ensuring the provision of **statewide** sickle cell services as described above. Funding consideration will be given to the applicant agency/organization that demonstrates capability, experience and expertise in the provision of **statewide** sickle cell services and whose programmatic activities address the Goals of the Statewide Family Support Initiative. **Only one agency will be funded in the state.**

Note: Applicants that apply for funds under this initiative MAY NOT apply for additional grant funding under the ODH Sickle Cell Services Program – Direct Service Initiative.

All applicant agencies must 1) be a local public or non-profit agency; 2) attend or document in writing prior attendance at Grants Management Information System (GMIS) 2.0 training and 3) have the capacity to accept an electronic funds transfer (EFT). Evidence of effective collaboration and cooperation with community partners will be also required prior to, and during the grant program period.

In addition to the above requirements, the applicant must have a **non-grant funded** Medical Advisor that will be responsible for providing guidance and leadership to the applicant regarding sickle cell disease, sickle cell trait and other hemoglobinopathies.

- Preferably, the Medical Advisor should be a board-certified hematologist (on-site or off-site) with expertise in the management of persons with sickle cell disease and treatment related complications.
- If the Medical Advisor is not a board-certified hematologist (on-site or off-site), at a minimum, he/she must be a licensed physician with experience/expertise in the management of persons with sickle cell disease and other hemoglobinopathies.
- For an on-site or off-site Medical Advisor, there must be documentation of the relationship including roles and responsibilities, of the Medical Advisor to the applicant.

Note: There is no monetary compensation for the position of Medical Advisor under this initiative.

The following entities are ineligible for funding consideration:

- Individuals;
- National organizations;
- Facilities with a post office box as their only address and/or office phone number;
- Facilities applying for the sole purpose of acquiring funds to supplement existing programs without any plan for enlarging their scope of work;
- Facilities requesting funds to replicate activities currently funded by ODH or other funding sources; and
- Facilities that concurrently apply for funds under the Statewide Family Support Initiative and the ODH Sickle Cell Services Program-Direct Service Initiative.

E. Service Area: The applicant will provide statewide services as identified in the Goals section of this RFP. The service area will encompass the six ODH defined multi-county sickle cell service regions listed below:

- Region I – Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren
- Region II – Allen, Auglaize, Champaign, Clark, Darke, Greene, Hancock, Hardin, Logan, Mercer, Miami, Montgomery, Paulding, Preble, Putnam, Shelby and Van Wert
- Region III – Defiance, Erie, Fulton, Henry, Huron, Lucas, Ottawa, Sandusky, Seneca, William and Wood
- Region IV - Athens, Belmont, Coshocton, Delaware, Fairfield, Fayette, Franklin, Gallia, Guernsey, Harrison, Hocking, Jackson, Jefferson, Knox, Lawrence, Licking, Madison, Marion, Meigs, Monroe, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Ross, Scioto, Union, Vinton, Washington and Wyandot
- Region V - Cuyahoga, Geauga, Lake, Lorain and Medina
- Region VI – Ashland, Ashtabula, Carroll, Columbiana, Crawford, Holmes, Mahoning, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas and Wayne

F. Number of Grants and Funds Available: ODH Sickle Cell Services Program grants are comprised of funds generated from a portion of the state Newborn Screening fee. **Only one (1) facility will be awarded funding in the state under this grant initiative.** The total grant funding available for the SFY 2012 budget period (07/01/11 to 06/30/2012) is anticipated to be approximately \$90,000.

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.

Note: The recipient may subcontract with other agencies for implementation of parts of the grant. Collaboration between agencies providing sickle cell services in the state is strongly encouraged. The funded applicant must assume an oversight role for those agencies with whom they subcontract.

G. Due Date: Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by **4:00 p.m. on or before Monday, May 09, 2011**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Contact Cheryl L. Jones, State Sickle Cell Program Coordinator at (614) 728-6787 or by e-mail at cheryl.jones@odh.ohio.gov with any questions.

H. Authorization: Authorization of funds for this purpose is contained in 3701.131 O.R.C. and Am. Sub. H.B. 1 of the 129th Ohio General Assembly.

- I. Goals:** In releasing funds for this initiative, the Goals of the Sickle Cell Services Program-Statewide Family Support are as follows:
- A. To increase visibility of sickle cell projects and services in Ohio through implementation of **statewide** public and professional education and awareness activities.
 - B. To increase the knowledge and support of Ohio individuals and families at risk or affected by sickle cell disease, sickle cell trait and other hemoglobinopathies.
 - C. To promote national, statewide and regional collaboration of groups, programs and organizations that provide information, services and linkages to Ohio individuals and families related to sickle cell disease and other hemoglobinopathies.
 - D. To increase the number of ODH grant-funded programs that integrate cultural and linguistic competence elements into their policies, guidelines, contracts and training.
- J. Program Period and Budget Period:** This is a competitive grant application. The program period for this application will be four (4) years beginning July 1, 2011 and ending June 30, 2015. The budget period for this application will be twelve (12) months beginning July 1, 2011 and ending June 30, 2012.
- K. Local Health District Improvement Standards:** This grant program will address one (1) Local Health District Improvement Goal/Standard:
- Goal 3701-36-07 – “Promote Healthy Lifestyles”, Standard 3701-36-07-03 – *Prevention, health promotion, early intervention and outreach services provided directly*; and
- The Local Health Districts Improvement Standards (FY 2005) are available on the ODH Web site at <http://www.odh.ohio.gov/localHealthDistricts/lhdImprovementStandards.aspx>.
- L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health district(s) regarding the impact of the proposed grant activities on the Local Health District 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:
 - 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(s) **affected by hemoglobinopathies** and the geographic area in which they live (e.g. census tracts, census blocks, block groups). *This information must correlate with the Statement of Intent to Pursue Health Equity Strategies and the Problem Need*;
 - A summary of the (statewide) services to be provided or programs/activities to be conducted; and
 - A plan to coordinate and share information with appropriate local health districts (statewide).

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 district(s) 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**).

Note: A complete listing of contact information for the Ohio Local Health Districts is available on the ODH Web site <http://www.odh.ohio.gov/localHealthDistricts/lhddirectory.aspx>.

2. *Public Health Impact Statement of Support* - Include with the grant application a statement of support from the local health district(s), if available (**ATTACHMENT #1**). If a statement of support from the local health district is not obtained, indicate that when the program summary is submitted with the grant application (**ATTACHMENT #1**). If an applicant agency has a **statewide focus**, a statement of support must be submitted from the city and county local health district(s) in which the applicant facility is based (**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 groups(s) who experience a disproportionate burden for the disease or health condition addressed by this application, including unserved, under-served and/or **emerging** populations (*see Glossary*). *This information must correlate with the Public Health Impact Statement Summary and the Problem Need.*

(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.

- 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 conditions 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 health 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 Web site at:

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

- N. Appropriation Contingency:** Any award made through the ODH Sickle Cell Services Program - Statewide Family Support Initiative is contingent upon the availability of funds for this purpose. **In view of this, the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon submission of the NOIAF. Please contact: Cheryl L. Jones, State Sickle Cell Program Coordinator at (614) 728-6787 or by e-mail at cheryl.jones@odh.ohio.gov for questions regarding this RFP.

Applicant must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission.

Bidders Conference

All potential applicants are encouraged to participate in a Bidders' Conference that will be held **via conference call on Friday, April 08, 2011 from 2:00 to 3:30 p.m. EST.** To participate in the call, dial 1-800-510-7500 and enter the participant access code 9591760#. The Bidders' Conference is scheduled to provide potential applicants with an opportunity to learn more about the RFP and ask clarifying questions. *Participation in the conference call is not a substitution for GMIS 2.0 Training.*

Note: To receive a copy of the Power Point for the Bidders Conference, send your e-mail address to Cheryl Jones at cheryl.jones@odh.ohio.gov by 12 Noon Thursday, April 07, 2011.

- P. Acknowledgement:** 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, May 09, 2011.**

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand deliver attachments to ODH, Grants Administration, Central Master Files; but they must be delivered by **4:00 p.m.** on the application due date. FAX attachments will not be accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a "Notice of Award" (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;

2. Is responsive to policy concerns and programs 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. Describes S.M.A.R.T. objectives, activities, performance measures 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 had adequate facilities and personnel;
7. Provides an evaluation plan and/or /data source(s) that will be used to determine the level of success for the project;
8. Is responsive to the special concerns and program priorities specified in the request for proposals;
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; and
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities.

Program Specific Review Criteria

In addition to the criteria listed above, applications will be reviewed based on the degree to which they specifically address the requirements of the Statewide Family Support Initiative. Responses to the RFP, which are determined to be complete and in compliance with these requirements, will be reviewed in accordance with the Point Values contained on the Application Summary Review Form (**APPENDIX B**).

