Date: March 21, 2011

To: Prospective Save Our Sight Amblyope Registry Program Applicants

From: Karen Hughes, MPH, Chief
Division of Family and Community Health Services
Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Year 2012
July 1, 2011 – June 30, 2014 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 provide education about amblyopia to families, health professionals, and the general public and to provide voluntary case management to parents or guardians of children who are diagnosed with amblyopia. The services will be provided through the Amblyope Registry Program and must serve children and their families in all counties of Ohio. Applicants for the Save Our Sight Amblyope Registry Program may apply to provide education and voluntary case management to parents or guardians of children that are diagnosed with amblyopia and to initiate programs which will increase awareness of amblyopia.

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 Amblyope Registry 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 (attached) no later than Friday, April 1, 2011, to be eligible for these funds.

All potential applicants are encouraged to participate in a Bidders' Conference that will be held via conference call Friday, March 25, 2011 from 9:30 a.m. to 10:30 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 Dyane Gogan Turner to register (see contact information below).

All applications and attachments are due Monday, May 9, 2011. Electronic applications received after Monday, May 9, 2011 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 Friday, April 1, 2011. Training will be provided on Wednesday, April 20, 2011, at the Ohio Department of Health.

If you have questions regarding this application, please contact **Dyane Gogan Turner** at (614) 644-6560 or e-mail at Dyane.GoganTurner@odh.ohio.gov.

NOTICE OF AVAILABILITY OF FUNDS

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

Competitive Grant Applications for State Fiscal Year 2012

Introduction/Background

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Child and Family Health Services, Save Our Sight Program announces the availability of grant funds to support activities for the Save Our Sight Amblyope Registry Program. The authorization of funds for this purpose is contained in Section 3701.21 of the Ohio Revised Code. 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.

The Save Our Sight Fund was created, in part, with the purpose of providing funds, technical assistance and support to 501(c) organizations that provide education and voluntary case management to parents or guardians of children who are diagnosed with amblyopia. The services will be provided through the Amblyope Registry Program and must serve children and their families in all counties of Ohio. In addition, the Save Our Sight Fund seeks to provide opportunities to raise awareness of amblyopia and through educational efforts to families, health professionals and the general public identify more children with amblyopia who currently are not receiving treatment.

It is estimated that four percent of children may have amblyopia and of those children, approximately half have not been identified and are not receiving treatment. Without proper care, a child may lose sight in the amblyopic eye. Yet eighty percent of what a child learns is learned visually and some professions require good vision in both eyes. The Save Our Sight Fund is earmarked to educate children, parents and school personnel about the benefits of early screening, regular eye exams and strategies to keep eyes healthy and free from injury. Applicants for the Save Our Sight Amblyope Registry Program may apply to provide education and voluntary case management to parents or guardians of children who are diagnosed with amblyopia and to initiate programs which will increase awareness of amblyopia.

Eligibility

All applicants must be a statewide 501(c) organization with demonstrated experience in the delivery of vision services. Applicant agencies must attend or document, in writing, prior attendance at GMIS 2.0 training and have the capacity to set up an electronic funds transfer (EFT).

NOTICE OF AVAILABILITY OF FUNDS

Program Period and Award Amount

This is a competitive grant cycle. Applicants may apply for a maximum of $260,000.

The program period begins July 1, 2011 and ends June 30, 2014. The budget period begins July 1, 2011 and ends June 30, 2012.

To Obtain a Grant Application Packet

1. Go to the ODH website at www.odh.ohio.gov from the home page; click on "Funding Opportunities"; from the next page click on "ODH Grants"; next click on "Grant Request for Proposals", this will give you a pull down menu with current RFPs by name; and select and highlight ODH Save Our Sight Amblyope Registry RFP and click "Submit". This process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired. In the application packet you will find:
    a. Request for Proposals (RFP) – This document outlines detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant.
    b. Notice of Intent to Apply for Funding (NOIAF) – The purpose of this document is to ascertain your intent to apply for available grant funds. Please note: The NOIAF must be submitted no later than Friday, April 1, 2011 to be eligible for these funds.

2. When you have accessed the application packet:
    a. Review the RFP to determine your organization's ability to meet the requirements of the grant and your intent to apply.
    b. If after reviewing the RFP you wish to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Fax or e-mail it to ODH, per the listed instructions and by the indicated due date. The *Notice of Intent to Apply for Funding* form is mandatory, if you intend to apply for the grant.

