



OHIO DEPARTMENT OF HEALTH

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Columbus, Ohio 43215

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Ted Strickland /Governor

Alvin D. Jackson, M.D. / Director of Health

To: Ohio Poison Control Bioterrorism Preparedness Program Grant Applicants

From: Steve Wagner, Chief, Office of Health Preparedness Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Year 2011 Continuation Grant, for the Budget Period of July 1, 2010 to June 30, 2011, for the Ohio Poison Control Bioterrorism Preparedness Program Request for Proposals (RFP)

The Ohio Department of Health's (ODH) Office of Health Preparedness announces the availability of grant funds to support the Ohio Poison Control Bioterrorism Preparedness Program. The goal of this program is to ensure the awareness and integration of poison control response plans in Ohio's healthcare preparedness. This will be accomplished through collaboration with each of the Ohio Homeland Security Planning Regions, and by assisting ODH with critical communications functions.

One grant will be awarded to an Ohio Poison Control Center for a total base amount of \$215,000.

All interested applicants must attend GMIS 2.0 training to be eligible to apply for funding. Unless previously done so, complete and return the GMIS 2.0 training form (attached to the RFP) if training for GMIS 2.0 is needed. This training will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet using the GMIS 2.0.

This Request for Proposals provides detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant.

Please contact Steve Meese, Program Manager at (614) 752-4484, or by e-mail at steve.meese@odh.ohio.gov if you have any questions regarding this RFP.

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

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



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF HEALTH PREPAREDNESS

Ohio Poison Control Bioterrorism Preparedness Grant

**REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2010
07/01/10 – 06/30/11**

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

CONTINUATION 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.....	1
	H. Authorization.....	2
	I. Goals.....	2
	J. Program Period and Budget Period	2
	K. Local Health Districts Improvement Standards	2
	L. Public Health Impact Statement	3
	M. Appropriation Contingency	3
	N. Programmatic, Technical Assistance & Authorization for Internet Submission	3
	O. Acknowledgment	3
	P. Late Applications	3
	Q. Successful Applicants	4
	R. Unsuccessful Applicants	4
	S. Review Criteria	4
	T. Freedom of Information Act.....	5
	U. Ownership Copyright	5
	V. Reporting Requirements.....	5
	W. Special Condition(s).....	6
	X. Unallowable Costs.....	7
	Y. Audit.....	7
	Z. Submission of Application	8
II.	<u>APPLICATION REQUIREMENTS AND FORMAT</u>	
	A. Application Information	10
	B. Budget	10
	C. Assurances Certification	11
	D. Project Narrative	11
	E. Civil Rights Review Questionnaire – EEO Survey.....	13
	F. Attachments	13
	G. Electronic Funds Transfer (EFT) Form	13
	H. Internal Revenue Service (IRS) W-9 Form & Vendor Forms	14
	I. Public Health Impact Statement Summary	14
	J. Public Health Impact/Response Statement	14
	K. Liability Coverage.....	14
	L. Non-Profit Organization Status	14
	M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire	15
	N. Ethics Certification	15
	O. Attachment as required by Program	15
III	<u>APPENDICES</u>	
	A. HSEES Required Reporting List	
	B. Ohio Homeland Security Region Planning Map	

- C. GMIS 2.0 Training Form
- D. Application Review Score Sheet

I. APPLICATION SUMMARY AND GUIDANCE

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

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

- A. Policy and Procedure:** Uniform administration of all ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Sub-grantee applications. The GAPP manual is available on the ODH web-site <http://www.odh.ohio.gov> (Click on “Funding Opportunities,” (located under At A Glance), click on “ODH Grants”, and then click on “GAPP Manual.”)
- B. Application Name:** **Ohio Poison Control Bioterrorism Preparedness Grant**
- C. Purpose:** To enhance bioterrorism readiness and preparedness efforts in Ohio through the support of Ohio’s poison control centers.
- D. Qualified Applicants:** Only the Cincinnati Children's Hospital Medical Center is eligible to apply. For continuation grants, the applicant must have demonstrated acceptable performance standards during the previous grant period.
- E. Service Area:** The entire State of Ohio.
- F. Number of Grants and Funds Available:** Funding for one grant is available. The anticipated funding level is \$215,000. 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. All funds identified in this application are subject to change, pending final award amount from HRSA.
- G. Due Date:** Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by **Monday, April 12, 2010 at 4:00pm**. 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.