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, in writing, by the awarding office of the ODH. All material(s) must **clearly** state:

Funded in whole or in part by the Ohio Department of Health
 Bureau for Children with Medical Handicaps
 Sickie Cell Services Program
<http://www.odh.ohio.gov/odhPrograms/cmh/scell/scell1.aspx>

Note: Materials include, but are not limited to media, brochures, audiovisual and translated materials. Allow at least two (2) weeks in advance of printing or production for ODH review and approval. Failure to comply with the ownership copyright requirement may result in non-approval/payment of material(s).

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

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

■ *SFY 2012 Quarterly Program Performance Reports*

1 st Quarter	(July-September 2011)	due October 15, 2011
2 nd Quarter	(October-December 2011)	due January 15, 2012
3 rd Quarter	(January-March 2012)	due April 15, 2012
4 th Quarter	(April-June 2012)	due July 15, 2012

■ *SFY 2012 Education Event Reporting*

1 st Quarter	(July-September 2011)	due October 15, 2011
2 nd Quarter	(October-December 2011)	due January 15, 2012
3 rd Quarter	(January-March 2012)	due April 15, 2012
4 th Quarter	(April-June 2012)	due July 15, 2012

Note: The formats for submission of the Quarterly Program Performance Reports and Education Event Reporting will be provided subsequent to official notification from ODH.

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.

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

1 st Quarter	(July-September 2011)	due October 15, 2011
2 nd Quarter	(October-December 2011)	due January 15, 2012
3 rd Quarter	(January-March 2012)	due April 15, 2012
4 th Quarter	(April-June 2012)	due July 15, 2012

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

- 3. Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0 by 4:00 p.m. on or before August 15, 2012.** The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as invoice to return unused funds.

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

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

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

Submission of response to grant special conditions via the ODH’s GMIS 2.0 system indicates acceptance of ODH GAPP. Checking the “selection” box and clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes your electronic acknowledgement 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 fee for salaried program personnel to perform activities related to grant activities;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines or 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 Web site at <http://obm.ohio.gov/MiscPages/TravelRule/> and click on OBM Travel Rule);
17. Costs related to out-of-state travel, unless otherwise approved, in writing, by ODH, and described in the budget narrative, including travelers name;
18. Training longer than one week in duration, unless otherwise approved, in writing, by ODH, including participant’s name;
19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless *justified* in the budget narrative 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;

Program Specific Unallowable Costs

22. *Alcoholic beverages;*
23. *First class travel;*
24. *Goods and services for personal use;*
25. *Other Direct Cost Budget line-items related to Client Incentives, HINI, MAECS User Fee, Pedometers, Pharmaceuticals, Subscriptions and Swiper User Fee;*
26. To reduce, replace or supplant existing applicant agency funds for sickle cell and other hemoglobinopathy services; and
27. *Unapproved educational or training activities*

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

- Z. Audit:** Subgrantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than 9 months after the end of the subgrantee's fiscal year.

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

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

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

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

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

AA. Submission of Applications:

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 Accounting and Transparency Act (FFATA) Reporting Form for State Funded Grants (**located on the GMIS 2.0 Bulletin Board**)
 8. Attachments as required by Program
 - **ATTACHMENT #1** – Public Health Impact Statement of Support from Local Health Districts
 - **ATTACHMENT #2** – Curricula Vitae/Resumes
 - **ATTACHMENT #3** - Position Descriptions
 - **ATTACHMENT #4** – Project Organizational Chart
 - **ATTACHMENT #5** – **Required** Objectives and Work Plan
 - **ATTACHMENT #6** – **Optional** Objectives and Work Plan
 - **ATTACHMENT #7** – Letters of Support
 - **ATTACHMENT #8** – Letter of Documentation
 - **ATTACHMENT #9** – ODH Sub-Awardee FFATA Reporting Form for State Funded Grants (SAMPLE)
 - **ATTACHMENT #10** – Application Checklist

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

**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 changes(s)**)
 - c. Change request in writing on Agency letterhead (**Existing Agency with tax identification number, name and/or address change(s)**)

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

**Copy
&
Mail To
ODH**

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

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

One copy of the following documents must be mailed to the ODH 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 one (1) copy of **Attachments** (non-Internet compatible) as required by Program: **None**

**Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 North 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 submission of the NOIAF.

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

Note: The GMIS 2.0 Application Training Manual Parts 1-4 can be accessed on the ODH Web site at <http://www.odh.ohio.gov/about/grants/grants.aspx>.

- 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 pages 8-9 of the RFP for Unallowable Costs.

Match or Applicant Share is not required by this program. Do not include match or applicant share in the budget and/or the Applicant Share column of the Budget Summary. Only the budget narrative may be used to identify additional funding information from other resources. This includes resources committed by the applicant agency and/or contributed by external resources (if applicable) to support the grant including, but not limited to gifts received, contributed goods or services and personnel support (in-kind match).

For the SFY 2012 budget period (07/01/11 to 06/30/12), approximately \$90,000 is anticipated to be available to fund the Statewide Family Support Initiative. Of the total amount available for this budget period, **\$6,000** must be allocated in the budget for the following line items:

- \$2,500 to support the capacity building activities of established and new adult and/or pediatric Sickle Cell Affected Family Support Groups (stand alone) under the umbrella of the Ohio Sickle Cell Affected Families Association. (Goal B)
- \$2,500 to support patient/consumer/family attendance at an educational event through the Empowerment Scholarship Fund (**APPENDIX C**) (Goal B)
- \$500 to support membership fees as an affiliate member of the Sickle Cell Disease Association of America, Inc. (Goal C)
- \$500 to support reimbursement for patient/consumer members to attend meetings of the **Statewide Sickle Cell Advisory Committee**. (Goal C)

In addition, project grant funds and/or applicant share funds must be allocated to (1) purchase educational materials (*culturally and linguistically sensitive*) for distribution to *targeted statewide* audiences and (2) support travel and per diem expenses (if applicable) for attendance at all in-state meetings/educational venues **requested/required** by ODH. This includes, *but is not limited to*:

- RSCP Directors Meetings – **Four (4) times quarterly during SFY 2012**. Dates TBD.
- RSCP Educators Meetings (if applicable) – **Two (2) times during SFY 2012**. Dates TBD.

The funded applicant must **also** adhere to the following budgetary restrictions:

- No more than 50% of the total personnel costs may be allocated for clerical support.
- No more than 10% of the total personnel cost may be allocated for administrative positions (e.g. Grant Manager).
- No funds may be allocated for the position of Medical Advisor associated with the project.

- No funds may be allocated for clinical services. This is not a funding priority of this grant initiative.
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 (*see Glossary*) 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.

Note: The applicant should review APPENDIX D for definitions and instructions on completing the line-item budget and justification pages of the grant application. The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's proposed objectives.

2. **Personnel, Other Direct Costs, Equipment, & Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period 07/01/11 to 06/30/12.

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

Submit as an upload in GMIS 2.0 (under the Program Narrative tab), a copy of the following documents:

- Curricula Vitae/Resumes for all grant funded and non-grant-funded (in-kind) personnel (**ATTACHMENT #2**) listed on the Personnel tab in GMIS 2.0.

Note: Curricula Vitae/Resumes must be submitted via the GMIS 2.0 system for all new employees within 30 days of hire to become a part of the official file and for review by ODH.

- Position Descriptions for all personnel (**ATTACHMENT #3**) in which a curricula vitae/resume is submitted. If a staff member has not been selected for a vacant position, a description of the recruitment strategies for filling the position must be submitted.

Note: A position description is not required for the Medical Advisor.

Where 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 Ohio Department of Health'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 payment has been issued.

Where appropriate, itemize all equipment (**minimum \$300.00 unit value cost**) 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, budget categories and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete this section will cause delays in receipt of grant funds.

C. **Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as part of each application via GMIS 2.0. The Assurances Certification sets forth the standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgement to the financial standards of conduct as stated therein.

D. **Program Narrative:**

All responses and required attachments must be uploaded in GMIS 2.0. Attachments are documents deemed necessary to the applications that are not a part of the GMIS 2.0 system. All attachments must clearly identify the authorized program name and program number.

Project Narrative attachments must contain the following separate components:

1. **Project Abstract:**

Submit a summary/abstract of the application. The summary/abstract will be posted on the ODH Web page and/or distributed to provide information to the public and the Ohio legislature. Please prepare the summary/abstract so that it is clear, accurate, concise and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed programs/services/activities, the target population group(s) to be served and agencies or subcontractors that will be involved in the provision of programs/services/activities.

Please place the following at the top (left justification) of the abstract:

- Project Name
- Applicant Agency/Organization, if applicable
- Project Director
- Contact Person, if applicable
- Mailing/Physical Address
- Contact Phone Number
- E-Mail Address
- Internet Address, if applicable
- **Project Period: July 1, 2011-June 30, 2012**

Abstract Content:

PROBLEM/NEED: Briefly (in one or two paragraphs) state the **statewide** health concern(s) that will be addressed by the project.

METHODOLOGY: Using the work plan as a guide, describe in narrative format the **statewide** programs, services and/or activities that will be provided/conducted by the project. This section is usually several paragraphs long.

