



OHIO DEPARTMENT OF HEALTH

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John R. Kasich/Governor

Richard Hodges/Director of Health

MEMORANDUM

Date: May 11, 2015

To: Prospective Dental OPTIONS Program Applicants

From: Heather Reed, Interim Chief *HCR*
Office of Health Improvement and Wellness
Ohio Department of Health

Subject: Notice of Availability of Funds for Program Period 7/1/2015 to 6/30/2019
Competitive Grant Applications for Dental OPTIONS Program

The Ohio Department of Health (ODH), Office of Health Improvement and Wellness, Bureau of Health Promotion (BHP) announces the availability of competitive grant funds to support the Dental OPTIONS Program. This Request for Proposals (RFP) will provide you guidance in completing the online application for the competitive program period. **Grant applications are due by 4:00 p.m. Monday, June 8, 2015 for the budget period July 1, 2015 through June 30, 2016. Late applications will not be accepted.**

Introduction/Background

Dental OPTIONS (Ohio Partnership To Improve Oral health through access to Needed Services) is a partnership between the Ohio Dental Association and the Ohio Department of Health. The partnership was formed in 1996 to improve access to dental care for Ohio's poor, working poor, low-income seniors and persons who are medically, mentally or physically challenged. The mission of the OPTIONS program is to assist Ohioans with special health care needs and/or financial barriers obtain needed dental care.

The Dental OPTIONS Program is designed to assist a local agency in referring individual Ohioans to resources such as Medicaid providers, safety net dental care programs in their communities, and when no local resources exist, to match qualified individuals with volunteer dentists participating in the program. Since OPTIONS began, over \$20.3M in treatment has been provided by volunteer dentists enrolled in the program.

In 2014, Ohio expanded eligibility for the state Medicaid program to include individuals and families with incomes up to 138% of federal poverty guidelines. As a result of this expansion, the number of Ohioans eligible for the OPTIONS program has been substantially reduced (up to 80%). ODH grant funding will be awarded to one non-profit agency to administer the OPTIONS program on a statewide basis. Oversight of the program is

provided by a steering committee made up of three representatives from the Ohio Dental Association and three representatives from the Ohio Department of Health.

All interested parties must submit a *Notice of Intent to Apply for Funding* (NOIAF) form, no later than **Tuesday, May 19, 2015** to be eligible to apply for funding (Appendix B in the RFP). Upon receipt of your completed NOIAF, ODH will:

- a. Create the grant application account for your organization*. This account number will allow you to submit an application via the Internet using the Grants Management Information System (GMIS). All grant applications must be submitted via the internet using GMIS.
- b. Assess your organization's GMIS training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and ODH will contact you regarding upcoming GMIS training dates. GMIS training is mandatory if your organization has never received it.

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

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

Technical Assistance Session

A technical assistance session (Bidders' Conference) will be conducted via conference call at 12:00 p.m. on **Monday, May 18, 2015**. Additional call details are on the attached registration form. Please complete and return the registration form to the Bureau of Health Promotion no later than close of business on Friday, May 15, 2015 to confirm your attendance at this session. While attendance is optional, if you have questions or need assistance in completing this grant application, every effort should be made to attend this session.

Please contact Carrie Farquhar, Oral Health Program Administrator, by email at Carrie.Farquhar@odh.ohio.gov, or Mona Taylor, Oral Health Access Program Coordinator, by e-mail at Mona.Taylor@odh.ohio.gov, or either by phone at (614) 466-4180, if you have any questions regarding this application.

*Organizations that have previously received GMIS training will automatically receive a grant application account number upon receipt of a completed *Notice of Intent to Apply for Funding* form.

DENTAL OPTIONS GRANT PROGRAM

Bidders' Conference and Registration Form

BIDDERS' CONFERENCE

A Bidders' Conference will be held for those interested in the Ohio Department of Health, Bureau of Health Promotions' Dental OPTIONS Program Grant. Potential applicants are encouraged to attend; however, attendance is *not* required. At this meeting, Oral Health Program staff will provide detailed information on the goals and objectives of this grant program and the review criteria that will be used to score proposals. This meeting will also provide an opportunity for applicants to ask questions that may arise while working on proposals.

