



OHIO DEPARTMENT OF HEALTH

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John R. Kasich / Governor

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

Date: August 24, 2011
To: Applicants for the 2011 Creating Healthy Communities Program
From: Nan Migliozi, RN, Chief, Office of Healthy Ohio
Ohio Department of Health
Subject: **Notice of Availability of Funds**

Grant Applications for Fiscal Year 2012
Creating Healthy Communities Program – 1/1/11-12/31/14

The Ohio Department of Health (ODH), Office of Healthy Ohio, Bureau of Health Promotion and Risk Reduction, announces the availability of grant funds for continuation of Healthy Communities Program initiatives. The Request for Proposals (RFP) will provide you guidance in completing the online application for the FY12 continuation program period. FY12 PHHSBG funds are uncertain at this time. If the PHHSBG is not funded in the federal fiscal year 2012 budget, ODH will be unable to fund the 2012 Creating Healthy Communities subgrants. **Proposals are due Monday, October 17, 2011 for the funding period of January 1, 2012 through December 31, 2012. Late applications will not be accepted.**

Introduction/Background

The Ohio Department of Health (ODH), Office of Healthy Ohio, Bureau of Health Promotion and Risk Reduction (BHPRR), announces the availability of Preventive Health and Health Services Block Grant (PHHSBG) funds to continue funds for year 2 of the comprehensive population-based **Creating Healthy Communities Program (CHCP)**. This program reflects the continued commitment of the ODH to meet community needs with programming implemented at the local level.

Continuation funding for the local CHCP is intended to improve the health of Ohioans, support the PHHS Block Grant initiatives at the community level, and ultimately reduce the premature mortality from chronic diseases through expansion and implementation of comprehensive population-based programs in high-need communities.

The RFP will provide detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information about the grant. It will also provide requirements associated with submission of the grant application and administration of the grant.

Important Dates to Remember:

GMIS 2.0 Training Request
Application Due

September 16, 2011
Monday, October 17, 2011



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF

Healthy Ohio

BUREAU OF

Bureau of Health Promotion and Risk Reduction

Creating Healthy Communities Program

REQUEST FOR PROPOSALS (RFP)

FOR

FISCAL YEAR 2012

(01/01/2012-12/31/12)

Local Public Applicant Agencies

Non-Profit Applicants

CONTINUATION GRANT APPLICATION INFORMATION

Table of Contents

I. APPLICATION SUMMARY and GUIDANCE	1
A. Policy and Procedure	1
B. Application Name	1
C. Purpose.....	1
D. Qualified Applicants	2
E. Service Area.....	2
F. Number of Grants and Funds Available	2
G. Due Date	3
H. Authorization	3
I. Goals	3
J. Program Period and Budget Period.....	4
K. Local Health Districts Improvement Standards	4
L. Public Health Impact Statement.....	4
M. Statement of Intent to Pursue Health Equity Strategies	5
N. Appropriation Contingency.....	6
O. Programmatic, Technical Assistance and Authorization for Internet Submission.....	6
P. Acknowledgment	6
Q. Late Applications	6
R. Successful Applicants	7
S. Unsuccessful Applicants	7
T. Review Criteria	7
U. Freedom of Information Act	8
V. Ownership Copyright.....	8
W. Reporting Requirements.....	8
X. Special Condition(s).....	9
Y. Unallowable Costs	10
Z. Audit	11
AA. Submission of Application:.....	11
II. APPLICATION REQUIREMENTS AND FORMAT	14
A. Application Information:.....	14
B. Budget.....	14

C. Assurances Certification	16
D. Project Narrative:	16
E. Civil Rights Review Questionnaire - EEO Survey	18
F. Federal Funding Accountability and Transparency Act (FFATA) Requirements	18
G. Attachment(s).....	18
H. Electronic Funds Transfer (EFT) Form	18
I. Internal Revenue Service (IRS) W-9 and Vendor Forms	19
J. Public Health Impact Statement Summary	19
K. Public Health Impact & Intent to Pursue Health Equity Statements.....	19
L. Liability Coverage	19
M. Non-Profit Organization Status	19
N. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire	20
III. ATTACHMENTS AS REQUIRED BY PROGRAM	20
ATTACHMENT A: Personnel/Position/Percent of Time Devoted to & Paid by Grant, and Function.	21
ATTACHMENT B: Federal Funding Accountability & Transparency Act (FFATA) Reporting Form Sample	22
ATTACHMENT C	25
IV. APPENDICES	27
APPENDIX 1: GMIS 2.0 Training	27
APPENDIX 2: Strategies	28
APPENDIX 3: Application Review Criteria	31
APPENDIX 4: Guidelines for Completing the CHC Work Plan.....	33
APPENDIX 5: Population-Based Interventions	38
APPENDIX 6: Program Definitions	39

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

Creating Healthy Communities Program

C. Purpose

The Preventive Health and Health Services Block Grant (PHHSBG) Creating Healthy Communities Program (CHCP) reflects the commitment of the ODH to meet community needs with programming implemented at the local level. The CHCP is designed to enhance local communities’ abilities to develop and implement policy, systems, and environmental change strategies that can help prevent or manage health-risk factors for heart disease, stroke, diabetes, cancer and obesity. Specific activities are directed toward reducing tobacco use and exposure, promoting physical activity and health eating, improving access to quality preventive health care services and eliminating health disparities.