TARGET POPULATION: Describe the segments of the target population that experience a disproportionate burden of the **statewide** health status concern that will be served by the project. This includes **emerging** populations. *This must correlate with the Statement of Intent to Pursue Health Equity Strategies and the Public Health Impact Statement Summary.*

COLLABORATION AND COORDINATION: Identify other agencies or subcontractors that will be involved in the provision of **statewide** programs/services/activities.

The project abstract must be **single-spaced and limited to one page** in length.

2. Description of Applicant Agency/Documentation of Eligibility/Personnel:

- Briefly describe the applicant agency's eligibility to apply addressing each item in the requirements as outlined in this Section under Qualified Applicants.
- Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. Provide a one-page figure (**ATTACHMENT #4**) that depicts the organizational structure of the project, including subcontractors (if applicable) and other significant collaborators.
- Describe the capacity of your organization, its personnel and 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 or positions (grant funded and non-grant funded) that will be directly involved in project activities.
- Describe the relationship between project staff members, staff members of the applicant agency and other partners and agencies that will be working on this project.

3. Problem/Need:

- Identify and describe the **statewide** health status concern that will be addressed by the project. Do not restate national and state data. The specific health status concerns that the project 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 measureable in order to serve as baseline data upon which the evaluation will be based.
- Explicitly describe segments of the target population who experience a disproportionate burden of the **statewide** health status concern, including emerging populations. *This information must correlate with the Public Health Impact Statement Summary and Statement of Intent to Pursue Health Equity Strategies.*
- Include a description of other **statewide** agencies/organizations also addressing this problem/need and how collaboration/coordination efforts will occur.

4. Objectives and Work Plan

- In lieu of a narrative methodology section, submit a Work Plan that will describe (1) program goals and expected impact/outcomes/results; (2) S.M.A.R.T. (**S**pecific, **M**easurable, **A**chievable, **R**esults-Oriented and **T**ime-Based) objectives; (3) activities that will be implemented by identified responsible project staff; (4) performance measures; (5) timeline (start/finish completion dates) and (6) data sources that will be used to determine the level of success for the project.

Applicants may use the following options for the Work Plan:

1. **Required** S.M.A.R.T. objectives are listed on **ATTACHMENT #5**. These objectives pertain to all applicants and must be submitted as the objectives the applicant will be working to accomplish during the funding period. Each applicant must complete Column two (2) to indicate the activities that will be undertaken to address the required S.M.A.R.T. objectives (Column 1). For each activity, the staff person responsible for implementation of the activity must be listed. Activities must be numbered sequentially to match the Timeline dates. In column three (3), write the Timeline (start/finish) date for each activity. Unless the anticipated timeline date for a specific activity is the entire grant period, timeline dates should be based on actual completion dates.
2. **Optional** S.M.A.R.T. objectives may be developed by the applicant and submitted as the objectives the subgrantee will be working to accomplish during the funding period. (**ATTACHMENT #6**). **Objectives must be written in the S.M.A.R.T. format**. Refer to <http://www.rapidbi.com/created/WriteSMARTobjectives.html> for more information related to writing S.M.A.R.T. objectives.

5. Additional Requirements

■ **Statewide Sickle Cell Advisory Committee**

(This section is included for applicant information only-no additional narrative response is required via GMIS)

During the SFY 2012 to SFY 2015 program period, the applicant will be required to assume leadership and facilitation of the **Statewide Sickle Cell Advisory Committee (SCAC)**. The Committee, which meets at a minimum four (4) times during the fiscal year (including tele-meetings), is comprised of multidisciplinary and multicultural **statewide** patient/consumers and partner and stakeholder groups and organizations that address the special health care needs or impact the quality of life for individuals with sickle cell disease and other hemoglobinopathies.

■ **Letters of Support**

The applicant must provide a **current** letter of support from a minimum of five (5) partner groups and/or agencies/organization (as cited in this RFP) that document the working relationship and/or the community, agency, institutional support necessary to implement the project effectively. One letter of support must be submitted from at least three (3) of the entities listed on **ATTACHMENT #7**. Letters of support must specific to the applicant agency and must be signed, dated, and on official letterhead, if applicable.

■ **Letter of Documentation**

The applicant must, as **ATTACHMENT #8**, identify and provide a letter of documentation from the Medical Advisor that will be responsible for providing guidance and leadership to the applicant agency regarding sickle cell disease, sickle cell trait and other hemoglobinopathies. The letter of documentation must be signed, dated and document the role, responsibility and relationship of the Medical Advisor and the applicant agency.

- E. Civil Rights Review Questionnaire – EEO Survey:** The Civil Rights Review Questionnaire (EEO) survey is part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via GMIS 2.0.

- F. Attachment(s):** Attachments are documents deemed necessary to the application that are not part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration, Central Master Files address by **4:00 P.M. on or before Monday, May 09, 2011.** All attachments must clearly identify the authorized project name and project number.
- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form must be dated and signed, in blue ink, with original signatures. Submit the original and one copy (**Required only if new agency, thereafter only when banking information has changed**).
- H. Internal Revenue Service (IRS) W-9 & Vendor Forms:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form must be dated and signed, in blue ink, with original signatures. Submit the original and one copy (**Required if new agency, thereafter only when tax identification number or agency address information has changed**). **One of the following forms must accompany the IRS W-9:**
1. **Vendor Information Form (New Agency Only) OR**
 2. **Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s))**
 3. **Change request in writing on Agency letterhead (Existing Agency with tax identification number, name and/or address change(s))**

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

- I. Public Health Impact Statement Summary:** Submit two (2) copies of a one-page project summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards (**for competitive cycles only; for continuation, only if changed**).
- J. Public Health Impact & Intent to Pursue Health Equity Statement:** Submit two (2) 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 District(s) Improvement Standards **and** the Intent to Pursue Health Equity Statement. 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 your non-tax exempt status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed**).

- M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire:** The DMA is a Questionnaire that must be completed by all non-governmental grant applicant agencies to certify that they have not provided “material assistance” to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed Questionnaire must be dated and signed, in blue ink, with the Agency Head’s signature. The DMA Questionnaire (in PDF format. Adobe Acrobat is required) is located at the Ohio Department of Public Safety/Ohio Homeland Security Website:

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

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

- N. Federal Funding Accountability and Transparency Act (FFATA) Requirements:** The Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. ODH is required to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form. A sample of the FFATA Reporting Form is attached to this RFP (**ATTACHMENT #9**).

All applicants for ODH grant 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. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR, go to www.ccr.gov.

Information on Federal Spending Transparency can be located at www.USAspending.gov or the Office of Management and Budget’s website for Federal Spending Transparency at www.whitehouse.gov/omb/open.

(Required by all applicants, Attachment B is located on the GMIS 2.0 Bulletin Board. It must be completed and attached to the GMIS 2.0 Application/Project Comment Section)

- O. Attachments as Required by Program**

The applicant must submit the following to ODH via GMIS 2.0 by the filing due date, Monday, May 09, 2011:

- ATTACHMENT #1 – Public Health Impact Statement of Support from Local Health Districts
- ATTACHMENT #2 – Curricula Vitae/Resumes
- ATTACHMENT #3 - Position Descriptions
- ATTACHMENT #4 – Project Organizational Chart
- ATTACHMENT #5 – **Required** S.M.A.R.T. Objectives and Work Plan
- ATTACHMENT #6 – **Optional** S.M.A.R.T. Objectives and Work Plan
- ATTACHMENT #7 – Letters of Support
- ATTACHMENT #8 – Letter of Documentation
- ATTACHMENT #9 – ODH Sub-Awardee FFATA Reporting Form for State Funded Grants
- ATTACHMENT #10 - Application Checklist

III. APPENDICES

APPENDIX A - GMIS 2.0 Training Form

APPENDIX B - Application Summary Review Form

APPENDIX C – Empowerment Scholarship Fund Guidelines

APPENDIX D - Instructions for Completing the Line-Item Budget

APPENDIX E – Glossary of Terms

APPENDIX F - Acronyms and Abbreviations

APPENDIX G - Anticipated Timetable

ATTACHMENTS AS REQUIRED BY PROGRAM

SFY 2012 - ATTACHMENT #1

PUBLIC HEALTH IMPACT STATEMENT OF SUPPORT FROM LOCAL HEALTH DISTRICTS

Include:

A statement of support was obtained from the following county and/or city health districts (*list below and upload all documents in GMIS 2.0*):

- 1.
- 2.
- 3.
- 4.

Include:

A statement of support was not obtained from the following county and/or city health districts (*list below and upload all documents in GMIS 2.0*):

- 1.
- 2.
- 3.
- 4.

Note: All attachments must clearly identify the authorized program name and grant application number.

CURRICULA VITAE/RESUMES

Include:

The applicant must submit curricula vitae/resumes for all grant funded and non-grant funded (in-kind) personnel listed on the Personnel tab in GMIS 2.0 (*list below and upload all documents in GMIS 2.0*).

Note: Curricula Vitae/Resumes must be submitted via the GMIS 2.0 system for all new employees within 30 days of hire as part of the official file and for review by ODH.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Note: All attachments must clearly identify the authorized program name and grant application number.