Conference Call Date: Monday, May 18, 2015, 12:00 p.m.

Toll-free Access Number: 1-800-510-7500

Participant PIN Code: 21942040#

BIDDERS' CONFERENCE REGISTRATION

Please register for the Bidders' Conference by e-mailing the completed registration form to Carrie Farquhar at Carrie.Farquhar@odh.ohio.gov. **Forms must be submitted by close of business Friday, May 15, 2015** and include the following information:

The number of people from your agency who will attend: _____

_____ Agency Name

_____ (_____) _____
Contact person's name Phone number

Contact person's e-mail address: _____



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF
Health Improvement and Wellness

BUREAU OF
Health Promotion

**DENTAL OPTIONS PROGRAM
SOLICITATION
FOR
FISCAL YEAR 2016
(07/01/15 – 06/30/16)**

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

COMPETITIVE GRANT APPLICATION INFORMATION

**Revised 5/20/14
For grant starts 1/1/2015 and thereafter**

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components – an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in Section I, paragraphs D, G and Q, and Section II, paragraph H, the entire application will not be considered for review.**

This is a competitive Request for Proposal (RFP); A Notice of Intent to Apply for Funding (NOIAF) must be submitted by **Tuesday, May 19, 2015** so access to the application via the Internet website “ODH Application Gateway” can be established. The NOIAF must be accompanied by the agency’s Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

The above mentioned forms can be located on the Ohio Department of Administrative Services website at: <http://www.ohiosharedservices.ohio.gov/VendorsForms.aspx>

or directly at the following websites:

- **Request for Taxpayer Identification Number and Certification (W-9),** <http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- **Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)** <http://media.obm.ohio.gov/oss/documents/EFT+FORM+-+REVISED+01+14+2014.pdf>
- **Vendor Information Form** http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form_11+15+2013.pdf

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 (OGAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The OGAPP manual is available on the ODH website:

<http://www.odh.ohio.gov>.

(Click on Our Programs, Funding Opportunities, ODH Funding Opportunities, ODH Grants) or copy and paste the following link into your web browser:

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/funding%20opportunities/OGAPP%20Manual%20V100-1%20Rev%205-1-2014.ashx>

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

- B. Application Name:** **Dental OPTIONS Program**

- C. Purpose:** The Dental OPTIONS (Ohio Partnership To Improve Oral health through access to Needed Services) Program is designed to assist one local agency in referring individual Ohioans to resources such as Medicaid providers, safety net dental care programs in their communities, and when no local resources exist, to match qualified individuals with volunteer dentists participating in the Dental OPTIONS Program.

- D. Qualified Applicants:** All applicants must be a local public or non-profit agency. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic

funds transfer (EFT).

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant is not certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, June 8, 2015.**

E. Service Area: Applicant agencies must provide services for the state of Ohio (see Appendix E, Dental OPTIONS Program Dentist Enrollment Map, and Appendix F, Dental OPTIONS Program Waiting List).

F. Number of Grants and Funds Available: Program funding is derived from state General Revenue Funds and the federal Maternal and Child Health Services Block Grant. A total of \$219,029.00 is available to be awarded to one agency to administer the Dental OPTIONS Program throughout the state of Ohio. Eligible agencies may apply for up to \$219,029.00. One grant will be awarded based on the proposed target number of Ohioans to be helped, matched cases to be closed, proposed staffing and the agency's past performance, where applicable.

In SFY16, the ODH will begin to transition from traditional grant funding to "Pay for Performance" funding. In anticipation of this change, funding for this grant will change significantly from previous years. For SFY16, the Dental OPTIONS sub-grant agency will receive an initial payment of \$25,029.00 for fixed costs to hire staff, purchase equipment and offset the cost of additional lab fees. Additionally, the agency will receive \$85,000.00 in 11 monthly payments for deliverable-based work which includes monthly reporting and implementation of the program. Up to \$109,000.00 will be disbursed based on the number of cases that are closed each month. Additional information about the funding can be found in Section I (W), Reporting Requirements.

