

MEMORANDUM

Date: February 20, 2014

To: Prospective Save Our Sight Children's Vision Screener Training Program Applicants

From: Karen Hughes, MPH, Chief *KAREN F. HUGHES (RHS)*
Division of Family and Community Health Services
Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Year 2015
July 1, 2014 – June 30, 2017 Program Period

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Child and Family Health Services, Save Our Sight Program announces the availability of grant funds. Funds will be available to ensure that children in Ohio have good vision and healthy eyes by implementing voluntary children's vision screener training and certification programs. Applicants for the Save Our Sight Children's Vision Screener Training Program may apply to provide vision screener training and certification programs.

To obtain a grant application packet:

1. Go to the ODH website at <http://www.odh.ohio.gov/>
2. From the home page, click on "Funding Opportunities";
3. From the next page, click on "ODH Grants";
4. Next click "Grant Request for Proposals", this will give you a pull down menu with current RFPs by name; and
5. Select and highlight the ODH Save Our Sight Children's Vision Screener Training Program RFP and click "Submit". This process invokes Adobe Acrobat and displays the entire RFP. You can either read and/or print the document as desired.

Please note that all interested parties must submit a Notice of Intent to Apply for Funding (Appendix D) no later than Thursday, February 27, 2014, to be eligible for these funds.

All potential applicants are encouraged to participate in a Bidders' Conference that will be held via conference call Thursday, March 13, 2014 from 9:00 – 10:00 a.m. The conference telephone number is 1-800-510-7500 and the access code is 9583028#. The Bidders' Conference will provide an opportunity for interested parties to learn more about the RFP and to ask clarifying questions. Please contact Allyson Van Horn to register (see contact information below).

All applications and attachments are due Monday, April 7, 2014. Electronic applications received after Monday, April 7, 2014 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using GMIS 2.0. All organizations are required to attend GMIS 2.0 training, complete and return the GMIS 2.0 training form by Thursday, February 27, 2014. Training will be provided on Tuesday, March 11, 2014, at the Ohio Department of Health.

If you have questions regarding this application, please contact Allyson Van Horn at (614) 728-6785 or e-mail at Allyson.VanHorn@odh.ohio.gov.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF

Family and Community Health Services

BUREAU OF

Child and Family Health Services

Save Our Sight Children's Vision Screener Training Program

REQUEST FOR PROPOSALS (RFP)

FOR

FISCAL YEAR 2015

(07/01/14 – 06/30/15)

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

Table of Contents

| | |
|---|----|
| I. <u>APPLICATION SUMMARY and GUIDANCE</u> | |
| A. Policy and Procedure | 1 |
| B. Application Name | 1 |
| C. Purpose..... | 1 |
| D. Qualified Applicants | 1 |
| E. Service Area..... | 1 |
| F. Number of Grants and Funds Available | 1 |
| G. Due Date | 2 |
| H. Authorization | 2 |
| I. Goals | 2 |
| J. Program Period and Budget Period..... | 2 |
| K. Public Health Accreditation Board Standards | 2 |
| L. Public Health Impact Statement..... | 3 |
| M. Incorporation of Strategies to Eliminate Health Inequities..... | 3 |
| N. Appropriation Contingency | 4 |
| O. Programmatic, Technical Assistance and Authorization for Internet Submission ... | 5 |
| P. Acknowledgment | 5 |
| Q. Late Applications | 5 |
| R. Successful Applicants | 5 |
| S. Unsuccessful Applicants | 5 |
| T. Review Criteria | 5 |
| U. Freedom of Information Act..... | 6 |
| V. Ownership Copyright..... | 6 |
| W. Reporting Requirements | 7 |
| X. Special Condition(s)..... | 8 |
| Y. Unallowable Costs | 8 |
| Z. Client Incentives/Enablers | 9 |
| AA. Audit | 9 |
| AB. Submission of Application..... | 10 |
| II. <u>APPLICATION REQUIREMENTS AND FORMAT</u> | |
| A. Application Information..... | 12 |
| B. Budget..... | 12 |
| C. Assurances Certification | 13 |
| D. Project Narrative | 13 |
| E. Civil Rights Review Questionnaire – EEO Survey | 15 |
| F. Federal Funding Accountability and Transparency Act (FFATA) Requirement ... | 15 |
| G. Public Health Accreditation Board Standards | 15 |
| H. Public Health Impact..... | 15 |
| I. Attachment(s)..... | 15 |
| III. <u>APPENDICES</u> | |
| A. GMIS Training Form | |
| B. Application Review Form (<i>required</i>) | |
| C. Save Our Sight Program Goals, Objectives and Strategies | |
| D. Notice of Intent to Apply for Funds | |
| E. Save Our Sight Outcome Grid | |
| F. Save Our Sight Vision Screener Training Map) | |

I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required parts – an electronic component submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted by the due date indicated in sections D and G will result in the entire application not being considered for review.**

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The GAPP manual is available on the ODH website <http://www.odh.ohio.gov>. (Click on Our Programs, Funding Opportunities, ODH Funding Opportunities, ODH Grants). Please refer to Policy and Procedure updates found on the GMIS bulletin board.
- B. Application Name:** Save Our Sight Children’s Vision Screener Training Program
- C. Purpose:** The purpose of the Save Our Sight Children’s Vision Screener Training Program is to ensure that children in Ohio have good vision and healthy eyes by implementing voluntary children’s vision screener training and certification programs. In Ohio, one in four school-aged children and one in twenty preschoolers have a vision problem. Funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate \$1 to the Save Our Sight Fund when they register their vehicles and/or renew license plates.
- D. Qualified Applicants:** All applicants must be a 501(c) organization with demonstrated experience in the delivery of vision services. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT).