POSITION DESCRIPTIONS

Include:

The applicant must provide positions descriptions of all personnel in which a curricula vitae/resume is submitted (*list below and upload all documents in GMIS 2.0*). If a staff member has not been selected for a vacant position, a description of the recruitment strategies for filling the position must be submitted.

Note: A position description is not required for the Medical Advisor.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Note: All attachments must clearly identify the authorized program name and grant application number.

PROJECT ORGANIZATIONAL CHART

Include:

The applicant must submit (via GMIS 2.0) a one-page figure that depicts the organizational structure of the project, including subcontractors (if applicable) and other significant collaborators.

Note: All attachments must clearly identify the authorized program name and grant application number.

**SFY 2012
REQUIRED OBJECTIVES and WORKPLAN**

Sickle Cell Project: _____ Project #: _____

Goal A: To increase visibility of sickle cell projects and services in Ohio through implementation of statewide public and professional education and awareness activities.

Expected Outcomes/Impact/Results: The general public (statewide) will be aware of the services and resources available to them related to sickle cell disease, sickle cell trait and other hemoglobinopathies.

One objective, numbered sequentially, per page. Duplicate form as needed.

(1) S.M.A.R.T. Objectives	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measure	(5) Data Source
<p>A-1 (1) By June 30, 2012, the applicant will implement a minimum of four (4) statewide public awareness messages, utilizing electronic and/or print mediums, to increase visibility of sickle cell projects and related services and resources in Ohio, including two messages related to Sickle Cell Sabbath (<i>see Glossary</i>) and the September 2011 Sickle Cell Month.</p>			<p>A-1 (1) (a) The number of statewide public awareness messages implemented by the applicant utilizing electronic and/or print mediums and including messages related to Sickle Cell Sabbath and the September 2011 Sickle Cell Month.</p> <p>A-1 (1) (b) The audience numbers generated by the public awareness messages implemented during the reporting period.</p>	<p>A-1 (1) (a) Quarterly Performance Reports</p> <p>A-1 (1) (b) Quarterly Performance Reports</p>

**SFY 2012
REQUIRED OBJECTIVES and WORKPLAN**

Sickle Cell Project: _____ Project #: _____

Goal A: To increase visibility of sickle cell projects and services in Ohio through implementation of statewide public and professional education and awareness activities.

Expected Outcomes/Impact/Results: Ohio professionals will be aware of the services and resources available to them related to sickle cell disease, sickle cell trait and other hemoglobinopathies.

One objective, numbered sequentially, per page. Duplicate form as needed.

(1) S.M.A.R.T. Objectives	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measure	(5) Data Source
A-1 (2) By June 30, 2012, the applicant will implement and/or participate in a minimum of ten (10) professional education and/or awareness activities to increase visibility of Ohio sickle cell projects and related services and resources.			A-1 (2) (a) The number of professional education and/or awareness activities that the applicant implements or participates in during the reporting period. A-1 (2) (b) The number of professionals that attend education and/or awareness activities during the reporting period.	A-1 (2) (a) Quarterly Performance Reports A-1 (2) (b) Quarterly Performance Reports

**SFY 2012
REQUIRED OBJECTIVES and WORKPLAN**

Sickle Cell Project: _____ Project #: _____

Goal B: To increase the knowledge and support of Ohio individuals and families at risk or affected by sickle cell disease, sickle cell trait and other hemoglobinopathies.

Expected Outcomes/Impact/Results: Individuals directly impacted by sickle cell disease and other hemoglobinopathies will have increased knowledge about their condition and the educational and supportive resources available to them.

One objective, numbered sequentially, per page. Duplicate form as needed.

(1) S.M.A.R.T. Objectives	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measure	(5) Data Source
B-1 (1) By June 30, 2012, an adult and/or pediatric (stand-alone) Sickle Cell Affected Family Support Group will exist under the umbrella of the Ohio Sickle Cell Affected Families Association (OSCAFA) in each of the six (6) ODH defined multi-county sickle cell service regions of Ohio.			B-1 (1) The number of regional Sickle Cell Affected Family Support Groups that exist under the umbrella of OSCAFA in each of the six (6) ODH multi-county defined sickle cell service regions.	B-1 (1) Quarterly Performance Reports

**SFY 2012
REQUIRED OBJECTIVES and WORKPLAN**

Sickle Cell Project: _____ Project #: _____

Goal B: To increase the knowledge and support of Ohio individuals and families at risk or affected by sickle cell disease, sickle cell trait and other hemoglobinopathies.

Expected Outcomes/Impact/Results: Individuals directly impacted by sickle cell disease and other hemoglobinopathies will have increased knowledge about their condition and the educational and supportive resources available to them.

One objective, numbered sequentially, per page. Duplicate form as needed.

(1) S.M.A.R.T. Objectives	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measure	(5) Data Source
B-1 (2) By June 30, 2012, a minimum of two (2) individuals impacted by sickle cell disease will receive scholarship assistance through the Empowerment Scholarship Fund (ESF) to attend a sickle cell related educational event.			B-1 (2) The number of individuals impacted by sickle cell disease that request and are selected to attend an educational event through the ESF.	B-1 (2) ESF Report Forms and Quarterly Performance Reports

**SFY 2012
REQUIRED OBJECTIVES and WORKPLAN**

Sickle Cell Project: _____ Project #: _____

Goal C: To promote national, statewide and regional collaboration of groups, programs and organizations that provide information, services and linkages to Ohio individuals and families related to sickle cell disease and other hemoglobinopathies.

Expected Outcomes/Impact/Results: Hemoglobinopathy information, services and linkages will be improved and reflect the concerns and priorities of all recipient patients/consumers/families and the groups and/or organizations that serve them.

One objective, numbered sequentially, per page. Duplicate form as needed.

(1) S.M.A.R.T. Objectives	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measure	(5) Data Source
C-1 (1) During SFY 2012, the applicant will provide information and updates on pertinent national sickle cell related activities and opportunities to ODH, the RSCPs, and the OSCAFA Support Groups through membership with the Sickle Cell Disease Association of America, Inc. (SCDAA).			C-1 (1) (a) Applicant agency is an active member of the SCDAA. C-1 (1) (b) Information and updates on pertinent national sickle cell related activities and opportunities are provided quarterly to ODH, the RSCPs and the Ohio Affected Family Support Groups.	C-1 (1) (a) SCDAA membership documented on the Quarterly Performance Report C-1 (1) (b) Quarterly Performance Reports and Quarterly Sickle Cell Project Directors Meetings

**SFY 2012
REQUIRED OBJECTIVES and WORKPLAN**

Sickle Cell Project: _____ Project #: _____

Goal C: To promote national, statewide and regional collaboration of groups, programs and organizations that provide information, services and linkages to Ohio individuals and families related to sickle cell disease and other hemoglobinopathies.

Expected Outcomes/Impact/Results: Hemoglobinopathy information, services and linkages will be improved and reflect the concerns and priorities of all recipient patients/consumers/families and the groups and/or organizations that serve them.

One objective, numbered sequentially, per page. Duplicate form as needed.

(1) S.M.A.R.T. Objectives	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measure	(5) Data Source
C-1 (2) During SFY 2012, the applicant will provide information and updates on sickle cell legislation to ODH, the RSCPs, and the OSCAFA Support Groups.			C-1 (2) Information and updates on sickle cell legislation are provided quarterly to ODH, the RSCPs and the Ohio Affected Family Support Groups.	C-1 (1) Quarterly Performance Reports and Quarterly Sickle Cell Project Directors Meetings

**SFY 2012
REQUIRED OBJECTIVES and WORKPLAN**

Sickle Cell Project: _____ Project #: _____

Goal C: To promote national, statewide and regional collaboration of groups, programs and organizations that provide information, services and linkages to Ohio individuals and families elated to sickle cell disease and other hemoglobinopathies.

Expected Outcomes/Impact/Results: **Hemoglobinopathy information, services and linkages will be improved and reflect the concerns and priorities of all recipient patients/consumers/families and the groups and/or organizations that serve them.**

One objective, numbered sequentially, per page. Duplicate form as needed.

(1) S.M.A.R.T. Objectives	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measure	(5) Data Source
C-1 (3) By the June 30, 2012, the applicant will represent the ODH Sickle Cell Service Program on a minimum of two (2) statewide groups and/or organizations that serve to impact the specific health status or health system concerns of those individuals affected by sickle cell disease and other hemoglobinopathies in two (2) of the following racial/ethnic groups: (1) African American; (2) Hispanic/Latino and (3) Asian/Pacific Islander.			C-1 (3) The number of groups and/or organizations representing two (2) of the following racial/ethnic groups-(1) African American; (2) Hispanic/Latino and (3) Asian/Pacific Islander-that the applicant has active membership on during the reporting period.	C-1 (3) Quarterly Performance Reports

**SFY 2012
REQUIRED OBJECTIVES and WORKPLAN**

Sickle Cell Project: _____ Project #: _____

Goal C: To promote national, statewide and regional collaboration of groups, programs and organizations that provide information, services and linkages to Ohio individuals and families related to sickle cell disease and other hemoglobinopathies.