The ODH, Bureau of Health Promotion and Risk Reduction (BHPRR), determined the following Guiding Principles to address chronic diseases using an integrated approach:

- Funding decisions are data driven.
- Interventions are evidence-based.
- Achieving health equity is an overarching goal.
- Develop state and local capacity/infrastructure.
- All resources are aligned and allocated to achieve PHHSBG goals.
- Assessment, monitoring and evaluation are critical.
- Stakeholder collaboration is important.

- Integration occurs within ODH, and at the state and local levels.

Key principles common to all CHCP initiatives are:

- High-level community leaders are involved at every step, utilizing their positions, influence and ability to make changes within their organization and within the greater community.
- Multiple sectors and diverse organizations are involved to maximize experience, assets, resources and skills.
- The ultimate goal is to influence policy and environmental changes to improve community environments.
- Local initiatives are grass-roots efforts with strategies specific to the needs of each community.

The focus of the interventions are directed towards reaching high-need populations residing in communities of varying sizes (urban, rural, suburban), hard-to-reach populations (low-income, underserved, and racial and ethnic populations), and geographically diverse populations who are at highest risk of developing chronic diseases.

D. Qualified Applicants

Only agencies currently funded under the Creating Healthy Communities Program are eligible to apply. Eligible applicants are Allen County Health Department, University of Cincinnati-Health UC, Athens City-County Health Department, Cincinnati City Health Department, Columbus Public Health Department, Cuyahoga County Board of Health, Public Health-Dayton and Montgomery County, Lorain County General Health District, Lucas County Regional Health District, Mansfield Ontario Richland County Health Department, Marion County Health Department, Meigs County Health Department, Summit County General Health District, Trumbull County Health Department, and Washington County Health Department. The applicant must have demonstrated acceptable performance standards during the previous grant period.

E. Service Area

One project will be funded per county. Services must be provided to specific high-need portions of the county's service area. Priority communities as defined by a zip code, census tracts, or city limits, must be identified for the CHC program services.

F. Number of Grants and Funds Available

Fifteen (15) grants may be awarded for a total amount of \$1,424,285.00 for local grant awards.

Available funding for the 2012 grant year will be 15% less than the total amount of the Notice of Award issued for each CHC Program in 2011.

Funding levels for all applicants will depend on the number and scope of proposals received, recommendations from the review panel, quality of each

application, and justification for the amount of funding requested, and adherence to the goals and objectives outlined in this RFP. No applicant is guaranteed a certain percentage of the total funds available. ODH reserves the right to modify the amount of funding based on the applications and funds available.

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 required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due **by 4:00 pm, Monday, October 17, 2011**. Attachments and/or forms submitted electronically must be transmitted by 4:00 pm Monday, October 17, 2011. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before 4:00 pm, Monday, October 17, 2011.

Questions related to this RFP may be submitted via e-mail to Ann Weidenbenner at ann.weidenbenner@odh.ohio.gov or 614-644-7035.

H. Authorization

Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 93.991.

I. Goals

The goal of the CHCP is to confront the epidemic of chronic diseases by mobilizing community resources and changing the places, organizations, and systems that touch people's lives every day, including schools, worksites, communities and health care settings. Key decisions related to policy, systems, and environmental changes depend on local decision makers who are committed to, making changes that promote and support good community health.

It is the goal that local communities will continue the developments of strategies that will help prevent or manage health-risk factors for heart disease, stroke, diabetes, cancer, and obesity. Specific activities will be directed towards reducing tobacco use and exposure, promoting physical activity and healthy eating in high need areas of Ohio. Population-based, evidence-based approaches will be utilized to achieve these goals.

The CHCP, in conjunction with the Centers for Disease Control and Prevention/PHHSBG, support the following goals:

- Achieve health equity and eliminate health disparities by impacting social determinants of health;
- Decrease premature death and disabilities due to chronic diseases by focusing on the leading preventable risk factors;

- Support local health programs, systems, and policies to achieve healthy communities; and,
- Provide opportunities to address emerging health issues and gaps.

Therefore the strategies that the ODH/ BHPRR will support for the CHCP will focus on the leading preventable risk factors, address and impact social determinants of health, and support local health programs, systems, and policies. These strategies will be accomplished using tactics such as countywide initiatives, community grants, training and technical assistance, strategic planning, social marketing, and evaluation.

J. Program Period and Budget Period

The program period begins on January 1, 2010 and ends on December 31, 2014. The budget period for this application is January 1, 2012 through December 31, 2012.

K. Local Health Districts Improvement Standards

This grant program will address Local Health Districts Improvement Goal 3701-36-07- “Promote Healthy Lifestyles,” Standard 3701-36-07-03-“Prevention, health promotion, early intervention, and outreach services are not provided directly, rather contracts or partnerships exist.” Also Standard 3701-36-07-02-“Community members actively involved in addressing prevention priorities.” The Local Health District Improvement Standards are available on the ODH web-site <http://www.odh.ohio.gov>. Click on “Local Health Departments” then “Local Health Districts Improvement Standards,” then click “Local Health District Improvement Goals/Standards/Measures.”

L. Public Health Impact Statement

(Submit Changes Only)

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:
 - i. 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;
 - ii. A summary of the services to be provided or activities to be conducted; and,

- iii. 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

M. Statement of Intent to Pursue Health Equity Strategies (Submit Changes Only)

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.

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 the posting of the Request for Proposal to the ODH Website. Questions related to this RFP may be submitted via e-mail to Ann Weidenbenner at ann.weidenbenner@odh.ohio.gov or 614-644-7035.

