

MEMO

To: Prospective Regional Comprehensive Genetics Centers Program Applicants

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

Subject: Notice of Availability of Funds – State Fiscal Year 2012
(July 1, 2011-June 30, 2012) Regional Comprehensive Genetic Centers Program

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau for Children with Medical Handicaps (BCMHS), announces the availability of grant funds to support activities of the Regional Comprehensive Genetic Centers Program.

Request for Proposals (RFP) for this grant program will be available on the ODH Web site on or before March 18, 2011. To obtain a grant application packet:

1. Go to the ODH Web site at <http://www.odh.ohio.gov>;
2. In the bottom right hand corner, click on "Funding Opportunities";
3. From the next page, click on "ODH Grants";
4. Next click on "Grant Request for Proposals". This will give you a pull down menu with current grant RFP's by name;
5. Select and highlight the Regional Comprehensive Genetic Centers Program RFP and click "Submit". This process invokes Adobe Acrobat and will display the entire RFP. You can then review the RFP to determine your organization's ability to meet the requirements of the grant and your intent to apply.

All interested applicants must submit a *Notice of Intent to Apply for Funding form* (attached), no later than Monday, April 4, 2011, to be eligible to apply for funding.

Should you have any questions, please contact Shelley Nottingham, Genetics Program Coordinator at (614) 728-4677, by e-mail at shelley.nottingham@odh.ohio.gov or by fax at (614) 728-3616.

Enclosures

NOTICE OF AVAILABILITY OF FUNDS

Ohio Department of Health
Division of Family and Community Health Services
Bureau for Children with Medical Handicaps

REGIONAL COMPREHENSIVE GENETIC CENTERS PROGRAM

Competitive Grant Applications for State Fiscal Year 2012

Introduction/Background

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau for Children with Medical Handicaps (BCMh), announces the availability of grant funds to support activities of the Regional Comprehensive Genetic Centers Program. Recipients will be expected to have a functional unit organized for and capable of providing coordinated, multidisciplinary, comprehensive services to persons with or at risk for genetic related disorders. They must also meet the ODH Regional Comprehensive Genetic Centers (RCGC) Standards and Criteria (available on the ODH Web site at <http://www.odh.ohio.gov> – click on the letter “G” from the alphabet index; then click on “Genetic Services”; then click on “Standards and Criteria”).

The primary activities of funded centers will be to:

- (1) Participate in a regional network of genetic service programs and maintain compliance with the ODH requirements contained in the ODH RCGC Standards and Criteria;
- (2) Improve access to genetic services through innovative clinical and education outreach to underserved groups/populations;
- (3) Provide genetic counseling services as team members in multidisciplinary specialty clinics;
- (4) Collect and report data;
- (5) Provide confirmatory testing for patients with abnormal metabolic newborn screenings and manage the ongoing care of patients diagnosed with metabolic newborn screening disorders;
- (6) Participate in the follow-up of patients with abnormal newborn screenings for Cystic Fibrosis;
- (7) Improve access/increase referrals to genetic services in Ohio for children with hearing loss and their families;
- (8) Assist ODH in confirming cases in the Ohio Connections for children with Special Needs (OCCSN) birth defects information system and by participating in birth defects prevention education activities;
- (9) Improve access/increase referrals to cancer genetic services;
- (10) Improve access/increase referrals to cardio genetic services.

Authorization of funds of this program is contained in Ohio Revised Code 3701.502 and in legislation initiated by the Ohio 129th General Assembly.

NOTICE OF AVAILABILITY OF FUNDS

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Eligibility

Eligible applicants are approved care facilities* with an identifiable, functional unit organized for and capable of providing coordinated, multidisciplinary, comprehensive care and services to persons with or at risk for genetics related disorders, and who meet the ODH Regional Comprehensive Genetics Centers (RCGC) Standards and Criteria. Preference will be given to facilities that have an established unit that have demonstrated capability, experience and expertise in providing services to patients with or at risk for genetic related disorders and whose programmatic activities address the goals of the Regional Comprehensive Genetics Centers Program.

All applicants must 1) be a governmental or non-profit agency; 2) attend or document, in writing, prior attendance at Grants Management Information System (GMIS) 2.0 training and 3) have the capacity to set up an electronic funds transfer (EFT).

Only those agencies that meet the requirements listed above are eligible to apply. If currently receiving ODH funds, the applicant must have demonstrated acceptable performance standards during previous grant periods.

Program Period and Award Amounts

This is a competitive grant application. The program period for this application will be for four years, beginning July 1, 2011 and ending June 30, 2015. The budget period will be 12 months beginning July 1, 2011 and ending June 30, 2012. At least one project will be funded per region. The total anticipated amount of funds for this budget period is \$2,170,500. Initial awards for the first year of this program period will range from \$50,000 to \$500,000. **All awards are contingent on the availability of funds for this purpose.**

To Obtain a Grant Application Packet

1. Go to the ODH Web site at <http://www.odh.ohio.gov> (the Regional Comprehensive Genetics Centers Program RFP will be available for review after March 18, 2011);
2. In the bottom right hand corner, click on "Funding Opportunities";
3. From the next page, click on "ODH Grants";
4. Next click on "Grant Request for Proposals (RFP)". This will give you a pull down menu with current grant RFP's by name;
5. Select and highlight the Regional Comprehensive Genetics Centers Program RFP and click "Submit". This process invokes Adobe Acrobat and will display the entire RFP. You can then review the RFP to determine your organization's ability to meet the requirements of the grant and your intent to apply.

*Accredited state or other medical school, hospital, or clinic accredited by the Joint Commission on Accreditation of Health Care organizations.

All interested parties must submit a *Notice of Intent to Apply for Funding* form (attached), no later than Monday, April 4, 2011 to be eligible to apply for funding. Upon receipt of your completed *Notice of Intent to Apply for Funding* form, ODH will:

- a. Create the grant application account for your organization¹. This account number will allow you to submit an application via the Internet using the GMIS 2.0. All grant applications must be submitted via the Internet using the GMIS 2.0.
- b. Assess your organizations' GMIS 2.0 training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you regarding those needs. GMIS 2.0 training is mandatory. Please complete GMIS 2.0 Training Form on the following page to set up your agency's training date.

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.

1. Organizations with previous GMIS training will automatically receive a grant application account number upon receipt of a completed Notice of Intent to Apply for Funding form

Dear Regional Comprehensive Genetics Center Applicant:

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau for Children with Medical Handicaps (BCMh) is providing the attached Request for Proposal (RFP) for your guidance in completing a competitive application for funding from the Regional Comprehensive Genetic Centers Program. **Proposals are due Monday, April 25, 2011 for the funding year July 1, 2011 through June 30, 2012. Late applications will not be accepted. All proposals must be submitted via the Internet, using GMIS 2.0. Organizations with previous GMIS 2.0 application will automatically receive a grant application account number.**

For **material(s) not electronically filed**, mail the original and copies as required by the RFP to:

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

Should you have questions regarding your application, contact Shelley Nottingham, State Genetics Program Coordinator at (614) 728-4677 or shelley.nottingham@odh.ohio.gov.

Sincerely,



Karen F. Hughes, Chief
Division of Family and Community Health Services

Attachments



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF

Family and Community Health Services

BUREAU FOR

Children with Medical Handicaps

REGIONAL COMPREHENSIVE GENETIC CENTERS PROGRAM

REQUEST FOR PROPOSALS (RFP)

FOR

FISCAL YEAR 2012

(07/01/2011 – 06/30/2012)

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

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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 parts – an electronic component submitted via the Internet Web site: ODH Application Gateway – GMIS 2.0 which includes various 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 Web site <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “About ODH”, click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** Regional Comprehensive Genetic Centers (RCGC) Program
- C. Purpose:** The purpose of the Regional Comprehensive Genetic Centers Program is to ensure and enhance the accessibility and availability of quality, comprehensive genetic services in Ohio. Genetic services include, but are not limited to, genetic counseling, education, diagnosis and treatment for all genetic conditions and congenital abnormalities.
- D. Qualified Applicants:** All applicants must be a local public or non-profit agency in an approved care facility* with an identifiable, functional unit organized for and capable of providing coordinated, multidisciplinary comprehensive care and services to persons with or at risk for genetic related disorders, and who meet the ODH Regional Comprehensive Genetic Centers (RCGC) Standards and Criteria (available at the ODH Web site at <http://www.odh.ohio.gov> – click on the letter “G” in the alphabet index, then click on “Genetic Services”, then click on “RCGC Standards and Criteria”).

Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). (see **APPENDIX A**)

- E. Service Area:** Ohio is divided into 6 RCGC regions. Each ODH funded Regional Comprehensive Genetic Center (RCGC) serves an ODH defined multi-county region in the state of Ohio (see **Regional Genetics Network Map, APPENDIX B**)

*Accredited state or other medical school, hospital, or clinic accredited by the Joint Commission on Accreditation of Health Care organizations.

- F. Number of Grants and Funds Available:** RCGC Program grants are comprised of funds generated from a portion of the state newborn screening fee. The amount available for funding RCGCs is anticipated to be approximately \$2,170,500. At least 6 grants will be awarded to eligible agencies, ranging from \$50,000 to \$500,000. See ATTACHMENT 5 for information about funding availability.

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: The grant application is due via the internet on or before Monday, April 25, 2011.**

Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by 4:00 p.m. **Monday, April 25, 2011**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Contact Shelley Nottingham (614-728-4677), shelley.nottingham@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Section 3701.502 of the Ohio Revised Code in legislation initiated by the Ohio 129th General assembly. Under this section, the Director of Health is required to: “encourage and assist in the development of programs of education, detection, and treatment of genetic diseases and provision of habilitation, rehabilitation, and counseling of persons possessing a genetic trait of, or afflicted with, genetic disease...”

- I. Goals:** The goals of the Regional Comprehensive Genetic Centers Program are to assure that:

- a. Children and adults with or at risk for birth defects or genetic disorders and their families, receive quality, comprehensive genetic services that are available, accessible and culturally sensitive; and
- b. Providers, the general public and policy makers are aware and knowledgeable about birth defects, genetic conditions and genetic disease related services in Ohio.

- J. Program Period and Budget Period:** The program period will begin on July 1, 2011 and end on June 30, 2015. The budget period for this application is July 1, 2011 through June 30, 2012.

- K. Local Health Districts Improvement Standards:** This grant program will address Local Health Districts Improvement Goal 3701-36-07-03-I – “*Prevention, health*”

promotion, early intervention, and outreach services are provided directly; The local health department has information available on the types of services available from local providers and how to obtain them". The Local Health District Improvement Standards are available on the ODH Web site:

<http://www.odh.ohio.gov/localHealthDistricts/lhdImprovementStandards.aspx> (Click on "Local Health District Improvement Goals/Standards/Measures.")

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

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

The applicant must submit the above summary as part of their grant application to ODH (see **ATTACHMENT #1**). 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.

RCGC applicants may utilize the template letter (**ATTACHMENT #1**). The letter should be mailed to EACH Local Health District in their region.

2. Public Health Impact Statement of Support - Include with the grant application a statement (or statements) of support from the local health districts in your region, if available (**ATTACHMENT #2**). 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 (**ATTACHMENT #3**). 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

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 to 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;
- (3) identify specific social and environmental conditions which lead to health disparities (social determinants). This statement must be supported by data. and

For RCGC applications:

- (4) Choose a clinical and/or education outreach project to complete during the 4 year grant period to address the health disparity(ies) you outlined in numbers 1-3 above. It can be manifested either as a health status or health system type of disparity in your region. Utilizing a needs assessment process, determine gaps to offering culturally responsive, client-centered genetic counseling or education to diverse populations that experience health disparities. Develop proposed activities/methods for addressing the gaps in the quality of health and/or health care to reduce the health disparity identified.

For example (but not limited to):

- Develop new or continue established outreach clinics in your region;
- Offer clinical services through innovative or non-traditional forms of outreach;
- Develop/Facilitate a plan for transitioning young adults with a chronic disease (e.g. Spina Bifida, Cystic Fibrosis and/or Newborn Screening disorder) to appropriate adult medical care in your region.

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 Web site at:

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

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

- O. **Programmatic Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon submission of the NOIAF. Please contact shelley.nottingham@odh.ohio.gov, or at 614-728-4677 for questions regarding this RFP.

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

Bidders Conference:

All potential applicants are encouraged to participate in a Bidders' Conference that will be held via conference call on **Monday, March 28, 2011** from 10 AM to 11:30 PM EST. To participate in the call, dial 1-800-510-7500 and enter the participant access code 9591760#. The Bidders' Conference is scheduled to provide potential applicants with an opportunity to learn more about the RFP and ask clarifying questions. Participation in the conference call is not a substitution for GMIS 2.0 Training.

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

- Q. **Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, April 25, 2011**.

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

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

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

- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
 - 1. Contributes to the advancement and/or improvement of the health of Ohioans;
 - 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 - 3. Is well executed and is capable of attaining program objectives;
 - 4. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
 - 5. Estimates reasonable cost to the ODH, considering the anticipated results;
 - 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
 - 7. Provides an evaluation plan, including a design for determining program success;
 - 8. Is responsive to the special concerns and program priorities specified in the request for proposal;
 - 9. **Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;**
 - 10. **Has demonstrated compliance with 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.**

Programs will include a scoring sheet and/or provide further details of scoring (competitive required; continuation optional). See **SFY 2012 RCGC Grant Application Review Form 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 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 Ohio Department of Health/Federal Government
Bureau for Children with Medical Handicaps
Genetics Program

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

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

Reports shall be submitted as follows:

- 1. **Program Reports:** Subgrantee Program Reports **must** be completed and submitted to ODH via **the Subgrantee Performance Evaluation System (SPES)** by the following dates:

1). Grant activity Mid-year Performance Reports on RCGC Grant Objectives and Performance Measures are due: January 15, 2012 and Year End Performance Report due July 15, 2012.

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: October 15, 2011, January 15, 2012, April 15, 2012, and July 15, 2012.