Expected Outcomes/Impact/Results: Hemoglobinopathy information, services and linkages will be improved and reflect the concerns and priorities of all recipient patients/consumers/families and the groups and/or organizations that serve them.

One objective, numbered sequentially, per page. Duplicate form as needed.

(1) S.M.A.R.T. Objectives	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measure	(5) Data Source
<p>C-1 (4) By June 30, 2012, a minimum of four (4) Statewide Sickle Cell Advisory Committee meetings will be convened with a quorum (<i>see Glossary</i>) of partner and stakeholder members in attendance.</p>			<p>C-1 (4) (a) The number of SCAC meetings convened by the applicant during the reporting period.</p> <p>C-1 (4) (b) The number of partner and stakeholder members in attendance at each SCAC meeting convened during the reporting period.</p>	<p>C-1 (4) (a) Quarterly Performance Reports</p> <p>C-1 (4) (b) Quarterly Performance Reports</p>

**SFY 2012
REQUIRED OBJECTIVES and WORKPLAN**

Sickle Cell Project: _____ Project #: _____

Goal D: To increase the number of ODH grant-funded programs that integrate cultural and linguistic competence elements into their policies, guidelines, contracts and training.

Expected Outcomes/Impact/Results: Individuals/families at risk or affected by sickle cell disease and other hemoglobinopathies will receive culturally and linguistically appropriate services from the ODH grant-funded Sickle Cell Services Program.

One objective, numbered sequentially, per page. Duplicate form as needed.

(1) S.M.A.R.T. Objectives	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measure	(5) Data Source
D-1 (1) During the SFY 2012 - SFY 2015 program period, the applicant will integrate Standards 4, 5, 6 and 7 of the National Standards for Culturally and Linguistically Appropriate Service (CLAS) into their policies, guidelines, contracts and training. This document is available at http://www.omhrc.gov/CLAS .			D-1 (1) The degree to which ODH grant-funded programs has integrated cultural and linguistic competence elements (CLAS Standards 4, 5, 6, and 7) into their policies guidelines, contracts and training.	D-1 (1) Project Self Evaluation and Monitoring Site Visits.

**SFY 2012
REQUIRED OBJECTIVES and WORKPLAN**

Sickle Cell Project: _____ Project #: _____

Goal d: To increase the number of ODH grant-funded programs that have integrated cultural and linguistic competence elements into their policies, guidelines, contracts and training.

Expected Outcomes/Impact/Results: Individuals/families at risk or affected by sickle cell disease and other hemoglobinopathies will receive culturally and linguistically appropriate services from the ODH grant-funded Sickle Cell Services Program.

One objective, numbered sequentially, per page. Duplicate form as needed.

(1) S.M.A.R.T. Objectives	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measure	(5) Data Source
<p>D-1 (2) By September 30, 2011, all current and new* applicant staff (with patient/consumer/family contact) will complete the Health Resources and Services Administration (HRSA) online course related to improving patient/consumer centered communication skills and practices. The course can be accessed at: http://www.hrsa.gov/publichealth/healthliteracy/index.html.</p> <p><i>*New staff must complete within 90 days of hire.</i></p>			<p>D-1 (2) The number of current and new applicant staff that complete the HRSA on-line course.</p>	<p>D-1 (2) Certificate of course completion submitted with Quarter Performance Report (October 15, 2011) for current applicant staff.</p> <p>Certificate of course completion submitted with Quarterly Performance Report (<i>within 90 days of hire</i>) for new applicant staff.</p>

**SFY 2012
REQUIRED OBJECTIVES and WORKPLAN**

Sickle Cell Project: _____ Project #: _____

Goal D: To increase the number of ODH grant-funded programs that integrate cultural and linguistic competence elements into their policies, guidelines, contracts and training.

Expected Outcomes/Impact/Results: Individuals/families at risk or affected by sickle cell disease and other hemoglobinopathies will receive culturally and linguistically appropriate services from the ODH grant-funded Sickle Cell Services Program.

One objective, numbered sequentially, per page. Duplicate form as needed.

(1) S.M.A.R.T. Objectives	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measure	(5) Data Source
<p>D-1 (3) By June 30, 2012, all current and new applicant staff (with patient/consumer/family contact) will attend a minimum of two (2) professional development and/or in-service training related <u>specifically</u> to the delivery of culturally and linguistically appropriate services.</p> <p><i>Note: A literature search and study (approved in advance by ODH) on the topic of culturally competent provision of services may be substituted as one of the two requirements listed above if SFY 2012 budgeted funds are limited.</i></p>			<p>D-1 (3) (a) The number of professional development and/or in-service training(s) attended by current and new applicant staff related <u>specifically</u> to the delivery of culturally and linguistically appropriate services.</p> <p>D-1(3) (b) The number of applicant staff that attend professional development and/or in-service training(s) related <u>specifically</u> to the delivery of culturally and linguistically appropriate services.</p>	<p>D-1 (3) (a) The number of professional development and/or in-service training(s) documented on Quarterly Performance Reports</p> <p>D-1 (3) (b) Staff attendance documented on Quarterly Performance Reports</p>

OPTIONAL SMART OBJECTIVES

Sickle Cell Project: _____ Project #: _____

Goal: List the Goal for this optional objective (*Goal A, Goal B, Goal C*)

Expected Impact/Outcome/Result: List the Expected Impact/Outcome/Result for this optional objective

One objective, numbered sequentially, per page. Duplicate form as needed.

(1) S.M.A.R.T. Objectives	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measure	(5) Data Source
<p>The directions for writing S.M.A.R.T. objectives are provided in the RFP guidance under Objectives and Work Plan..</p>	<p>List the specific activities that will be implemented to accomplish the objective listed in column (1). For each activity listed, the PRIMARY staff person/position responsible for implementation of the activity (Responsible Party) must be delineated. Work Plan activities should be numbered sequentially to match the Timeline (Start/Finish) dates in column (3).</p>	<p>Indicate the start/finish date for each activity listed in column (2). Unless the anticipated timeline start/finish date for a specific activity is the entire grant period, timeline dates should be based on actual completion dates. Timeline (Start/Finish) dates should be numbered sequentially to match the Work Plan activities listed in column (2).</p>	<p>Describe how progress toward accomplishing the objectives in column (1) will be measured or evaluated.</p>	<p>Insert data sources</p>

LETTERS OF SUPPORT

Include:

The applicant must provide a letter of support from a minimum of five (5) partner groups and/or organizations (as cited in the RFP) that document the working relationship and/or the community, agency, institutional support necessary to implement the project effectively. Letters of support must specific to the applicant agency and must be signed, dated and on official letterhead, if applicable. One letter must be submitted from at least three (3) of the entities listed below (*check entity below and upload all documents via GMIS 2.0*):

- Adult Sickle Cell Center/Program
- State/Local Health Access Group/Organization
- State/Local Advocacy Group/Organization
- State/Local Family Information and Resource Group/Organization
- State/Local Health Disparities Group/Organization (serving unserved, underserved and/or emerging populations)
- National Sickle Cell Disease Group/Organization

Note: All attachments must clearly identify the authorized program name and grant application number.

LETTER OF DOCUMENTATION

Include:

The applicant must identify and provide a letter of documentation from the Medical Advisor that will be responsible for providing guidance and leadership to the applicant agency regarding sickle cell disease, sickle cell trait and other hemoglobinopathies. The letter of documentation must be signed, dated and document the role, responsibility and relationship of the Medical Advisor and the applicant agency (*submit letter of documentation as an upload in GMIS 2.0*).

Note: All attachments must clearly identify the authorized program name and grant application number.

Attachment B
Ohio Department of Health Sub-Awardee
Reporting Form for State Funded Grants

Submission Date ____/____/____

Sub-Awardee Data

1	DUNS #	
2	DUNS # plus 4	
3	Agency Name	
4	Has your Agency registered with CCR?	
5	CCR Expiration Date	

APPLICATION CHECKLIST

Program Name: _____

Grant Application Number: _____

NOTE TO APPLICANT: The following checklist must be completed and uploaded as an attachment* with your application via GMIS 2.0. **Refer to applicable sections of the RFP for specific details regarding submission requirements.**

Part A: This part is provided to assure that the following components of the RFP have been completed and submitted via GMIS 2.0.