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not certified to the Attorney General’s (AG’s) office.
3. Applicant has submitted application and all required attachments by 4:00 p.m. on Monday, April 7, 2014.

E. Service Area: Applicants must provide vision services for the entire state of Ohio.

F. Number of Grants and Funds Available: State funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to

donate to the Save our Sight Fund when they register their vehicles and/or renew license plates. This program is completely funded by the Save Our Sight Fund (State funds). One grant may be awarded. The grant may be awarded for a total amount of \$260,000. Eligible agencies may apply for up to \$260,000. |

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.

- G. Due Date:** All parts of the application must be completed and received by ODH electronically via GMIS or via ground delivery by 4:00 p.m. on Monday, April 7, 2014. Applications and required attachments received late will not be considered for review.

Contact Allyson Van Horn, 614.728.6785 or Allyson.VanHorn@odh.ohio.gov with any questions. Enter the contact name listed under “Programmatic, Technical Assistance and Authorization for Internet Submission.”

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill Section 3701.21 of the Ohio Revised Code.

- I. Goals:** The goal of the Save Our Sight Children’s Vision Screener Training Program is to ensure that children in Ohio have good vision and healthy eyes by implementing voluntary children’s vision screener training and certification programs for early childhood children (as approved by ODH). This is accomplished by providing funding to 501(c) organizations that offer vision services in all counties of the state. These organizations must have demonstrated experience in the delivery of vision services.

The Save Our Sight Children’s Vision Screener Training Program plan (Attachment 1) and budget must address the objectives and strategies listed in Appendix C. Other programmatic activities that fall within the scope of Section 3701.21 of the Ohio Revised Code may be considered for funding. |

- J. Program Period and Budget Period:** The program period will begin July 1, 2014 and end on June 30, 2017. The budget period for this application is July 1, 2014 through June 30, 2015.

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

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

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

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
 - a) The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:
 - A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups;
 - A summary of the services to be provided or activities to be conducted; and,
 - A plan to coordinate and share information with appropriate local health districts.

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

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

M. Incorporation of Strategies to Eliminate Health Inequities

Health Equity Component (Standard Health Equity Language)

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to be healthy. Throughout the various components of this application (Program Narrative, Objectives, and Workplan), applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) which experiences a

disproportionate burden of disease or health condition (This information must be supported by data.);

- (2) Explain how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities; and
- (3) Explain how proposed program interventions will address this problem.

The following section will provide basic framework and links to information to understand health equity concepts.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

For more resources on health equity, please visit the ODH website at:

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

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subgrantee agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the RFP to the ODH website and the receipt of the Notice of Intent to Apply for Funding (NOIAF). Please contact Allyson Van Horn, 614.728.6785 or Allyson.VanHorn@odh.ohio.gov to whom the applicant agency can contact for questions regarding this RFP.

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

- P. Acknowledgment:** An 'Application Submitted' status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of Monday, April 7, 2014.

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

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given period, written notification, issued under the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;

5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the RFP;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to GAPP, Chapter 100;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases, health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Applicant describes activities which supports the requirements outlined in sections I. thru M. of this RFP.

Programs will include a scoring sheet (Appendix B) and/or provide further details of scoring.

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

- U. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education; or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. Authorization of funds for this purpose is contained in Sections 3701.21 of the Ohio Revised Code.
- V. Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Child and Family Health Services, Save Our Sight Program.”

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

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

Reports shall be submitted as follows:

- 1. Program Reports:** subgrantees Program Reports must be completed and submitted via GMIS or the Subgrantee Performance Evaluation System (SPES), as required by the subgrant program by the following dates: October 15, 2014 (for the period of July 1, 2014 – September 30, 2014), January 15, 2015 (for the period of October 1, 2014 – December 31, 2014), April 15, 2015 (for the period of January 1, 2015 – March 31, 2015) and July 15, 2015 (for the period of April 1, 2015 – June 30, 2015). Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

Submission of Subgrantee Program Reports via the ODH's (GMIS or SPES) indicates acceptance of the ODH GAPP.

- 2. Periodic Expenditure Reports:** Subgrantee Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: October 15, 2014 (for the period of July 1, 2014 – September 30, 2014), January 15, 2015 (for the period of October 1, 2014 – December 31, 2014), April 15, 2015 (for the period of January 1, 2015 – March 31, 2015) and July 15, 2015 (for the period of April 1, 2015 – June 30, 2015).

Note: Outstanding obligations cannot be reported on the quarterly expense reports with the exception of the fourth quarterly expense report.

- 3. Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS**

by 4:00 p.m. on or before ~~August 15, 2015~~. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

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

4. **Inventory Report:** A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subgrantee Final Expenditure Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.
- X. Special Condition(s):** Responses to all special conditions **must be submitted via GMIS within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30 day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.
- Y. Unallowable Costs:** Funds **may not** be used for the following:
1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
 2. To disseminate factually incorrect or deceitful information;
 3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
 4. Bad debts of any kind;
 5. Lump sum indirect or administrative costs;
 6. Contributions to a contingency fund;
 7. Entertainment;
 8. Fines and penalties;
 9. Membership fees -- unless related to the program and approved by ODH;
 10. Interest or other financial payments (including but not limited to bank fees);
 11. Contributions made by program personnel;
 12. Costs to rent equipment or space owned by the funded agency;
 13. Inpatient services;

14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> then click on most recent Mileage Reimbursement memo.)
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

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

- Z. Client Incentives:** Client incentives are an allowable cost. The following client incentives are allowed: gift cards.

Client Enablers: Client enablers are an unallowable cost.