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.

Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

G. Due Date: All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery by **4:00 p.m. by Monday, June 8, 2015.** Applications and required attachments received after this deadline will not be considered for review.

Contact Mona Taylor, Oral Health Access Program Coordinator by phone at (614) 466-4180, or via e-mail at Mona.Taylor@odh.ohio.gov with any questions.

H. Authorization: Authorization of funds for this purpose is contained in Amended Substitute House Bill 64 and the *Catalog of Federal Domestic Assistance (CFDA) Number 93.994.*

I. Goals: Recognizing that the number of patients eligible for the Dental OPTIONS Program has been substantially reduced (by as much as 80%) following the statewide expansion of

Medicaid, one agency will continue operating the program on a statewide basis. The primary goal of Dental OPTIONS is to improve access to dental care for vulnerable Ohioans. This goal will be achieved by the funded agency in two ways: 1) by acting as a referral source to dental programs offering dental services to the low-income population, and 2) by linking people who meet specific income eligibility criteria to dentists who have enrolled in the Dental OPTIONS Program. Dental OPTIONS dentists volunteer and agree to discount or donate dental care to individuals accepted into the program. Referral Coordinators facilitate communication between the patient and the dentist's office until the patient's course of treatment is complete.

J. Program Period and Budget Period: The program period will begin July 1, 2015 and end on June 30, 2019. The budget period for this application is July 1, 2015 through June 30, 2016.

K. Public Health Accreditation Board (PHAB) Standard(s): This grant program will address PHAB standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services. The PHAB standards are available at the following website:

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

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

1. *Public Health Impact Statement Summary* - Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

- The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:
 - A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups);
 - A summary of the services to be provided or activities to be conducted; and,
 - A plan to coordinate and share information with appropriate local health districts.

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

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

M. Incorporation of Strategies to Eliminate Health Inequities

Health Equity Component (Standard Health Equity Language)

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

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).
- (2) Explain and identify how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.
- (3) Explain how proposed program interventions will address this problem.
- (4) Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module.

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

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

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

GMIS Health Equity Module:

The GMIS Health Equity Module links health equity initiatives in grant proposals to national health equity strategies such as those found in *Healthy People 2020* or the *National Stakeholder Strategy for Achieving Health Equity*. Applicants are required to select the goals and strategies from the module which best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

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

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

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

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the RFP to the ODH website and the receipt of the NOIAF. Please contact Mona Taylor, Oral Health Access Program Coordinator, by phone at (614) 466-4180, or via e-mail at Mona.Taylor@odh.ohio.gov for questions regarding this RFP.)

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

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

Q. Late Applications: GMIS automatically provides a time and date system for grant application submissions. 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, June 8, 2015 at 4:00 p.m.**

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

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

S. Unsuccessful Applicants: Within 30 days after a decision to disapprove or not fund a grant application, 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, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the RFP;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this RFP. |

Dental OPTIONS Program Specific Criteria

Applications must document commitment to maximizing the impact of the Dental OPTIONS Grant Program throughout Ohio. The ODH gives significant consideration to past performance of agencies that have been previously funded for the program (e.g. meeting or exceeding targets and benchmarks, timely submission of program and expenditure reports, responses to Special Conditions).

An Application Review Form is provided in Appendix C.

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

U. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. For the purposes of responding to this RFP, refer to 45 CFR Part 5 for funds from the U.S. Department of Health and Human Services.

V. Ownership Copyright: Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other

media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

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

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Office of Health Improvement and Wellness, Bureau of Health Promotion, and as a sub-award of a grant issued by Health Resources and Services Administration (HRSA) under the Maternal and Child Health Services Block grant, grant award number B04MC28120, and CFDA number CFDA 93.994.”

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

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

Reports shall be submitted as follows:

1. Program Reports: Subrecipients Program Reports must be completed and submitted via GMIS as required by the subgrant program by the following dates: Dental OPTIONS Program sub-grant agency is required to e-mail program databases to ODH by the following dates for the previous month's activity: August 5, 2015; September 5, 2015; October 5, 2015; November 5, 2015; December 5, 2015; January 5, 2016; February 5, 2016; March 5, 2016; April 5, 2016; May 5, 2016; June 5, 2016; and July 5, 2016.