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

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

Submission of the Subgrantee Final Expenditure Report via the GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

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

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

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

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

1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Web site: <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;
22. Counseling or referral for abortion except in the cases of medical emergency (as required by Ohio Revised Code 3701.511. All ODH funded RCC project directors and/or agency directors must complete, sign and return the ODH Certification that Appropriations Are NOT Used for ***Counseling or Referral for Abortion Form***. (Send the original and one (1) copy as required – **ATTACHMENT #4**

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

- Z. Audit:** *Subgrantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the*

receipt of the auditor's report, but not later than 9 months after the end of the subgrantee's fiscal year.

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

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

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

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

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

AA. Submission of Application:

The GMIS 2.0 application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D

- Summary
- 5. Civil Rights Review Questionnaire (EEO Survey)
- 6. Assurances Certification
- 7. Federal Funding Accounting and Transparency Act (FFATA) Requirements (Attachment B - **located on the GMIS Bulletin Board**).
- 8. Attachments as required by Program
 - 1.) Public Health Impact Statement Summary Letter
 - 2.) Letters of Support from Local Health Districts
 - 3.) No Letters of Support from Local Health Districts list
 - 4.) Certification that Appropriations Are Not Used for Counseling or Referral for Abortion
 - 5.) SFY 2012 RCGC Grant Application Budget Worksheet
 - 6.) RCGC Standards and Criteria Assurance Form
 - 7.) RCGC Grant Program Deliverables and Staff Contact Information Form
 - 8.) SFY 2012 Objectives and Indicators/Performance Measures Form
 - 9.) SFY 2012-2015 RCGC State Work Groups Information Form
 - 10.) Grant Staff C.V.s/Bios
 - 11.) SFY 2012-2015 RCGC Outreach Clinics Information Form
 - 12.) BCMH Specialty Team Letters of Appointment
 - 13.) NBS for CF Referral and Services Protocol Outline
 - B.) FFATA Reporting Form for State Funded Agencies

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

**Complete,
Sign &
Mail To
ODH**

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

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

**Copy &
Mail To
ODH**

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

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

**Complete
Copy &
Mail To
ODH**

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

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

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

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

- 1. **Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the application for additional information.

Before completing the narrative budget justification, all RCGC applicants should determine the specific funding amounts they will need to accomplish the 3 major SFY 2012 RCGC Grants Components (see section D.4, page 16). Funding parameters are included on the *SFY 2012 RCGC Grant Application Budget Worksheet* (ATTACHMENT #5)

Applicants should complete the Budget Worksheet and construct their narrative budget justification detailing anticipated expenses associate with implementing each Component.

All RCGC applicants MUST format their narrative budget justification using the ODH Budget Justification Template example – see APPENDIX D In the Budget Justification, delineate all personnel who will be directly involved in Program activities and note which specific grant components and activities

for which they will be responsible. Include plans for hiring and training personnel, as necessary. 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. Note any personnel or equipment deficiencies that will need to be addressed to carry out this grant. Applications will be judged on the completeness and reasonableness of their budget narrative to address the staffing needs and activity costs outlined under each of the 3 major Project Components.

- 2. Personnel, Other Direct Costs, Equipment and Contracts):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2011 to June 30, 2012.

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

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

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

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

- 3. Compliance Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.
- 4. Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.

C. Assurances Certification: Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

1. Executive Summary: Narrative requirements for this section are covered in the instructions for completing the program budget narrative in section B.1 above. No additional narrative response is required for this section.

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

Only programs that meet the ODH *RCGC Standards and Criteria* are eligible to apply for these grant funds. The *RCGC Standards and Criteria* summarize the agency’s structure requirements and outline the parameters for the clinical and administrative components it must have in place to operate as an ODH Regional Genetics Center. To assess its eligibility to apply, each applicant agency should thoroughly review the ODH *RCGC Standards and Criteria* document (available at the ODH Web site at <http://www.odh.ohio.gov>. – click on the letter “G” in the alphabet index and click on “Genetic Services”, then click on “RCGC Standards and Criteria”. In lieu of submitting a detailed narrative in this section, the applicant Project Director must sign off on the *RCGC Standards and Criteria Assurance Form (ATTACHMENT #6)*. Submission of the RCGC Standards and Criteria Assurance Form signifies authorization by an agency official that their agency/program meets the standards and criteria set forth in that document.

Personnel:

In addition to submitting a detailed narrative description of applicant agency staff (in the budget justification) applicants are required to submit:

1). Resumes/C.V.s of all staff listed on the grants (with this application).

2). **ATTACHMENT # 7, RCGC Grant Project Deliverables and Staff Contact Information Form.**

3. Problem/Need: *(This section is provided as background information for the applicant. No narrative response is required for this section.)*

Congenital malformations, developmental and learning disabilities, and common

chronic diseases of adulthood and aging are the leading causes of mortality and morbidity to Ohioans. Approximately 30 to 50% of all pregnancies end in miscarriage or stillbirth due to genetic causes. Intrauterine exposures to teratogenic agents, such as alcohol, smoking, drugs, and other hazardous agents adds additional risks to the fetus for physical and developmental disabilities. About four percent of babies born in our country are affected with medically significant birth defects. Birth defects are the leading cause of death in infants under 12 months of age, and approximately 20-30% of these infant deaths are due to genetic disorders. By the time children reach school age more are identified as cognitively disadvantaged, and even more have learning, attention, or behavioral difficulties with suspected hereditary components. Of those with mental retardation, about 50% have a genetic basis for their disability. Common adult onset genetically related disorders such as cancers, diabetes and heart disease are on the rise.

SFY 2012 RCGC PROJECT COMPONENTS TO ADDRESS THE PROBLEM/NEED

To address the problem delineated above, the Ohio Department of Health will fund a regional network of RCGCs to assure genetic services are accessible to all Ohio counties as outlined on the RCGC Ohio Regional Map (**APPENDIX B**). Activities will be funded under three major components:

1. Genetics Network Participation;
2. Birth Defects - Screening, Surveillance and Prevention; and
3. Genomics

Expected Results:

The Expected Results of the RCGC funded projects will be that:

1. Children and adults with or at risk for birth defects or genetic disorders (and their families) will have improved knowledge and ability to make informed health choices related to their conditions.
2. Genomics will be appropriately integrated into public health policy and program planning in Ohio.
3. Service providers will be skilled in recognizing individuals/families with or at risk for genetic related disorders and knowledgeable about genetic related services and referral resources available to them.
4. The general public will be aware of the role that genetics plays in health and about genetic related services and referral resources available to them.
5. Policy makers and program planners will be knowledgeable about the role of genomics in improving public health.

These RCGC grant expected results along with predetermined project objectives and indicators/performance measures are delineated in the *SFY 2012 through 2015 RCGC Program Goals, Expected Results, Objectives and Indicators/Performance Measures form (ATTACHMENT #8)*. **Each funded project's performance will be measured based on these project indicators/performance measures.**

4. Methodology:

For the grant period, SFY 2012- 2015, each successful applicant will be funded to do the activities listed under the 3 major RCGC Grant Components described below.

RCGC COMPONENTS/ACTIVITIES
FOR SFY 2012-2015

COMPONENT #1: GENERAL GENETICS NETWORK

A. RCGCs will maintain compliance with the ODH requirements contained in the ODH **RCGC Standards and Criteria.**

ACTIVITIES

1. Assure RCGC complies with RCGC Standards and Criteria.
2. Conduct Team RCGC Self-Evaluation /complete RCGC SE Form as requested during the 4 year grant cycle.
3. Provide general genetics clinical and education services to the regional population.
4. Participate in ODH related Advisory Councils, subcommittees, and work groups (see **ATTACHMENT #9**).
5. Submit resumes of all staff (**ATTACHMENT #10**).
6. During first year of grant cycle, incorporate RCGC related information onto the RCGC’s Web page –
Include link from your RCGC to ODH genetics Web page
(<http://www.odh.ohio.gov/odhPrograms/cmh/genserv/genserv1.aspx>)
Other suggestions to add to your Web page include:
 - The statement “This Regional Comprehensive Genetic Center is part of a statewide network of genetic services funded by the Ohio Department of Health”;
 - List of contact information and list of services provided by your RCGC;
 - List of your RCGC’s outreach sites;
 - List of outreach education offered (e.g. list of speakers and genetics topics).

B. All RCGCs will improve access to genetic services through innovative **Clinical and Education Outreach** to underserved groups/populations.

ACTIVITIES

1. Communicate with local health districts describing RCGC services and how to obtain them. (Fulfills ODH Public Health Impact Statement Grant Requirement.)
2. Increase genetics related outreach education activities to public health program staff (e.g. Help Me Grow; Regional Perinatal Program, Local Health Departments, Child and Family Health, WIC, Family Planning Clinics, Regional Infant Hearing Program, Breast and Cervical Cancer program, etc.).

3. Choose a clinical and/or education outreach project to complete during the 4 year grant period to address a health disparity(ies) in your region. It can be manifested either as a health status or health system type of disparity. Utilizing a needs assessment process, determine barriers to accessing a specific RCGC clinical service and/or education need in your region. Develop proposed activities/methods for addressing the selected barriers and increasing access to services/education for the target group. Evaluate, summarize and present project outcomes to ODH, other RCGCs, etc. **Submit a 1 ½ page narrative describing this activity.** (Fulfills ODH grant application requirement **M. Statement of Intent to Pursue Health Equity Strategies** outlined on page 4 of the RFP.)

For example (but not limited to):

- Develop new or continue established outreach clinics in your region;
 - Offer clinical services through innovative or non-traditional forms of outreach;
 - Develop/Facilitate a plan for transitioning young adults with a chronic disease (e.g. Spina Bifida, Cystic Fibrosis and/or Newborn Screening disorder) to appropriate adult medical care in your region.
4. Assure all patients, under 5 years of age, seen for genetic services in relation to outreach services are adequately reported to ODH in the RCGC Database.
 5. Assure all patients, over 5 years of age, seen for genetic services in relation to outreach services are adequately reported to ODH in the Mid/Year-end reports.
 6. Submit RCGC Outreach Clinics Information Form, if applicable. (**ATTACHMENT #11**)

C. RCGCs will provide genetic counseling services as team members in multidisciplinary **Specialty Clinics.**

ACTIVITIES:

1. **BCMHS Specialty Clinics**

a. **Myelo Specialty Team Participation**

- I. Establish Myelo Team GC Position to staff Myelo Clinics.
- II. **Submit a signed letter of appointment from BCMHS Specialty Clinic Director (see ATTACHMENT #12).**
- III. Assure all patients, 0-5 years of age, provided with genetic services in this specialty clinic are reported in the RCGC Database.
- IV. Assure all patients (over 5), provided with genetic services in this specialty clinic are reported in the ODH Mid/Year-end reports.
- V. Provide genetic services input into the revision of *BCMHS Standards of Care and Outcome Measures for Patients with Myelodysplasia (Spina Bifida)* as requested.
- VI. Assure all parents of newborns with an NTD and all adolescents with NTDs are provided with genetic counseling and education about folic acid according to the *BCMHS Standards of Care and Outcome Measures for Patients with Myelodysplasia (Spina Bifida)* at appropriate time intervals.
- VII. Assist ODH OCCSN Coordinator in confirming unconfirmed NTD cases

submitted to the OCCSN database from the RCGC's hospital institution.

b. Craniofacial Specialty Team Participation

- I. Establish Craniofacial Team GC Position to staff Craniofacial Clinics.
- II. Submit a signed letter of appointment from BCMH Specialty Clinic Director (see **ATTACHMENT #12**)
- III. Assure all patients, 0-5 years old, provided with genetic services in this specialty clinic are reported in the RCGC Database.
- IV. Assure all patients (over 5), provided with genetic services this specialty clinic are reported in the ODH Mid/Year-end reports.
- V. Provide genetic services input into the revision of *BCMHS Standards of Care and Outcome Measures for Children with Craniofacial Deformities* as requested.
- VI. Assure all parents of newborns with a craniofacial disorder and all adolescents with craniofacial disorders are provided with genetic counseling and education according to the *BCMHS Standards of Care and Outcome Measures for Children with Craniofacial Deformities* at appropriate time intervals.
- VII. Assist ODH OCCSN Coordinator in confirming unconfirmed craniofacial cases submitted to the OCCSN database from the RCGC's hospital institution.

c. Hemophilia Specialty Team Participation

- I. Establish Hemophilia Team GC Position to staff Hemophilia Clinics.
- II. Submit a signed letter of appointment from BCMH Specialty Clinic Director (see **ATTACHMENT #12**).
- III. Assure all patients, 0-5 years old, provided with genetic services in this specialty clinic are reported in the RCGC Database.
- IV. Assure all patients (over 5), provided with genetic services this specialty clinic are reported in the ODH Mid/Year-end reports.

d. Cystic Fibrosis Specialty Team Participation

(see Birth Defects - Screening , Surveillance and Prevention - Component 2 B, page 20)

2. Prenatal Genetic Services

- a. Establish GC Prenatal Clinic contact position(s).
- b. Assure all prenatal patients provided with genetic services are adequately reported to ODH in the Mid/Year-end reports.

3. Other Non-BCMHS Specialty Clinics

- a. Establish GC Specialty Clinic position(s) to staff other specialty clinic areas as needed.
- b. Assure all patients, 0-5years old, seen for genetic services in the various specialty Clinics are adequately reported to ODH in the RCGC Database.

- c. Assure all patients over 5 years old, seen for genetic services in the various other specialty Clinics are adequately reported to ODH in the Mid/Year-end reports.