	Included
1. Application Information	<input type="checkbox"/>
2. Project Narrative (<i>Components 1-5</i>)	<input type="checkbox"/>
<i>Component #1-Project Abstract</i>	<input type="checkbox"/>
<i>Component #2-Description of Applicant Agency/Documentation of Eligibility/Personnel</i>	<input type="checkbox"/>
<i>Component #3-Problem/Need</i>	<input type="checkbox"/>
<i>Component #4-Objectives and Work Plan</i>	<input type="checkbox"/>
<i>Component #5 Additional Requirements</i>	<input type="checkbox"/>
3. Project Contacts	<input type="checkbox"/>
4. Budget (All applicable sections)	<input type="checkbox"/>
5. Civil Rights Review Questionnaire (EEO Survey)	<input type="checkbox"/>
6. Assurances Certification	<input type="checkbox"/>
7. Attachments as required by Program (<i>Attachment #1 – Attachment #10</i>)	<input type="checkbox"/>
<i>Attachment #1-Public Health Impact Statement of Support from Local Health Districts</i>	<input type="checkbox"/>
<i>Attachment #2-Curricula Vitae/Resumes</i>	<input type="checkbox"/>
<i>Attachment #3-Position Descriptions</i>	<input type="checkbox"/>
<i>Attachment #4-Project Organizational Chart</i>	<input type="checkbox"/>
<i>Attachment #5-Required S.M.A.R.T. Objectives and Work Plan</i>	<input type="checkbox"/>
<i>Attachment #6-Optional S.M.A.R.T. Objectives and Work Plan</i>	<input type="checkbox"/>
<i>Attachment #7-Letters of Support</i>	<input type="checkbox"/>
<i>Attachment #8-Letter of Documentation</i>	<input type="checkbox"/>
<i>Attachment #9-ODH Sub-Awardee-FFATA Reporting Form</i>	<input type="checkbox"/>
<i>Attachment #10-Application Checklist</i>	<input type="checkbox"/>

Part B: This part is provided to assure that an **original and one copy** of the following forms, available on GMIS 2.0, have been printed, completed (*dated and signed in blue ink with original signatures by the Agency Head or Agency Financial Head*) and mailed to the **Ohio Department of Health, Grants Administration, Central Master Files - 4th Floor, 246 North High Street, Columbus, Ohio 43215.**

1. Electronic Funds Transfer (EFT) Form	<input type="checkbox"/>
2. Internal Revenue Form (IRS) W-9 Form and Vendor Forms	<input type="checkbox"/>

Part C: This part is provided to assure that **two copies** of the following documents (if required) have been copied and mailed to the ODH address listed above.

1. Public Health Impact Statement	<input type="checkbox"/>
2. Statement of Support from the Local Health Districts	<input type="checkbox"/>
3. Statement of Intent to Pursue Health Equity Strategies	<input type="checkbox"/>

APPLICATION CHECKLIST

- 4. Liability Coverage
 - 5. Evidence of Non-Profit Status
-

Part D.: This part is provided to assure that **one copy** of the following documents (if required) have been completed, copied and mailed to the ODH address listed above.

- 1. Current Independent Audit
 - 2. DMA Questionnaire
 - 3. Program Attachments (Non-internet compatible): **None**
-

***All attachments must clearly identify the authorized program name and grant application number.**

APPENDICES

**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)

Required

Please Check One: _____ Yes – I ALREADY have access to the ODH Gateway (SPES, ODRS, LHIS, etc.)

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

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

Mail, E-mail or Fax To:

GAIL BYERS
Grants Administration Unit
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215
E-mail: gail.byers@odh.ohio.gov
Fax: **614-752-9783**

GMIS 2.0 TRAINING FORM *MUST* BE RECEIVED BY APRIL 15, 2011

APPLICATION SUMMARY REVIEW FORM

Applicant Agency _____

Reviewer _____ **Date of Review** _____

Funding Amount requested by Applicant\$ _____

SCORING

<u>Section</u>	<u>Maximum Score</u>	<u>Reviewer Score</u>
Public Health Impact Statement Summary	15	_____
Health Equity Statement	15	_____
Budget/Budget Justification	30	_____
Project Abstract	5	_____
Description of Applicant Agency/ Documentation of Eligibility/Personnel	10	_____
Problem/Need	20	_____
Objectives and Work Plan	25	_____
Additional Narrative Requirements	20	_____
Other Programmatic Attachments	10	_____
MAXIMUM SCORE	150	SCORE _____

RECOMMENDATIONS/CONDITIONS

(Select One)

- Approval (with funding) of proposal as submitted (no conditions)
- Approval (with funding) of proposal with conditions
- Disapproval of proposal with reasons

Reviewer's Signature _____

**EMPOWERMENT SCHOLARSHIP FUND
GUIDELINES**

Purpose: The Empowerment Scholarship Fund allows the Statewide Family Support Initiative applicant, as an agent of the ODH, to invest resources in individuals with sickle cell disease and their families to enable them to attend and participate in educational events.

These guidelines clarify ODH and traveler responsibility in requesting **scholarship assistance from the Empowerment Scholarship Fund**.

1. An individual is eligible to receive **scholarship assistance** to attend an educational event through funds provided by to the Statewide Family Support Initiative applicant by the Ohio Department of Health, Sickle Cell Services Program.
2. To be eligible for scholarship assistance, the following criteria must apply:
 - a. Applicant(s) **MUST** reside in Ohio;
 - b. Applicant(s) **MUST** be an individual affected by sickle cell disease (18 years of age or older)

Note: Parents/legal guardians/caregivers/spouses of individuals with sickle cell disease are eligible for scholarship assistance.
 - c. Applicant(s) **MUST** be a member of an Adult/Pediatric Affected Family Support Group or a patient/consumer with a Regional Sickle Cell Project.
 - d. No more than two (2) members of the same family will be eligible to receive assistance;
3. Children (under 18 years of age) are not eligible (for assistance) unless the educational event is designated for families. Materials **MUST** clearly document that children are a part of the agenda and program;
4. Individuals can apply to receive scholarship assistance for one educational event per current fiscal year (June-July).
5. Individuals may **NOT** be approved for scholarship assistance in consecutive fiscal years.
6. Only educational events on topics related to sickle cell and related hemoglobin disorders will be considered for financial assistance.
7. The Statewide Family Support Initiative agency reserves the right to deny any request for assistance, revise policies or restrict funding when necessity dictates. All decisions related to approval or disapproval of requests will be final.
8. Those requesting support from the Empowerment Scholarship Fund will be asked if they can contribute some money to pay the costs or obtain some monetary support from other sources, such as other people, organizations or companies.
9. Participants will normally be expected to pay the cost of their own meals (please see last paragraph).
10. All approvals will be contingent upon the availability of grant funds from the ODH.
11. Approved expenses will be reimbursed at the current State of Ohio reimbursement rates.

APPENDIX C

Page 2

12. Each person who receives support to attend a educational event will be required to submit to the Statewide Family Support Initiative agency within the **specified time frame**:
 - 1) A Travel Expense Report Form with original receipts for any expenses to be reimbursed;
 - 2) A copy of the event agenda; and
 - 3) An Outcome Form summarizing the event, in writing or in an alternative format.

13. Requests will be handled on a first, come, first serve basis. Requests may be submitted a minimum of sixty (60) prior to the educational event (see last paragraph). Include with the request:
 - 1) A completed Empowerment Scholarship Fund application form;
 - 2) A copy of the Purpose Statement and Agreement form;
 - 3) A copy of the event agenda; and
 - 4) A copy of the completed registration form.

14. Individuals will be notified by the Statewide Family Support Initiative agency of their acceptance in writing or by phone.

15. Requests for educational events in Alaska, Hawaii, cruise ships or out of the country are prohibited.

16. Individuals must make their own arrangements/reservations related to transportation, lodging, registration and so forth.

17. A copy of all Empowerment Scholarship Fund application forms **approved** for the budget period must be submitted to the ODH Program Coordinator **within the specified time frame** after the end of the budget period.

Waiver Clause – These rules shall be interpreted in a flexible manner to accomplish the purpose of this fund. To that end, the Statewide Family Support Initiative agency and/or ODH reserves the right to consider each application on a case-by-case basis and make exceptions to these guidelines if extenuating circumstances arise. This includes the authority to question and disallow travel expenses not properly approved or supported by the appropriate documentation.

INSTRUCTIONS FOR COMPLETING THE *LINE-ITEM BUDGET*:

The definitions listed below will help you decide what expenditures should be included in the budget and what level of detail is required for the budget narrative.

INSTRUCTIONS FOR COMPLETING THE *BUDGET NARRATIVE JUSTIFICATION*:

A detailed justification of project expenditures must accompany each grant application submitted in GMIS 2.0. the budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's objectives/goals.

DEFINITIONS FOR INFORMATION REQUESTED ON *LINE-ITEM BUDGET*:

A. PERSONNEL:

Full or part-time subgrantee agency employee who occupy approved positions to perform program objectives, including employees who are not paid from program funds.

Personnel Costs: Personnel costs should be explained by listing each staff member who will be allocated to the project, name (if possible), position title, percentage of full-time equivalency and annual salary. Include also under this category the position of Medical Director or Medical Advisor. Independent contractors/consultants should be listed under the Contract category.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, unemployment insurance, life insurance, retirement plans, workman's compensation and pension plans. The fringe benefits should be directly proportional to that portion of personnel costs allocated for the project.