Applications received late will not be considered for review or funding.

Please contact Steve Meese, (614) 752-4484, or steve.meese@odh.ohio.gov with any questions regarding the submission of your application.

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

I. Goals: The goals outlined in section 319C-2 of the Public Health Services Act as amended by the Pandemic and All Hazards Preparedness Act (PAHPA):

- i. Integration
- ii. Medical
- iii. At Risk Individuals
- iv. Coordination
- v. Continuity of Operations

- The National Preparedness Goals (Overarching and Capability Specific)
 - i. Expanded Regional Collaboration
 - ii. Implementation of the NIMS and NRP
 - iii. Implementation of the National Infrastructure Protection Plan(NIPP)
 - iv. Strengthen Information Sharing and Collaboration Capabilities
 - v. Strengthen Interoperable Communications Capabilities
 - vi. Strengthen Chemical, Biological, Radiological/Nuclear, and Explosive (CBRNE) Detection, Response, and Decontamination Capabilities
 - vii. Strengthen Medical Surge and Mass Prophylaxis

J. Program Period and Budget Period: The program period began on August 9, 2009 and will end June 30, 2012. The budget period for this application is July 1, 2010 through June 30, 2011. Continuation of projects beyond the budget period is contingent upon the availability of funds to support the approved project, compliance with special conditions of the notice of award, and the sub grantee's performance.

K. Local Health Districts Improvement Standards: This grant will program will address Local Health District Improvement Standards as follows:

Goal 3701-36-04: Protect People from Disease and Injury

1. Standard 3701-36-04-02 - Response plans exist that delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.
2. Standard 3701-36-04-04 - Urgent public health messages are received and communicated quickly and clearly and actions are documented.

The Local Health District Improvement Standards are available on the ODH web-site <http://www.odh.ohio.gov>. (Click on "Local Health Districts" then "Local Health District Standards" and click the link "Local Health District Improvement Goals/Standards/Measures.")

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

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

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

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

M. Statement of Intent to Pursue Health Equity Strategies

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

information will also help in the preparation of this statement as well as respond to other portions of this application. **(Required for competitive cycle only; not required for continuation cycle, if unchanged)**

- *Basic Health Equity Concepts:*

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

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

- N. **Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **In view of this, the sub-grantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**
- O. **Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon the posting of the Request for Proposal to the ODH website. Please contact Steve Meese at (614) 752-4484 or steve.meese@odh.ohio.gov for more information regarding this RFP.
- P. **Acknowledgment:** An ‘Application Submitted’ status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.
- Q. **Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before

the application due date of **Monday, April 12, 2010**.

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

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

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

- U. Freedom of Information Act:** The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5.
- V. Ownership Copyright:** Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The Department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the Ohio Department of Health. All material(s) must clearly state:
- Funded by Ohio Department of Health/DHHS, ASPR
 - Bureau: Office of Health Preparedness
 - Program: Ohio Poison Control Bioterrorism Preparedness

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

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

Reports shall be submitted as follows:

Program Reports: Sub-grantee Program Reports **must** be completed and submitted via the SPES (Sub-grantee Performance Evaluation System) by the following dates: **January 15, 2011 and July 15, 2011.**

1. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

Submission of Sub-grantee Program Reports via the Ohio Department of Health's SPES indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP).

2. **Sub-grantee Program Expenditure Reports:** Sub grantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates: **October 15, 2010, January 15, 2011, April 15, 2011, and July 15, 2011.**

Submission of Sub-grantee Program Expenditure Reports via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

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

Submission of the Sub-grantee Final Expenditure Report via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

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

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

Submission of response to grant special conditions via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Checking the "selection" box and clicking the "approve" button signifies authorization of the submission by an agency official

and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

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

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

Applicant agencies are encouraged to refer to the United States Office of Management and Budget <http://www.whitehouse.gov/OMB/circulars/a122/a122.html>) for additional federal funding restrictions.