Upon receipt of your completed Notice of Intent to Apply for Funding form, ODH will:

a. Create a grant application account number for your organization. This account number will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet, using the GMIS 2.0. ODH will assess your organizations' GMIS 2.0 training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you regarding those needs. GMIS 2.0 training is mandatory if your organization has never been trained on GMIS 2.0.

Once ODH receives your completed *Notice of Intent to Apply for Funding* form, creates the grant application account for your organization and finalizes all GMIS 2.0 training requirements, you may proceed with the application process as outlined in the RFP.

If you have questions, please contact **Dyane Gogan Turner,** Save Our Sight Program Supervisor, at (614) 644-6560 or e-mail at Dyane.GoganTurner@odh.ohio.gov.

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

ODH Program Title: Save Our Sight Amblyope Registry 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/Title _____

Telephone Number _____

E-mail Address _____

Please check all applicable:
☐ **Yes, our agency will need GMIS 2.0 training**
☐ **No, our agency has completed GMIS 2.0 training**
☐ **First time applying for an ODH grant**
☐ **Our agency will call into the Bidder's Conference**

Mail, E-mail or Fax to: Dyane Gogan Turner, Save Our Sight Program
Ohio Department of Health
246 North High Street
Columbus, OH 43215
E-mail: Dyane.GoganTurner@odh.ohio.gov
Fax: 614/728-6793

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY **Friday, April 1, 2011**

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 Amblyope Registry Program
REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2012
(07/01/2011 – 06/30/2012)

Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

Table of Contents

I. APPLICATION SUMMARY and GUIDANCE

A. Policy and Procedure 1
B. Application Name 1
C. Purpose 1
D. Qualified Applicants 1
E. Service Area 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. Local Health Districts Improvement Standards 2
L. Public Health Impact Statement 3
M. Statement of Intent to Pursue Health Equity Strategies 3
N. Appropriation Contingency 4
O. Programmatic, Technical Assistance and Authorization for Internet Submission 4
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 6
X. Special Condition(s) 7
Y. Unallowable Costs 8
Z. Audit 9
AA. Submission of Application 9

II. APPLICATION REQUIREMENTS AND FORMAT

A. Application Information 11
B. Budget 11
C. Assurances Certification 13
D. Project Narrative 13
E. Civil Rights Review Questionnaire – EEO Survey 14
F. Attachments 14
G. Electronic Funds Transfer (EFT) Form 14
H. Internal Revenue Service (IRS) W-9 Form and Vendor Forms 15
I. Public Health Impact Statement Summary 15
J. Public Health Impact/Response & Intent to pursue Health Equity Statement 15
K. Liability Coverage 15
L. Non-Profit Organization Status 15
M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire 15
N. Federal Funding Accountability and Transparency Act (FFATA) Requirement 16
O. Attachments as Required by Program 16

III. APPENDICES

A. GMIS Training Form 21
B. Save Our Sight Program Goals, Objectives and Strategies 22
C. Outcomes Grid. 26
D. Social Marketing Resources 29
E. Application Review Form 30

I. APPLICATION SUMMARY and GUIDANCE

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

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

A. Policy and Procedure: Uniform administration of all 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 "Funding Opportunities" [located under At a Glance]; click on "ODH Grants" and then click on "GAPP Manual.")

B. Application Name: Save Our Sight Amblyope Registry Program

C. Purpose: The Save Our Sight Fund was created, in part, with the purpose of providing funds, technical assistance and support to 501(c) organizations that provide education and voluntary case management to parents or guardians of children that are diagnosed with amblyopia. In addition, the Save Our Sight Fund seeks to provide opportunities to raise awareness of amblyopia and through educational efforts to families, health professionals and the general public identify more children with amblyopia who currently are not receiving treatment. The services will be provided through the Amblyope Registry Program and must serve children and their families in all counties of Ohio. 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).

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:** Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by 4:00 p.m. **Monday, May 9, 2011.** Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Contact Dyane Gogan Turner at 614.644.6560 or Dyane.Goganturner@odh.ohio.gov with any questions.