Beginning in August 2015, the Dental OPTIONS sub-grant agency will receive \$272.50 per closed case as reported in their monthly Program Report in addition to monthly payments as defined in Section 2 (below). Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. All program report submissions must clearly identify the authorized program name and grant number.

Submission of Subgrantee Program Reports via the ODH's (GMIS) indicates acceptance of the OGAPP. ||

2. Periodic Expenditure Reports: Subgrantee Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **Quarter 1** July 1, 2015 to September 30, 2015 due October 15, 2015; **Quarter 2** October 1, 2015 to December 31, 2015 due January 15, 2016; **Quarter 3** January 1, 2016 to March 31, 2016 due April 15, 2016; and **Quarter 4** April 1, 2016 to June 30, 2016 due July 15, 2016.

The Dental OPTIONS sub-grant agency will receive a lump sum payment of \$25,029.00 with the Notice of Award. These funds are for fixed costs to assist the agency with start-up and expansion expenses as a result of transitioning operations from one region in Ohio to the entire state, including hiring staff, purchasing equipment and additional lab fees. Thereafter, the agency will receive \$7,727.00 per month for 10 months and a final payment of \$7,730.00 (total \$85,000.00) for monthly reporting and fulfillment of the scope of work and deliverables. In addition, the sub-grant agency will receive \$272.50 for each case closed as reported in the previous month's Program Report, up to 400 closed cases (\$109,000.00). If the sub-grant agency exceeds 400 closed cases by ≤ 100 , the agency will receive incentive payments of \$175.00 per case closed, not to exceed \$17,500.00. The sub-grant agency shall continue to submit actual expenditures in their quarterly Expenditure Reports. |

Note: Obligations not reported on the 4th quarter expenditure report will not be considered for payment with the final expenditure report.

3. **Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m. on or before August 15, 2016**. 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 Sub-grantee Final Expense Report serves as an invoice to return unused funds.

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

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

X. Special Condition(s): Responses to all special conditions **must be submitted via GMIS within 30 days of receipt of the first quarter payment**. A Special Conditions link is available for viewing and responding to special conditions within GMIS. 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. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

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;
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. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees -- unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited.

Z. Client Incentives and Client Enablers:

Client incentives are *an unallowable cost.* The following client incentives are allowed.
None

Client Enablers are *an unallowable cost.* The following client enablers are allowed.
None

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

AA. Indirect (Facilities and Administration):

The ODH Federal Funder has not applied any indirect restrictions for the federal Maternal and Child Health Block Grant. Subrecipients may charge the 10% Modified Total Direct Cost or use their agency's federally approved indirect agreement.

AB. Audit: Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subgrantee will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the subgrantee's fiscal year. 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.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The subgrantee must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the subgrantee's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent forwarded via e-mail to audits@odh.ohio.gov or to the ODH, Grants Services Unit, Central Master Files address within 30 days. Reference: OGAPP, OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

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

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

AC. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (e.g. Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed seven (7) pages (excludes appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts

4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
9. Health Equity Module
10. Public Health Impact Statement Summary
11. Statement of Support from the Local Health Districts
12. Attachments as required by Program
 - a. Staffing plan

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

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

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

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

II. APPLICATION REQUIREMENTS AND FORMAT

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the RFP is posted to the ODH website.

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

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

- B. Budget:** Prior to completion of the budget section, please review page 8 of the RFP for unallowable costs.

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

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to OGAPP and the Compliance Section of the application for additional information.
- 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2015 to June 30, 2016.

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

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

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

The applicant shall itemize all equipment (**minimum \$1,000, unit cost value**) to be purchased with grant funds in the Equipment Section.

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

- C. Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not

assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

1. Executive Summary: [The Executive Summary is limited to one (1) page of the total seven (7) page limit for the Project Narrative] Identify the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.