D. RCGCs will **Collect and Report Data** to ODH.

ACTIVITIES

1. Comply with RCGC database data collection reporting standards for RCGC clinical and education services.
2. Fund a RCGC Database Manager position to:
 - a. Coordinate efforts to set up, collect, enter and submit RCGC Database data on all fields to comply with ODH data collection standards;
 - b. Ensure appropriate RCGC staff and back-up staff is trained on ODH Genetics data base data collection and reporting requirements.
 - c. Provide technical assistance to RCGC staff on the RCGC database collection process, rules and definitions, submission deadlines and their role in the data collection process.
 - d. Assure off-site grant staff are reporting into clinical and education database
 - e. Assure that all the data elements on the ODH Clinical and Education data entry forms are being collected on all 0-5 year old clinical patients served and on all education events completed (see **APPENDIX E**).
 - f. Assure that data on all education events that RCGC staff participates in is entered into the ODH Genetics Education database.
 - g. Assure that data on all patients, 0-5 years old, seen for genetic services by RCGC Clinical staff is entered into the ODH Web based genetics data base.
 - h. Assure all data is entered into the ODH Genetics database within one month of the clinical appointment or education event.
 - i. Assure data, on SFY 2012 projected RCGC Goals and Objectives for all patients over 5 years old, is collected and reported in the ODH Mid/Year-end reports.
 - j. Participate in any database training or updates required by ODH.
 - k. Act as the RCGC contact for ODH Genetic Database related communications.

COMPONENT #2: BIRTH DEFECTS - SCREENING, SURVEILLANCE AND PREVENTION

A. RCGCs will provide confirmatory testing for patients with abnormal metabolic newborn screenings and manage the ongoing care of patients diagnosed with **Metabolic Newborn Screening** (NBS) disorders.

ACTIVITIES

1. Establish a RCGC NBS Case Coordinator staff position (GC, nurse or dietician).
2. Assure that confirmatory test results on newborns being evaluated at your RCGC due to abnormal newborn screens are adequately reported to the ODH NBS laboratory in a timely manner.

3. Coordinate the reporting of all RCGC NBS cases, 0-5 years old, evaluated by your Metabolic Service Team to ODH via the RCGC Database.
4. Assure all patients over 5 years old, seen for the management of NBS disorders are adequately reported to ODH in the Mid/Year-end RCGC reports.
5. Initiate a BCMH application for all newborns being evaluated for a NBS disorder by your RCGC/MST.
6. For all NBS patients (0-5 years old) requiring a metabolic formula, complete a referral to the WIC program.
7. Participate on ODH work groups, as requested, that may include:
For example:
 - a. Review the ODH data system data fields.
 - b. Review RCGC reporting mechanisms to ODH Lab.
 - c. Assess how much time is spent on informal NBS consultations (e.g. via telephone consults); determine how to quantify and measure effectiveness of consultative services offered; track and report these services and outcomes back to ODH.
8. Provide a Regional Grand Rounds within the 4 year grant cycle emphasizing the NBS tests which have been recently added to Ohio's panel or are likely to be added in the near future.

B. RCGCs will participate in the follow-up of patients with abnormal Newborn Screenings for Cystic Fibrosis.

ACTIVITIES

In close collaboration, CF Centers and/or RCGCs will:

1. Establish a CF Newborn Screening GC Case Coordinator to staff CF Clinics.
2. Submit a signed Letter of Appointment from BCMH Specialty Clinic Director (see **ATTACHMENT #12**).
3. Submit an outline describing the CF NBS Referral and Services Protocol the BCMH CF Center uses for evaluating infants who receive an abnormal screen for CF (see **ATTACHMENT #13**).
4. Assure a process is in place for receiving notification about newborns that have abnormal CF Newborn screens.
5. Schedule newborns with abnormal screens into their CF Center for confirmatory testing.
6. Work with PCPs of patients who have had an abnormal screen for CF but have not been referred or scheduled for a diagnostic evaluation.
7. Assure that newborns determined to be CF carriers and their parents are referred to the RCGC for genetic counseling.
8. Assure the confirmatory test results on newborns being evaluated at your RCGC due to an abnormal newborn screening result for CF are adequately reported to the ODH NBS laboratory in a timely manner.
9. Coordinate process with CF Center to assure that data on all patients, 0-5 years old, being evaluated for CF as a result of an abnormal newborn screen is entered into the ODH Web based genetics data base.

10. Participate on ODH work groups, as requested, to review the ODH data system data fields and reporting mechanisms.
11. Plan activities to educate primary care providers about newborn screening for CF.
12. Report education activities into the RCGC Education Database.
13. Provide genetic services input into the revision of *BCMh Standards of Care and Outcome Measures for Children with Chronic Pulmonary Disease* as requested.
14. Assure all parents of newborns with a CF and all adolescents with CF are provided with genetic counseling and education according to the *BCMh Standards of Care and Outcome Measures for Children with Chronic Pulmonary Disease* at appropriate time intervals.

C. RCGCs will improve access/increase referrals to genetic services in Ohio for children identified with **Hearing Loss**, and their families.

ACTIVITIES

1. Staff hereditary hearing loss related clinics.
2. Work with ODH Infant Hearing work group, upon request, on strategies for integrating genetic services into Ohio's Early Hearing Detection and Intervention System.
3. Promote the HRSA Region 4 EHDI System Action Guide to providers in your region who serve children with hearing loss.

D. RCGCs will assist ODH in confirming cases in the **Ohio Connections for Children with Special Needs (OCCSN)** birth defects information system and by participating in birth defects prevention education activities.

ACTIVITIES

Establish a RCGC OCCSN GC Coordinator position to:

1. Serve on the Ohio Partners for Birth Defects Prevention (OPBDP) – an OCCSN Advisory Council Subcommittee - and attend quarterly meetings.
2. Assure all presentations by RCGC staff covering birth defects causes and prevention strategies topics are reported in the RCGC Genetics Education Database.
3. Assure that referrals (for children 0-5 years old with birth defects/developmental delays to HMG, WIC, Regional Infant Hearing and BCMH programs) are documented/reported in the Genetics Database.
4. Assist ODH OCCSN coordinator in confirming (Non BCMH Specialty Clinic patients) birth defects diagnoses and provide follow-up information on cases submitted to the OCCSN database from your RCGC's hospital institution.
5. Plan and implement an activity(ies) to promote Birth Defects Prevention Month in the month of January throughout the grant cycle (2012/13/14/15).
6. Over the 4 year grant period, participate on ODH work group to develop Webinar training (through Ohio Train) on how to integrate preconception health messages into clinical practices.

For example:

Target:

- Family Planning nurses
- HMG nurses and service coordinators
- Health care providers practices and/or
- Family Practice nurses

Create “Preconception Health Office Champions” listserv from those who take the training and maintain contact with this group to:

- Provide personal connection with your RCGC
- Remind their fellow clinicians to speak to patients about FA and other preconception health issues
- Distribute Prescription for Health script pads and monitor their use, evaluate feedback, etc.
- Distribute the BDP Handbooks
- Coordinate/Distribute education materials for patients
- Share new research
- Work with practices to help improve/target priority preconception health messages on their clinic/patient intake forms

7. Over the 4 year grant period, collaborate with the OPBDP G.C.s to create/revise and distribute education materials/activities for health professionals.

For example:

- Assist in the development, review and new uses for the birth defects disorder fact sheets for the OCCSN program.
- Revise Birth Defects Prevention Handbook and consider new distribution ideas.
- Consider ways to put more information on RCGC Web sites that medical professionals can use.
- Explore parameters of genetics and birth defects curriculum requirements in Ohio and survey teachers on what they need to teach about genetics and health in the classroom and develop educational resources to fulfill the needs identified.

8. Over the 4 year grant period, collaborate with the OPBDP G.C.s to create/revise and distribute education materials/activities for the general public.

For example:

- Develop a series of BDP messages to feed ODH social marketing venues.
- Propose ways to promote the Text for Baby “Twitter” project.
- Propose ways to promote the U.S. Surgeon Generals’ Family History initiative.
- Propose an activity(ies) to increase folic acid intake in BCMH Myelo clinic parents/adolescents.
- Propose ways of promoting/maintaining vitamin usage in post-partum women.

COMPONENT #3: GENOMICS

- A. RCGCs will improve access/increase referrals to **Cancer Genetics** services in Ohio.

ACTIVITIES

Establish Cancer Genetic Counselor lead staff person to:

1. Incorporate RCGC information on your RCGC Web page to include where and how to order cancer genetics related materials in bulk for providers – including linking to ODH Web page for resource information.
2. Propose and implement specific activities to promote the US Surgeon General's Family Health History Initiative and plan an activity(ies) for Family History Day/Month (November/Thanksgiving Day).
3. Assure all patients, under 5 years old, seen for cancer genetic services are adequately reported to ODH in the RCGC Database.
4. Assure all patients over 5 years of age, seen for cancer genetic services are adequately reported to ODH in the Mid/Year-end RCGC reports.
5. Report on the number of presentations covering the topic of *Cancer Genetics* in the RCGC Education Database.
6. Promote ODH Family History bookmark (e.g. distribute to patients in conjunction with GC sessions where family history is collected).
7. Attend Ohio Cancer Genetics Network (OCGN) Meetings.
8. Serve on an OCGN subcommittee(s).
9. Over the 4 year grant period, in conjunction with the OCGN:
 - a. Assure that Genomics related activities are integrated into Ohio's Cancer State Plan.
 - b. Assure that Ohio's Cancer State Plan genomics related activities are implemented.
 - c. Revise/update genomics related activities in the Cancer State Plan:

For example:

- Implement surveillance of inherited cancers and use of relevant genetic tests into the ODH Cancer Surveillance System;
 - Identify provider education programs to increase the use of appropriate screening, counseling and testing; and
 - Collaborate with Ohio health insurance plans to improve cancer genetics related health plan policies.
- d. Work with ODH Behavioral Risk Factor Surveillance System staff to review analysis of Ohioans responses to the *Family Health History* module and plan for next steps.
 - e. Work with ODH Behavioral Risk Factor Surveillance System staff to review analysis of Ohioans responses to the *Genetics Discrimination* module and plan for next steps.

B. RCGCs will improve access/increase referrals to **Cardio Genetics** services in Ohio.

ACTIVITIES

Establish Cardiovascular Genetic Counselor lead staff person to:

1. Propose and implement specific activities to promote Heart Health Month (every February).
2. Propose and implement specific activities to promote Family History Month (every November).
3. Promote ODH Family History bookmark (e.g. distribute to patients with every GC

- session where family history is collected).
4. Promote the ODH Heart Health Fact Sheet.
 5. Within the 4 year grant cycle, plan, promote and present a regional Grand Rounds on the latest developments in Cardio Genetics testing and the importance of and strategies to collect and interpret family health histories related to Cardio-Genetics.
 6. Provide genetic orientation to new cardiologists in home institutions.
 7. Increase awareness about RCGC cardio-genetics services to staff in the Certified Stroke Centers and Certified Chest Pain Centers in the region.
 8. Serve on ODH Cardio-Genetics Work Group.
 9. Over the 4 year grant period , in conjunction with the ODH Cardio-Genetics Work Group review *The Ohio Plan to Prevent Heart Disease and Stroke* and will participate in the following educational activities:
 - a. Develop/disseminate information through local partners about the importance of family health history.
 - b. Promote the US Surgeon General’s Web site and family health history tools.
 - c. Promote the Family Health link Web site (collects and assesses familial risk for both coronary health disease and cancer).
 - d. Encourage Ohioans to talk to their health care providers about their family health history.
 - e. Provide resources and education materials on genetics and the importance of Family History to primary care provider offices/clinics.
 - f. Collaborate with Med/Prof organizations (e.g. the Ohio Academy of Family Physicians) to conduct continuing education events about Family History as a risk indicator for chronic diseases.
 - g. Work with ODH Behavioral Risk Factor Surveillance System staff to review analysis of Ohioans responses to family health history module and plan for next steps.
 - h. Conduct an assessment of Ohio cardiologists to determine their:
 - I. Awareness of genetic services in their region;
 - II. Referral patterns to genetics services and general utilization of genetic resources; and
 - III. Interest in and best ways to provide outreach education to increase their knowledge about genetics and cardiovascular disease.
 - i. Analyze survey results and incorporate educational needs/recommendations into future Cardiovascular Health State Plans.

In lieu of writing a narrative elaborating on the project activities described above for this grant, applicants are required to submit:

(1) the completed **SFY 2012 RCGC Grant Project Deliverables and Staff Contact Information Form (ATTACHMENT #7)** stating the name of each staff person(s) allocated to implement the required activities under each of the RCGC Program Components listed in Section II. D.4 (Methodology, page 20) above.

(2) **SFY 2012 RCGC Objectives and Indicators/Performance Measures Form:**

In lieu of writing a narrative describing project goals and objectives, each applicant is required to complete the *SFY 2012 RCGC Objectives and Performance Measures Form* (See ATTACHMENT # 8).

- E. **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. **Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address by 4:00 P.M. on or before **Monday, April 25, 2011**. All attachments must clearly identify the authorized program name and program number.
- G. **Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required only if new agency, thereafter only when banking information has changed.)**
- H. **Internal Revenue Service (IRS) W-9 and Vendor Forms:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:**
 - 1. **Vendor Information Form (New Agency Only), or**
 - 2. **Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s).)**
 - 3. Change request in writing on Agency letterhead **(Existing Agency with tax identification number, name and/or address change(s).)**

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

- I. **Public Health Impact Statement Summary:** Submit two copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed).**

- J. Public Health Impact and Intent to Pursue Health Equity Statements:** Submit two copies of the response/statement(s) of support (see ATTACHMENT #2) 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 (see ATTACHMENT #3) and submit a copy of the program summary your agency forwarded to the local health district(s) (see ATTACHMENT #1).
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two copies of the Certificate of Insurance Liability (**Non-Profit Organizations only; current liability coverage and thereafter at each renewal period.**)
- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Submit two copies of the Internal Revenue Services (IRS) letter approving non-tax exempt status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed.**)
- M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire:** The DMA is a questionnaire that must be completed by all non-governmental grant applicant agencies to certify that they have not provided "material assistance" to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head's signature. The DMA Questionnaire (in PDF format. [Adobe Acrobat](#) is required) is located at the Ohio Department of Public Safety /Ohio Homeland Security Web site:
- <http://www.publicsafety.ohio.gov/links/HLS0038.pdf>
- Print a hard copy of the form once it has been downloaded. The form must be completed in its entirety and your responses must be truthful to the best of your knowledge. (**Required by all Non-Governmental Applicant Agencies.**)
- N. Federal Funding Accountability and Transparency Act (FFATA) Requirements:** The Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. ODH is required to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are 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 Web site for Federal Spending Transparency at <http://www.whitehouse.gov/omb/open>.