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

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

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

Subgrantees that expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to the ODH, Grants Services Unit, Central Master Files address within 30 days. Reference: GAPP Chapter 100, Section

108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

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

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

AB. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (ex. budget narrative, program narrative, etc.).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program narrative should not exceed 15 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

| |
|---|
| Complete & Submit Via Internet |
|---|

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act

- (FFATA) reporting form
8. Electronic Funds Transfer (EFT) form (**Required if new agency, thereafter only if banking information has changed.**)
 9. IRS W-9 Form (**Required if new agency, thereafter only when tax identification number or agency address information has changed.**) **One of the following forms must accompany the IRS W-9 Form:**
 - a. Vendor Information Form (**New Agency Only**)
 - b. Vendor Information Change Form (**Existing agency with tax identification number, name and/or address change(s).**)
 - c. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
 10. Public Health Impact Statement
 11. Statement of Support from the Local Health Districts
 12. Liability Coverage (**Non-Profit organizations only; proof of current liability coverage and thereafter at each renewal period.**)
 13. Evidence of Non-Profit Status (**Non-Profit organizations only**)
 14. Attachments as required by Program | Attachment 1 (Save Our Sight Program Plan); Attachment 2 (Save Our Sight Program Assurances) |

One copy of the following documents must be e-mailed to audits@odh.ohio.gov or mailed to the address listed below:

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

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

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

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

**Complete
Copy &
Mail To
ODH**

1. An original and |three| copies of **Attachments** (non-Internet compatible) as required by program: | Attachment 1 (Save Our Sight Program Plan); Attachment 2 (Save Our Sight Program Assurances) |

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

II. APPLICATION REQUIREMENTS AND FORMAT

Access to GMIS, will be provided after GMIS training for those agencies requiring training. All others will receive access after the RFP is posted to the ODH website.

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

- A. **Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. **Budget:** Prior to completion of the budget section, please review page 8 of the RFP for unallowable costs. :

Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 1. **Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103.3 Cost Allocation Plan and the Compliance Section of the application for additional information.
- 2. **Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2014 to June 30, 2015.

Funds may be used to support personnel, their training, travel (see OBM website)

<http://obm.ohio.gov/MiscPages/TravelRule> and supplies directly related to planning, organizing and conducting the initiative/program activity described in this announcement.

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS 2.0 for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

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

CCAs cannot be submitted until after the 1st quarter grant payment has been issued.

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

3. **Compliance Section D:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*
 4. **Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter but not to exceed 20 percent of the funds being provided by ODH. Failure to complete and balance this section will cause delays in receipt of grant funds.
- C. **Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Sub-grantees) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- D. **Project Narrative:**
1. **Executive Summary:** Identify the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health

disparities and health inequities. Describe the public health problem(s) that the program will address.

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

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

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

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

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

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

- 4. Methodology:** In narrative form, identify the program goals, **Specific, Measureable, Attainable, Realistic & Time-Phased (SMART) process, impact, or outcome objectives** and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed will address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

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

F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:

FFATA was signed on September 26, 2006. FFATA requires ODH to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form in GMIS.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the information in the grant application, Attachment B. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR go to www.ccr.gov.

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

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

G. Public Health Accreditation Board Standards: Attach in GMIS the PHAB Standards that will be addressed by grant activities.

H. Public Health Impact: Only for applicants which are not local health departments, attach in GMIS the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s).

I. Attachment(s): Attachments are documents deemed necessary to the application that are not a part of the GMIS system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central

Master Files address by 4:00 p.m. on or before Monday, April 7, 2014). A minimum of an original and three copies of non-Internet attachments are required.

III. APPENDICES

- A. GMIS Training Form
- B. Application Review Form (*required*)
- C. Save Our Sight Program Goals, Objectives and Strategies
- D. Notice of Intent to Apply for Funds
- E. Save Our Sight Outcome Grid
- F. Save Our Sight Vision Screener Training Map)

ATTACHMENT 1: SAVE OUR SIGHT PROGRAM PLAN

Instructions for Completing the Program Plan Utilizing Appendix C, Save Our Sight Program Goals, Objectives and Strategies

Objective: describe the conditions the applicant wants to achieve (Specific, Measurable, Attainable, Realistic, Time-Phased). Include the Objectives listed in Appendix C.

Strategy: for each measure, copy the specific Strategy from Appendix C to the Program Plan.

Activity: describes the actions that are necessary to create the conditions described in the Objective and Strategy. Describe how the activity is organized and carried out.

Person(s) Responsible: list the most appropriate staff member(s), included in the grant proposal, for carrying out the Activity.

Projected date of completion: enter the date the activities will be completed.

Evaluation: describe a plan for demonstrating, in measurable terms, that the conditions in the Objective are actually achieved and the effectiveness/appropriateness of each activity is actually achieved.

Impact/Results: describe overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. It is not acceptable to state "in progress."

| OBJECTIVES | STRATEGIES/ACTIVITIES | PERSON (s) RESPONSIBLE | PROJECTED DATE OF COMPLETION | METHOD OF EVALUATION/ MEASURES | IMPACT/RESULTS (use this column for quarterly reports only) |
|------------|-----------------------|---------------------------|---------------------------------|--------------------------------------|---|
| | | | | | |

Attachment 2
ODH SAVE OUR SIGHT CHILDREN'S VISION SCREENER TRAINING PROGRAM ASSURANCES

Applicant must provide signed assurance that the following ODH Save Our Sight Program components and/or statements of assurance will be in place by July 1, 2014.