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, October 17, 2011 at 4pm.**

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) in GMIS 2.0. 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 available in GMIS 2.0 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.

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 the Preventive Health and Health Services Block Grant from the Centers for Disease Control and Prevention (CDC) and administered by the Ohio Department of Health, Bureau of Health Promotion and Risk Reduction, Creating Healthy Communities Program. This publication (journal article, etc.) was supported by Grant Number 2B01DP009042-11 from CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC. ”

W. Reporting Requirements

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

- 1st Quarter, January 1 – March 31 April 15, 2012
- 2nd Quarter, April 1 – June 30 July 15, 2012
- 3rd Quarter, July 1 – September 30 October 15, 2012
- 4th Quarter, October 1 – December 31 January 15, 2013

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

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

- 1st Quarter, January 1 – March 31 April 15, 2012
- 2nd Quarter, April 1 – June 30 July 15, 2012
- 3rd Quarter, July 1 – September 30 October 15, 2012
- 4th Quarter, October 1 – December 31 January 15, 2013

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 **February 15, 2013**. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the 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:
 - a. <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. Medications, including Nicotine Replacement Therapy (NRT), used for treatment of chronic diseases or conditions related to poor nutrition, lack of physical activity or tobacco use.

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:

1. Application Information
2. Project Narrative
 - Executive Summary
 - Description of Applicant Agency/Documentation of Eligibility/Personnel
 - Problem/Need
 - Methodology
3. Project Contacts
4. Budget

<p style="text-align: center;">Complete & Submit Via Internet</p>
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- Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
 6. Assurances Certification
 7. Federal Funding Accountability and Transparency Act (FFATA) reporting form.
 8. Attachments
 - A. Personnel/Position, Percent of Time Devoted to and Paid by Grant and Function, CV or Resumes for each staff member on the grant unless previously submitted in 2011 application. Position Description for each staff member unless previously submitted in 2011 application.
 - B. Federal Funding Accountability and Transparency Act (FFATA)
 - C. CHC Program Work Plan

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:

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).)**

**Complete,
Sign &
Mail To
ODH**

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

**Copy &
Mail To
ODH**

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

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

**Complete,
Copy &
Mail To
ODH**

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (**Required by ALL Non-Governmental Applicant Agencies**)
3. An original and copies 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 the RFP is posted to the ODH Website.

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

A. Application Information:

Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.

B. Budget

Prior to completion of the budget section, please review page 10 of the RFP for unallowable costs.

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

1. Primary Reason and Justification Pages: Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. **Provide as much detail as possible for each item in the budget:**

- a. **Personnel-** function/purpose, hourly rate x number of hours/week + fringe rate=total cost
- b. **Contracts-** purpose/explanation (tie to work plan objectives) contracted rate for services; include mini-grants into this category
- c. **Other Direct Costs-** identify the item; explain/justify its purpose/need for accomplishing your objectives. Provide calculations where appropriate (quantify x cost per item= total cost)
- d. **Equipment-** identify the item; justify its purpose/need for purchase, total cost

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 January 1, 2012 to December 31, 2012.
 - a. **Each funded county is required to employ one (1) full-time staff assigned as the Creating Healthy Communities Program Coordinator whose sole duties are to administer the Creating Healthy Communities Program.**
 - b. **Mandatory Project Meetings:** The Creating Healthy Communities Program Coordinator from each county must attend/participate in the following meetings:
 - a. Two (2) All-Project meetings in Columbus. Travel funds to attend these meetings must be included in the budget.
 - b. Monthly All-Project Conference Calls
 - c. One (1) additional training on a topic/location to be determined by the ODH CHC Program. Travel funds to attend these meetings must be included in the budget.
 - d.
 - c. **Other Recommended Meetings:** Other meetings such as Coordinated School Health Conference, Health Educators Institute, Healthy Ohio Worksite Conference, Other CHC Program conferences/workshops, AFHK Annual meeting, OSOPHE, etc. are strongly recommended and can be listed in the budget if funding for program activities is sufficient.

Costs associated with these meetings are an allowable cost for this grant proposal.

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

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

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

Where appropriate, itemize all equipment (**maximum \$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:

For purposes of this CHCP RFP, the three (3) risk factors are nutrition/obesity, physical activity, and tobacco use/exposure. Three (3) strategies for each priority community (see Appendix 2) need to be addressed in the Work Plan. Two (2) strategies should be from the Healthy Eating & Active Living Section and One (1) strategy chosen from the Tobacco-Free Living Section. The Clinical and Preventive Services Section is optional.

1. Executive Summary:

- a. Provide a **one-page** summary of the program plans for 2012, including a brief overview of the impact and process objectives. Describe any changes in priorities and impact objectives as a result of completing the previous SWOT, Healthy Communities Checklist, community assessments, data, and/or experience in the area.
- b. Provide a **one-page** summary of the impact you have made in your county/priority community since 2010. Include sustainability of policies developed and implemented, major accomplishments and quality of work done.

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

Briefly discuss the applicant agency's eligibility to apply including a brief description of previous experience with chronic disease risk reduction and prevention, the three risk factors and implementing population-based/evidence-based interventions. 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 by completing

Attachment A. Include a **CV or resume** for each staff person on the grant, unless **previously submitted in 2011 application**. If the position is currently vacant, attach a copy of a current Position Description. Every personnel dollar spent on the PHHSBG needs to be aligned with meeting the goals of this RFP. 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. Do not restate national data. Comparisons of your county to state data are encouraged. (Refer to the 2008 Healthy Communities Profiles at www.healthyohioprogam.org/resources/profiles.aspx for Ohio and county-specific data.) 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 priority population.