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

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

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

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

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

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

4. Methodology: In narrative form, identify the program goals, SMART process, impact, or outcome objectives and activities. The following SMART objectives must be submitted as the objectives the sub-grantee will be working toward accomplishing (insert numbers specific to your agency's program):

- a) Program will close _____ cases by June 30, 2016;
- b) Program will enroll _____ new active cases by June 30, 2016; and,

c) Program will provide _____ referrals to other sources of care for clients who do not qualify for the program by June 30, 2016.

Indicate how these objectives will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each (see Appendix D, SFY16 Program Methodology/Work Plan). Additionally, a projected staffing plan for SFY16 should be included. |

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

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

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

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

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

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

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

H. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. 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 Services Unit, Central Master Files address by **4:00 p.m. on or before Monday, June 8, 2015**. *A minimum of one original copy of each non-Internet attachment is required.* |

III. APPENDICES

- A. Notice of Intent to Apply For Funding**
- B. GMIS Training Form**
- C. Application Review Form**
- D. SFY16 Dental OPTIONS Program Methodology/Work Plan**
- E. Dental OPTIONS Program Dentist Enrollment Map**
- F. Dental OPTIONS Program Waiting List Map**
- G. SFY15 Dental OPTIONS Program Update**
- H. Sample Budget Justification |**

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Office of Health Improvement and Wellness
Bureau of Health Promotion

ODH Program Title:
Dental OPTIONS Program

ALL INFORMATION REQUESTED MUST BE COMPLETED.
(Please Print Clearly or Type)

County of Applicant Agency Federal Tax Identification Number

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

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

Applicant Agency/Organization

Applicant Agency Address

Agency Contact Person Name and Title

Telephone Number E-mail Address

Agency Head (Print Name) Agency Head (Signature)

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

If yes, no further action is needed.

If no, at least two people from your agency are REQUIRED to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal. The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), Authorization Agreement for Direct Deposit of EFT Payments Form (EFT), (New Agency Only) Vendor Information Form. These forms are located on the Ohio Department of Administrative Services website at:

http://www.ohiosharedservices.ohio.gov/VendorsForms.aspx. You can also access these forms at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9), http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103
Authorization Agreement for Direct Deposit of EFT Payments Form (EFT) http://media.obm.ohio.gov/oss/documents/EFT+FORM+-+REVISED+01+14+2014.pdf
Vendor Information Form http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form_11+15+2013.pdf

Submit all required forms even if no changes to ODH. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY Tuesday, May 19, 2015

Mail, E-mail: Carrie Farquhar, Oral Health Program Administrator, phone (614) 752-9025
Ohio Department of Health Oral Health Program
246 North High Street - 7th Floor
Columbus, OH 43215
E-mail: Carrie.Farquhar@odh.ohio.gov

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



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich / Governor

GMIS TRAINING REQUEST (Competitive Cycle ONLY)

This document is to be used for GMIS during a competitive cycle only. **EACH** person requesting training must complete a form. Requests will only be honored when form is signed by your **Agency Head** or **Agency Financial Head**. Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH.

Grant Program: _____ RFP Due Date: _____

Agency Name: _____

Salutation: (Dr., Mrs., etc.) _____

User's Name: (no nicknames, please) _____

User's Job Title: (e.g., Program Director) _____

Phone Number: _____

Fax Number: _____

E-mail address: _____

Agency/Financial Head Signature: _____
(*Signature of Agency/ Financial Head)

(*Printed Name of Agency /Financial Head)

TRAINING REQUEST FORMS MUST BE SUBMITTED WITH THE NOTICE OF INTENT TO APPLY FOR FUNDING FORM

Users will receive his/her username and password via e-mail once they have completed training.