1. Assurance that the applicant will comply with the Ohio Revised Code 3701.21 and OAC 3701-48 that pertain to the Save Our Sight program and ODH standards and guidelines.
2. Assurance that this public health program is a voluntary vision screener training, certification and equipment program for teachers, child care providers and staff, health care professionals and other volunteers screening for early childhood (as approved by ODH).
3. Assurance that the protocol and equipment complies with the Ohio Department of Health's requirements and recommendations for the screening of school-aged (Ohio Revised Code 3313.69) and preschool children. At a minimum, the training should be comprised of written consent, common pediatric vision problems, how to perform preschool vision screening and referral criteria, and how to report actual number of children screened and referred and any follow-up data to ODH through ImpactSIIS-Statewide Immunization Information System or data loader.
4. Assurance that a system to track the success of the screener training and certification and evaluate the effectiveness of increasing the number of early childhood children (children as approved by ODH) screened for vision in Ohio is implemented. The training tracking system the following data elements: number of trained and certified; number recertified; demographic data about trainees; number receiving screening equipment; the quantity and type of equipment distributed to those screeners; and other information requested by ODH as needed. Trained and certified screeners must report actual number of children screened and referred and any follow-up data to ODH through ImpactSIIS-Statewide Immunization Information System or data loader.
5. Assurance that the subgrantee agency will develop and implement a formal, written agreement between the subgrantee agency and each individual certified screener; in exchange for free certification and/or equipment the certified screener agrees to report actual number of children screened and referred and any follow-up data yearly for the initial certification period. Receipt of equipment is a three year commitment. A certified screener agrees to complete and return screening data each year for three years. If the certified screener fails to submit information as requested, the certified screener will be required to return all equipment. At the end of three years, the equipment becomes property of the certified screener.
6. Assurance that the program does not discriminate in the provision of services based on an individual's religion, race, national origin, handicapping condition, age, sex, number of pregnancies or marital status.
7. Assurance that the Health Insurance Portability and Accountability Act (HIPAA) is instituted in the agency.
8. Assurance that the agency has the capacity to provide services to persons with Limited English Proficiency (LEP).

Name of Agency: _____

GMIS Number: _____ Signature: _____

Appendix B

Ohio Department of Health Save Our Sight Vision Screener Training Program FY 2015 Application Review Form

Reviewer: _____ Date: _____ Agency: _____ Funding: _____

Program Narrative 25 points possible

Applications to be scored based on the extent that the applicant agency provided a summary of the purpose, methodology, and evaluation plan for each objective of this project. Narrative included the following: public health problems that this project will address; priority population; services and programs to be offered; and agency/ agencies providing the services. (Refer to Section I.D. of the RFP, page 13.)

| Score | | Comments/Special Conditions |
|-------|--|--------------------------------------|
| /5 | The Executive Summary provided the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. The summary described the public health problem(s) that the program will address. (Refer to Section I.D.1. of the RFP, 13.) | |
| /5 | Program narrative described applicant agency and agency(ies) that will provide services (one paragraph). (Refer to Section I.D. 2. of the RFP, page 13.) | |
| /5 | Program narrative described public health problems that this project will address. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. (Refer to Section I.D.3. of the RFP, page 13.) | |
| /5 | Program narrative identified the priority population and explicitly described segments of the target population who experience a disproportionate burden of the health status concern. (Refer to Section I.D.3. of the RFP, page 13.) | |
| /5 | Program narrative detailed services and programs to be offered. (Refer to Section I.D.3. of the RFP, page 13.) | |
| | Subtotal Score: /25 | Number of Special Conditions: |

Program Plan 50 points possible

The completed Program Plan (Attachment 1) should be scored based on the extent that the applicant identified program objectives and the strategies and activities to accomplish stated objectives. The applicant identified how the strategies and activities will be evaluated to determine whether or not the objectives are being met and the tracking and reporting mechanism for program outcome measures. (Refer to Section I.D.4 and Appendix C of the RFP.)

| Objective 1: By June 30, 2015, develop and implement voluntary children’s vision screener training and certification program for teachers, child care providers and staff, and volunteers. (Refer to Section I.D.4, page 14, and Appendix C of the RFP.) | | |
|---|--|------------------------------------|
| Score | | Comments/Special Conditions |
| /8 | <p>1a Submits a copy of the evidence-based programs that will be used or submit a plan to demonstrate effectiveness of the program. Evidence-based programs must be used. Provides evaluation report detailing effectiveness of program. The program must comply with the Ohio Department of Health’s requirements and recommendations for the screening of school-aged (Ohio Revised Code 3313.69) and preschool children. At a minimum, the training should be comprised of written consent, common pediatric vision problems, how to perform preschool vision screening and referral criteria, and how to report actual number of children screened and referred and any follow-up data to ODH through ImpactSIS and data loader. Refer to the guidelines on the ODH web site at: http://www.odh.ohio.gov/odhPrograms/cfhs/hvscr/requir.aspx. Submits resumes of the vision screener trainers with the application to ensure that the trainers are qualified by either having been properly trained by ODH staff or other qualified vision professionals approved by ODH (due: July 31, 2014).</p> | |
| /5 | <p>1b Establishes a mechanism, as approved by ODH, to distribute ODH approved vision screener equipment to, and collect data from, successfully trained and certified teachers, child care providers and staff, and volunteers (due July 31, 2014).</p> | |

Objective 1: By June 30, 2015, develop and implement voluntary children’s vision screener training and certification program for teachers, child care providers and staff, and volunteers. (Refer to Section I.D.4, page 14, and Appendix C of the RFP.)