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

Z. Audit: Sub-grantees currently receiving funding from the Ohio Department of Health are responsible for submitting an independent audit report that meets OMB

Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than 9 months after the end of the sub-grantee's fiscal year.

Potential sub-grantees (not currently receiving funding from the Ohio Department of Health) must submit a current independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, and if applicable, a corrective action plan and a data collection form (for single audits) with this grant application.

Sub-grantees 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.

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

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

AA. Submission of Application:

The GMIS 2.0 application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Project Narrative
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
 - Ethics Certification
 - Attachments as required by Program

Work Plan (Attachment 1)
Position Descriptions

An original and one (1) copy of the following forms, available on GMIS 2.0 must be completed, printed, signed in blue ink with original signature by the Agency Head or Agency Financial Head and mailed to the address listed below:

Complete,
Sign &
Mail To
ODH

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

Two (2) copies of the following documents must be mailed to the address listed below:

Copy &
Mail To
ODH

1. Public Health Impact Statement **(for competitive cycle only; for continuation, only if changed)**
2. Statement of Support from the Local Health Districts **(for competitive cycle only; for continuation, only if changed)**
3. Liability Coverage **(Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period)**
4. Evidence of Non-Profit Status **(Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed)**

One (1) copy of the following documents must be mailed to the address listed below:

Complete
Copy &
Mail To
ODH

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

**Ohio Department of Health
Grants Administration**

**Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line Grants Management Information System 2.0 (GMIS 2.0), will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after the Request for Proposal (RFP) is posted to the ODH website.

All applications must be submitted via GMIS 2.0. Submission of all parts of the grant application via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (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.

A match of 10% is required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Submit required MATCH documents per ODH guidance.

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 allocable of the proposed costs. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the application for additional information.

2. Personnel, Other Direct Costs, Equipment, & Contracts): Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2010 to June 30, 2011.

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

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

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

Where appropriate, itemize all equipment (**minimum \$300.00 unit cost value**) to be purchased with grant funds in the Equipment Section

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

4. Funding, Cash Needs and Budget Summary Sections: Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.

C. Assurances Certification: Each sub grantee must submit the Assurances (Federal and State Assurances for Sub grantees) form. This form is submitted as a part of each application via GMIS 2.0. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes 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 sub grantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

1. Executive Summary: Identify the services and activities to be offered and what agency or agencies will provide those services. Describe how the agency will collaborate with other entities involved in statewide emergency preparedness and response efforts.

2. Description of Applicant Agency/Documentation of Eligibility/Personnel: Briefly describe the Poison Control Collaborative. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

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 issues and concerns related to bioterrorism preparedness as they relate to the efforts of Ohio's poison control centers. Include a description of other agencies/organizations also addressing this problem/need.

4. Methodology: Complete the attached work plan (see **Attachment 1**) for each of the Initiatives listed below. Provide a description of activities to be accomplished by the agency to support the Initiatives. Include a timeline and the person or group responsible for the activities.

1. Ensure the awareness and integration of the poison control response plan component into each of the Ohio Homeland Security Planning regions (see Appendix 1) through coordination with Regional Public Health, Regional Health Care (RHC), and Regional Medical Response System (RMRS) coordinators. (Note: The ODH sponsored quarterly Regional planning meeting is a venue for coordination between the PCC and the regional coordinating agencies. The concept is a single poison control response plan which will serve the purpose of all regional response plans.)
2. Participate in coordination meetings with and cooperate with hospitals, local public health departments, Regional Medical Response Systems, Metropolitan Medical Response Systems, volunteer pools, the ODH and other entities, as may be necessary, to effect a coordinated, comprehensive response to a bioterrorism or other mass casualty event.
3. Provide technical information to health care providers in regards to chemical terrorism. The Poison Control Collaborative currently provides health care providers, EMS, and the general public on diagnostic and treatment options consistent with guidance from the Centers for Disease Control and Prevention, the Ohio Department of Health, and consistent with the local standard of care and incorporating, where available, information pertaining to special populations, including the elderly, pregnant women, children, and the disabled.
4. Serve as a back up for the Ohio Department of Health in the event that the Department is unable to distribute Health Alert Network (HAN) alerts and /or advisories to hospitals, local public health, and other partners currently on the ODH contact list. The ODH HAN Coordinator or designee will be the responsible party for notifying PCC regarding the need for PCC to fulfill this role. ODH will maintain the updated contact list and provide the information quarterly to PCC.