APPENDIX C

**SFY16 DENTAL OPTIONS PROGRAM
Application Review Form and Score Sheet**

AGENCY NAME _____

M = Criterion Met PM = Criterion Partially Met U = Criterion Unmet

1. Application	M	PM	U
A. Application is well-organized and clearly written. It is complete, including all attachments, and adheres to the RFP guidance.	10	5	0
Comments:			
B. Application clearly identifies the need and documents the agency's ability to carry out the project.	10	5	0
Comments:			
	1. Score _____		
2. 2016 Objectives	M	PM	U
A. The number of clients to be referred to other sources of care, the number to be matched to providers and the number who complete treatment with OPTIONS providers are clearly identified in the proposal.	10	5	0
Comments:			
B. Work Plan/Methodology form is completed with appropriately defined objectives, activities and timelines to accomplish each objective. The proposal includes employing an adequate number of full-time equivalent Referral Coordinators to accomplish the objectives as defined in the proposal.	10	5	0
Comments:			
	2. Score _____		

APPENDIX C

3. Budget and Justification	M	PM	U
A. Budget and budget justification are clear and complete	10	5	0
Comments:			
B. Budget is appropriate in relation to OPTIONS program objectives.	10	5	0
Comments:			
3. Score _____			
4. Past Performance (if previously funded sub-grantee)	M	PM	U
A. Agency's progress toward meeting objectives/targets in most recent grant cycle has been acceptable; targets as outlined in previous proposals were met or exceeded.	20	10	0
Comments:			
B. Agency has submitted timely, complete, accurate and reasonable program and expenditure reports.	10	5	0
Comments:			
C. Agency has responded to special conditions appropriately and in a timely manner.	10	5	0
Comments:			
4. Score _____			

Total Score _____

REVIEWER NAME _____

APPENDIX E

DENTAL OPTIONS PROGRAM DENTIST ENROLLMENT

Through December 2014



935 PROVIDERS STATEWIDE



**OPTIONS Update
SFY15
7-1-14 through 12-31-14**

2,869 people helped by OPTIONS

2,645 individuals received referrals to:

- other safety net programs
- Medicaid/Healthy Start
- emergency referrals, no applications

224 patients matched to providers

- 108 discounted
- 116 donated

245 patients completed this year

- 117 discounted
- 128 donated

414 applications received
222 denied
44 terminated cases

Reported Dentist Treatment Value

\$447,179.13 Donated
\$250,778.12 Discounted

\$697,957.25 DENTIST REPORTED TREATMENT VALUE

\$ 17,484.84 TOTAL LAB REPORTED TREATMENT VALUE

935 enrolled dentists (12-31-14)

515 both discounted and donated
196 donated only
224 discounted only

102 formally enrolled dental labs (12-31-14)

BUDGET JUSTIFICATION EXAMPLE**PERSONNEL**

Salaries **\$23,612.99**

Grant Coordinator – Jo Ann Crawford (\$452.00) Full-Time Employee

This position serves as a backup for the RCGC Administrative Assistance on a PRN basis, providing administrative and clerical support to all program personnel, including patient contact, scheduling for appointments, managing clinical transcriptions, mailings (90%). Also provides ODH database entry and RCGC database management and data reporting manager (10%).

Nurse – Joyce Brown (\$23,160.99) Part-Time Employee

Responsible for providing clinic and metabolic clinic nursing services and case coordination (70%) plus OCCSN case coordination (10%). In support of component #1 provides Newborn Screening case coordination in support of grant component #2 (20%).

Nurse – Janet Coleman (Travel cost only)

This position is responsible for providing clinic and metabolic clinic nursing services and case coordination and OCCSN case coordination. In support of component #1 provides Newborn Screening case coordination in support of grant component #2. We will not change any salary cost for this position only travel.

Fringe Rate **\$53,393.00**

Personnel fringes incorporate PERS @ 14%, Workers' Compensation 3%, as well as Medicare 1.45% and health insurance for family insurance tobacco free at \$14,714 (FTE), family insurance tobacco \$18,585 and single family insurance at \$5,518. Only full-time employee has the option for insurance.

Total Personnel Cost **\$77,005.99**

OTHER DIRECT COSTS

Audit Fees **\$5,062.50**

The agency expends more than \$500,000 in federal awards and must have an A-133 Single Audit. The cost of the 2010 audit was \$6,750. We are estimating the cost to remain the same for 2011. We are allocating 75% of the audit costs to this program because it will be tested as the major program in an A-133 Single Audit.