Explicitly describe segments of the priority population who experience a disproportional 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/organization also addressing this problem/need.

Identify other state or federal grants received in your communities/county and how you will collaborate and not duplicate these grant initiatives.

Identify a new “community champion,” either a person or an organization, in each priority community. This champion is empowered as an advocate, has respect from the priority population and can address social determinants of health. They will be considered a “go to” person that can assist you with successfully accomplishing interventions in each priority community.

4. **Methodology:** In narrative form, identify the program goals, Specific, Measurable, Achievable, Realistic and Time (SMART) impact or outcome, process objectives, and activities. Indicate how they will be evaluated to determine the level of success of the program. Describe how program objectives will address health disparities. Complete a program activities timeline to identify program objectives and activities with start and completion dates for each.

a. **CHC Program Work Plan for 2012 (See Attachment C)**

- Using the template provided in Attachment C, complete Impact and Process Objectives for each priority community. Complete at least one Impact Objective for each of your three (3) strategies in each of your priority communities.

Population-based: Interventions must be population-based and emphasize policy, environmental and systems changes specific to the high need populations to be addressed. See Appendix 4 for an explanation of population-based interventions.

Evidence-based: The objectives and activities discussed in your Work Plan should be proven to be effective. All strategies outlined in Appendix 2 are supported strategies. Discuss how your activities were selected and where they rank on the evidence-based list.

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. 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 and it must be completed for submission of application in GMIS.

G. 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 two (2) copies** 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 October 17, 2011**. All attachments must clearly identify the authorized program name and program number.

H. 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.)**

I. 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:**

- Vendor Information Form (New Agency Only), or
- Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s).)
- 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.

J. 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)**.

K. 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)**.

L. 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.)**

M. 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.)**

N. 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)**

III. ATTACHMENTS AS REQUIRED BY PROGRAM

Attachment A: Personnel/Position/Percent of Time Devoted to & Paid by Grant, & Function

Attachment B: Federal Funding Accountability & Transparency Act (FFATA) Reporting Form Sample

Attachment C: 2012 Creating Healthy Communities Work Plan

ATTACHMENT A: Personnel/Position/Percent of Time Devoted to & Paid by Grant, and Function

No Change from 2011 Application

Person/Position**	% of Time	% of Time Paid by the Grant	Function***

**** Attach a CV/Resume for each new staff person on this grant.**

***** Attach a Position Description for each new person on the grant.**

ATTACHMENT B: Federal Funding Accountability & Transparency Act (FFATA) Reporting Form Sample

Ohio Department of Health Sub-Awardee

Submission Date

____/____/____

Sub-Awardee Data

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

20	PPP - County	
21	PPP - Zip + 4	
22	PPP - Congressional District	
23	Sub-award/Contract # (i.e., the project ID for sub-grants)	
24	Q1. In organization's previous FY did it receive 80% or more from federal contracts and \$25,000,000 or more from federal contracts? If yes, please see Q2.	
25	Q2. Does the public have access to compensation of senior executives via the section 6104 of the IRS Code of 1986? If "yes", then the project is not required to report the compensation information. If "no" please enter the compensation information.	
26	1 of 5 highest compensated officials - Name	
27	1 of 5 highest compensated officials - Amount	
28	2 of 5 highest compensated officials - Name	
29	2 of 5 highest compensated officials - Amount	
30	3 of 5 highest compensated officials - Name	
31	3 of 5 highest compensated officials - Amount	
32	4 of 5 highest compensated officials - Name	
33	4 of 5 highest compensated officials - Amount	
34	5 of 5 highest compensated officials - Name	
35	5 of 5 highest compensated officials - Amount	
36	Project Description	Completed by ODH
37	Agency Director/President	
38	Agency Program/Project Director	
39	Agency Phone Number	
40	Program Source/Treasury Account Symbol	Completed by ODH
41	CCR # (of Parent Agency if applicable)	

Complete section below if Agency is not in the State of Ohio

42	If 'Other' County Selected, name of county outside of Ohio	
43	If 'Out of State' Congressional District Selected, provide State and Congressional District	
44	If 'Out of State' PPP - County	
45	If 'Out of State' PPP - Congressional District	

ATTACHMENT C: 2012 CREATING HEALTHY COMMUNITIES WORK PLAN

Agency _____ Grant # _____ Priority Community _____ County Served _____

Type of Objective: _____ Community _____ Health Care _____ School _____ Worksite
 _____ Nutrition/Obesity _____ Physical Activity _____ Tobacco

Copy Additional Pages

Long Term Objective:						
Program Impact Objective:						
Impact Evaluation Indicator:						
4 th Quarter Only: Has this Impact Objective been met? (Please indicate Yes/No, if No explain):						
# of Process Objectives:		# of Process Objectives Met:				
Explain how outcome will be evaluated for this Impact Objective:						
Process Objectives	Related Activities	Agency or Person Responsible	Specific Dates for Each Activity		Evaluation Measures	Progress/Steps
			Start	End		
1.						Q1-
						Q2-

						Q3-
						Q4-
2.						Q1-
						Q2-
						Q3-
						Q4-
3.						Q1-
						Q2-
						Q3-
4.						Q1-
						Q2-
						Q3-
						Q4-

IV. APPENDICES

Ohio Department of Health

APPENDIX 1: 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 North High Street
Columbus OH 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

Must be submitted on or before cob Friday, September 16, 2011.