5. Provide a 24/7 Point of Contact to the Ohio Department of Health to ensure the ability of ODH to meet federal time mandates for distribution of HAN messages.
 6. Participate in ODH and regional exercises as requested that test HAN capabilities. The PCC should be prepared to demonstrate through performance the ability to transmit a HAN alert within 60 minutes of receipt from ODH. ODH will provide training to the designated PCC representative to ensure PCC preparation for this deliverable.
 7. Maintain the ability of Ohio's three poison control centers to deal with a surge in telephone calls during a disaster. This shall include the training of volunteer staff to screen and triage telephone calls. This may include the provision of a 1-800 24/7 line coordinated with all three poison centers to provide event specific information in response to a disaster or bioterrorist act.
 8. Continue to work with the Bureau of Environmental Health, Bureau of Infectious Disease Control, Bureau of Health Surveillance, and the Office of Health Preparedness and report on progress towards the development of a mutually agreeable method of data collection and reporting on Ohio calls received by COPC to enhance chemical, injury, and health surveillance activities for state and local health departments. Collaboration towards this end will enhance statewide chemical event surveillance with regard to the Hazardous Substances Emergency Events Surveillance (HSEES) Program. Anticipated data reporting will include but is not limited to the chemical list identified as **Attachment 2** and will occur in a manner that will protect individual protected health information.
- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Sub-grantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address on or before **April 12, 2010 by 4pm**. All attachments must clearly identify the authorized program name and program number.
- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be dated and signed, in blue ink, with original signatures**. Submit the original and one (1) copy. **(Required only if new agency, thereafter only when banking information has changed.)**

H. Internal Revenue Service (IRS) W-9 & Vendor Forms: Print in PDF format and mail to ODH, Grants 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 (1) copy. **(Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:**

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

Print in PDF format and mail to ODH, Grants 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 (1) copy of each.

- I. Public Health Impact Statement Summary:** Submit two (2) copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed).**
- J. Public Health Impact & Intent to Pursue Health Equity Statements:** Submit two copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards and Intent to Pursue Health Equity Statements. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for competitive cycle only; for continuation, only if changed).**
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two (2) copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; current liability coverage and thereafter at each renewal period).**
- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving non-tax exempt status **(Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed).**
- M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire:** The DMA is a Questionnaire must be completed by all non governmental grant applicant agencies to certify that they

have not provided “material assistance” to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head’s signature. The DMA Questionnaire (in PDF format. [Adobe Acrobat](#) is required) is located at the Ohio Homeland Security Website:

http://www.homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.pdf

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

N. Attachments as Required by Program

➤ **Attachment 1. Work Plan Template**

III. APPENDICES

- A. HSEES Required Reporting List
- B. Ohio Homeland Security Region Planning Map
- C. GMIS 2.0 Training Form
- D. Application Review Score Sheet

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ASPR FY 11 Ohio Poison Control Bioterrorism Preparedness Grant Report Template

Program Name

Program Grant Number

Submitted By

Application Work Plan

REPORTING PERIOD

MID-YEAR

FINAL

Ohio Bioterrorism Poison Control Program Work Plan/Semi-Annual Report Template

INITIATIVE 1: Ensure the awareness and integration of the poison control response plan component into each of the Ohio Homeland Security Planning regions (see Appendix B) through coordination with Regional Public Health, Regional Health Care (RHC), and Regional Medical Response System (RMRS) coordinators. (Note: The ODH sponsored quarterly Regional planning meeting is a venue for coordination between the PCCs and the regional coordinating agencies. The concept is a single poison control response plan which will serve the purpose of all regional response plans.)

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for Semi-Annual report only

A.
Accomplished: YES

NO

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

INITIATIVE 2: Participate in coordination meetings with and cooperate with hospitals, local public health departments, Metropolitan Medical Response Systems, volunteer pools, the ODH and other entities, as may be necessary, to effect a coordinated, comprehensive response to a bioterrorism or other mass casualty event.