Liability Insurance **\$5,250.00**

The agency's annual insurance cost in 2010 was \$20,000 and we anticipate a 5 percent increase in 2011. The estimated annual cost in 2011 is \$21,000. A cost allocation plan is in place and this grant will be charged 25% of the annual cost.

APPENDIX H

Lab Fees \$34,500.00

This includes funds for pap tests, Chlamydia and Gonorrhea testing and other addition lab tests provided to patients. Pap tests are budgeted at \$20,000 for liquid-based pap tests. Historically, 1,042 tests are done annually with a reflex rate of 14%. \$14,000 of this expense will be covered by the Enhancement funds. The other \$6,000 will be covered by the Core services funds. Gonorrhea and Chlamydia tests are run and those costs are covered by the Infertility Prevention Project for patients that meet the CDC guidelines for testing. The additional \$14,500 will be allocated to pay for Chlamydia and Gonorrhea tests for individuals that do not qualify for IPP and other lab tests provided to patients as needed.

Maintenance (Postage machine lease) \$6,000.00

The agency leases a postage machine. We have estimated the costs based on historical expenses. The WIC program is the only user of this machine.

Media Relations \$2,496.00

Radio or Print Media will be used to raise awareness to parents and community on effects of <purpose or objective to achieve>. We will be using 156 spots of radio advertisements @ \$16 each.

Phone Services \$3,534.96

Our phone usage for the office runs an average of \$227.88/month x 12 months = \$2,734.56/year. This includes our internet & phone usage for the < > office. The costs of <organization> owned cell phones is \$66.70/month x 12 months = \$800.40. The Nurses will be issued these phones.

Postage \$401.28

This cost is for mailing of billings to insurers and patients. It also covers general patient communications for the program. Approximately 76 pieces are mailed each month at \$.44 apiece. (76 x \$.44 = \$33.44 x 12 = \$401.28) Total cost for postage is \$401.28.

Rent \$23,000.00

(Rent is an unallowable cost if you own the building.)

This cost is requested to cover the cost of renting space at the Columbus Medical Association Foundation offices for COTS ASPR program staff. The rent is based on a rate of \$17.29 per square foot (from a Grubb & Ellis Columbus Office Market Trends Report) + a pro rata allocation of the building common/ meeting space. Rent cost is \$23,000.

Subscriptions \$146.00

It's essential that staff keep up with the ever-expanding body of genetics and other medical knowledge. Subscriptions to journals and other relevant publications related to clinical genetics will provide access to this vital information and give staff the opportunity to be current in their knowledge. Budget is for a one-year renewal of (the journal) "Science".

Supplies \$2,450.00

Supply Items	Computation	Cost
Office supplies	(\$17/mo. x 12 mo.)	\$ 204.00
Medical supplies	(\$33/mo. x 12 mo.)	\$ 396.00
File Cabinet	(1 @ \$350)	\$ 350.00

APPENDIX H

Tablets (3 @ \$500 each) \$1,500.00

Office supplies are needed for general operation of the program such as binder clips, copy paper, highlighters, labels, markers, pens, portfolios, pencils, message pads, rubber bands, adding machine tape, staplers, staples, binders, file folders, tape and desk trays. Training materials will be developed and used by the investigators to train patrol officers how to preserve crime scene evidence.

Medical supplies are needed to service patients of the program such as band aids, alcohol swabs, needles, rubber gloves, paper gowns, hand soap, paper towels, tissue, cleaning supplies, hand sanitizer and cotton balls.

File cabinet is needed for the Hospital Incident Liaison in the COTS Emergency Operations Center (EOC). Cabinet will serve as a podium for the Incident Commander (IC) during a disaster as well as central location to maintain Job Action Sheets (JAS), response and resources manuals, as well as activation and communication plans.

Tablets are to support the Hospital Incident Liaison operations (HIL) on a 24/7/365 basis. The tablets would enhance the ability of the HIL to set up the COTS Incident Command from a virtual location in the event it is not feasible or prudent to travel.