APPENDIX 2: Strategies

Healthy Eating & Active Living– Choose 2

- Increase/Improve Availability of Healthier Food and Beverage Choices in Public Service Venues/Worksites
 - Schools
 - After-School Programs
 - Child Care Centers
 - Community Recreational Facilities
 - City and County Buildings
 - Prisons
 - Juvenile Detention Centers
 - Food Banks/Pantries
- Improve Geographic Availability of Fresh Food in Underserved Areas
 - Increasing Number of Supermarkets
 - Community Gardens
 - Farmer’s Markets
 - Urban Agriculture Policies
- Improve Availability of Purchasing Foods from Farms
 - Farm-to-Institution
 - Farmer’s Markets
 - Farm Stands
 - Community-Supported Agriculture
- Restrict Availability of Less Healthy Foods and Beverages in Public Service Venues/Worksites
 - Standards for Types of Foods Sold
 - Restricting Access to Vending Machines
 - Nutrition Policies for Vending Machines
 - Restricting Availability of Sugar-Sweetened Beverages
 - Banning Snack Foods and Food as a Reward in the Classroom
 - Schools
 - After-School Programs
 - Child Care Centers
 - Community Recreational Facilities
 - City and County Buildings
 - Prisons
 - Juvenile Detention Centers
- Institute Smaller Portion Size Options in Public Service Venues/Worksites

- Policies that Limit the Portion Size of Entrees Served in Facilities Owned and Operated by Local Jurisdiction
 - Schools
 - After-School Programs
 - Child Care Centers
 - Community Recreational Facilities
 - City and County Buildings
 - Prisons
 - Juvenile Detention Centers
- Sugar-Sweetened Beverages
 - School and Child Care Facility Ban and Limit Portion Size of 100% Juice
 - Public Service Venues
- Increase Support for Breastfeeding
 - Worksite Support for Breastfeeding
 - Lactation Support Guidelines
 - Staff Training
- Required Physical Activity in Schools/Increase Amount of Physical Activity in PE Programs
 - School District Policies Increasing Required PE for all students
 - School District Policies Requiring Students to be Physically Active during PE
- Increase Opportunities for Extracurricular Physical Activity
 - Shared Use Agreements
 - New/Repair of Playgrounds
 - Intramural Activities/Physical Activity Clubs for Students including those with Disabilities
- Reduce Screen Time in Public Service Venues
 - Policy Limiting Screen Time for Child Care Facilities
- Enhance Infrastructure Supporting Bicycling
 - Shared-Use Paths and Bike Lanes
 - Workplace/School Biking Improvements
 - Bike Rental/Use
- Support Locating Schools within Walking Distance of Residential Areas
 - Policies Supporting Locating New Schools, Repairing or Expanding Existing Schools within Easy Walking or Biking Distance of Residential Areas
 - Safe Routes to School
- Enhance Personal Safety in Areas where Persons are or could be Physically Active
 - Vacant or Abandoned Lots
- Enhance Traffic Safety in Areas where Persons are or could be Physically Active
 - Complete Streets

Tobacco-Free Living- Choose 1

- Smoke-Free Worksite Policies
- Multi-Unit Housing Smoke-Free Policies
- University 100% Comprehensive Tobacco-Free Campus Policies
- School District 100% Comprehensive Tobacco-Free Campus Policies

Clinical and Preventive Services- Optional

- Ounce of Prevention/Pound of Care

APPENDIX 3: Application Review Criteria

Applications will be reviewed and scored by program staff and internal reviewers based on the review criteria listed below.

Executive Summary

- ✓ Identifies amount of funding for the application
- ✓ Identifies priority community(ies)
- ✓ Provides a one-page summary of the 2012 plan, objectives, priority communities, settings to be addressed, risk factors, and description of how activities will be evaluated
- ✓ Provides a one-page impact summary since program beginning of 2010 until present which represents sustainability of policies developed and implemented, major accomplishments, and quality of work completed.
- ✓ Executive summary is no more than three pages

Description of Applicant Agency/Documentation of Eligibility/Personnel

- ✓ Discusses agency's eligibility to apply including a brief description of previous experience with chronic disease, three risk factors, and population-based interventions
- ✓ Adequately summarizes the agency's structure as related to this program and how the agency will manage the program
- ✓ Describes capacity to communicate in a manner easily understood by diverse audiences
- ✓ Noted personnel or equipment deficiencies
- ✓ Describes plans for hiring and training
- ✓ Delineates all personnel who will be involved in the program activities
- ✓ Attachment A, Personnel/Position form is completed
- ✓ Resume/CV included for each new staff person on the grant. Position Description for each new person on the grant.
- ✓ Adequately describes the relationship between program staff and other partners/agencies who are working on this program
- ✓ Proposes full-time project coordinator who appears qualified to manage the program

Problem/Need

- ✓ Identifies and clearly described local health status concerns
- ✓ State and local data was discussed
- ✓ Priority communities identified
- ✓ Clearly describes segments of the priority population who have the greatest burden of chronic disease
- ✓ Clearly describes how program activities will address health disparities