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

O. Attachments as Required by Program: (Submit all 13 ATTACHMENTS below via GMIS)

- 1). Public Health Impact Statement Summary Letter
- 2). Letters of Support from Local Health Districts
- 3). No Letters of Support from Local Health Districts list
- 4). Certification that Appropriations Are Not Used for Counseling or Referral for Abortion
- 5). SFY 2012 RCGC Grant Application Budget Worksheet
- 6). RCGC Standards and Criteria Assurance Form
- 7). RCGC Grant Program Deliverables and Staff Contact Information Form
- 8). SFY 2012 Objectives and Indicators/Performance Measures Form
- 9). SFY 2012-2015 RCGC State Work Groups Information Form
- 10). Grant Staff C.V.s/Bios
- 11). SFY 2012-2015 RCGC Outreach Clinics Information Form
- 12). BCMH Specialty Team Letters of Appointment
- 13). NBS for CF Referral and Services Protocol Outline
- B.) FFATA Reporting Form for State Funded Agencies

IV. APPENDICES

- A.** GMIS 2.0 Training Form
- B.** RCGC Network Map
- C.** Application Review form
- D.** ODH Budget Justification Template
- E.** RCGC Clinical and Education Database Forms
- F.** Acronyms

ATTACHMENTS

ATTACHMENT #1

Attach copy of letter sent to each local health district in the region.

(This letter is a SAMPLE. Edit as needed)

Type on Agency Letterhead

(insert date)

(insert address)

Dear (insert name) (Director of Nursing and/or Public Health Commissioner?)

The (insert name of institution) is applying for grant funding from the Ohio Department of Health (ODH) to serve as the Region (insert #) Regional Comprehensive Genetic Center (RCGC). The intent of this letter is twofold:

1. To fulfill the ODH requirement that all grant applicant agencies communicate with local health districts regarding the impact of their proposed grant activities on the Local Health Districts Improvement Standards.
2. To request a statement of support from your agency supporting our RCGC grant application.

The information below and in the attached ADDENDUM describes the purpose, goals and types of services that, if funded, our agency will be providing over the next four year grant period, July 1, 2011 through June 30, 2015. This addresses the Local Health District Improvement Standard 3701-36-07-03 – I : that “*The local health department has information available on the types of services available from local providers and how to obtain them*”.

The purpose of the Regional Comprehensive Genetic Centers Program is to ensure and enhance the accessibility and availability of quality, comprehensive genetic services in Ohio. Genetic services include, but are not limited to, genetic counseling, education, diagnosis and treatment for all genetic conditions and congenital abnormalities. The goals of the program are to assure that:

- a. Children and adults with or at risk for birth defects or genetic disorders and their families, receive quality, comprehensive genetic services that are available, accessible and culturally sensitive; and
- b. Providers, the general public and policy makers are aware and knowledgeable about birth defects, genetic conditions and genetic disease related services in Ohio.

If funded, our program will provide comprehensive genetic services to a (insert #) county region including the counties of: (insert names of all counties).

If you would provide a brief letter of support for our application to fulfill the above services, we would be most appreciative. Please address the letter to me and mail by (insert deadline date) or email to: (insert address and/or email address).

Enclosed with this communication is a copy of our program brochure that includes additional information about our program along with contact information. We hope you will utilize this information to refer patients/families who you think may have or be at risk for birth defects or hereditary conditions. Our staff is available to answer any additional questions you may have about our clinical and/or education genetic services. We look forward to working with you during the upcoming grant period. Thank you very much for your consideration.

Sincerely,

(insert project director’s name, credentials and title)

ADDENDUM

**In this grant cycle July 2011 through June 30 2015,
the Ohio Department of Health (ODH) will fund Regional Comprehensive
Genetic Centers (RCGCs) to:**

1. Maintain compliance with the ODH requirements contained in the ODH RCGC Standards and Criteria.
2. Improve access to genetic services through innovative clinical and education outreach to underserved populations.
3. Provide genetic counseling services as team members in multidisciplinary Specialty Teams (including BCMH Myelodysplasia Clinics, BCMH Craniofacial Clinic, BCMH Hemophilia Clinic, BCMH Cystic Fibrosis clinic, prenatal and other specialty clinics.
4. Provide confirmatory testing for patients with abnormal metabolic newborn screenings and manage the ongoing care of patients diagnosed with the metabolic disorders screened for in Ohio's Newborn Screening Program.
5. Participate in the follow-up of patients with abnormal newborn screenings for Cystic Fibrosis.
6. Improve access to genetic services in Ohio for children identified with hearing loss and their families.
7. Assist ODH in confirming cases in the *Ohio Connections for Children with Special Needs (OCCSN)* birth defects information system and by participating in birth defects prevention education and activities.
8. Improve access to cancer genetic services in our region.
9. Improve access to cardio genetic services in our region.

ATTACHMENT #2

A statement/letter of support WAS obtained from the following local health districts (place all letters of support behind this page):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- (etc.)

ATTACHMENT #3

A statement/letter of support was NOT obtained from the following local health districts:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- (etc.)

ATTACHMENT # 4

Ohio Department of Health

Certification That Appropriations Are Not Used For Counseling or Referral For Abortion

By signing and dating this document, _____
(name of organization)

certifies that it will comply with Ohio Revised Code 3701.511 which requires that none of the funds appropriated to administer the programs authorized by sub. H.B. 370.501 and 370.502 of the Ohio Revised Code shall be used to counsel or refer for abortion, except in the case of a medical emergency.

(Signature)

(Title)

(Date)

ATTACHMENT # 5

SFY 2012 RCGC GRANT APPLICATION BUDGET WORKSHEET

Applicant Agency Name _____ Region # _____ Project Director Signature _____

I. REGIONAL NETWORK ACTIVITIES

A. To provide support for Regional Genetics Network services; Clinical/Education Outreach; Specialty Team Coverage and Data Collection and Reporting activities, up to:

- \$ 140,000 for Region I
- \$ 116,000 for Region II
- \$ 110,000 for Region III
- \$ 194,000 for Region IV
- \$ 164,000 for Region V
- \$ 176,000 for Region VI

May be allocated per region. (Funding limits are based on total population per region)

1. _____

B. SUPPLEMENTAL (optional)

Additional funds up to \$40,000, per region, may be requested, if needed, to supplement outreach activities and/or specialty team services in each region. Details about how these supplemental funds will be used MUST be detailed in the Budget Justification (last page of Budget Justification in APPENDIX D). Award amounts will be based on the quality, and reasonableness of this section in the justification as well as availability of funds.

2. _____

II. BIRTH DEFECTS SCREENING, SURVEILLANCE AND PREVENTION

A. To provide support for Metabolic Newborn screening, and birth defects - surveillance and prevention related activities, up to:

- \$ 48,000 for Region I
- \$ 33,000 for Region II
- \$ 30,000 for Region III
- \$ 78,000 for Region IV
- \$ 54,000 for Region V
- \$ 57,000 for Region VI

may be allocated per region. (Funding limits are based on birth rates per region.)

3. _____

B. To provide support for the evaluation, counseling and follow-up of infants identified with abnormal newborn screens for Cystic Fibrosis, up to:

- \$ 76,000 for Region I
- \$ 52,000 for Region II
- \$ 47,000 for Region III
- \$ 118,000 for Region IV
- \$ 85,000 for Region V
- \$ 94,500 for Region VI

may be allocated per BCMH CF/RCGC Team. (funding limits are based on total birthrate per region)

4. _____

III. GENOMICS

To provide support for Cancer and Cardio Genomics activities up to:

- \$ 45,000 for Region I
- \$ 33,000 for Region II
- \$ 30,000 for Region III
- \$ 72,000 for Region IV
- \$ 57,000 for Region V
- \$ 63,000 for Region VI

may be allocated per region. (Funding limits are based on total population per region.)

5. _____

IV. Add lines 1 through 5 and place sum on line 6 for total proposed budget for SFY 2012

6. _____

ATTACHMENT # 6

SFY 2012

Assurance That Program/Agency Meets ODH RCGC Standards and Criteria

The purpose of the Regional Comprehensive Genetic Centers (RCGC) Program of Ohio is to ensure and enhance the quality and availability of comprehensive care and services for children and adults in Ohio with or at risk for genetic disorders and congenital anomalies. In addition to clinical care, the program promotes genetic related education to increase awareness in Ohioans about genetic disorders and birth defects.

Each RCGC operates as an identifiable, functional unit within an approved care facility. It is organized for and capable of providing coordinated, multi disciplinary comprehensive care and services to persons with or at risk for genetic related disorders. It provides the comprehensive health care services necessary for the accurate diagnosis and continuing expert evaluation, treatment and management of people who have inherited disorders, chromosomal disorders, teratogenic disorders and other complex birth defect conditions. Its primary goals are to reduce the burden of these conditions for residents affected with genetic conditions and their families and to promote an increased general awareness of these conditions through educational programs for all residents of the state of Ohio. Comprehensive care ensures continuity of care from the genetics specialists to the primary care providers, home and community.

Each RCGC funded by the state of Ohio must meet or exceed the required (“shall”) Standards and Criteria and May meet many of the optional (“should”) Standards and Criteria outlined under the 4 major service components (Clinical Services; Educational and collaborative Services; Outreach Activities; Research and Evaluation Activities), and the 3 major Administrative Components (Facility Arrangements; Staffing Composition, and RCGC Guiding Operation Principles).

By signing and dating this document, the _____
(name of Genetics Center)

RCGC Project Director assures that this RCGC meets and will comply with ODH RCGC Standards and Criteria throughout the SFY 2012-2015 grant funding period.

RCGC Project Director Signature

Title

Date

ATTACHMENT # 7

SFY 2012 RCGC Grant Program Deliverables and Staff Contact Information Form

Name of Genetics Center: _____ Project Director Signature: _____

Program Component	RCGC Staff Position	Associated Activities/Deliverables	Name of Staff Responsible	Profession	% Time on this grant component	Telephone Number	Email Address
#1 RCGC NETWORK ACTIVITIES	RCGC Project Director	<ol style="list-style-type: none"> Review RCGC Standards and Criteria and conduct RCGC Team Self-Evaluation during the grant cycle. Oversee that RCGC information is incorporated into Web page development. Attend ODH RCGC Center Directors meetings and select RCGC staff to serve on other ODH related advisory councils, subcommittees and work groups. Submit resumes of all new staff. 					
	Clinical/Education Outreach Coordinator	<ol style="list-style-type: none"> Communicate with local health districts describing RCGC services and how to obtain them. Choose a clinical and/or education outreach project to complete during the 4 year grant period to address a health disparity(ies) in your region. Develop proposed activities/methods for addressing the selected barriers and increasing access to services/education for the target group. Evaluate, summarize and present project outcomes to ODH, other RCGCs, etc. Assure all patients, under 5 years old, seen for genetic services in relation to this project are adequately reported to ODH in the RCGC Database. Assure all patients, over 5 years old, seen for genetic services in relation to this project are adequately reported to ODH in the Mid/Year-end reports. Submit RCGC Outreach Clinics Information Form, if applicable. (ATTACHMENT 11) 					
	Myelo Team Genetic Counselor	<ol style="list-style-type: none"> Staff Myelo clinic. Submit a signed letter of appointment from BCMH Myelo Specialty Clinic Director. Provide genetic services input into the revision of BCMH Standards of Care for patients with Myelo disorders as requested. Assure all parents of newborns with this condition are provided with genetic counseling and education about folic acid according to BCMH Standards of Care at appropriate time intervals. Assure all patients provided with genetic services in this specialty clinic are reported in the RCGC Database or Mid/Year-End Reports. Assist ODH OCCSN Coordinator in confirming NTD cases submitted to the OCCSN database from your RCGC's hospital institution. 					
	Craniofacial Specialty Team Genetic Counselor	<ol style="list-style-type: none"> Staff Craniofacial Clinic. Submit a signed letter of appointment from BCMH Craniofacial Specialty Clinic Director. Provide genetic services input into the revision of BCMH Standards of Care for patients with craniofacial disorders as requested. Assure all parents of newborns with this condition are provided with genetic 					

#1 RCGC NETWORK ACTIVITIES (cont.)		counseling according to BCMH Standards of Care at appropriate time intervals. 5. Assure all patients provided with genetic services in this specialty clinic are reported in the RCGC Database or Mid/Year-End Reports. 6. Assist ODH OCCSN Coordinator in confirming Craniofacial cases submitted to the OCCSN database from your RCGC's hospital institution.					
	RCGC Staff Position	Associated Activities/Deliverables	Name of Staff Responsible	Profession	% Time on this grant component	Telephone Number	Email Address
	Hemophilia Specialty Team Genetic Counselor	1. Staff Hemophilia Clinic. 2. Submit a signed letter of appointment from BCMH Hemophilia Specialty Clinic Director. 3. Assure all patients provided with genetic services in this specialty clinic are reported in the RCGC Database or Mid/Year-End Reports.					
	Prenatal Genetic Counselor Coordinator	1. Staff Prenatal Clinics. 2. Assure all patients seen for prenatal genetic counseling services are adequately reported to ODH in the RCGC Database.					
	Other Specialty Clinics GC	Add to end of document					
	RCGC Database Manager	1. Coordinate efforts to set up, collect, enter and submit RCGC Database data on all fields to comply with ODH data collection standards. 2. Ensure appropriate RCGC staff and back-up staff is trained on ODH Genetics data base data collection and reporting requirements. 3. Provide technical assistance to RCGC staff on the RCGC database collection process, rules and definitions, submission deadlines and their role in the data collection process. 4. Assure off-site grant staff is reporting into clinical and education databases. 5. Assure that all the data elements on the ODH Clinical and Education data entry forms are being collected on all 0-5 year old clinical patients served and on all education events completed (see APPENDIX E). 6. Assure that data on all education events that RCGC staff participates in is entered into the ODH Genetics Education database. 7. Assure that data on all patients, 0-5 years old, seen for genetic services by RCGC Clinical staff is entered into the ODH Web based genetics data base. 8. Assure all data is entered into the ODH Genetics data base within one month of the clinical appointment or education event. 9. Assure data, on SFY 2012 projected RCGC Goals and Objectives for all patients over 5 years old, is collected and reported in the ODH Mid/Year-end reports. 10. Participate in any database training or updates required by ODH; 11. Act as the RCGC contact for ODH Genetic Database related communications.					
	Metabolic NBS Case Coordinator (GC, nurse or dietician)	1. Establish a RCGC NBS Case Coordinator staff position (GC, nurse or dietician). 2. Assure that confirmatory test results on newborns being evaluated at your RCGC due to abnormal newborn screens are adequately reported to the ODH NBS laboratory in a timely manner. 3. Coordinate the reporting of all RCGC NBS cases, 0-5 years old, evaluated by your Metabolic Service Team to ODH via the RCGC Database. 4. Assure all patients over 5 years old, seen for NBS disorders are adequately reported to ODH in the Mid/Year-end RCGC reports.					