H. **Authorization:** Authorization of funds for this purpose is contained in Section 3701.21 of the Ohio Revised Code.

I. **Goals:** The goals of the Save Our Sight Amblyope Registry Program are: (1) Develop and implement a registry and targeted voluntary case management system to determine whether children with amblyopia are receiving professional eye care and to provide their parents with information and support regarding their child's vision care. and (2) Promote awareness of amblyopia to families, health professionals and the general public in all counties of the State to identify children with amblyopia who currently are not receiving treatment. This is accomplished by providing funding to 501 (c) organizations that offer vision services in all counties of the state.

Amblyopia (lazy eye) begins in infancy or childhood and is the most common cause of vision impairment in children. Optimum treatment for amblyopia requires early detection, usually before the age of five; otherwise, irreversible visual deficits, including blindness, can occur. The Save Our Sight Amblyope Registry Program plan (Attachment 1) and budget must address the objectives and strategies listed in Appendix B.

J. **Program Period and Budget Period:** Indicate effective date of the program and budget period. The program period will begin July 1, 2011 and end on June 30, 2014. The budget period for this application is July 1, 2011 through June 30, 2012.

K. **Local Health Districts Improvement Standards:** This grant program will address the Local Health Districts Improvement Goal(s) 3701-36-07 "Promote Healthy Lifestyles," Standard(s) 3701-36-07-03 "Prevention, health promotion, early intervention, and outreach services are provided directly." The Local Health District Improvement Standards are available on the ODH Web-site: http://www.odh.ohio.gov/localHealthDistricts/lhdImprovementStandards.aspx .

L. Public Health Impact Statement: All applicant agencies that are not local health districts must communicate with local health 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 subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon submission of the Notice of Intent to Apply for Funding (NOIAF). Please contact **Dyane Gogan Turner** at 614.644.6560 or e-mail at Dyane.GoganTurner@odh.ohio.gov for questions regarding this RFP.

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

P. **Acknowledgment:** An 'Application Submitted' status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.

Q. **Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, May 9, 2011**.

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

R. **Successful Applicants:** Successful applicants will receive official notification in the form of a "Notice of Award" (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.

S. **Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.

T. **Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and 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 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 Grants Administration Policy and Procedures (GAPP), Chapter 100; and**
11. **Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities.**

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 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.

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 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 ODH. All material(s) must clearly state:

Funded by Ohio Department of Health/Federal Government
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 ODH, GAPP manual. Reports must be received before the department will release any additional funds.

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

Reports shall be submitted as follows:

1. **Program Reports:** Subgrantee Program Reports **must** be completed and submitted **via the Subgrantee Performance Evaluation System (SPES)** by the following dates: October 15, 2011, January 15, 2012, April 15, 2012 and July 15,

2012. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. All program report attachments must clearly identify the authorized program name and grant number.

Complete Appendix C, the *Outcomes Grid* (sample provided), and a grid narrative providing specific programmatic information such as locations, dates, times and contact information. The narrative should include progress on meeting Program Plan objectives, strategies/activities and should include persons responsible, timelines and evaluation measures. The content of the *Outcomes Grid* will be agreed upon by ODH and the subgrantee agency.

Submission of Subgrantee Program Reports via the ODH's SPES indicates acceptance of the ODH GAPP.

2. **Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates: October 15, 2011, January 15, 2012, April 15, 2012 and July 15, 2012.

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

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

   Submission of the Subgrantee Final Expenditure Report via the GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic 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 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 2.0 within 30 days of receipt of the first quarter payment. A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30 day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

Submission of response to grant special conditions via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Checking the "selection" box and clicking the "approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

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

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

22. Payments for total fringe benefits exceeding thirty five percent.

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

Z. Audit: *Subgrantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than 9 months after the end of the subgrantee's fiscal year.*

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

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

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

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

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

AA. Submission of 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
7. Ohio Department of Health Sub-Awardee Reporting Form for State Funded Grants (Attachment B).
8. Attachments as required by Program: Attachment 1 (Save Our Sight Program Plan) and Attachment 2 (Save Our Sight Program Assurances).

An original and one 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 copies of the following documents must be mailed to the address listed below:

Copy & Mail To ODH

1. Public Health Impact Statement **(for competitive cycle only; for continuation, only if changed)**
2. Statement of Support from the Local Health Districts **(for competitive cycle only; for continuation, only if changed)**
3. **Statement of Intent to Pursue Health Equity Strategies (for competitive cycle only: not required for continuation cycle, if unchanged)**
4. Liability Coverage **(Non-Profit Organizations only;**

proof of current liability coverage and thereafter at each renewal period)

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

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

Complete Copy & Mail To ODH

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

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 GMIS 2.0, will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after submission of the Notice of Intent to Apply for Funding (NOIAF).