Partnerships

- ✓ Identifies other agencies/organization which address the same risk factors/chronic diseases
- ✓ Describes how the program will collaborate with these programs
- ✓ Identifies other state or nationally funded programs in the county which address the same risk factors
- ✓ Clearly describes how they will collaborate with these programs

CHC Work Plan for 2012

- ✓ The Work Plan includes Impact Objectives for each of the strategies chosen for each priority community
- ✓ Evaluation measures are appropriate
- ✓ Process objectives and activities are sufficient for the achieving the Impact Objective

Budget

- ✓ Primary reason and justification is satisfactory and relates expenditures to Work Plan.
- ✓ Clearly describes how categorical costs are derived
- ✓ Adequately discusses the reasonableness of proposed costs
- ✓ Clearly describes the specific functions of the personnel
- ✓ **Very detailed** description explains and justifies equipment, travel, supplies, and training costs
- ✓ Personnel, Other Direct Costs, Equipment and Contracts are identified and appropriate to program scope of work
- ✓ Project Coordinator is 100% time on CHC Program
- ✓ Budget is reasonable and adequate to meet the goals and objectives of the project
- ✓ Travel costs to required meetings is included

APPENDIX 4: Guidelines for Completing the CHC Work Plan

Impact and Process Objectives must be written in SMART (Specific, Measurable, Achievable, Relevant, and Time) format and emphasize population-based interventions. Visit <http://66.156.96.194/BGMISBroadband/BGMIS/Welcome.aspx> to test if your objectives are SMART.

- **Specific** -Identifies a specific event of action that will take place or change that will occur. Who is expected to change or benefit?
- **Measurable** -It quantifies the number of events or the amount of change to be achieved. What or how much is expected? Measurable objectives use action verbs such as, “establish,” “enact,” “train,” “adopt,” “commit,” “institute,” or “organize.”
- **Achievable** -Realistic given available resources and plans for implementation, yet challenging enough to accelerate program efforts. Uses baseline measures to assist in estimating potential success.
- **Relevant**- It is logical and relates to the program’s goals. It is sufficiently meaningful and important. Considers the financial and human resources and the cost benefit of the intervention.
- **Time** -It specifies a time by which the objective will be achieved. When will the event or change occur?

1. **Long Term Objective:** Complete one (1) long term objective for each of the three (3) settings.

An example of a long term objective for the school setting is: By December, 2014, 100 percent of the schools in the priority community will adopt and implement at least four policies for nutrition, physical activity, tobacco, and/or the clinical risk factors.

2. **Year One Program Impact Objectives**

- Complete a separate Work Plan page for each program impact objective.
- Components of Objectives
 - Who? The group of people or system expected to change.
 - What? The action or changes in behavior, health practice, attitudes or system change to be achieved.
 - Where? The location of the activity.
 - How Much? The extent of the change to be achieved.
 - By When? The time in which the change is expected to occur.
- Impact Objectives can specify health outcomes, behavioral outcomes or environmental outcomes.
- Objectives should describe the desired program outcome on the intermediate and/or primary priority populations.
- A generic format for a system outcome objective is:
By (date), (system) will (specify how system will change) as measured (by how much) and evaluated by (how you will determine that the desired change has occurred).

Example: By June 20, 2012 one school district will adopt a policy to provide daily physical activity for all K-8 buildings as evidenced by the district's daily schedule.

Example: By October 30, 2012 one new community garden will be created near a subsidized housing project as evidenced by the gardener's log of produce.

Example: By December 31, 2012 50 percent of the four family practice offices will utilize the Ounce of Prevention program with their pediatric (0-6 years) patients as evidenced by the parent survey results.

Example: By December 31, 2012 three (3) community churches will implement policies to make healthy foods available during church-related functions as evidenced by the observation surveys at the monthly potlucks.

Example: By October 30, 2012 two (2) worksites will adopt a 100 percent tobacco-free campus policy as evidenced by observation surveys at sporting events.

3. Impact Evaluation Indicator

Briefly state the impact evaluation indicator as defined in the objective. What will tell you whether or not you have achieved your program impact objective? What changes will have occurred, i.e., policy adopted, systems change is in place, new resources/facilities available in the community, practices adopted, personnel hired, or referrals increased.

Example: Four family practice offices have identified 40 patients with elevated blood pressure and diabetes and have scheduled 80 percent of them for follow-up visits.

Example: Three faith-based organizations have policies approved by their Council for healthy food options during all faith-based related functions.

4. Process Objectives

For each Impact Objective write Process Objectives which are the intermediate steps or specific, measurable actions that need to be completed in a specific timeframe. They explain what you are going to do and when you are going to do it.

Sample 1: By October 31, 2012, 80 percent of clinic nurses and office staff in four family practice offices will be trained on current guidelines for hypertension, diabetes, and cholesterol by the CHC Program.

Activities:

- a. Meet with Office Manager to set up training date.
- b. Prepare handouts and presentation for training.
- c. Assess current level of knowledge with attendees.
- d. Conduct training.
- e. Evaluate gain of knowledge of guidelines.

- f. Follow up with offices regarding use of guidelines.

Sample 2: By December 31, 2012, the CHC Program will assist the ACME vending company in implementing the nutrition policy for the nine YMCA's which will increase healthy options from 30 percent to 100 percent.

Activities:

- a. Provide nutrition information supporting healthy vending choices.
- b. Educate YMCA staff on the importance of vending policy and having healthy options available for patrons.
- c. Provide technical assistance to implement healthy vending policy.
- d. Provide signage and other supportive materials to YMCA promoting healthy vending options.
- e. Utilize the media to promote the vending initiative through PSA's, newsletter articles, etc.
- f. Measure usage and sales data to determine increase in healthy vending options.