| | | |
|----|--|--|
| | <p>1b1 Specifies equipment to be purchased and distributed to certified screeners (equipment type and cost) with this funding. Examples of equipment include VIP single, crowded Lea Symbols® Visual Acuity screening test system at five feet, Lea Symbols linear chart at ten feet with light box, Preschool Assessment of Stereopsis of Stereopsis with a Smile (PASS 2) and Random Dot E.</p> <p>1b2 Develops and implements a formal, written agreement between the subgrantee agency and each individual certified screener.</p> <p>1b2a Reports actual number of children screened and referred and any follow-up data. In exchange for free training and certification and/or equipment the certified screener agrees to report actual number of children screened and referred and any follow-up data yearly for the initial certification period (a three year commitment). A certified screener agrees to complete and return screening data each year for three years. A certified screener must screen a minimum of ten children per year in order to retain equipment. If the certified screener fails to submit information as requested, the certified screener will be required to return all equipment. At the end of three years, the equipment becomes property of the certified screener and the screener is no longer required to report data.</p> | |
| /7 | <p>1c Describes a plan to target potential screeners who serve the most economically vulnerable population (<200% Federal Poverty Level), minorities and underserved population according to SFY13 SOS program data that experience a disproportionate burden. Specify attainable number, or percentage, of population to be reached. Refer to Appendix F.</p> <p>1c1 Develops and implements a communication strategy to offer the vision screener training/certification to teachers, child care providers and staff, and volunteers, including the use of web-based tools.</p> | |

Objective 1: By June 30, 2015, develop and implement voluntary children’s vision screener training and certification program for teachers, child care providers and staff, and volunteers. (Refer to Section I.D.4, page 14, and Appendix C of the RFP.)

| Score | | Comments/Special Conditions |
|-------|---|-----------------------------|
| /5 | <p>1d Reports the effectiveness of vision screener training programs using the Outcomes Grid (Appendix E) within each mid-year and final annual report.</p> <p>1d1 Reports, at a minimum, the following data elements at each mid-year and at year-end using the Outcomes Grid (Appendix E).</p> <p>1d1a Reports actual total number of teachers, child care providers and staff, and volunteers trained and certified; specify location (county/geographic area).</p> <p>1d1b Reports actual total number of teachers, child care providers and staff, and volunteers recertified; specify location (county/geographic area).</p> <p>1d1c Reports actual number of trainees receiving screening equipment; specify location (county/geographic area).</p> <p>1d1d Reports actual total number of children screened by trainees (ImpactSIIS-Statewide Immunization Information System or data loader).</p> <p>1d1e Reports actual number of those children screened (1c1d) who are referred to vision care providers as appropriate (ImpactSIIS-Statewide Immunization Information System or data loader).</p> <p>1d1f Reports actual number of those children screened (1c1d) who are referred who receive follow-up as appropriate (ImpactSIIS-Statewide Immunization Information System or data loader).</p> <p>1d1g Reports other information requested by ODH.</p> | |

Objective 2: By June 30, 2015, develop and implement a voluntary children’s vision screener training and certification program for health care professionals such as pediatricians, family practice physicians, residents, nurses and safety net providers. (Refer to Section I.D.4, page 14, and Appendix C of the RFP.)

| Score | | Comments/Special Conditions |
|-------|--|-----------------------------|
| /5 | <p>2a Submits a copy of the evidence-based program that will be used or submit a plan to demonstrate effectiveness of the program. Evidence-based programs must be used. Provides evaluation report detailing effectiveness of program. The program must comply with the Ohio Department of Health’s requirements and recommendations for the screening of school-aged (Ohio Revised Code 3313.69) and preschool children. At a minimum, the training should be comprised of written consent, common pediatric vision problems, how to perform preschool vision screening, referral criteria, and how to report actual number of children screened and referred and any follow-up data to ODH through ImpactSIS and data loader. Refer to the guidelines on the ODH web site at: http://www.odh.ohio.gov/odhPrograms/cfhs/hvscr/requir.aspx and the Preschool Vision Screening Manual for Health Care Professionals (developed by ODH, Prevent Blindness America and the American Academy of Pediatrics). Submits resumes of the vision screener trainers with the application to ensure that the trainers are qualified by either having been properly trained by ODH staff or other qualified vision professionals approved by ODH.</p> | |
| /5 | <p>2b Establishes a mechanism, as approved by ODH, to distribute ODH approved vision screener equipment to, and collect data from, successfully trained and certified health care professionals.</p> <p>2b1 Specifies equipment to be purchased and distributed to certified screeners (equipment type and cost) with this funding. Examples of equipment include VIP single, crowded Lea Symbols® Visual Acuity screening test system at five feet, Lea Symbols linear chart at ten feet with light box, Preschool Assessment of Stereopsis of Stereopsis with a Smile (PASS 2) and Random Dot E.</p> | |

Objective 2: By June 30, 2015, develop and implement a voluntary children’s vision screener training and certification program for health care professionals such as pediatricians, family practice physicians, residents, nurses and safety net providers. (Refer to Section I.D.4, page 14, and Appendix C of the RFP.)

| | | |
|----|--|--|
| | <p>2b2 Develops and implements a formal, written agreement between the subgrantee agency and each individual certified screener.</p> <p>2b2a Reports actual number of children screened and referred and any follow-up data. In exchange for free training and certification and/or equipment the certified screener agrees to report actual number of children screened and referred and any follow-up data yearly for the initial certification period (a three year commitment). A certified screener agrees to complete and return screening data each year for three years. A certified screener must screen a minimum of ten children per year in order to retain equipment. If the certified screener fails to submit information as requested, the certified screener will be required to return all equipment. At the end of three years, the equipment becomes property of the certified screener and the screener is no longer required to report data.</p> | |
| /5 | <p>2c Describes a plan to target potential screeners who serve the most economically vulnerable population (<200% Federal Poverty Level), minorities and underserved population according to SFY13 SOS program data that experience a disproportionate burden. Specify attainable number, or percentage, of population to be reached. Refer to Appendix F.</p> <p>2c1 Develops and implements a communication strategy to offer the vision screener training/certification to health care professionals, including the use of web-based tools.</p> | |
| /5 | <p>2d Recruits successfully trained and certified health care professionals to complete the American Board of Pediatrics (ABP), Maintenance of Certification (MOC), Performance in Practice (Part 4), Performance Improvement Module (PIM) related to Vision Screening (VS).</p> | |