#2 BIRTH DEFECTS - SCREENING SURVEILLANCE and PREVENTION		5. Initiate a BCMH application for all newborns being evaluated for a NBS disorder by your RCGC/MST. 6. For all NBS patients (0-5 years old) requiring a metabolic formula, complete a referral to the WIC program. 7. Participate on ODH work groups, as requested (For example, to: Review the ODH data system data fields; Review RCGC reporting mechanisms to ODH Lab; Assess how much time is spent on informal NBS consultations (e.g. via telephone consults); determine how to quantify and measure effectiveness of consultative services offered; track and report these services and outcomes back to ODH. 8. Provide a regional grand rounds within the 4 year grant cycle emphasizing the NBS tests which have been recently added to Ohio's panel or are likely to be added in the near future.					
	RCGC Staff Position	Associated Activities/Deliverables	Name of Staff Responsible	Profession	% Time on this grant component	Telephone Number	Email Address
	CF NBS Case Coordinator	1. Staff CF Clinics. 2. Submit a signed letter of appointment from BCMH CF Specialty Clinic Director. 3. Assure a process is in place for receiving notification about newborns who have abnormal CF Newborn screens. 4. Assure a process in place for scheduling newborns with abnormal screens into their CF Center for confirmatory testing. 5. Assure there is a process in place for working with PCPs of patients who have had an abnormal screen for CF but have not been referred or scheduled for a diagnostic evaluation. 6. Provide genetic services input into the revision of BCMH Standards of Care for patients with Cystic Fibrosis as requested. 7. Assure all parents of newborns with a CF and all adolescents with CF are provided with genetic counseling and education according to the BCMH Standards of Care at appropriate time intervals. 8. Assure that newborns determined to be CF carriers and their parents are referred to the RCGC for genetic counseling. 9. Assure the confirmatory test results on newborns being evaluated at your RCGC due to an abnormal newborn screening result for CF are adequately reported to the ODH NBS laboratory in a timely manner. 10. Coordinate process with CF Center to assure that data on all patients, 0-5 years old, being evaluated for CF as a result of an abnormal newborn screen is entered into the ODH Web based genetics data base. 11. Assure all patients over 5 years old, seen for CF related diagnoses are adequately reported to ODH in the Mid/Year-end RCGC reports. 12. Participate on ODH work groups, as requested, to review the ODH data system data fields and reporting mechanisms. 13. Plan activities to educate primary care providers about newborn screening for CF. 14. Report education activities into the RCGC Education Database.					
RCGC Staff Position	Associated Activities/Deliverables	Name of Staff Responsible	Profession	% Time on this grant component	Telephone Number	Email Address	

<p># 2</p> <p>BIRTH DEFECTS - SCREENING SURVEILLANCE and PREVENTION (cont.)</p>	<p>UNHS GC Coordinator??</p>	<ol style="list-style-type: none"> 1. Staff hereditary hearing loss related clinics. 2. Work with ODH/ODH work group, upon request, on strategies for integrating genetic services into Ohio's early Hearing Detection and Intervention System. 3. Promote the HRSA Region 4 EHDI System Action Guide to providers in your region who serve children with hearing loss. 					
	<p>OCCSN/ BDP GC Coordinator</p>	<ol style="list-style-type: none"> 1. Serve on the Ohio Partners for Birth Defects Prevention (OPBDP) – an OCCSN Advisory Council Subcommittee - and attend quarterly meetings. 2. Assure all presentations by RCGC staff covering birth defects causes and prevention strategies topics are reported in the RCGC Genetics Education Database. 3. Assure that referrals (for children 0-5 years old with birth defects/developmental delays to HMG, WIC, Regional Infant Hearing and BCMH programs) are documented/reported in the Genetics Database. 4. Assist ODH OCCSN coordinator in confirming (Non BCMH Specialty Clinic patients) birth defects diagnoses and providing follow-up information on cases submitted to the OCCSN database from your RCGC's hospital institution. 5. Plan and implement an activity(ies) to promote Birth Defects Prevention Month in the month of January throughout the grant cycle (2012/13/14/15). 6. Over the 4 year grant period, participate on ODH work group to develop Webinar training (through Ohio Train) on how to integrate preconception health messages into clinical practices. For example: Target: <ul style="list-style-type: none"> • Family Planning nurses • HMG nurses and service coordinators • Health care providers practices and/or • Family Practice nurses Create "Preconception Health Office Champions" listserv from those who take the training and maintain contact with this group to: <ul style="list-style-type: none"> • Provide personal connection with your RCGC • Remind their fellow clinicians to speak to patients about FA and other preconception health issues • Distribute Prescription for Health script pads and monitor their use, evaluate feedback, etc. • Distribute the BDP Handbooks • Coordinate/Distribute education materials for patients • Share new research • Work with practices to help improve/target priority preconception health messages on their clinic/patient intake forms 7. Over the 4 year grant period, collaborate with the OPBDP G.C.s to create/revise education materials/activities for health professionals. For example: <ul style="list-style-type: none"> • Assist in the development, review and new uses for the birth defects disorder fact sheets for the OCCSN program. • Revise Birth Defects Prevention Handbook and consider new distribution ideas. • Consider ways to put more information on RCGC Web sites 					

<p>#2</p> <p>BIRTH DEFECTS - SCREENING SURVEILLANCE and PREVENTION (cont.)</p>		<p>that medical professionals can use.</p> <ul style="list-style-type: none"> • Explore parameters of genetics and birth defects curriculum requirements in Ohio and survey teachers on what they need to teach about genetics and health in the classroom and develop educational resources to fulfill the needs identified. <p>8. Over the 4 year grant period, collaborate with the OPBDP G.C.s to create/revise education materials/activities for the general public. For example:</p> <ul style="list-style-type: none"> • Develop a series of BDP messages to feed ODH social marketing venues. • Propose ways to promote the Text for Baby “Twitter” project. • Propose ways to promote the U.S. Surgeon Generals’ Family History initiative. • Propose an activity(ies) to increase folic acid intake in BCMH Myelo clinic parents/adolescents. • Propose ways of promoting/maintaining vitamin usage in post-partum women. 					
<p>Program Component</p>	<p>RCGC Staff Position</p>	<p>Associated Activities/Deliverables</p>	<p>Name of Staff Responsible</p>	<p>Profession</p>	<p>% Time on this grant component</p>	<p>Telephone Number</p>	<p>Email Address</p>
<p>#3</p> <p>GENOMICS</p>	<p>Cancer GC Coordinator</p>	<ol style="list-style-type: none"> 1. Incorporate RCGC information on your RCGC Web page to include where and how to order cancer genetics related materials in bulk for providers – including linking to ODH Web page for resource information. 2. Propose and implement specific activities to promote the US Surgeon Generals Family Health History Initiative and plan an activity(ies) for Family History Day/Month throughout the grant cycle (November/Thanksgiving Day 2012,13,14, and 15)). 3. Assure all patients, under 5 years old, seen for cancer genetic services are adequately reported to ODH in the RCGC Database. 4. Assure all patients over 5 years old, seen for cancer genetic services are adequately reported to ODH in the Mid/Year-end RCGC reports. 5. Report on the number of presentations covering the topic of <i>Cancer Genetics</i> in the RCGC Education Database. 6. Promote ODH Family History bookmark (e.g. distribute to patients with every GC session where family history is collected). 7. Attend Ohio Cancer Genetics Network (OCGN) Meetings. 8. Serve on an OCGN subcommittee(s). 9. Over the 4 year grant period, in conjunction with the OCGN: <ol style="list-style-type: none"> a. Assure that Genomics related activities are integrated into Ohio’s Cancer State Plan. b. Assure that Ohio’s Cancer State Plan Genomics related activities are implemented. c. Revise/update genomics related activities in the Cancer State Plan: For example: <ul style="list-style-type: none"> • Implement surveillance of inherited cancers and use of relevant genetic tests into the ODH Cancer Surveillance System; • Identify provider education programs to increase the use of appropriate screening, counseling and testing; and 					

# 3 GENOMICS (cont.)		<ul style="list-style-type: none"> • Collaborate with Ohio health insurance plans to improve cancer genetics related health plan policies. <p>10. Work with ODH Behavioral Risk Factor Surveillance System staff to review analysis of Ohioans responses to the <i>Family Health History</i> module and plan for next steps.</p> <p>11. Work with ODH Behavioral Risk Factor Surveillance System staff to review analysis of Ohioans responses to the <i>Genetics Discrimination</i> module and plan for next steps.</p>					
	RCGC Staff Position	Associated Activities/Deliverables	Name of Staff Responsible	Profession	% Time on this grant component	Telephone Number	Email Address
	Cardio-Genomics GC Coordinator.	<ol style="list-style-type: none"> 1. Over the 4 year grant period, propose and implement specific activities to promote Heart Health Month (every February 2012, 13, 14 and 15). 2. Over the 4 year grant period, propose and implement specific activities to promote Family History Month (every November 2012, 13, 14, and 15). 3. Promote ODH Family History bookmark (e.g. distribute to patients with every GC session where family history is collected). 4. Promote the ODH Heart Health Fact Sheet. 5. Within the 4 year grant cycle, plan, promote and present a regional Grand Rounds on the latest developments in Cardio Genetics testing and the importance of and strategies to collect and interpret family health histories related to Cardio-Genetics. 6. Provide genetic orientation to new cardiologists in home institutions. 7. Increase awareness about RCGC cardio-genetics services to staff in the Certified Stroke Centers and Certified Chest Pain Centers in your region. 8. Serve on ODH Cardio-Genetics Work Group and attend meetings. 9. Over the 4 year grant period, in conjunction with the ODH Cardio-Genetics Work Group, review state plan and implement the following educational activities: <ol style="list-style-type: none"> a. Develop/disseminate information through local partners about the importance of family health history. b. Promote the US Surgeon General's Web site and family health history tools. c. Promote the Family Health link Web site (collects and assesses familial risk for both coronary health disease and cancer). d. Encourage Ohioans to talk to their health care providers about their family health history. e. Provide resources and education materials on genetics and the importance of Family History to primary care provider offices /clinics. f. Collaborate with Med/Prof organizations (e.g. the Ohio Academy of Family Physicians) to conduct continuing education events about Family History as a risk indicator for chronic diseases. g. Work with ODH Behavioral Risk Factor Surveillance System staff to review analysis of Ohioans responses to family health history module and plan for next steps. h. Conduct an assessment of Ohio cardiologists to determine their: <ol style="list-style-type: none"> II. Awareness of genetic services in their region; III. Referral patterns to genetics services and general utilization of genetic resources; and IV. Interest in and best ways to provide outreach education to increase 					

# 3 GENOMICS (cont.)		their knowledge about genetics and cardiovascular disease. j. Analyze survey results and incorporate educational needs/recommendations into future Cardiovascular Health State Plan.					
List Name(s) of all Non - BCMH Specialty Clinics that your RCGC staffs (list as many as apply below)	Specialty Clinic Counselor	Associated Activities/Deliverables	Name of Staff Responsible	Profession	% Time on this grant component	Telephone Number	Email Address
1.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database or the ODH Mid/year-end report.					
2.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database or the ODH Mid/year-end report.					
3.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database or the ODH Mid/year-end report.					
4.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database or the ODH Mid/year-end report.					
5.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database or the ODH Mid/year-end report.					
6.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database or the ODH Mid/year-end report.					
7.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database or the ODH Mid/year-end report.					
8.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database or the ODH Mid/year-end report.					
9.		1. Establish GC Specialty Clinic staff position(s) for each Specialty Clinic 2. Assure all patients seen for genetic services in the various specialty clinics are adequately reported to ODH in the RCGC database or the ODH Mid/year-end report.					

ATTACHMENT #8

Ohio Department of Health

SFY 2012-2015 REGIONAL COMPREHENSIVE GENETIC CENTERS PROGRAM

GOALS and EXPECTED RESULTS COVER PAGE

GOAL #1

- I. **Children and adults with or at risk for birth defects or genetic disorders receive quality, comprehensive genetic services that are available, accessible and culturally sensitive.**

EXPECTED RESULTS:

- A. Children and adults with or at risk for birth defects or genetic disorders, and their families, will have improved knowledge about their condition, community resources and support systems and ability to make informed choices related to their condition.
- B. Genomics will be appropriately integrated into public health policy and program planning in Ohio.

GOAL #2

- II. **Providers, the general public and policy makers are aware and knowledgeable about birth defects, genetic conditions, and genetic disease-related services in Ohio.**

EXPECTED RESULTS:

- A. Service providers will be skilled in recognizing individuals/families with or at risk for genetic related disorders and knowledgeable about genetic related services and referral resources available to them.
- B. The general public will be aware of the role that genetics plays in health and about genetic related services and referral resources available to them.
- C. Policy Makers and Program Planners will be knowledgeable about the role of genomics in improving public health.

Directions:

To accomplish the above goals in SFY 2012, objectives and performance measures have been developed and are outlined on the following pages. Please review each objective and all the activities which correspond with the program components listed in the RFP. Fill in the blank lines with the numbers you estimate your RCGC will serve/complete in SFY 2012 (between July 1, 2011 and June 30, 2012). Include the names of RCGC staff that will be responsible for reporting on each indicator/measure (Note: you may list multiple staff for some of the indicators). Create indicator(s)/performance measure(s) for Component 1.B. related to proposal to address health disparity(ies).