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for Semi-Annual report only

A.
Accomplished: YES

NO

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

INITIATIVE 3: Provide technical information to health care providers in regards to bioterrorism. The Poison Control Collaborative currently provides health care providers, EMS, and the general public on diagnostic and treatment options consistent with guidance from the Centers for Disease Control and Prevention, the Ohio Department of Health, and consistent with the local standard of care and incorporating, where available, information pertaining to special populations, including the elderly, pregnant women, children, and the disabled.

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for Semi-Annual report only

A.
Accomplished: YES

NO

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

INITIATIVE 4: Serve as a back up for the Ohio Department of Health in the event that the Department is unable to distribute Health Alert Network (HAN) alerts and /or advisories to hospitals, local public health, and other partners currently on the ODH contact list. The ODH HAN Coordinator or designee will be the responsible party for notifying PCC regarding the need for PCC to fulfill this role. ODH will maintain the updated contact list and provide the information quarterly to PCC.

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for Semi-Annual report only

A.

Accomplished: YES

NO

B.

STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

INITIATIVE 5: Provide a 24/7 Point of Contact to the Ohio Department of Health to ensure the ability of ODH to meet federal time mandates for distribution of HAN messages.

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for Semi-Annual report only

A.
Accomplished: YES

NO

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

INITIATIVE 6: Participate in ODH and regional exercises as requested that test HAN capabilities. The PCC should be prepared to demonstrate through performance the ability to transmit a HAN alert within 60 minutes of receipt from ODH. ODH will provide training to the designated PCC representative to ensure PCC preparation for this deliverable.

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for Semi-Annual report only

A.
Accomplished: YES

NO

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

INITIATIVE 7: Maintain the ability of Ohio's three poison control centers to deal with a surge in telephone calls during a disaster. This shall include the training of volunteer staff to screen and triage telephone calls. This may include the provision of a 1-800 24/7 line coordinated with all three poison centers to provide event specific information in response to a disaster or bioterrorist act.

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for Semi-Annual report only

A.
Accomplished: YES

NO

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

INITIATIVE 8: Continue to work with the Bureau of Environmental Health, Bureau of Infectious Disease Control, Bureau of Health Surveillance, and the Office of Health Preparedness and report on progress towards the development of a mutually agreeable method of data collection and reporting on Ohio calls received by COPC to enhance chemical, injury, and health surveillance activities for state and local health departments. Collaboration towards this end will enhance statewide chemical event surveillance with regard to the Hazardous Substances Emergency Events Surveillance (HSEES) Program. Anticipated data reporting will include but is not limited to the chemical list identified as **Appendix A** and will occur in a manner that will protect individual protected health information.

ACTIVITIES:

TIMELINE:

PERSON/GROUP RESPONSIBLE:

Section A&B for Semi-Annual report only

A.
Accomplished: YES

NO

B.
STATUS:

REMAINING ACTIVITY/TIMELINE FOR COMPLETION

HSEES Required Reporting List

CHEMICAL NAME		CAS #
Acetaldehyde		75-07-0
Acetic acid		64-19-7
Acrolein		107-02-8
Acrylonitrile		107-13-1
Ammonia		7664-41-7
Arsenic trioxide		1327-53-3
Arsine		7784-42-1
Benzene		71-43-2
Bis(chloromethyl)ether		542-88-1
Boron trichloride		10294-34-5
Boron trifluoride		7637-07-2
Bromine		7726-95-6
1,3 Butadiene		106-99-0
Carbon disulfide		75-15-0
Carbon monoxide		630-08-0
Chlorine		7782-50-5
Chlorine dioxide		10049-04-4
Chloroform		67-66-3
Chloromethyl ether		542-88-1
Crotonaldehyde		4170-30-3
Cyanogen chloride		506-77-4
Diborane		19287-45-7
Dimethylamine		124-40-3
Dimethyldichlorosilane		75-78-5
Epichlorohydrin		106-89-8
Ethylene dibromide		106-93-4