Objective 2: By June 30, 2015, develop and implement a voluntary children’s vision screener training and certification program for health care professionals such as pediatricians, family practice physicians, residents, nurses and safety net providers. (Refer to Section I.D.4, page 14, and Appendix C of the RFP.)

| Score | | Comments/Special Conditions |
|-------|---|--------------------------------------|
| /5 | <p>2e Reports the effectiveness of vision screener training programs using the Outcomes Grid (Appendix E) within each mid-year and final annual report.</p> <p>2e1 Reports, at a minimum, the following data elements at each mid-year and at year-end using the Outcomes Grid (Appendix E).</p> <p>2e1a Reports actual total number of health care professionals, staff, and volunteers trained and certified; specify location (county/geographic area).</p> <p>2e1b Reports actual total number of health care professionals, staff, and volunteers recertified; specify location (county/geographic area).</p> <p>2e1c Reports actual number of trainees receiving screening equipment; specify location (county/geographic area).</p> <p>2e1d Reports actual number of trainees who completed the ABP MOC PIM VS; specify location (county/geographic area).</p> <p>2e1e Reports actual total number of children screened by trainees (ImpactSIIS-Statewide Immunization Information System or data loader).</p> <p>2e1f Reports actual number of those children screened (1c1d) who are referred to vision care providers as appropriate (ImpactSIIS-Statewide Immunization Information System or data loader).</p> <p>2e1g Reports actual number of those children screened (1c1d) who are referred who receive follow-up as appropriate (ImpactSIIS-Statewide Immunization Information System or data loader).</p> <p>2e1h Report other information requested by ODH.</p> | |
| | Subtotal Score: /50 | Number of Special Conditions: |

Budget Narrative 25 points possible

Applications to be scored based on the extent that the applicant agency provided a detailed narrative budget justification (necessity and reasonableness) that described how categorical costs were derived. The applicant described specific functions of the personnel, consultants, and collaborators. Equipment, travel, supplies (including any vision health and safety educational and/or media campaign materials) and training costs were explained. Information entered about funding sources, budget categories, and forecasted cash needs for the program. (Refer to Section II. B. of the RFP, page 13.)

| Score | | Comments/Special Conditions |
|-------|---|--------------------------------------|
| /1 | Specified the total project budget. (Refer to Section II. B. of the RFP, page 13.) | |
| /10 | Detailed budget narrative that described how categorical costs were derived. (Refer to Section II. B. of the RFP, page 13.) | |
| /2 | Described specific functions of the personnel, consultants, and collaborators. Delineated all personnel who will be directly involved in program activities and percent time spent on the grant. (Refer to Section II. B. of the RFP, page 13.) | |
| /10 | Explained equipment, travel, supplies (including any vision health and safety educational and/or media campaign materials) and training costs. (Refer to Section II. B. of the RFP, page 13.) | |
| /2 | Information entered about funding sources, budget categories, and forecasted cash needs for the program. (Refer to Section II. B. of the RFP, page 13.) | |
| | Subtotal Score: /25 | Number of Special Conditions: |

Total Score: /100

Total Number of Special Condition

Appendix C
Save Our Sight Vision Screener Training Program SFY 2015
Purpose, Goals, Objectives and Strategies

Purpose: The purpose of the Save Our Sight Children’s Vision Screener Training Program is to ensure that children in Ohio have good vision and healthy eyes by implementing voluntary children’s vision screener training and certification programs for early childhood children (as approved by ODH). Funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate \$1 to the Save Our Sight Fund when they register their vehicles and/or renew license plates.

Goal: The goal of the Save Our Sight Children’s Vision Screener Training Program is to ensure that children in Ohio have good vision and healthy eyes by implementing voluntary children’s vision screener training and certification programs for early childhood children (as approved by ODH). This is accomplished by providing funding to 501(c) organizations that offer vision services in all counties of the state. These organizations must have demonstrated experience in the delivery of vision services.

Complete the Save Our Sight Program Plan (Attachment 1) that identifies program objectives, strategies, activities, person(s) responsible, start and completion dates for each, desired impact/results and evaluation measures. Funding will be awarded based upon the extent that outcome-based measures are utilized to evaluate program impact. Each objective must be evaluated in order to determine the accomplishments, strengths and weaknesses of the intervention. Evaluation should be conducted at two levels: 1) process--that looks at tasks and procedures of the program (e.g., the number of screeners trained) and 2) outcome-- that looks at results/changes in the target population from the program (e.g., the number of children screened and the number of children receiving follow-up). ODH needs to approve evaluation methods prior to implementation.

A minimum of 20% of the total number of trained screeners must be teachers, child care providers and staff, and volunteers. All screeners to be trained must be given the option to select from the following ODH recommended testing equipment for distance visual acuity: VIP single, crowded Lea Symbols® Visual Acuity screening test system at five feet or Lea Symbols linear chart at ten feet with light box. Screeners to be trained must also be given the option to select from the following ODH recommended testing equipment for stereopsis: Preschool Assessment of Stereopsis of Stereopsis with a Smile (PASS 2) or Random Dot E. Trainings should be offered in each of the first three quarters of each fiscal year throughout the grant period. Training attendance must be limited to a maximum amount of thirty attendees per session.

Objective 1: By June 30, 2015, develop and implement voluntary children’s vision screener training and certification program for teachers, child care providers and staff, and volunteers.

Strategies:

1a Submit a copy of the evidence-based programs that will be used or submit a plan to demonstrate effectiveness of the program. Evidence-based programs must be used. Provide evaluation report detailing effectiveness of program. The program must comply with the Ohio Department of Health’s requirements and recommendations for the screening of school-aged (Ohio Revised Code 3313.69) and preschool children. At a minimum, the training should be comprised of written consent, common pediatric vision problems, how to perform preschool vision screening and referral criteria, and how to report actual number of children screened and referred and any follow-up data to ODH through ImpactSIIS and data loader. Refer to the guidelines on the ODH web site at: <http://www.odh.ohio.gov/odhPrograms/cfhs/hvscr/requir.aspx>.