SFY 2012 RCGC OBJECTIVES AND PERFORMANCE MEASURES

Project Name: _____ Project Director's Signature: _____

COMPONENT #1: GENERAL GENETICS NETWORK

Objective 1.1: By June 30, 2012, this RCGC will have provided clinical services to at least (#) _____ unduplicated individuals in the region.

Objective 1.2: By June 30, 2012, this RCGC will have provided education services to at least (#) _____ individuals in the region.

A. Activity: RCGCs will maintain compliance with the ODH requirements contained in the ODH RCGC Standards and Criteria.		
Indicators/Performance Measures for SFY 2012	Staff Responsible	Data Source
Serve at least (#) _____ patients in general genetics clinic.		Genetics clinical Database (0-5); Mid/Year-end Reports (↑ 5)
Provide presentations/talks, lectures, courses and/or trainings to at least (#) _____ individuals (consumers/general public).		Genetics Education Database
Provide presentations, lectures, courses and/or trainings to at least (#) _____ service providers.		Genetics Education Database
By _____ (DATE) the RCGC related Web page will be updated to include genetics contact information, service information, outreach sites and links to related support systems.		Mid/Year-End Reports/Web site review
The number of ODH related advisory councils, subcommittees and work groups meetings that RCGC appointed staff attend. (Includes: Genetic Center Directors; BCMH Specialty Team; ODH Data Team; NBS Advisory Council; Genetics and Hearing Loss; OCCSN Advisory Council; Ohio Partners for Birth Defects Prevention; Ohio Cancer Genetics Network; and ODH Cardio-Genetics Work Group.)		ODH meeting attendance logs

COMPONENT #1: GENERAL GENETICS NETWORK

B. Activity: All RCGCs will improve access to genetic services through innovative clinical and education outreach to underserved groups/populations.		
Indicators/Performance Measures for SFY 2012	Staff Responsible	Data Source
<i>(Insert performance measure(s) related to your health disparities project)</i>		<i>(Insert data source(s))</i>

<p>Serve at least (#) _____ patients in RCGC (<u>NOT</u> agency affiliated) out-of-county outreach clinic sites (if applicable).</p> <p>Convene at least (#) _____ outreach clinics in SFY 2012 (if applicable).</p> <p>Offer presentations, lectures, courses and/or trainings to at least (#) _____ service providers in public health related programs (e.g. Local health departments, Help Me Grow, WIC, Family Planning, Regional Infant Hearing Programs, Child and Family Health Services, Regional Perinatal Programs, Breast and Cervical Cancer programs, etc.).</p>		<p>Genetics clinical Database (0-5); Mid/Year-end Reports (↑ 5)</p> <p>Genetics clinical database</p> <p>Genetics Education Database</p>
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COMPONENT #1: GENERAL GENETICS NETWORK

C. Activity: RCGCs will provide genetic counseling services as team members in multidisciplinary specialty clinics.		
Indicators/Performance Measures for SFY 2012	Staff Responsible	Data Source
Provide genetic counseling services to at least (#) _____ patients in BCMH Myelo Team Clinics.		Genetics clinical Database (0-5); Mid/Year-end Reports (↑ 5)
Provide genetic counseling services to at least (#) _____ patients in BCMH Craniofacial Team Clinics.		Genetics clinical Database (0-5); Mid/Year-end Reports (↑ 5)
Provide genetic counseling services to at least (#) _____ patients in BCMH Hemophilia Team Clinics.		Genetics clinical Database (0-5); Mid/Year-end Reports (↑ 5)
Serve at least (#) _____ patients in prenatal clinics.		Mid/Year-end Reports
Serve at least (#) _____ patients in genetic disease related specialty clinics (other than BCMH or prenatal)		Genetics clinical Database (0-5); Mid/Year-end Reports (↑ 5)
The number of NTD/craniofacial unconfirmed OCCSN cases reviewed for confirmatory diagnoses at OCCSN program's request.		Mid/Year-end Reports/OCCSN database

COMPONENT #1: GENERAL GENETICS NETWORK

D. Activity: RCGCs will collect and report data to ODH.		
Indicators/Performance Measures for SFY 2012	Staff Responsible	Data Source
The number of patients/education events entered into the Genetics Clinical and Education Databases each month. (target = data should be entered within one month of clinical appointment or education event.)		Genetics Clinical and Education Databases
The number of data elements entered correctly/consistently in Genetics Clinical and Education Databases.		Genetics Clinical and Education Databases

COMPONENT #2: BIRTH DEFECTS - SCREENING, SURVEILLANCE AND PREVENTION

Objective 2.1: By June 30, 2012, this RCGC will provide genetic services to ____% of infants diagnosed with one of the metabolic disorders in Ohio’ Newborn Screening panel.

<p>A. Activity: RCGCs will provide confirmatory testing for patients with abnormal metabolic newborn screenings and manage the ongoing care of patients diagnosed with metabolic newborn screening disorders.</p>		
Indicators/Performance Measures for SFY 2012	Staff Responsible	Data Source
Evaluate at least (#)_____infants for NBS disorders.		Genetics clinical Database (0-5);
Manage the care of at least (#)_____individuals diagnosed with a metabolic newborn screening disorder.		Genetics clinical Database (0-5); Mid/Year-end Reports (↑ 5)
Present a Regional Grand Rounds emphasizing the NBS tests which have been recently added to Ohio’s panel or are likely to be added in the near future. Plan to present In SFY _____.		Mid/Year-end Reports
The number of NBS confirmatory tests conducted by the RCGC/MST and length of time for reporting results to the ODH NBS lab.		Genetics clinical database (0-5) and ODH NBS Lab database
The number of applications to BCMH initiated by the RCGC for infants being evaluated for NBS disorders.		BCMh CMACS Database
The number of applications to WIC initiated by the RCGC for infants being evaluated for NBS disorders in which metabolic formula is needed.		WIC Coupons

COMPONENT #2: BIRTH DEFECTS - SCREENING, SURVEILLANCE AND PREVENTION

Objective 2.2: By June 30, 2012, this CF Center will provide genetic services to ____% and of infants with abnormal newborn screens for cystic fibrosis.

<p>B. Activity: RCGCs will participate in the follow-up of patients with abnormal newborn screenings for cystic fibrosis</p>		
Indicators/Performance Measures for SFY 2012	Staff Responsible	Data Source
Provide evaluation for at least _____(##) infants/parents identified with abnormal NBS for cystic fibrosis.		Genetics clinical Database (0-5);
Provide genetic counseling to at least (##)_____ parents whose infants are diagnosed with cystic fibrosis after being identified through an abnormal newborn screen.		Genetics clinical database (0-5)

Provide genetic counseling to at least (#)_____ infants/parents diagnosed as being CF carriers through the NBS process.		Genetics clinical database (0-5)
Provide education related to NBS for cystic fibrosis to at least (#)_____ primary care providers.		Genetics Education Database
The number of NBS confirmatory tests for CF conducted by the CF Center and length of time for reporting results to the ODH NBS lab.		Genetics clinical database (0-5) and ODH NBS Lab database
The number of CF carriers, identified through Ohio's NBS program, that decline genetic counseling services.		Mid-Year-end Reports

COMPONENT #2: BIRTH DEFECTS - SCREENING, SURVEILLANCE AND PREVENTION

Objective 2.3: By June 30, 2012, this RCGC will collaborate with ODH in developing strategies to increase genetic referrals of infants/families with or at risk for genetic related hearing loss.

C. Activity: RCGCs will improve access to genetic services in Ohio for children identified with genetic related hearing loss .		
Indicators/Performance Measures for SFY 2012	Staff Responsible	Data Source
Provide genetic counseling services to at least (#)_____ Infants identified through Ohio's Universal Newborn Hearing Screening Program.		Genetics clinical Database (0-5);
Promote the HRSA Region 4 EHDI System Action Guides to at least _____ (#) providers who serve children with hearing loss.		Mid/Year-end Reports

COMPONENT #2: BIRTH DEFECTS - SCREENING, SURVEILLANCE AND PREVENTION

Objective 2.4: By June 30, 2012, the OCCSN data system will confirm 100% of the diagnoses targeted for program referral to follow-up services.

D. Activity: RCGCs will assist ODH in confirming cases in the Ohio Connections for Children with Special Needs (OCCSN) birth defects information system and by participating in the birth defects prevention education activities .		
Indicators/Performance Measures for SFY 2012	Staff Responsible	Data Source
Provide at least (#)_____ presentations, lectures, courses and/or trainings on the topic of Preconception and Birth Defects Causes and Prevention Strategies..... To at least (#)_____ service providers. To at least (#)_____ consumers/general public.		Genetics Education database

Assure that at least (#)_____ Of children from birth -3 yrs. with birth defects/DD are referred to their local HMG program.		Genetics clinical Database (0-5)
Assure that at least (#)_____ Of children from birth - 5 yrs. with birth defects/genetic disorders are referred to the BCMH diagnostic and/or Treatment programs.		Genetics clinical Database (0-5)
Conduct at least (#)_____ Activities (and document what they are) to promote Birth Defects Prevention Month in January 2012.		BDP Month Activities Follow-Up Survey
Conduct at least (#)_____ activities (and document what they are) to promote the U.S. Surgeon Generals' Family Health History Initiative/Web site during November 2011.		Mid/Year-end Reports
The number of unconfirmed cases (Not already assigned to a Specialty Team Counselor)reviewed for confirmatory diagnoses at OCCSN program's request.		Mid/Year-end Reports/OCCSN database.
The number of RCGC staff that participate in Webinar training development on how to integrate preconception health messages into clinical practices.		ODH meeting logs and meeting notes
Evaluation ratings/results from completed Webinar trainings.		Completed Webinar evaluation forms
The number of OCCSN/OPBDP education materials developed/revised for health professionals.		Samples of education materials developed/revised.
The number of OCCSN/OPBDP education materials developed/revised for the general public.		Samples of education materials developed/revised.
The number of OPBDP education materials distributed by the RCGC.		Mid/Year-End Reports/ODH materials distribution log

COMPONENT #3: GENOMICS

Objective 3.1: By June 30 2012 50% of the genetics activities in Ohio's Cancer State Plan will be accomplished through RCGCs participation.

A. Activity: RCGCs will improve access to cancer genetic services in Ohio.		
Indicators/Performance Measures for SFY 2012	Staff Responsible	Data Source
Serve at least(#)_____patients with or at risk for hereditary cancer related diagnoses.		Genetics clinical Database (0-5); Mid/Year-end Reports (↑ 5)
Provide at least (#)_____presentations, lectures, courses and/or trainings on the topic of Cancer Genetics..... To at least (#)_____service providers. To at least (#)_____consumers/general public.		Genetics Education Database
Distribute OCGN Family History Bookmarks to at least (#)_____patients		Mid/Year-end

<p>in conjunction with genetic counseling sessions where pedigree is generated.</p> <p>Conduct at least (#)_____ activities (and document what they are) to promote the U.S. Surgeon Generals’ Family Health History Initiative/Web site during November 2011.</p> <p>By _____(DATE) the RCGC cancer genetics related Web page will be updated to include information about the RCGC’s cancer genetics education materials and how health professionals can order them in bulk.</p> <p>The number of OCGN cancer genetics education materials distributed.</p> <p>The number of cancer genetics objectives/activities presented in the Cancer State Plan that were accomplished/completed.</p> <p>The number recommendations generated/submitted to ODH by the OCGN in response to ODH analysis of genetics related modules integrated Ohio’s Behavioral Risk Factor Surveillance Survey.</p>		<p>Reports</p> <p>Mid/Year-end Reports</p> <p>Mid/Year-End Reports/Web site review</p> <p>Mid/Year-End Reports</p> <p>ODH Cancer Genetics Core Work Group/OCGN team review – Ohio Partners for Cancer Control report/summary</p> <p>Written recommendations submitted to ODH by OCGN</p>
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COMPONENT #3: GENOMICS

Objective 3.2: By June 30 2012 50% of the genetics activities in Ohio’s Cardiovascular Health Cancer State Plan will be accomplished through RCGCs participation.