B. OTHER DIRECT COSTS:

Costs that can be specifically identified with a particular cost objective or program, charged directly as part of the cost of the program

Accounting/Fiscal Human Resources/Secretarial Pool: *Costs related to this line item should be listed for consideration under the category of Personnel or Contract.*

Advertising: Costs associated with purchasing space in the advertising media. Advertising media include magazine, newspapers, radio and television, direct mail, exhibits, billboards/signs, electronic or computer transmittals and the like. This includes advertising for the recruitment of required personnel or the procurement of goods or services necessary for the performance of the grant/award. Specify medium of advertisement and provide unit cost.

Audit Fees: The fair share cost of the single audit is an allowable cost provided that the audit is conducted in accordance with the requirements of OBM Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations".

Client Incentives: *This is an Unallowable Other Direct Cost for the ODH Sickle Cell Services Program Initiatives.*

Client Stipend (For Statewide Family Support Initiative subgrantee ONLY): Includes direct costs for items such as stipends or subsistence allowances, travel allowances and registration fees paid to or on behalf of participants (clients/consumers) in connection with the Empowerment Scholarship Fund. **Note:** *Client Stipend costs must be detailed in the Budget Justification Narrative and approved by the awarding program of ODH.*

Client Transportation: Charges for reimbursing a patient/consumer for travel expenses (at OBM state rates) incurred in arriving at or departing from the subgrantee agency or designated location. Reimbursement for patient/consumer transportation must be related to participation in a grant/award activity (e.g. travel mileage reimbursement to clients/consumers who serve in an advisory capacity and are active on a RSCP Sickle Cell Advisory Committee or Statewide Sickle Cell Advisory Committee).

Community Forums: Include expenditures for Community Forums under the line-item for Meeting Expense.

Copier Maintenance: Include expenditures for Copier Maintenance under the line-item for Maintenance.

Equipment Maintenance: Include expenditures for Equipment Maintenance under the line-item for Maintenance.

Evaluations: Costs associated with the process of collecting, managing and analyzing information/data to monitor, evaluate and improve the quality of RSCP services/programs. Includes also the costs incurred for the purchase of enhanced survey products and services from companies such as Survey Monkey.

Fiscal Management Services: *Costs related to this line item should be listed for consideration under the category of Personnel or Contract.*

H1N1 (For PH10 PHEP Subgrants ONLY): *This is an Unallowable Other Direct Cost for the ODH Sickle Cell Services Program Initiatives.*

Interpreter: *Costs related to this line item should be listed for consideration under the category for Contract.*

Lab Fees: Include expenditures for Lab Fees under the line item for Testing.

Leadership Conference: Include expenditures for Leadership Conference under the line-item for Meeting Expense.

Liability Insurance: Includes costs for insurance which the organization is required to carry and maintain under the terms of the grant/award. Liability coverage is an ODH requirement of all non-profit agencies/organizations.

MAECS User Fee: *This is an Unallowable Other Direct Cost for the ODH Sickle Cell Services Program Initiatives.*

Maintenance: Includes itemized costs incurred for necessary maintenance, repair or upkeep of items (e.g. copier, equipment) purchased by the subgrantee with ODH funds and used for the performance of the grant/award. Cost of maintenance agreements should also be included under this category.

Media Relations: Costs related to community relations and those activities dedicated to maintaining the image of the agency/organization or maintaining or promoting understanding and favorable relations with the community or public at large or any segment of the public.

Meeting Expense: Includes itemized costs of meetings (including events such as conferences, workshops, town halls, and symposia, community forums, advisory councils/committees, etc), when the primary purpose is the dissemination of information related to particular topic or conducting business necessary to the performance of the grant/award. This includes costs of meals, refreshments, rental of facilities, speakers' fees and other items incidental to the meeting. Identify the meeting purpose in the Budget Narrative Justification. **Note:** *Expenses for "food/meals/refreshments will be carefully scrutinized by the awarding Program of ODH. These expenditures must be clearly identified and justified in the Budget Narrative Justification.*

Newsletter: Include expenditures for Newsletter under the line-item for Publications.

Pedometers: *This is an Unallowable Other Direct Cost for the ODH Sickle Cell Services Program Initiatives.*

Pharmaceuticals: *This is an Unallowable Other Direct Cost for the ODH Sickle Cell Services Program Initiatives.*

Phone Service: Includes itemized costs associated with local and long distance telephone calls and internet service providers. Costs associated with installing/connecting new communication equipment such as telephones and faxes should be included on this line-item. Phone service and internet usage at multiple locations (e.g. main location, satellite and/or outreach site, if applicable) should be separated under this classification.

Postage: Includes itemized costs associated with postage and mailing of correspondence and/or parcel items through carriers such as the United State Post Office (USPS), the United Parcel Service (UPS), FedEx and/or DHL.

Printing: Costs incurred for printing, audiovisual/media/graphic and photocopying services. Select from the classification which best describes the expenditure.

- (1) **Audiovisual/Media and Graphics Services:** Costs associated with services provide to accommodate audiovisual/media and graphics needs.
- (2) **Photocopy:** Includes costs associated with internal photocopies made by subgrantee on department/organization photocopiers. **Note:** *Internal photocopying which is not documented with an invoice or departmental receipt should not be charged to the grant/award.*
- (3) **Printing/Lithography:** Includes costs incurred for typesetting, copying or printing written materials and lithography completed by internal/external vendors. This includes but is not limited to itemized costs for pamphlets, brochures, flyers. **Note:** *Grant funds and/or applicant share resources must be allocated to purchase educational materials (culturally and linguistically sensitive) to be distributed to targeted regional audiences. Refer to Section (II) (B) of the RFP for Budget information related to cost allocations.*
- (4) **Other:** All other charges for printing/audiovisual uses that do not fall under the above line-item classifications.

Professional/Organization Dues (*For Statewide Family Support Initiative subgrantee ONLY*): Charges for the cost of membership fees payable to the Sickle Cell Disease Association of America, Inc. (SCDAA). **Note:** *Refer to Section (I) (Y) of the RFP for Unallowable Costs related to membership fees.*

Promotional Items: Includes costs for articles of merchandise (promotional merchandise, promotional items, promotional products, promotional gifts or advertising gifts) that are branded with a logo/name and used in marketing, communication and/or educational programs. Promotional items are given away to promote a company, corporate image, brand or event (e.g. Sickle Cell Sabbath ribbons, “give-away” book for School Nurse Conferences, etc).

Publications: Costs associated with the purchase and/or distribution of published works or products. This includes, but is not limited to books, newsletters, bulletins, fact sheets, reports, summaries, videotapes, DVDs and other educational materials (consumer/public/professional). **Note:** *Grant funds and/or applicant share resources must be allocated to purchase educational materials (culturally and linguistically sensitive) to be distributed to targeted regional audiences. Refer to Section (II) (B) of the RFP for Budget information related to cost allocations.*

Appendix D

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Rent: Includes line items for space costs incurred by the project. Identify square footage and costs. **Note:** *Refer to Section (I) (Y) of the RFP for Unallowable Costs related rental of equipment or space owned by the funded agency.*

Signs: Include expenditures for Signs under the line-item for Advertising.

Software License: Charges for the purchase or use of operating and/or application software necessary for the performance of the grant/award.

Subscriptions: *This is an Unallowable Other Direct Cost for the ODH Sickle Cell Services Program Initiatives.*

Supplies-Medical (*For Direct Service Initiative subgrantees ONLY*): Charges for the purchase of items (with a unit cost of less than \$300) intended for use in the medical diagnosis, cure, treatment or prevention of disease. For the ODH Sickle Cell Program-Direct Service Initiative subgrantees, the purchase of thermometers (for parents of newly diagnosed infants) is the ONLY allowable Other Direct Cost under this line-item. **Note:** *Medical supplies specifically related to outreach testing (e.g. lancets, latex gloves) should be listed under the line-item for Testing Materials.*

Supplies-Office: Charges of the purchase of consumable office supplies and materials (with a unit cost of less than \$300) actually used for the performance of the grant/award may only be charged as direct costs. This includes, but is not limited to such items as copy/computer/fax paper, stapler/staples, paper clips, manila folders, forms used for office use, pens, pencils or scissors. This also includes the cost of toner and copier cartridges. Cost of office stationary and envelopes should be included under this category.

Survey: Include expenditures for Survey under the line-item for Evaluations.

Swipers User Fee: *This is an Unallowable Other Direct Cost for the ODH Sickle Cell Services Program Initiatives.*

Testing: Costs associated with testing and laboratory fees charges for hemoglobinopathy testing by a CLIA (Clinical Laboratory Improvement Amendments) certified laboratory. Costs related to materials used for testing should be included under the line item for Testing Materials. **Note:** *This is an allowable cost ONLY for subgrantees performing free outreach testing services (hospital or community-based facilities) and for community-based facilities with phlebotomy services (on-site and/or off-site).*

Testing Materials: Costs for the purchase of materials required to perform testing as necessary for the performance of grant objectives/activities. Testing materials include, but are not limited to such items as: lancet, vacutainer specimen tube, thermal transport container, latex gloves, alcohol swipes and gauze. **Note:** *Itemize materials by unit cost and the approximate number of individuals to be tested (historical usage, if applicable).*

Training: Costs of preparation and/or maintenance of a program of instruction including, but not limited to on-the-job, classroom and apprenticeship training, designed to increase the vocational effectiveness of the personnel on the grant/award. This category also includes training materials, textbooks, and tuition and fees when the training is off-site (e.g. Hemoglobinopathy Counselor Training Program). Identify purpose and attendees in the Budget Narrative Justification. **Note:** *Refer to Section (I) (Y) of the RFP for Unallowable Costs related to training.*

Travel: Travel costs are the expenses for transportation, lodging, subsistence and related items incurred by personnel (listed on the GMIS 2.0 Personnel tab) who are in travel status on official business of the subgrantee agency. Priority is given travel that most directly benefits the program goals/objectives. Travel costs should be itemized under separate line item classifications for in-state and out-of-state travel.