Ethylene oxide		75-21-8
Ethyleneimine		151-56-4
Fluorine		7782-41-4
Formaldehyde		50-00-0
Hydrazine		302-01-2
Hydrochloric acid		7647-01-0
Hydrogen fluoride		7664-39-3
Hydrogen bromide		10035-10-6
Hydrogen cyanide		74-90-8
Hydrogen selenide		7783-07-5
Hydrogen sulfide		7783-06-4
Isobutylnitrile		78-82-0
Methyl chloride		74-87-3
Methyl hydrazine		60-34-4
Methyl isocyanate		624-83-9
Methyltrichlorosilane		75-79-6
Nickel carbonyl		13463-39-3
Nitric acid		7697-37-2
Nitrogen dioxide		10102-44-0
Perfluoroisobutylene		382-21-8
Phenol		108-95-2
Phosgene		75-44-5
Phosphine		7803-51-2
Phosphorous trichloride		7719-12-2
Potassium cyanide		151-50-8
Propylene oxide		75-56-9
Sarin		107-44-8
Sodium cyanide		143-33-9

Sodium hydroxide		1310-73-2
Stibine		7803-52-3
Styrene		100-42-5
Sulfur trioxide		7746-11-9
Sulfuric acid		7664-93-9
Tetrafluoroethylene		116-14-3
Thionyl chloride		7719-09-7
Titanium tetrachloride		7550-45-0
Toluene diisocyanate		584-84-9
Trichlorosilane		10025-78-2
Trimethylamine		75-50-3
Trimethylchlorosilane		75-77-4
Uranium hexafluoride		7783-81-5
Vinyl acetate		108-05-4
Vinyl chloride		75-01-4

This page was last updated on February 11, 2005.



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 on the IRS letter. This is a legal name by which the tax identification number is assigned and as listed, if applicable, currently in GMIS.

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to attend training _____

Telephone Number _____

E-mail Address _____

GMIS 2.0 Training Authorized by: _____

(Signature of Agency Head or Agency Fiscal Head)

Required

Please Check One:

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

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

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

Mail, E-mail, or Fax to:

GAIL BYERS
Grants Administration Unit
Ohio Department of Health
246 N. High St.
Columbus, Ohio 43215
E-mail: gail.byers@odh.ohio.gov

Fax: 614-752-9783

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

**Office of Health Preparedness
Ohio Poison Control Bioterrorism Preparedness Grant
Grant Application Review Score Sheet FY11**

APPENDIX D

Agency _____

SECTION 1		
GRANT APPLICATION COMPONENT	SCORE	REVIEWER COMMENTS
APPLICATION INFORMATION (10 pts)		
(Give .5 for each item submitted)		
▪ Application Information (1 point)		
▪ Project Contacts (1 point)		
▪ W-9 (1 point)		
▪ EFT (1 point)		
▪ Civil Rights Review Questionnaire (1 point)		
▪ Assurances (1 point)		
▪ GMIS 2.0 Training Form (1 point)		
▪ Public Health Impact Statement (1 point)		
▪ Public Health Impact Statement of Support (1 point)		
▪ DMA Statement (1 point)		
SECTION TOTAL (10 POINTS) _____		
SECTION 2		
GMIS BUDGET INFORMATION (10 pts)		
▪ Budget Narrative Justification (10 pts.)		
▪ Personnel		
▪ Other Direct Costs		
▪ Equipment		
▪ Contracts		
▪ Compliance		
SECTION TOTAL (10 POINTS) _____		

SECTION 3

PROJECT NARRATIVE – PART A

(40 points total - 5 points for each Initiative. Rate each Initiative based on the level and relevance of activities proposed to support the Initiative.