Submit resumes of the vision screener trainers with the application to ensure that the trainers are qualified by either having been properly trained by ODH staff or other qualified vision professionals approved by ODH (due: July 31, 2014).

1b Establish a mechanism, as approved by ODH, to distribute ODH approved vision screener equipment to, and collect data from, successfully trained and certified teachers, child care providers and staff, and volunteers (due July 31, 2014).

1b1 Specify equipment to be purchased and distributed to certified screeners (equipment type and cost) with this funding. Examples of equipment include VIP single, crowded Lea Symbols® Visual Acuity screening test system at five feet, Lea Symbols linear chart at ten feet with light box, Preschool Assessment of Stereopsis of Stereopsis with a Smile (PASS 2) and Random Dot E.

1b2 Develop and implement a formal, written agreement between the subgrantee agency and each individual certified screener.

1b2a Report actual number of children screened and referred and any follow-up data. In exchange for free training and certification and/or equipment the certified screener agrees to report actual number of children screened and referred and any follow-up data yearly for the initial certification period (a three year commitment). A certified screener agrees to complete and return screening data each year for three years. A certified screener must screen a minimum of ten children in ImpactSIIS per year in order to retain equipment. If the certified screener fails to submit information as requested, the certified screener will be required to return all equipment. At the end of three years, the equipment becomes property of the certified screener and the screener is no longer required to report data.

1c Describe a plan to target potential screeners who serve the most economically vulnerable population (<200% Federal Poverty Level), minorities and underserved population according to SFY13 SOS program data that experience a disproportionate burden. Specify attainable number, or percentage, of population to be reached. Refer to Appendix F.

1c1 Develop and implement a communication strategy to offer the vision screener training/certification to teachers, child care providers and staff, and volunteers, including the use of web-based tools.

1d Report the effectiveness of vision screener training programs using the Outcomes Grid (Appendix E) within each mid-year and final annual report.

1d1 Report, at a minimum, the following data elements at each mid-year and at year-end using the Outcomes Grid (Appendix E).

1d1a Report actual total number of teachers, child care providers and staff, and volunteers trained and certified; specify location (county/geographic area).

1d1b Report actual total number of teachers, child care providers and staff, and volunteers recertified; specify location (county/geographic area).

1d1c Report actual number of trainees receiving screening equipment; specify location

(county/geographic area).

1d1d Report actual total number of children screened by trainees (ImpactSIIS-Statewide Immunization Information System or data loader).

1d1e Report actual number of those children screened (1c1d) who are referred to vision care providers as appropriate (ImpactSIIS-Statewide Immunization Information System or data loader).

1d1f Report actual number of those children screened (1c1d) who are referred who receive follow-up as appropriate (ImpactSIIS-Statewide Immunization Information System or data loader).

1d1g Report other information requested by ODH.

Objective 2: By June 30, 2015, develop and implement a voluntary children's vision screener training and certification program for health care professionals such as pediatricians, family practice physicians, residents, nurses and safety net providers.

Strategies:

2a Submit a copy of the evidence-based program that will be used or submit a plan to demonstrate effectiveness of the program. Evidence-based programs must be used. Provide evaluation report detailing effectiveness of program. The program must comply with the Ohio Department of Health's requirements and recommendations for the screening of school-aged (Ohio Revised Code 3313.69) and preschool children. At a minimum, the training should be comprised of written consent, common pediatric vision problems, how to perform preschool vision screening, referral criteria, and how to report actual number of children screened and referred and any follow-up data to ODH through ImpactSIIS and data loader. Refer to the guidelines on the ODH web site at: <http://www.odh.ohio.gov/odhPrograms/cfhs/hvscr/requir.aspx> and the Preschool Vision Screening Manual for Health Care Professionals (developed by ODH, Prevent Blindness America and the American Academy of Pediatrics). Submit resumes of the vision screener trainers with the application to ensure that the trainers are qualified by either having been properly trained by ODH staff or other qualified vision professionals approved by ODH.

2b Establish a mechanism, as approved by ODH, to distribute ODH approved vision screener equipment to, and collect data from, successfully trained and certified health care professionals.

2b1 Specify equipment to be purchased and distributed to certified screeners (equipment type and cost) with this funding. Examples of equipment include VIP single, crowded Lea Symbols® Visual Acuity screening test system at five feet, Lea Symbols linear chart at ten feet with light box, Preschool Assessment of Stereopsis of Stereopsis with a Smile (PASS 2) and Random Dot E.

2b2 Develop and implement a formal, written agreement between the subgrantee agency and each individual certified screener.

2b2a Report actual number of children screened and referred and any follow-up data. In exchange for free training and certification and/or equipment the certified screener agrees to report actual number of children screened and referred and any follow-up data yearly for the

initial certification period (a three year commitment). A certified screener agrees to complete and return screening data each year for three years. A certified screener must screen a minimum of ten children in ImpactSIIS per year in order to retain equipment. If the certified screener fails to submit information as requested, the certified screener will be required to return all equipment. At the end of three years, the equipment becomes property of the certified screener and the screener is no longer required to report data.

2c Describe a plan to target potential screeners who serve the most economically vulnerable population (<200% Federal Poverty Level), minorities and underserved population according to SFY13 SOS program data that experience a disproportionate burden. Specify attainable number, or percentage, of population to be reached. Refer to Appendix F.

2c1 Develop and implement a communication strategy to offer the vision screener training/certification to health care professionals, including the use of web-based tools.