B. Activity: RCGCs will improve access to cardio genetic services in Ohio.		
Indicators/Performance Measures for SFY 2012	Staff Responsible	Data Source
<p>Serve at least(#)_____patients with or at risk for a cardio genetics related diagnoses</p> <p>Provide genetics orientation to at least (#)_____ new cardiologists in the region.</p> <p>Contact at least (#)_____ providers in the Certified Stroke Centers and Certified Chest Pain Centers to increase awareness about RCGC cardio genetic services and how to refer.</p> <p>Provide at least (#)_____ presentations, lectures, courses and/or trainings on the topic of Cardio Genetics..... To at least (#)_____ service providers. To at least (#)_____ consumers/general public.</p> <p>Distribute OCGN Family History Bookmarks to at least (#)_____ patients in conjunction with genetic counseling sessions where pedigree is generated.</p>		<p>Genetics clinical Database (0-5); Mid/Year-end Reports (↑ 5)</p> <p>Mid/Year-end Reports</p> <p>Mid/Year-end Reports</p> <p>Genetics Education Database</p> <p>Mid/Year-end Reports</p>

<p>Conduct at least (#)_____ activities to promote Heart Health Month (and document what they are) in February 2012.</p> <p>Conduct at least (#)_____ activities (and document what they are) to promote the U.S. Surgeon Generals’ Family Health History Initiative/Web site during November 2011.</p> <p>Present a Regional Grand Rounds emphasizing the latest developments in cardio genetics testing and the importance of and strategies to collect and interpret family health histories related to cardio genetics. Plan to present In SFY _____.</p> <p>The number of cardio genetics objectives/activities presented in The Ohio Plan to Prevent Heart Disease and Stroke that were accomplished/completed.</p> <p>The number of CGWG education materials distributed.</p> <p>The number recommendations generated/submitted to ODH by the Cardio-Genetics Work Group in response to ODH analysis of genetics related modules integrated into Ohio’s Behavioral Risk Factor Surveillance Survey.</p>		<p>Mid/Year-end Reports</p> <p>Mid/Year-end Reports</p> <p>Mid/Year-end Reports</p> <p>Cardio-Genetics Work group team review – Ohio Heart Disease and Stroke Prevention Council report/summary</p> <p>Mid/Year-end Reports</p> <p>Written recommendations submitted to ODH by OCGN</p>
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ATTACHMENT #9

SFY 2012 RCGC State Work Groups Information Form

Name of Center: _____ Project Director Signature _____

The information on this form addresses RCGC Program Expected Results

- I.B Genomics is appropriately integrated into public health policy and program planning in Ohio; and
- II. C Policy makers and program planners will have improved knowledge about the role of genomics in improving public health

ODH Sponsored/Affiliated Genetics Related Councils and Work Groups On Which Your Genetic Center Staff Would Like To Continue or *Begin to Serve <small>(*Please note that vacancies on the various groups may or may not be available)</small>				
NAME OF GROUP RCGC staff Currently Serves On	NAME OF STAFF REP.	Profession	Email address	Telephone Number
Bureau for Children with Medical Handicaps (BCMh) Medical Advisory Council				
BCMh Service Coordinators Groups (Myelo, Craniofacial, Hemophilia, and/or Cystic Fibrosis)	<small>(Required of all BCMh Specialty Clinic G.C.s on grant)</small>			
Cardio-Genomics Work Group	<small>(Required of all Cardio-Genomics G.C.s on grant)</small>			
Ohio Connections for Children with Special Needs (OCCSN) Advisory Council				
Cancer Genomics Integration Core Work Group				
Fetal Alcohol Spectrum Disorder (FASD) Statewide Task Force				
Health Resources and Services Administration (HRSA) Region 4 Genetics Network subcommittee				
Ohio Cancer Genetics Network (OCGN)	<small>(Required of lead RCGC Cancer Genetics G.C.s from each RCGC)</small>			
Ohio Partners for Birth Defects Prevention (OPBDP)	<small>(Required of all OCCSN G.C.s on grant)</small>			
Ohio Partners for Cancer Control (OPCC) Statewide Consortium				
Newborn Screening Advisory Council				
RCGC Directors Advisory Group	<small>(Required of all RCGC Directors on grant)</small>			
OTHER				

ATTACHMENT # 10

Attach C.V./Bio Sketch of each staff person listed on RCGC Grant

ATTACHMENT # 11

SFY 2012-2015 RCGC Outreach Clinics Information Form

Name of Center _____ Project Director Signature _____

Definition: An RCGC Outreach Clinic is an RCGC sponsored clinic held outside the RCGC's home county

Program Component # 2	Name of Facility	Address of Facility	County	Name and profession of Local clinic coordinator	Name of RCGC Clinic Coordinator and Profession	Name of RCGC Geneticist Staff
Outreach Clinic #1						
Outreach Clinic #2						
Outreach Clinic #3						
Outreach Clinic #4						
Outreach Clinic #5						

ATTACHMENT #12

RCGC letterhead

Date

(Sample – edit as needed)

Letter of Appointment For BCMH Specialty Clinic Teams

Re: Name of staff, credentials
Name of Specialty Clinic

1. *(Name of RCGC staff and credentials)*, has been appointed as the *(Medical Genetics Consulting liaison) (or Genetic Counselor Consultant)* to the *(name of specialty clinic)* under the direction of *(name of specialty clinic director)* for the period of *(one or four??)* years.
2. *(Name of RCGC staff)* will be available on *(“a regular basis”/or on “an as-needed? Basis”/Or “regularly attend theclinic on Friday mornings”)* for genetic counseling services at the regularly scheduled *(Name of specialty clinic)* *(“for assistance in addressing specific genetic counseling concerns and recurrence risk assessment” /or “will provide follow-up counseling for recently diagnosed families and review counseling and the importance of folic acid for families contemplating another pregnancy. He/she will be available to provide counseling for teen-age MMC patients)*. He/She may be contacted through the Genetics office at *(Phone number)* or by pager at *(pager #)*. This service is *(provided as an adjunct??)* *(or “supported by the Ohio Department of Health Genetics Program)* to routine *(specialty clinic)* care and will not involve supplementary patient billing or salary support.
3. *(Inpatient consultation requests for new (name of disorder) patients by the Clinical Genetics (physician) services will remain unchanged.)*
4. This appointment will be renewed on an annual basis with the agreement of both *(Division Chiefs)*.

Signature

Name of RCGC Director
Title

Signature

Name of Specialty Clinic Director
Title

ATTACHMENT #13

CF NBS Referral and Services Protocol

Submit an outline describing the CF NBS Referral and Services Protocol for evaluating infants who receive an abnormal screen for CF. Include:

1. How the CF Center receives notification about newborns that have abnormal CF Newborn screens.
2. How the CF Center schedules newborns with abnormal screens into their CF Center for confirmatory testing.
3. How the CF Center communicates with the primary care providers of patients who have had an abnormal screen for CF but have not been referred or scheduled for a diagnostic evaluation.
4. How the CF Center assures that newborns determined to be CF carriers and their parents are referred to the RCGC for genetic counseling.
5. How the CF Center reports the confirmatory test results to the ODH NBS laboratory.
6. What the timeline is for reporting confirmatory test results back to the ODH NBS laboratory.
7. How the CF Center coordinates with the Regional Comprehensive Genetics Center to assure that data on all patients, 0-5 years old, being evaluated for CF as a result of an abnormal newborn screen is entered into the ODH Web based genetics data base.
8. That CF/RCGC Center staff will participate on ODH work groups, as requested, to review the ODH data system data fields and reporting mechanisms.
9. A plan, with proposed activities and timelines, for educating primary care providers in your region about newborn screening for CF.
10. How the CF Center coordinates with the Regional Comprehensive Genetics Center to assure that education activities are reported into the RCGC Education Database.

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

Submission Date ____/____/____

Sub-Awardee Data

1	DUNS #	
2	DUNS # plus 4	
3	Agency Name	
4	Has your Agency registered with CCR?	

APPENDICES

APPENDIX A
Ohio Department of Health
GMIS 2.0 TRAINING
Due Date: Monday, April 4, 2011

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 _____

Email 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)*

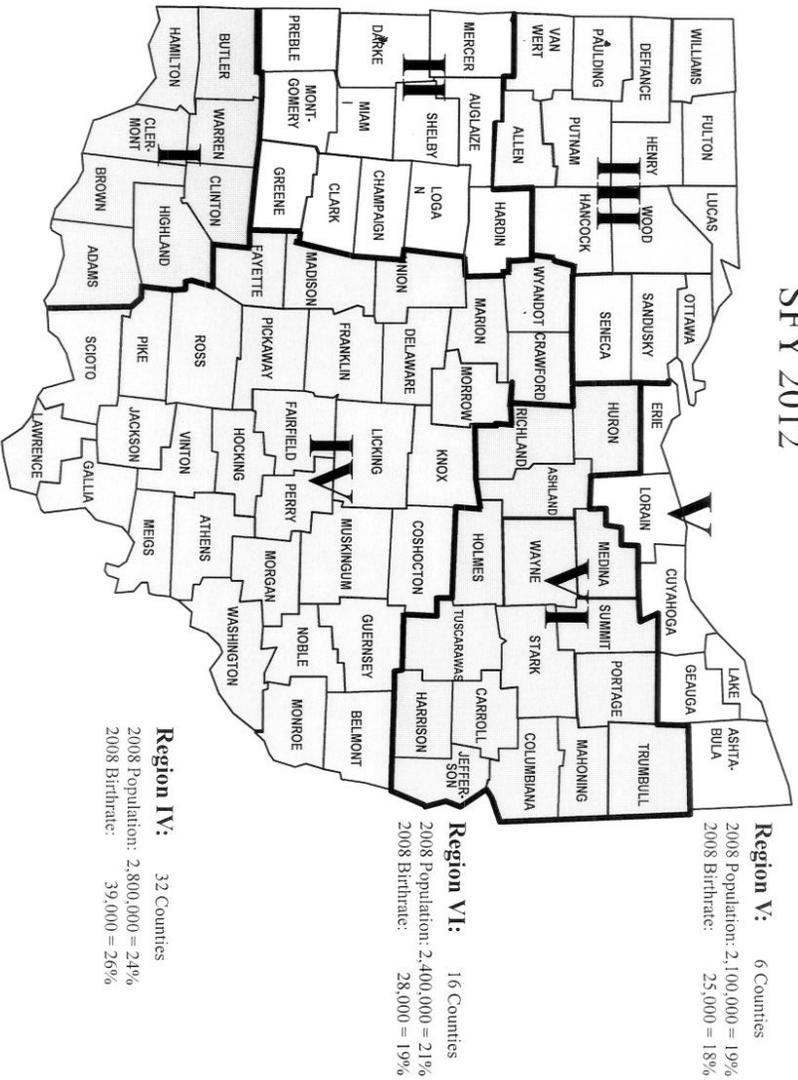
_____ **No – I DO NOT have access to the ODH GATEWAY**

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

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

Fax: **614-752-9783**

APPENDIX B
Ohio Regional Genetics Network Map
SFY 2012



APPENDIX C

SFY 2012 RCGC Grant Application Review Form

Project Name _____ Reviewer Name _____ Review Date _____ Total Score _____

Category	Comments: Strengths/Weaknesses/Special Conditions	Maximum Score	Reviewer's Score
Description of Applicant Agency/Eligibility <input type="checkbox"/> RCGC Standards and Criteria Assurance Form <input type="checkbox"/> Certification re. Counseling for Abortions		5 points	
Description of Personnel <input type="checkbox"/> Staff C.V.s/Resumes		5 points	
Methodology <input type="checkbox"/> Health Disparities proposal/narrative <input type="checkbox"/> LHD letter(s) Mailed and Support Letters Rec'd <input type="checkbox"/> Grant Program Deliv./Staff Contacts Form <input type="checkbox"/> RCGC Objectives and Indicators Form <input type="checkbox"/> RCGC State Work Groups Information Form <input type="checkbox"/> Outreach Clinics Information Form <input type="checkbox"/> BCMH Letters of Appointment <input type="checkbox"/> NBS for CF Outline		45 points	
Fiscal Application/Budget Narrative: <input type="checkbox"/> RCGC Budget Worksheet <input type="checkbox"/> The Budget Narrative format was followed. <u>In the narrative does applicants describe:</u> <input type="checkbox"/> Staffing for the 3 major Grant Components/Activities and clearly associated with specific personnel? <input type="checkbox"/> How categorical costs are derived? <input type="checkbox"/> The functions of all personnel, consultants, collaborators? <input type="checkbox"/> Justification of equipment, travel, and training costs? <input type="checkbox"/> A budget that reasonably reflects work to be completed? <input type="checkbox"/> Supplemental funding request/justification		45 points	
TOTAL GRANT APPLICATION SCORE		100 POINTS	

Additional/General Comments:

APPENDIX D

Budget Justification (Template)

Project Name: Adams County Board of Health/Breast and Cervical Cancer Project
Project Grant #: 00110014BC0108
Grant Period: SFY 2008 (7/01/07 – 06/30/08)
Projected Amount: \$110,000.

Personnel Category

Personnel paid fully or in part by the grant:

Epidemiologist – Jo Crawford, M.S.

The Epidemiologist is responsible for Component #1 in the ODH BCCP grant, informing medical staff of infectious outbreaks and providing ways to control the spread of infection. In addition, the clinical epidemiologists will develop a hospital standards and guidelines for the treatment and control of infectious diseases. Will be responsible for the overall implementation of the project including scheduling and staffing the clinics and ordering supplies. Works 40 hrs/wk on the Breast and Cervical Cancer Project. FTE: 1.0

Bacteriologist – Linda Glass, M.S.

The Bacteriologist activities support project component #3, developing and implementing the evaluation component of the project. This position will develop instruments for the collection of evaluation data and will collect, analyze and synthesize data gathered for presentation to the project staff, advisory committee, and stakeholder groups. This individual will work with content specialists in the assessment and validation of student mastery of the curriculum and course content. The position has responsibility for the summative evaluation of the training program. FTE: 50%

Data Entry Operator – Joyce Brown

The Data Entry Operator is responsible for *keying* input lists of items, numbers, or other data into computers or complete forms that appear on a computer screen. Also may manipulate existing data, edit current information, or proofread new entries into a database for accuracy. Some examples of data sources include customers' personal information, medical records, and membership lists. Will be used internally by Adams Health Department and may be reformatted before other departments or customers use it. FTE: 35%

Billing Clerk – To Be Determined (TBD)

The billing clerk will be responsible for the purchase ordering, review hospital records, sales tickets or charge slips. Do calculation of charges, develop bills, prepare them and mail to customers. Verify calculations and review the purchase records to result out the most complicated bills. Must take any discount, credit terms and special rates into account. Billing clerk need to consult a rate book to determine the shipping costs.
FTE 1.0

In-Kind Only Personnel:

Project Director – John Jones, M.D.

Director, Division of BCCP program, will serve as Project Director. Dr. Jones will be responsible for overseeing the day to day activities of the grant. He will devote effort the BCCP outreach clinics, fulfilling BCCP project component #3, to provide coverage to 3 regional outreach sites. He will also contribute to the regional education programs, participate in the BCCP network and attend quarterly ODH BCCP Directors meetings. He will devote 15% of his effort to this project: salary and fringe benefit support will be derived from other divisional sources. **(No charge to Grant)**

Total Personnel Costs: (\$66,350)

Fringe benefits: are calculated at 32% of requested salary dollars and include: FICA 10.35, Medicare 1.45%, workers compensation 2.57%, unemployment compensation 5.8%, and retirement 14%. In addition, health insurance is calculated as follows: Individual coverage - \$289/month; Family coverage - \$590/month.

Fringe benefits for (Other Personnel Services) are calculated at 21% and include: FICA, workers compensation 2.5%, and unemployment compensation.

Total fringe benefits projected: \$13,600

Total Program Salary Costs: \$52,750

Other Direct Cost

Maintenance: (\$1,018)

Maintenance cost budget line item include costs to maintain and to service the generators.