All applications must be submitted via GMIS 2.0. Submission of all parts of the grant application via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Submission of the Application signifies authorization by an agency official and constitutes electronic 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 allocablity 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 and Contracts):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2011 to June 30, 2012.

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

   Funds awarded under this sub-grant program may not be used to support total fringe benefit costs in excess of thirty-five percent.

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

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

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

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

4. **Funding, Cash Needs and Budget Summary Sections:** Enter information about

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

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

D. Project Narrative:

1. **Executive Summary:** In a one page summary, identify the target population, services and programs to be offered and what agency or agencies will provide those services. 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. Include data citations. 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 of the local health status concern (*this information must correlate with the* *Statement of Intent to Pursue Health Equity Strategies.)*

Include a description of other agencies/organizations also addressing this problem/need.

4. **Methodology:** Complete the Save our Sight Program Plan (Attachment 1), that identifies the program goals; ***Specific, Measureable, Attainable, Realistic & Time-Phased (SMART)*** process, impact, and outcome objectives and strategies/activities; evaluation measures; person(s) responsible; and start and completion dates for each. Indicate how they will be evaluated to determine the level of success of the program. A methodology narrative is not required.

   Save Our Sight Amblyope Registry Program goals and objectives are listed in Appendix B. Other programmatic activities that fall within the scope of Section 3701.21 of the Ohio Revised Code may be considered for funding. Completion of programmatic activities is expected during the Program Period, July 1, 2011 through June 30, 2014.

   In the project narrative Executive Summary, describe how program activities will address health disparities.

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. Subgrantees 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 by 4:00 P.M. on or before (**Monday, May 9, 2011**). 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 copy. **(Required only if new agency, thereafter only when banking information has changed.)**

H. Internal Revenue Service (IRS) W-9 and Vendor Forms: Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:**

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

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

I. Public Health Impact Statement Summary: Submit two 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 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 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 that must be completed by all non-governmental grant applicant agencies to certify that they have

not provided "material assistance' to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed 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 Department of Public Safety /Ohio Homeland Security website:

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

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

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

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

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

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

O. Attachments as Required by Program:

- **ATTACHMENT B - Ohio Department of Health Sub-Awardee Reporting Form for State Funded Grants**
- Attachment 1 (*Save Our Sight Program Plan*)
- Attachment 2 (*Save Our Sight Program Assurances*)

III. APPENDICES

A. GMIS Training Form
B. Save Our Sight Program Goals, Objectives and Strategies
C. Outcomes Grid
D. Social Marketing Resources
E. Application Review Form

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

Submission Date
_____/_____/_____

Sub-Awardee Data

DUNS #	
DUNS # plus 4	
Agency Name	
Has your Agency registered with CCR?	
CCR Expiration Date	

ATTACHMENT 1: SAVE OUR SIGHT PROGRAM PLAN

Instructions for Completing the Program Plan Utilizing Appendix B, Save Our Sight Program Goals, Objectives and Strategies
Objective: describe the conditions the applicant wants to achieve (**S**pecific, **M**easurable, **A**ttainable, **R**ealistic, **T**ime-Phased). Include the Objectives listed in Appendix B.
Strategy: for each measure, copy the specific Strategy from Appendix B 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 AMBLYOPE REGISTRY 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, 2011.

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 will address amblyopia awareness, increasing the number of registrants and case management participants, and the expansion of the registry in all counties of the state.

3. Assurance that ODH shall own all data generated by the Ohio Amblyope Registry.

4. Assurance that registry participants will be contacted on a regular basis to determine if registry participants are following through with care recommendations and are under the care of a vision professional.

5. Assurance that an advisory committee, representative of all regions of the state, will be created and maintained that consists of providers of care (both individual and organizations including but not limited to ophthalmology, optometry, pediatricians, family practice doctors, and school nurses); healthcare institutions (including but not limited to children's hospitals, health centers and health departments); educational institutions (including but not limited to school districts, preschools, universities); and community organizations (including but not limited to advocacy organizations, community centers, libraries).