2d Recruit successfully trained and certified health care professionals to complete the American Board of Pediatrics (ABP), Maintenance of Certification (MOC), Performance in Practice (Part 4), Performance Improvement Module (PIM) related to Vision Screening (VS).

2e Report the effectiveness of vision screener training programs using the Outcomes Grid (Appendix E) within each mid-year and final annual report.

2e1 Report, at a minimum, the following data elements at each mid-year and at year-end using the Outcomes Grid (Appendix E).

2e1a Report actual total number of health care professionals, staff, and volunteers trained and certified; specify location (county/geographic area).

2e1b Report actual total number of health care professionals, staff, and volunteers recertified; specify location (county/geographic area).

2e1c Report actual number of trainees receiving screening equipment; specify location (county/geographic area).

2e1d Report actual number of trainees who completed the ABP MOC PIM VS; specify location (county/geographic area).

2e1e Report actual total number of children screened by trainees (ImpactSIIS-Statewide Immunization Information System or data loader).

2e1f Report actual number of those children screened (1c1d) who are referred to vision care providers as appropriate (ImpactSIIS-Statewide Immunization Information System or data loader).

2e1g Report actual number of those children screened (1c1d) who are referred who receive follow-up as appropriate (ImpactSIIS-Statewide Immunization Information System or data loader).

2e1h Report other information requested by ODH.

Appendix D
NOTICE OF INTENT TO APPLY FOR FUNDING

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

Save Our Sight Children's Vision Screener Training Program
ALL INFORMATION REQUESTED MUST BE COMPLETED.
(Please Print Clearly or Type)

County of Applicant Agency _____ **Federal Tax Identification Number** _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency (Check One) County Agency Hospital Local Schools
 City Agency Higher Education Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ **E-mail Address** _____

Agency Head (Print Name) **Agency Head (Signature)**

Does your agency have at least two staff members who have been trained in and currently have access to the ODH GMIS 2.0 system? YES NO

If yes, no further action is needed.

If no, at least two people from your agency are REQUIRED to complete the training before you will be able to access the ODH GMIS 2.0 system and submit a grant proposal. Fill out the training request form in the Request for Proposal. **The training form must be submitted with the Notice of Intent to Apply for Funding, W-9 form, EFT form, Proof of Liability (if applicable) and Proof of Non-Profit (if applicable).**

Mail, E-mail or Fax to: Allyson Van Horn, 614.728.6785 or Allyson.VanHorn@odh.ohio.gov
Ohio Department of Health Save Our Sight Children's Vision Screener Training Program
246 North High Street – 6th Floor
Columbus, OH 43215
E-mail: Allyson.VanHorn@odh.ohio.gov
Fax: (614) 728-6793

NOTICE OF INTENT TO APPLY FOR FUNDING (NOIAF), W-9 form, Vendor Information Form (New Agency Only), EFT form, PROOF OF LIABILITY (if applicable), AND PROOF OF NON-PROFIT (if applicable) MUST BE RECEIVED BY Thursday, February 27, 2014.

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

Appendix E
Save Our Sight Children's Vision Screener Training SFY 2015
Outcomes Grid

| County | Number of screeners certified | Number of screeners recertified | Number of equipment kits distributed | ABP MOC PIM VS Participant | County | Number of screeners certified | Number of screeners recertified | Number of equipment kits distributed | ABP MOC PIM VS Participant |
|------------|-------------------------------|---------------------------------|--------------------------------------|----------------------------|------------|-------------------------------|---------------------------------|--------------------------------------|----------------------------|
| Adams | | | | | Licking | | | | |
| Allen | | | | | Logan | | | | |
| Ashland | | | | | Lorain | | | | |
| Ashtabula | | | | | Lucas | | | | |
| Athens | | | | | Madison | | | | |
| Auglaize | | | | | Mahoning | | | | |
| Belmont | | | | | Marion | | | | |
| Brown | | | | | Medina | | | | |
| Butler | | | | | Meigs | | | | |
| Carroll | | | | | Mercer | | | | |
| Champaign | | | | | Miami | | | | |
| Clark | | | | | Monroe | | | | |
| Clermont | | | | | Montgomery | | | | |
| Clinton | | | | | Morgan | | | | |
| Columbiana | | | | | Morrow | | | | |
| Coshocton | | | | | Muskingum | | | | |
| Crawford | | | | | Noble | | | | |
| Cuyahoga | | | | | Ottawa | | | | |
| Darke | | | | | Paulding | | | | |
| Defiance | | | | | Perry | | | | |
| Delaware | | | | | Pickaway | | | | |
| Erie | | | | | Pike | | | | |
| Fairfield | | | | | Portage | | | | |
| Fayette | | | | | Preble | | | | |
| Franklin | | | | | Putnam | | | | |
| Fulton | | | | | Richland | | | | |
| Gallia | | | | | Ross | | | | |
| Geauga | | | | | Sandusky | | | | |
| Greene | | | | | Scioto | | | | |
| Guernsey | | | | | Seneca | | | | |
| Hamilton | | | | | Shelby | | | | |
| Hancock | | | | | Stark | | | | |
| Hardin | | | | | Summit | | | | |
| Harrison | | | | | Trumbull | | | | |
| Henry | | | | | Tuscarawas | | | | |
| Highland | | | | | Union | | | | |
| Hocking | | | | | Van Wert | | | | |
| Holmes | | | | | Vinton | | | | |
| Huron | | | | | Warren | | | | |
| Jackson | | | | | Washington | | | | |
| Jefferson | | | | | Wayne | | | | |
| Knox | | | | | Williams | | | | |
| Lake | | | | | Wood | | | | |
| Lawrence | | | | | Wyandot | | | | |

Appendix F
Save Our Sight Vision Screener Training Map