Postage: (\$3,000)

We have budgeted funds (\$3,000) to cover the reasonable costs of postage, including dissemination of materials, communication with our program officer and colleagues, and other general postage and mailing costs. Postage for reminder cards. The estimate is based on the costs of FY 2007 year.

Phone Service: (\$660)

Although (10) telephones will be provided to the project by Adams Health Department the phone charges must be covered from costs included in the proposal budget. The use of a phone will be crucial to the operation of the project. Most of the calls will be local, but many 'local' calls are toll calls, and we do anticipate the need to call Columbus and other sites throughout the State during the life of the project in order to communicate with colleagues. In light of this, we are requesting \$30 per month for local calls and \$25 per month for long distance, for a total of **\$660** for the year.

Travel: (\$6,090.40)

The Bacteriologist will travel to 6 sites, twice per year, to supervise data collection and conduct quality assurance monitoring.

In-State Travel: Two days/one night: \$446.20/Person/Trip

Lodging	\$80/night
Meals	\$31/day x 2 days = \$62 (\$6-Breakfast, \$9-Lunch, \$12-Dinner)
On-Site Parking	\$11/day x 2 days = \$22
Mileage	559 mi RT x \$.50.5/mi = \$282.30
	\$446.30/person/trip x 10 trips = <u>\$4,463</u>

The Epidemiologist will travel to Columbus, Ohio twice per year to meet with the program officer and other grantees to review program progress and issues related to implementation and evaluation.

Out-of-State Travel: Three days/two nights: \$829.20/Person

Air Fare	\$414.70/person (RT)
Lodging	\$80/night x 2 nights = \$160
Meals	\$31/day x 3 days = \$93 (\$6-Breakfast, \$9-Lunch, \$12-Dinner, \$4-Incidentals)
Rental Car	\$25/day x 3 days = \$75 (whatever is reasonable)
Airport Parking	\$7/day x 3 days = \$21
Mileage to destination	99 mi RT x \$.50.5/mi = \$50.00
	\$813.70/person/trip x 2 trips = <u>\$1,628.40</u>

Supplies: (\$4,598.24)

Breast Cancer Screening sample kits: Are necessary to periodically monitor the growth. The generation of trimethylstibine is believed to be linked to the growth of fungi. Measurements of an indicator of fungal biomass should correlate with the generation rates of trimethylstibine. 145 kits @ \$25/kit = **\$3,625**

The following supplies are required to create a registration packet, program syllabus and training materials to be distributed to participants of the training program, "Hearing Conservation in Industry." The estimated attendance is 150. A CD will be distributed to each attendee to be used during training sessions conducted in the computer lab. A writing pad and pencil will be provided to facilitate note taking. In addition, each attendee will receive a certificate of completion at the conclusion of the program.

2" Three-ring notebooks	150 notebooks x \$2.36 ea =	354.00
Index divider sets	150 sets x \$1.89 ea =	283.50
CD-R, 650 MB	150 CDs x \$.92 =	138.00
#2 Pencils	13 boxes (12) x \$.80 =	10.40
Writing pads	13 pkg (12) x \$7.98 =	102.86
Certificate paper	6 packet (25) x \$4.42 =	26.52
Name badges	3 boxes (50) x \$19.32 =	57.96
		<u>\$973.24</u>

Rent: (\$2,244)

Space Cost for FY 08 is used for the Epidemiologist and Bacteriologist research. We have a cost allocation plan in place. Prorated portion of rent for the . An estimated 200 square feet at an estimated cost of \$11.22 per square foot per year will be allotted to BCCP to house the staff associated with the program. The lease is a 10 year lease commencing on May 2017.

Utilities: (\$415.24)

Includes electric, gas based on a prorated portion of use for the BCCP program.

Audit Fees: (\$1,000)

The Audit fees were based on the percentage of BCCP grant salary budget compared to the overall Health budget – using the cost allocation method consistent with allocating common costs. Our agency fiscal year ends on or after January 1, 2004, expends \$500,000.00 or more in federal awards in its fiscal years that ends on or before December 31, 2003. And our agency is charging to this grant a fair share of the cost of the single audit.

Training: (\$974.12)

Training monies have been allocated to support local and out of state conferences and trainings. It is possible out of state training/travel will become necessary for appropriate senior management staff paid directly on this grant and/or contributing in-kind as referenced in the Personnel narrative.

Printing: (\$3,000)

The project director and staff will need to duplicate a significant number of records, as well as cover the incidental copying associated with a project of this sort. Project materials will have to be duplicated as well. Although we will be able to use a copier provided by Adams Health Department, there is a per-page charge the project will have to pay the University. We have therefore budgeted \$ ___ for the year's estimated copying costs.

Total Other Costs: \$23,000

Equipment

This cost is for purchase of project (3) Laptop computers, (4) monitors and (2) printers. The project will need additional computers to accommodate facilitation of grant objectives relative prevention, training and development and implementation. Additionally \$750 has been requested to replace the desk printers for project.

Total Equipment Costs: \$3,650

Contracts

The Columbus Public Health (CPH) in Franklin County provides translation and transportation services to Asian women enrolled in the BCCP. They also assist in enrolling women in the project. The BCCP has allocated **\$5000** available to CPH for these services. (\$5,000)

The ABCH BCCP contracts with two agencies to assist in screening women. The (TBD) will receive **\$12,000**, to provide screening and case management services to the women of Adams County which is the region's largest population center. The TBD position, will work 30 hours per week as a case manager. The contract covers the **(\$9,400)** salary and **(\$1,440)** benefits of this staff member as well as the **(\$199.67)** postage and **(\$960.33)** phone costs incurred. (\$12,000)

Total Contract Costs: \$17,000

Summary

Total Requested Projected Grant Funding: **\$100,000.00**

Total Subgrantee Funding Sources: **\$10,000** (Program Income which consist of Patient Fees collected from a sliding scale)

Total Budget Amount: **\$110,000.00**

(if you are requesting Supplemental Funding, please complete next page).

SUPPLEMENTAL FUNDS (optional)

Additional funds, up to \$40,000 per region, may be requested, if needed, to supplement outreach activities and/or specialty team services. Please use this page to:

- Give the amount of additional funds being requested;
- Explain why supplemental funding is needed;
- Explain what additional budget items are being added or supplemented and by how much;
- Provide specific details about how the funding will be spent.

APPENDIX E

Ohio Department of Health

Regional Comprehensive Genetics Center

Clinical Case Data Entry

Demographics

Patient information

*First name		Middle name		*Last name	
*Patient ID			Secondary Patient ID		
*Address type <input type="checkbox"/> Physical Address <input type="checkbox"/> Mailing Address		*Street			
*City		*State		*Zip	County
Telephone type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Work	Telephone number ()	*Date of birth <i>mm/dd/yyyy</i>		State of birth (<i>if known</i>)	
*Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Ambiguous			*Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		
*Race <i>check all that apply</i>					
<input type="checkbox"/> American Indian		<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Filipino		<input type="checkbox"/> Guamanian or Chormorro		<input type="checkbox"/> Japanese	
<input type="checkbox"/> Native Hawaiian Islander		<input type="checkbox"/> Other		<input type="checkbox"/> Other Asian	
<input type="checkbox"/> Samoan		<input type="checkbox"/> Unknown		<input type="checkbox"/> Vietnamese	
				<input type="checkbox"/> Chinese	
				<input type="checkbox"/> Korean	
				<input type="checkbox"/> Other Pacific	
				<input type="checkbox"/> White	
NBS Kit #		NBS Collection Date			

Caregiver information (*for initial visit only or if changed*)

*First name		Middle name		*Last name		Copy child's address <input type="checkbox"/> Yes <input type="checkbox"/> No
*Address type <input type="checkbox"/> Physical Address <input type="checkbox"/> Mailing Address		*Street				
*City		*State		*Zip	County	
Telephone type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Work	Telephone number ()	*Relationship				
*Date of birth <i>mm/dd/yyyy</i>			*Sex <input type="checkbox"/> Female <input type="checkbox"/> Male			
*Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown						
*Race <i>check all that apply</i>						
<input type="checkbox"/> American Indian		<input type="checkbox"/> Asian Indian		<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Filipino		<input type="checkbox"/> Guamanian or Chormorro		<input type="checkbox"/> Japanese		
<input type="checkbox"/> Native Hawaiian Islander		<input type="checkbox"/> Other		<input type="checkbox"/> Other Asian		
<input type="checkbox"/> Samoan		<input type="checkbox"/> Unknown		<input type="checkbox"/> Vietnamese		
				<input type="checkbox"/> Chinese		
				<input type="checkbox"/> Korean		
				<input type="checkbox"/> Other Pacific		
				<input type="checkbox"/> White		

*Denotes **required** field

Diagnostic outcome information/ Best working genetics diagnosis (database not limited to four. Enter as many as necessary)

*ICD code	*Date of diagnosis	*Genetics diagnostic classification (use reference guide)	*Specific genetics diagnosis (use reference guide)	*Diagnostic status
1)				<input type="checkbox"/> Known/Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Undetermined <input type="checkbox"/> No Evidence of Disorder
2)				<input type="checkbox"/> Known/Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Undetermined <input type="checkbox"/> No Evidence of Disorder
3)				<input type="checkbox"/> Known/Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Undetermined <input type="checkbox"/> No Evidence of Disorder
4)				<input type="checkbox"/> Known/Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Undetermined <input type="checkbox"/> No Evidence of Disorder

Service information

*Service date <i>mm/dd/yyyy</i>	*Patient type <input type="checkbox"/> New <input type="checkbox"/> Return	*Number counseled (<i>do not count patient</i>)
*Clinic Location	*Clinical Setting <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Phone/Electronic	
*Clinic Type <input type="checkbox"/> General genetics clinic <input type="checkbox"/> Prenatal clinic <input type="checkbox"/> Consult <input type="checkbox"/> Specialty clinic <i>specify</i>		
*Services <i>check all that apply</i> <input type="checkbox"/> Case management <input type="checkbox"/> Diagnostic evaluation <input type="checkbox"/> Genetic counseling <input type="checkbox"/> Medical management <input type="checkbox"/> Nutritional management <input type="checkbox"/> Preconceptional counseling <input type="checkbox"/> Prenatal counseling <input type="checkbox"/> Presymptomatic counseling <input type="checkbox"/> Psychosocial assessment		

For newborn screening initial diagnoses only

NBS reporting mechanism <input type="checkbox"/> Copy of physician/patient letter <input type="checkbox"/> Copy of chart notes <input type="checkbox"/> NBS Case Disposition Form <input type="checkbox"/> FAX <input type="checkbox"/> Telephone call <input type="checkbox"/> Mail in lab reports <input type="checkbox"/> E-mail <input type="checkbox"/> Consult only, did not see patient	*Date NBS results reported to ODH NBSLab:
Date NBS treatment initiated:	
NBS treatment provided (check all that apply) <input type="checkbox"/> Specialized formula <input type="checkbox"/> Referral to other specialist <input type="checkbox"/> Dietary management <input type="checkbox"/> Reassurance and explanation of false positive <input type="checkbox"/> Supplements/medications <input type="checkbox"/> None <input type="checkbox"/> Aerosols/airway clearance therapy <input type="checkbox"/> Consult only, did not see patient <input type="checkbox"/> Monitor	

Patient referral information (For all new patients and all changes in referral status)

*Program type	*Referral status	Comments
BCMh 0-21 year-old only	<input type="checkbox"/> Patient already enrolled <input type="checkbox"/> Patient referred by this RCGC (*date referred) _____ <input type="checkbox"/> Patient not eligible <input type="checkbox"/> Caregiver declines	
Help Me Grow 0-3 year-old only	<input type="checkbox"/> Patient already enrolled <input type="checkbox"/> Patient referred by this RCGC (*date referred) _____ <input type="checkbox"/> Patient not eligible <input type="checkbox"/> Caregiver declines	
Regional Infant Hearing Program 0-3 year-old with hearing loss	<input type="checkbox"/> Patient already enrolled <input type="checkbox"/> Patient referred by this RCGC (*date referred) _____ <input type="checkbox"/> Patient not eligible <input type="checkbox"/> Caregiver declines	
WIC 0-5 only	<input type="checkbox"/> Patient already enrolled <input type="checkbox"/> Patient referred by this RCGC (*date referred) _____ <input type="checkbox"/> Patient not eligible <input type="checkbox"/> Caregiver declines	

*Denotes **required** field

Revised 9/08

APPENDIX F
SFY 2012 RCGC RFP
LIST OF ACRONYMS

BCMHS: Bureau for Children with Medical Handicaps (Ohio's Children with Special Health Care Needs Program)	ODH: Ohio Department of Health
BDP: Birth Defects Prevention	OPBDP: Ohio Partners for Birth Defects Prevention
BRFSS: Behavioral Risk Factor Surveillance System	PCP: Primary Care Provider
CCA: Confirmation of Contractual Agreement	PHN: Public Health Nurse
CF: Cystic Fibrosis	RGC: Regional Genetics Center
CY: Calendar Year	RCGC: Regional Comprehensive Genetics Centers
EFT: Electronic Funds Transfer	RFP: Request for Proposals
EHDI: Early Hearing Detection and Intervention System	RIHP: Regional Infant Hearing Program
FASD: Fetal Alcohol Spectrum Disorder	SFY: State Fiscal Year
FA: Folic Acid	UNHS: Universal Newborn Hearing Screening
FY: Fiscal Year	WIC: Supplemental Nutrition Program for Women, Infants, and Children
GAPP: Grants Administration Policy and Procedure (manual)	
GC: Genetic Counselor	
GMIS: Grants Management Information System	
HMG: Help Me Grow (Ohio's Early Intervention System)	
HRSA: Federal Department of Health and Human Services – Health Resources and Services Administration	
MOD: March of Dimes	
MST: Metabolic Service Team	
NBS: Newborn Screening	
NOA: Notice of Award	
NTD: Neural Tube Defects	
OCCSN: Ohio Connections For Children With Special Needs (the name of Ohio's birth defects surveillance program)	
OCGN: Ohio Cancer Genetics Network	