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: _____

Ohio Department of Health

GMIS 2.0 TRAINING

ALL INFORMATION REQUESTED MUST BE COMPLETED for EACH EMPLOYEE FROM YOUR AGENCY WHO WILL ATTEND A GMIS 2.0 TRAINING SESSION.

(Please Print Clearly or Type)

Grant Program _____ **RFP Due Date** _____

County of Applicant Agency _____

Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned and as listed, if applicable, currently in GMIS.

Applicant Agency/Organization _____

Applicant Agency Address _____

_____

Agency Employee to attend training _____

Telephone Number _____

E-mail Address _____

GMIS 2.0 Training Authorized by: _____

(Signature of Agency Head or Agency Fiscal Head)

Required
Please Check One:

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

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

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

Mail, E-mail, or Fax To:

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

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

Due Date: April 1, 2011

Appendix B

Save Our Sight Amblyope Registry SFY 2012

Purpose, Goals, Objectives and Strategies

Purpose: The Save Our Sight Fund was created, in part, with the purpose of providing funds, technical assistance and support to 501(c) organizations that provide education and voluntary case management to parents or guardians of children that are diagnosed with amblyopia. In addition, the Save Our Sight Fund seeks to provide opportunities to raise awareness of amblyopia and through educational efforts to families, health professionals and the general public identify more children with amblyopia who currently are not receiving treatment.

Goals:

1. Develop and implement a registry and targeted voluntary case management system to determine whether children with amblyopia are receiving professional eye care and to provide their parents with information and support regarding their child's vision care.

2. Promote awareness of amblyopia to families, health professionals and the general public in all counties of the State to identify children with amblyopia who currently are not receiving treatment.

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 children with case management within the registry) and 2) outcome-- that looks at results/changes in the target population from the program (e.g., the number of children whose amblyopia has been treated). ODH needs to approve evaluation methods prior to implementation.

Objective 1: By June 30, 2012, plan, develop, implement, maintain and evaluate a registry for children with amblyopia in all counties of the State.

Strategies

1a Develop a plan for the creation of the web-based amblyope registry database for approval by ODH (due: July 31, 2011).

1a1 Ensure that the data variables are collected throughout the grant cycle. At a minimum, data must include demographics of the child: name, address, date of birth, economic status (% of Federal Poverty Level), race, ethnicity, insurance status; provider information: name, practice, address, number of referrals; and case management information : whether or not children registered with amblyopia are receiving professional eye care, patches distributed, treatment follow up.

1a2 Ensure that the data collected will be maintained and stored through the grant cycle. At a minimum, describe the following: data security and disaster recovery plan for the Amblyope Registry; how client confidentiality will be protected; how the data entry error will be maintained at no more than .5 percent; and an audit trail for data collected via the Amblyope Registry : how data will be processed and how long data will be maintained.

1a3 Ensure that the data collected in the Amblyope Registry will be transmitted to ODH quarterly using the Outcome Grid (Appendix C).

1a4 Develop a communication plan regarding how data collected in the Amblyope Registry will be communicated biannually, at a minimum, to Amblyope Registry users as approved by ODH.

Objective 2: By June 30, 2012, plan, develop, implement and evaluate a comprehensive case management system for diagnosed children participating in the registry as measured by a 3% increased participation in case management services.

Strategies

2a Submit a written case management protocol that outlines the framework and procedures to be used in providing a comprehensive case management system for approval by ODH (due: July 31, 2011).

2a1 Ensure that on-going support will be provided to ensure families are following through with eye care recommendations (e.g., contact registry participants on a regular basis). Describe how and when families of registry children will be contacted. At a minimum, or as negotiated, contact must be made at 30 calendar days; at 90 calendar days; at 180 calendar days; and at closure of case management services.

2a2 Provide educational materials/tools/resources to clients to assure compliance with treatment regimens prescribed by eye care providers (e.g., vision health/safety educational materials, patching). At a minimum, a telephone call at 30 calendar days addressing emergent needs and a mailing with registry information and case management tracking tool (as approved by ODH); email and/or letter at 90 calendar days with basic information packet (as approved by ODH); follow-up regarding case management tracking tool 180 calendar days; and a letter, as approved by ODH, at case closure encouraging follow-up as needed.

2b Evaluate the case management system including methods/instruments used to determine to what extent each component of the case management system was met.

2b1 Identify factors that may affect participation in registry case management services and treatment compliance.