<p>INITIATIVE 1: Ensure the awareness and integration of the poison control response plan component into each of the Ohio Homeland Security Planning regions (see Appendix 1) through coordination with Regional Public Health, Regional Health Care (RHC), and Regional Medical Response System (RMRS) coordinators. (Note: The ODH sponsored quarterly Regional planning meeting is a venue for coordination between the PCCs and the regional coordinating agencies. The concept is a single poison control response plan which will serve the purpose of all regional response plans.)</p>		
<p>INITIATIVE 2: Participate in coordination meetings with and cooperate with hospitals, local public health departments, Regional Medical Response Systems, Metropolitan Medical Response Systems, volunteer pools, the ODH and other entities, as may be necessary, to effect a coordinated, comprehensive response to a bioterrorism or other mass casualty event.</p>		
<p>INITIATIVE 3: Provide technical information to health care providers in regards to bioterrorism. The Poison Control Collaborative currently provides health care providers, EMS, and the general public on diagnostic and treatment options consistent with guidance from the Centers for Disease Control and Prevention, the Ohio Department of Health, and consistent with the local standard of care and incorporating, where available, information pertaining to special populations, including the elderly, pregnant women, children, and the disabled.</p>		

PROJECT NARRATIVE – PART A

(40 points total - 5 points for each Initiative. Rate each Initiative based on the level and relevance of activities proposed to support the Initiative.

GRANT APPLICATION COMPONENT	SCORE	REVIEWER COMMENTS
INITIATIVE 4: Serve as a back up for the Ohio Department of Health in the event that the Department is unable to distribute Health Alert Network (HAN) alerts and /or advisories to hospitals, local public health, and other partners currently on the ODH contact list. The ODH HAN Coordinator or designee will be the responsible party for notifying PCC regarding the need for PCC to fulfill this role. ODH will maintain the updated contact list and provide the information quarterly to PCC		
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PROJECT NARRATIVE – PART A

(40 points total- 5 points for each Initiative. Rate each Initiative based on the level and relevance of activities proposed to support the Initiative.

GRANT APPLICATION COMPONENT	SCORE	REVIEWER COMMENTS
<p>INITIATIVE 7: Maintain the ability of Ohio’s three poison control centers to deal with a surge in telephone calls during a disaster. This shall include the training of volunteer staff to screen and triage telephone calls. This may include the provision of a 1-800 24/7 line coordinated with all three poison centers to provide event specific information in response to a disaster or bioterrorist act.</p>		
<p>INITIATIVE 8: Continue to work with the Bureau of Environmental Health, Bureau of Infectious Disease Control, Bureau of Health Surveillance, and the Bureau of Public Health Preparedness and report on progress towards the development of a mutually agreeable method of data collection and reporting on Ohio calls received by COPC to enhance chemical, injury, and health surveillance activities for state and local health departments. Collaboration towards this end will enhance statewide chemical event surveillance with regard to the Hazardous Substances Emergency Events Surveillance (HSEES) Program. Anticipated data reporting will include but is not limited to the chemical list identified as Appendix A and will occur in a manner that will protect individual protected health information.</p>		
<p>TOTAL (Part A) (40 POINTS) _____</p>		

GRANT APPLICATION COMPONENT	SCORE	REVIEWER COMMENTS
PROJECT NARRATIVE – PART B (30 points total)		
<p>Executive Summary: Identify the services and activities to be offered and what agency or agencies will provide those services. Describe how the agency will collaborate with other entities involved in statewide emergency preparedness and response efforts. (10 points)</p>		
<p>Description of Applicant Agency/Documentation of Eligibility/Personnel: Briefly describe the Poison Control Collaborative. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. 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. (10 points)</p>		
<p>Problem/Need: Identify and describe the issues and concerns related to bioterrorism preparedness as they relate to the efforts of Ohio's poison control centers. Include a description of other agencies/organizations also addressing this problem/need. (10 points)</p>		
<p>TOTAL PART B (30 POINTS) _____</p>		
<p>SECTION TOTAL (Add Part A & B) (70 POINTS) _____</p>		

SECTION 4		
GRANT APPLICATION COMPONENT	SCORE	REVIEWER COMMENTS
ATTACHMENTS (10 pts.)		
Completed Work Plan Template (Attachment 1) Position descriptions for all agency personnel working on the program		
SECTION TOTAL (10 POINTS) _____		

APPLICANT TOTAL SCORE	
SECTION 1 Application Information	_____pts
SECTION 2 GMIS Budget Information	_____pts
SECTION 3 Project Narrative (A&B)	_____pts
SECTION 4 Attachments	_____pts
TOTAL	_____pts

Reviewer signature: _____

Date: _____