- (1) **In-State Travel:** Includes travel that occurs in the 88 counties of Ohio. Budget must specify destination, mileage, number of trip(s), reason/purpose for trip(s), number and name of traveler(s) and cost per trip as appropriate, along with justifications. For in-state travel, costs are allowable for subgrantee employees listed as grant funded and non-grant funded on the Personnel tab in GMIS 2.0.
- (2) **Out-of-State Travel:** Includes travel outside of Ohio, excluding travel outside of the Continental United States (CONUS). Out-of-state travel must be approved in advance by ODH and include information on the destination and total travel accommodations (e.g. transportation, lodging, meals, per diem) for each traveler. For out-of- state travel, costs are allowable ONLY for subgrantee employees listed as grant funded on the Personnel tab in GMIS 2.0. Normally only one subgrantee employee will be authorized to travel out-of-state with program funds unless extensive justification is presented in the budget request.

Note:

- *All costs related to in-state and out-of-state travel must be in accordance with OBM Travel Rule.*
- *Registration costs/fees for subgrantee employees who are on travel status should be expensed under this line item.*
- *Grant funds and/or applicant share funds must be allocated to support travel and per diem expenses (if applicable) for attendance at all in-state meetings/educational venues as requested/required by ODH. Refer to Section (II) (B) of the RFP for Budget information related to cost allocations.*
- *Refer to Section (I) (Y) of the RFP for Unallowable Costs related to travel and meals over the current state rates and out-of-state travel.*

Utilities: Costs incurred for water, heating, cooling and production of sources of power charged to the subgrantee.

Website: Costs associated with the internal development and maintenance of a website or webpage by the subgrantee agency. **Note:** *List the services of a consultant or contractors (e.g. web site/webpage development and/or maintenance) under the category for Contracts.*

C. CONTRACTS:

Contract personnel are individuals hired to work on the project but who are not regular, salaried or hourly employees of the subgrantee agency. Subgrantee must provide a clear explanation as to the purpose of each contract, how the costs were derived and the specific contract deliverables. The contract line item requires supporting documentation in the form of a CCA submitted via the GMIS 2.0 system. **Note:** *Refer to Section (I) (Y) of the RFP for Unallowable Costs related to contracts for compensation with advisory board members and consulting fees for salaried program personnel to perform activities related to grant objectives.*

D. EQUIPMENT:

List equipment costs for any item of tangible property 1) having a useful life of one year or more; 2) costing \$300 (unit value cost) or more and 3) which is purchased in whole or part with program funds. Justification must be provided for the need of the equipment to carry out the program's goals/objectives.

GLOSSARY OF TERMS

Allocability: defined as the extent to which something is able to be allocated.

At risk: includes individuals of African ancestry and also individuals with heritage from Spanish-speaking regions in the Western Hemisphere (South America, Cuba and Central America), Saudi, Arabia, India and Mediterranean countries such as Turkey, Greece and Italy.

Awareness: an awareness activity is considered an instructional format designed to increase the learner's general understanding (either by perception or by means of information) of a particular subject or service. (Source: Education Event Data Dictionary)

Emerging Population: defined as individuals that are affected by sickle cell disease or sickle cell trait in the project's geographic catchment area that are not receiving adequate care due to the lack of information or outreach to these individuals and families. Emerging populations can include racial and ethnic communities not previously viewed as having significant rates of sickle cell disease or sickle cell trait, persons affected by sickle cell disease or trait that do not speak English or who speak sign language and individuals who are illiterate or have low literacy in any language. (Source: HRSA: Sickle Cell Disease Newborn Screening Request for Proposal, 2010)

Family Member: includes parents/legal guardians, siblings and other extended family relationships (e.g. aunts, cousins).

Follow-up Services: services provided by the RSCP or non-RSCP provider that includes, but are not limited to confirmatory testing, hemoglobinopathy counseling, disease education, resource referrals and/or applicable treatment management.

Hemoglobinopathies: a group of disorders passed down (inherited) through families in which there is abnormal production or structure of the hemoglobin molecule. These disorders include hemoglobin C disease, hemoglobin SC disease, hemoglobin SS disease (sickle cell anemia) and various types of thalassemia (Source: HRSA: Sickle Cell Disease Newborn Screening Request for Proposal, 2010)

Hemoglobinopathy Counseling: refers to the entire process of interpreting/communicating accurate test results to individuals screened by a competent laboratory. This counseling process involves genetic, medical and psychosocial counseling.

Patient/Consumer: individuals, including family members, guardians or companions that seek physical, mental or other health-related services.

Quorum: the gathering of the minimal number of members of an organization to conduct business.

Reporting Period: the reporting period for SFY 2012 RFP begins July 1, 2011 and ends June 30, 2012.

Sickle Cell Sabbath: an interfaith outreach campaign designed to educate and increase awareness within the faith community about sickle cell disease and the need for minority blood donors. A statewide initiative, Sickle Cell Sabbath is a coordinated, cooperative effort between the ODH, state-funded RSCPs, Regional Blood Programs in Ohio (participation may vary) and various statewide and/or local faith-based groups or organizations.

SFY 2012 - APPENDIX F

REQUEST FOR PROPOSAL ACRONYMS

BCMh: Bureau for Children with Medical Handicaps

CAP: Corrective Action Plan

CCA: Confirmation of Contractual Agreement

CCR: Central Contractor Registration Number

CFDA: Catalog of Federal Domestic Assistance

CFR: Code of Federal Regulations

CLIA: clinical Laboratory Improvement Amendments

CLAS: Culturally and Linguistically Appropriate Services

CONUS: Continental United States

DFCHS: Division of Family and Community Health Services

DHL: Dalsey, Hillblom and Lynn (founders of DHL Worldwide Express)

DMA: Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization

DUNS: Data Universal Number System

EFT: Electronic Funds Transfer

ESF: Empowerment Scholarship Fund

EST: Eastern Standard Time

FFATA: Federal Accountability and Transparency Act

GAPP: Grants Administration Policy and Procedure

GMIS: Grants Management Information System

HRSA: Health Resources and Services Administration

IRS: Internal Revenue Service

LTF: Lost to Follow-up

NOA: Notice of Award

OBM: Office of Budget and Management

ODH: Ohio Department of Health

OMB: Office of Management and Budget

OSCAFA: Ohio Sickle Cell Affected Families Association

PDF: Portable Document Format (Adobe Acrobat)

RFP: Request for Proposal

RSCP: Regional Sickle Cell Project

SCAC: Sickle Cell Advisory Committee

SCDAA: Sickle Cell Disease Association of America, Inc.

SFY: State Fiscal Year

S.M.A.R.T.: Specific, Measurable, Achievable, Results-Oriented and Time-Based

UPS: United Parcel Service

USPS: United States Post Office

**OHIO DEPARTMENT OF HEALTH
DIVISION OF FAMILY AND COMMUNITY HEALTH SERVICES
BUREAU FOR CHILDREN WITH MEDICAL HANDICAPS**

SFY 2012 Anticipated Timetable

May 09, 2011	Deadline for GMIS 2.0 Submission of Grant Applications and Materials Not Electronically Filed
July 1, 2011	SFY 2012 Project Funding Period Begins
October 15, 2011	SFY 2012 Quarterly Expenditure Report due via GMIS 2.0 SFY 2012 Quarterly Program Performance Report due via GMIS 2.0
	1 st Quarter Education Event Reporting to Program (July-September 2011)
January 15, 2012	SFY 2012 Quarterly Expenditure Report due via GMIS 2.0 SFY 2012 Quarterly Program Performance Report due via GMIS 2.0
	2 nd Quarter Education Event Reporting to Program (October-December 2011)
April 15, 2012	SFY 2012 Quarterly Expenditure Report due via GMIS 2.0 SFY 2012 Quarterly Program Performance Report due via GMIS 2.0
	3 rd Quarter Education Event Reporting to Program (January-March 2012)
July 15, 2012	SFY 2012 Quarterly Expenditure Report due via GMIS 2.0 SFY 2012 Quarterly Program Performance Report due via GMIS 2.0
	4 th Quarter Education Event Reporting to Program (April-June 2012)
August 15, 2012	SFY 2012 Final Expense Report due via GMIS 2.0

SAVE FOR FUTURE REFERENCE