2b2 Assess current barriers to follow up treatment compliance and the impact registry activities had on compliance rates as compared to compliance rates of non-participants.

2b3 Compare the number of children registered and participating in case management services to the number of children registered and not participating in case management services using

SFY 2010 as the baseline (data available from ODH).

Objective 3: By September 30, 2011, develop and implement a strategy to increase recruitment of healthcare providers, children diagnosed with amblyopia and private/public partners to participate with the registry by 3% in each group each year.

Strategies

3a Submit a recruitment plan for approval by ODH (due: July 31, 2011).

3a1 Recruit public health and private healthcare providers, including list of providers, geographic locations, presentations planned, and other outreach methods used to recruit providers (e.g., web-based, mailings).

3a2 Describe a plan to recruit children diagnosed with amblyopia into the registry. State how the plan targets the most economically vulnerable population (<200% Federal Poverty Level), minorities and other segments of the population that experience a disproportionate burden. Describe segments of the target population who experience a disproportionate burden. Specify attainable number, or percentage, of population to be reached.

3b Establish and maintain formal, working relationships with critical partners to expand amblyopia and registry program awareness. Partnerships should include but are not limited to health care professional organizations; health care institutions, organizations and providers; educational institutions; public health institutions; and advocacy groups.

3b1 Ensure that the subgrantee agency will establish and maintain relationships with partners listed above.

3b2 Submit letters of support to ODH (due: September 30, 2011).

3c Provide evaluation measures in the grant application. Establish baseline data using SFY 2010 data (available from ODH) and subsequent targets to increase the percentage of diagnosed amblyopic children that become part of the registry by 3% in all counties of the State per grant year. Include plans to monitor the use of outreach tools to increase provider participation in the registry and therefore patient participation, as approved by ODH. Include plans to survey parents/caregivers at initial contact, at 180 calendar days and at closure to assess satisfaction with registry services and its effect on compliance.

Objective 4: By June 30, 2012, develop, implement and evaluate an educational campaign using social marketing techniques to educate each targeted audiences (general public, health care providers, and other community/state agencies/organizations reaching out to children) about amblyopia in all counties of the State to help ensure the identification and treatment of undiagnosed children.

Strategies

4a Develop and implement a statewide educational campaign including the basic elements of social marketing and must be approved by ODH prior to implementation. At a minimum the education campaign should include the following components of social marketing. Refer to Appendix D.

4a1 Identify two to three priority segments within the general population and explain why you chose them as a priority. Describe how they are different from the general population and the elements of the marketing strategy for reaching them.

4a2 Ensure that the key points of the marketing mix components are followed: product (e.g., screening, examination, treatment, follow-up, registry services); price (e.g., cost: benefit analysis, time, effort, monetary cost, access, other barriers); place (e.g., the way the product reaches the target population); promotion (e.g., integrated methods of communication); and partners (e.g., primary and secondary audiences, policy makers, gatekeepers, providers of care, referral sources).

4a3 Pilot or pre-test the campaign prior to full scale implementation (due: December 31, 2011).

Appendix C
Save Our Sight Amblyope Registry SFY 2012
Outcomes Grid

OUTREACH BY ACTUAL NUMBER					DEMOGRAPHIC DATA BY PERCENT						
County	Number of Physicians registered	Number of families registered	Number of children in case management	Number of children without insurance coverage	Percent of children <200% poverty level served	African American/Black	American Indian/Alaska Native	Asian/Pacific Islander	Hispanic or Latino	White	Multi-Racial/Blank
Adams											
Allen											
Ashland											
Ashtabula											
Athens											
Auglaize											
Belmont											
Brown											
Butler											
Carroll											
Champaign											
Clark											
Clermont											
Clinton											
Columbiana											
Coshocton											
Crawford											
Cuyahoga											
Darke											
Defiance											
Delaware											
Erie											
Fairfield											
Fayette											

Franklin											
Fulton											
Gallia											
Geauga											
Greene											
Guernsey											
Hamilton											
Hancock											
Hardin											
Harrison											
Henry											
Highland											
Hocking											
Holmes											
Huron											
Jackson											
Jefferson											
Knox											
Lake											
Lawrence											
Licking											
Logan											
Lorain											
Lucas											
Madison											
Mahoning											
Marion											
Medina											
Meigs											
Mercer											
Miami											
Monroe											

Montgomery											
Morgan											
Morrow											
Muskingum											
Noble											
Ottawa											
Paulding											
Perry											
Pickaway											
Pike											
Portage											
Preble											
Putnam											
Richland											
Ross											
Sandusky											
Scioto											
Seneca											
Shelby											
Stark											
Summit											
Trumbull											
Tuscarawas											
Union											
Van Wert											
Vinton											
Warren											
Washington											
Wayne											
Williams											
Wood											
Wyandot											

Appendix D

Save Our Sight Program

Social Marketing Resources

Social marketing is the use of marketing concepts and techniques to influence specific, voluntary behavioral changes that benefit the targeted consumers and society as a whole.