Sample 3: By December 31, 2012, the CHC Program will facilitate the development of one worksite wellness policy in three local worksites.

Activities:

- a. Collaborate with coalition partners to identify a minimum of three worksites willing to develop a policy at their worksite.
- b. Schedule meeting with Human Resources, Business Department and Occupational Health Nurse to review benefits of worksite wellness.
- c. Organize a Wellness Committee.
- d. Complete Worksite Assessment tool for baseline data.
- e. Identify area the worksite team wants to start developing strategies and policies to improve.
- f. Provide technical assistance and resources to worksite as they progress.
- g. Assist in developing policy.
- h. Assist with policy implementation.
- i. Evaluate the impact of the policy on the employees.

Sample 4: By August 30, 2012 the CHC Program coalition, School Subcommittee, and school health teams will work together to increase the School Health Index score in Nutrition, Physical Activity and Tobacco by at least one point in all of the school districts.

Activities:

- a. Assist schools that are developing wellness centers at school for their staff and community.
- b. Assist schools in creating alternatives to candy as fund raisers and rewards.
- c. Assist local school in developing a walking trail at their school for staff, students, and community members.
- d. Assist school in finding creative ways to implement walking and physical activity into the existing curriculum.
- e. Assist schools in removing candy sales from their cafeterias.

- f. Promote district-wide staff training opportunity for physical education teachers.
 - g. Identify other training and technical assistance needs that schools require to adequately meet the goals of their action plans.
 - h. Reassess School Health Index and determine score changes in Nutrition, Physical Activity and Tobacco sections.
5. **Related Activities**, specific name of Agency/Person Responsible, Specific beginning and ending dates throughout the year, and Evaluation Measures. **Related activities should reflect Evidence-based interventions as described in Appendix 5, page 43 for each of the four settings.**
6. **Agency or Person Responsible**
Identify the person(s) and/or agency (ies) responsible for each activity.
7. **Evaluation Measure(s)**
Evaluation can help to identify needed changes, find out how well objectives are being met, determine the effects of the program, and identify ways to improve to the program.

Evaluation Measures for Process Objectives & Activities

With the work plan, include a brief description of the evaluation measure/indicator for each Process Objective.

As you develop the evaluation measures/indicators consider what criteria and methods are acceptable to your stakeholders.

After the measures/indicators are developed, gather and record data carefully. Then, share, report, and use the data to make decisions or improve the program.

Examples of evaluation measures/indicators:

1. **Records**

- Absenteeism, participation in voluntary programs
- Utilization of fitness facility or health center services
- Proficiency exam scores
- Record keeping systems developed for specific purpose, e.g. phone call logs, cost analysis, self-completed logs of activity
- Physical measures, e.g. HBP, cholesterol, strength, flexibility, aerobic capacity, BMI percentile
- Documentation, e.g. written policy, adoption of curriculum, meeting minutes, news clippings, medical records, police records

2. **Observations**

- Behavior, e.g. smoking on grounds, bike helmet usage, food choices, amount of time spent in activity during physical education class, plate waste, purchasing healthy vending items

3. Environment, e.g. educational messages, posters, cleanliness, safety, improved lighting Photographs, e.g. before and after pictures of walking paths, and recreation areas. **Questions/surveys/questionnaires/interviews**
 - Paper-pencil tests
 - Face-to-face interviews
 - Phone interviews
 - Focus groups
 - Key opinion leaders input
 - Community forums
 - Survey Monkey

8. **Progress/Steps:**

Complete the “Progress/Steps” column for each Process Objective in the Work Plan with the Quarterly Report. This will show the development of your Impact Objective throughout the year. It is to be submitted quarterly with the “Success Stories” and “Data Summary.”

APPENDIX 5: Population-Based Interventions

Population-based interventions refer to planned and systematic activities that create change in social systems and environmental conditions at the community level that will influence and support individual behavior change.

Population-based interventions include the following categories:

- A. **Policy Adoption** – steps taken or facilitated by program staff to bring about development or change of policy. Some examples include policies for regular calibration of blood pressure equipment, local school board policy to allow adults access to school facilities for physical activity, referral policy for CHC risk factors among health organizations, vending machine policy to offer more healthy options, alternative to suspension policies in schools, etc.
- B. **Environmental or Systems Change** – steps taken or facilitated by program staff to bring about changes in the county environment or community or organizational systems. For example, marked walking routes in communities or at worksites, restaurants featuring healthy options, signs promoting use of stairs instead of elevators, etc.
- C. **Training** – steps taken or facilitated by program staff to train individuals to provide services that will extend beyond the project period. For example, recruit and train instructors for health education programs, standardize blood pressure measurement practices, develop and support networks of parish nurses, train health professionals on appropriate screening techniques and interventions for childhood overweight, etc.
- D. **Resource/Facility Availability** -- steps taken or facilitated by program staff to develop new or expand existing services or facilities to priority populations that will extend beyond the project period, e.g., smoking cessation services, hypertension or diabetes referral and counseling services available for high-risk populations, making malls available before/after store hours for walking programs, etc.

Supplemental Activities are intended to support primary population-based activities. Supplemental activities include **direct** education/services, media campaigns, information dissemination and support. They can enhance and complement primary activities, but are not meant as stand-alone initiatives. These activities should be kept to a minimum.