Travel \$3,449.20

In State (\$1,001.20)

Grant Coordinator (\$972.40)

This person will travel to 5 sites, approximately 6 times each per year, to conduct classroom programming. This travel will include two overnight annual ODH regional meetings (as required in the grant).

Lodging (ODH Annual Training):	\$80/night x 2	=	\$160.00
Meals (ODH Annual Training):	\$18 (\$12 dinner, \$6 breakfast) x 2	=	\$ 36.00
Meals (ODH Regional Training):	\$9 (Lunch) x 2	=	\$ 18.00
Mileage (ODH Annual Training):	193 mi RT x \$0.40/mi	=	\$ 77.20
Mileage (ODH Regional Training):	395 mi RT x \$0.40/mi	=	\$158.00
Mileage (School Presentations):	1308 mi RT x \$0.40/mi	=	\$523.20

Nurses Mileage (\$28.80)

Mileage for travel to schools for Nurses is estimated to be 36 visits, 2 miles per trip @ .40/ mile. Our travel reimbursement is \$.51 per mile. We will charge the ODH grant \$.40 and our agency will pay for the \$.11 not covered by the grant.

Out of state (\$2,448.00)

<Name of Conference> <Location> : <Purpose and objective of Out of state travel> for example, Out of state travel for Nurses to attend required curriculum training (costs not to exceed current state rates).

Mileage to and from Airport	100 miles x \$0.40/mile	=	\$ 40
Airport parking	\$30/day x 4 days	=	\$ 120
Airfare	\$300 x 2 people	=	\$ 600
Hotel	\$155/night x 4 nights x 2 people	=	\$1240
Per-diem	\$56/day x 4 days x 2 people	=	\$ 448

APPENDIX H

Utilities **\$6,000.00**

These include gas, electric, water & sewage and trash removal and costs are based on historical expenses. Utilities are allocated based on actual costs for each location as well as a proportional basis for items that cannot be identified by location.

Total Other Direct Costs **\$91,889.16**

EQUIPMENT

Laptop Computer **(2 @ \$1,500 each)** **\$3,000.00**

These computers are used to support the Hospital Incident Liaison operations (HIL) on a 24/7/365 basis. The laptops would enhance the ability of the HIL to set up the COTS Incident Command from a virtual location in the event it is not feasible or prudent to travel. The exact amount of the laptop is undetermined at this point but based on advertised pricing, \$1,500 each is a reasonable estimate.

Total Equipment Cost **\$3,000.00**

CONTRACTS

(Note: Your sub-contractors are required to abide by the same rules and regulations as that of an ODH Subgrantee.)

ACME Clinic **\$6,250.00**

Funding will provide for a free-standing hospital who elects to serve on a 24/7/365 basis as Alternative Care Center in a disaster or emergency situation. The funding shall be used to purchase disaster preparedness supplies, equipment and travel to enhance their Emergency Preparedness efforts. They will also need to subcontract with a speaker to conduct 10 trainings/workshops to address issues specific to hospital safety and access control during an internal or external threat to their facility. Topics addressed will include collaboration with local partnering agencies and lock down protocols; speaker will be paid per training/workshop.

- Personnel \$2,500.00
- Other Direct Costs \$2,000.00
- Equipment \$1,250.00
- Services \$ 500.00

Warner Preparedness Enterprises **\$4,000.00**

Funds will be used to contract WPE to coordinate and plan an exercise for health department staff and other key agencies. This includes cost for staff, supplies, training packet and space rental. The Rand Drill will be included in the exercise as required by the grant.

- Personnel \$1,500.00
- Other Direct Cost \$2,500.00
- Equipment \$0
- Services \$0

APPENDIX H

Speaker

\$3,000.00

A Contractor is needed to conduct 10 trainings/workshops to address issues specific to hospital safety and access control during an internal or external threat to their facility. Topics addressed will include collaboration with local partnering agencies and lock down protocols. Speaker will be paid \$300 per training/workshop.

- Personnel \$3,000.00

Total Contract Cost

\$13,250.00

Budget Justification Note: When writing your budget justifications use the GMIS budget as a guideline. Each line in your budget must be detailed in the budget justification.