CDCynergy Social Marketing Edition Online

http://www.orau.gov/cdcynergy/soc2web/default.htm

Centers for Disease Control, social marketing Web pages

http://www.cdc.gov/nccdphp/dnpa/socialmarketing/

Ohio Department of Health, Office of Healthy Ohio

http://www.healthyohioprogram.org/

Ohio State University, School of Public Health, social marketing Web pages

http://sph.osu.edu/cphp/6210.cfm

R. Craig Lefebvre Website

http://socialmarketing.blogs.com/r_craiig_lefebvres_social/

Social Marketing Institute

http://www.social-marketing.org/index.html

Weinreich Communications, social marketing Web site

http://www.social-marketing.com/
http://www.social-marketing.com/SMLinks.html

Appendix E

Ohio Department of Health
Save Our Sight Children's Amblyope Registry Program
FY 2012 Application Review Form

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

Program Narrative 50 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
/10	The Executive Summary provided a one page 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. The summary briefly described how program activities will address health disparities. In addition, a brief summary of the total budget provided. (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.)	
/25	Program narrative detailed services and programs to be offered. (Refer to Section I.D.3. of the RFP, page 13.)	
	Subtotal Score: /50	**Number of Special Conditions:**

Program Plan 100 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 B of the RFP.)

Objective 1: By June 30, 2012, plan, develop, implement, maintain and evaluate a registry for children with amblyopia in all counties of the State. (Refer to Section I.D.4, page 14, and Appendix B of the RFP.)		
Score		**Comments/Special Conditions**
/25	1a Describes a plan that will be developed for a web-based amblyope registry database for approval by ODH (due: July 31, 2011). 1a1 Ensures that the data variables will be collected throughout the grant cycle. At a minimum, data included demographics of the child: name, address, date of birth, economic status (% of Federal Poverty Level), race, ethnicity, insurance status; provider information: name, practice, address, number of referrals; and case management information : whether or not children registered with amblyopia are receiving professional eye care, patches	

	distributed, treatment follow up. 1a2 Ensured that the data collected would be maintained and stored through the grant cycle. At a minimum, described the following: data security and disaster recovery plan for the Amblyope Registry; how client confidentiality will be protected; how the data entry error will be maintained at no more than .5 percent; and an audit trail for data collected via the Amblyope Registry : how data will be processed and how long data will be maintained. 1a3 Ensured that the data collected in the Amblyope Registry would be transmitted to ODH quarterly using the Outcome Grid (Appendix C). 1a4 Developed a communication plan regarding how data would be collected in the Amblyope Registry and communicated biannually, at a minimum, to Amblyope Registry users as approved by ODH.	

Objective 2: By June 30, 2012, plan, develop, implement and evaluate a comprehensive case management system for diagnosed children participating in the registry as measured by a 3% increased participation in case management services. (Refer to Section I.D.4, page 14, and Appendix B of the RFP.)

Score		Comments/Special Conditions
/15	2a Submitted a written case management protocol that outlined the framework and procedures to be used in providing a comprehensive case management system for approval by ODH (due: July 31, 2011). 2a1 Ensures that on-going support would be provided to ensure families are following through with eye care	

	recommendations (e.g., contact registry participants on a regular basis). Described how and when families of registry children would be contacted. At a minimum, or as negotiated, contacted at 30 calendar days; at 90 calendar days; at 180 calendar days; and at closure of case management services. 2a2 Provides educational materials/tools/resources to clients to assure compliance with treatment regimens prescribed by eye care providers (e.g., vision health/safety educational materials, patching). At a minimum, a telephone call at 30 calendar days addressing emergent needs and a mailing with registry information and case management tracking tool (as approved by ODH); email and/or letter at 90 calendar days with basic information packet (as approved by ODH); follow-up regarding case management tracking tool 180 calendar days; and a letter, as approved by ODH, at case closure encouraging follow-up as needed.	
/10	2b Evaluates the case management system including methods/instruments used to determine to what extent each component of the case management system was met. 2b1 Identifies factors that may affect participation in registry case management services and treatment compliance. 2b2 Assesses current barriers to follow up treatment compliance and the impact registry activities had on compliance rates as compared to compliance rates of non-participants. 2b3 Compares the number of children registered and participating in case management services to the number of children registered and not participating in case	