APPENDIX 6: Program Definitions

- **Best Practices Programs** utilize STRATEGIES that have been shown to be effective. Strategies found in the *Guide to Community Preventive Services* (Community Guide) or the *Guide to Clinical Preventive Services* (Clinical Guide) provide strategies that can serve as best practices for programs. The Community Guide can be found at <http://www.thecommunityguide.org>. An example of best practices being used can be found at: <http://www.cdc.gov/tobacco/bestprac.htm>.
- **Built Environment** -- Refers to the manmade surroundings that provide the setting for human activity, from the largest-scale civic surroundings to the smallest personal place.
- **County-wide Coalition** -- Projects will maintain a coalition which includes representation from all local health departments within the county and from all settings; members from populations and communities identified as high-need as well as appropriate agencies, organizations, and providers.
- **Environmental Change** -- Refers to changes in both the social, cultural, and political environment, as well as the physical environment, at the community level; a change in organizational practice or policy.
- **Evaluation Plan** – A written document describing the overall approach or design that will be used to guide an evaluation. It includes what will be done, how it will be done, who will do it, when it will be done, why the evaluation is being conducted, and how the findings will likely be used.
- **Evidence-Based Programming** – The use of agreed-upon standards of evidence in making decisions about public health policies and practices to protect or improve the health of populations.
- **Evidence-based** programs have been proven to be effective in the populations and settings in which they were studied. Using an evidence-based program shortens the time it takes to develop a new program, reduces the amount of research needed, and helps focus the evaluation process.
- **Four Settings** – worksites, schools, communities, and health care sites in identified high-need communities.
- **Health Equity** – the fair distribution of health determinants, outcomes, and resources within and between segments of the population, regardless of social standing (*CDC's working definition*) Health equity means striving to eliminate **avoidable** social disparities in health and in the pre-requisites needed to be healthy.
- **Health Disparities** – differences in the overall rate of disease incidence, prevalence, mortality, disease burden, and survival rates that exist among specific population groups as compared to the health status of the general population. (*adapted from "Minority Health & Health Disparities Research & Education Act of 2000"*). Health disparities are **preventable** differences in the burden of disease, injury and violence, or opportunities to achieve optimal health experience by socially disadvantaged racial, ethnic, and other population groups and communities.

- **High-need Communities** -- —A specific group of people, often living in a defined geographical area, who share a common culture, values, and norms and are arranged in a social structure according to relationships the community has developed over time. (*Healthy People 2010*). The program must reach, support and expand collaborative relationships, continue established coalitions, assess communities, plan, and implement strategies over the project period. Projects are expected to work collaboratively with appropriate individuals and organizations in high-need communities to plan and implement culturally specific programs.
- **High-need Populations** -- Persons at higher risk for the development of chronic diseases because of poverty or being a member of a disparate population group.
- **Intermediate Populations** -- influential persons, leaders, and decision-makers such as school superintendents, teachers, physicians, local government officials, etc.
- **Modifiable Risk Factors**--physical inactivity, nutrition, high blood pressure, high blood cholesterol, tobacco use and exposure, and diabetes. **If the county receives funding from other sources for chronic disease risk factor reduction, representatives from these agencies should be included on the Healthy Communities Coalition to coordinate activities.**
- **Partnerships** – Bringing decision makers together to make sure indicators are used in local and regional planning processes, as well as by policy makers, businesses, organizations, diverse community members and funders.
- **Policy Change** -- A shift in the formal operations of organizations and/or governmental institutions that allows new or different activities to occur and thrive. These shifts may arise from information-sharing, community participation, professional input, compromise, and consensus-building and are usually the result of effective advocacy.
- **Priority community** is a specific group of people, often living in a defined geographical area, who share a common culture, values, and norms and are arranged in a social structure according to relationships the community has developed over time. (*Healthy People 2010*)
- **Program Evaluation**—The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development.
- **Research Tested** -- Research-tested is a feature of evidence-based practice. It means the program was tested in a peer reviewed and funded research study. A program may not be as effective once it leaves the research setting if there are changes in parts of the program used, the environment, or the population served. However, the program serves as a good starting place. Research-tested programs can be found on Step 4 of Cancer Control PLANET (<http://cancercontrolplanet.cancer.gov/>).
- **Social Determinants of Health** – factors in the social environment that contribute to or detract from the health of individuals and communities. These factors include, but are not limited to the following: socioeconomic status, transportation, housing, access to services, discrimination by race, gender, or class, and social or environmental stressors. Social

determinants of health are the economic and social conditions under which people live which determine their health.

- **Supplemental Activities** are intended to support primary population-based activities. They can enhance and complement primary activities, but are not meant as stand-alone initiatives. **These activities should be kept to a minimum.** Supplemental activities include **direct** education/services, media campaigns, information dissemination and support.
- **Sustainability** -- Ensuring that an effort or change lasts. Note: sustainability is often misunderstood as securing further or ongoing funding for a program that otherwise would end. It is important to understand that sustainability can be achieved without ongoing funding by changing policies, norms, attitudes, etc.
- **Systems Change** -- A permanent change to the policies, practices, and decisions of related organizations or institutions in the public and/or private sector.
- **Ultimate Population** -- Community residents without access to resources, school children, employees, parents and children in well-child clinics, and low-income families and residents with diabetes, high blood pressure and/or elevated cholesterol levels.