	management services using SFY 2010 as the baseline (data available from ODH).	
Objective 3: By September 30, 2011, develop and implement a strategy to increase recruitment of healthcare providers, children diagnosed with amblyopia and private/public partners to participate with the registry by 3% in each group each year. (Refer to Section I.D.4, page 14, and Appendix B of the RFP.)		
Score		**Comments/Special Conditions**
/10	3a Submitted a recruitment plan for approval by ODH (due: July 31, 2011). 3a1 Recruits public health and private healthcare providers, including list of providers, geographic locations, presentations planned, and other outreach methods used to recruit providers (e.g., web-based, mailings). 3a2 Described a plan to recruit children diagnosed with amblyopia into the registry. Stated how the plan targets the most economically vulnerable population (<200% Federal Poverty Level), minorities and other segments of the population that experience a disproportionate burden. Described segments of the target population who experience a disproportionate burden. Specified attainable number, or percentage, of population to be reached.	
/10	3b Establishes and maintains formal, working relationships with critical partners to expand amblyopia and registry program awareness. Partnerships should include but are not limited to health care professional organizations; health care institutions, organizations and providers; educational institutions; public health institutions; and advocacy groups. 3b1 Ensured that the subgrantee agency will establish and maintain relationships with partners listed above.	

	3b2 Ensured that letters of support will be submitted to ODH (due: September 30, 2011).	
/5	3c Provided evaluation measures in the grant application. Established baseline data using SFY 2010 data (available from ODH) and subsequent targets to increase the percentage of diagnosed amblyopic children that became part of the registry by 3% in all counties of the State per grant year. Included plans to monitor the use of outreach tools to increase provider participation in the registry and therefore patient participation, as approved by ODH. Included plans to survey parents/caregivers at initial contact, at 180 calendar days and at closure to assess satisfaction with registry services and its effect on compliance.	

Objective 4: By June 30, 2012, develop, implement and evaluate an educational campaign using social marketing techniques to educate each targeted audiences (general public, health care providers, and other community/state agencies/organizations reaching out to children) about amblyopia in all counties of the State to help ensure the identification and treatment of undiagnosed children. (Refer to Section I.D.4, page 14, and Appendix B of the RFP.)		
Score		**Comments/Special Conditions**
/25	4a Developed and will implement a statewide educational campaign including the basic elements of social marketing and must be approved by ODH prior to implementation. At a minimum the education campaign included the following components of social marketing. Refer to Appendix D. 4a1 Identified two to three priority segments within the general population and explained why they chose them as a priority. Described how they are different from the general	

	population and the elements of the marketing strategy for reaching them. 4a2 Ensured that the key points of the marketing mix components are followed: product (e.g., screening, examination, treatment, follow-up, registry services); price (e.g., cost: benefit analysis, time, effort, monetary cost, access, other barriers); place (e.g., the way the product reaches the target population); promotion (e.g., integrated methods of communication); and partners (e.g., primary and secondary audiences, policy makers, gatekeepers, providers of care, referral sources). 4a3 Ensured that the campaign will be piloted or pre-tested prior to full scale implementation (due: December 31, 2011).	
	Subtotal Score: /100	**Number of Special Conditions:**

Budget Narrative 50 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 11.)

Score		Comments/Special Conditions
/2	Specified the total project budget and the portion that was requested from ODH. (Refer to Section II. B. of the RFP, page 11.)	
/20	Detailed budget narrative that described how categorical costs were derived. (Refer to Section II. B. of the RFP, page 11.)	
/10	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 11.)	
/15	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 11.)	
/3	Information entered about funding sources, budget categories, and forecasted cash needs for the program. (Refer to Section II. B. of the RFP, page 11.)	
	Subtotal Score: /50	**Number of Special Conditions:**

Total Score: /200
Total Number of Special Condition