

DATE: August 31, 2011
TO: Prospective Applicants for the Help Me Grow Hospital-Based Regional Child Find Grant Program
FROM: Karen Hughes, M.P.H. Chief 
Division of Family and Community Health Services
SUBJECT: Notice of Availability of Funds – Competitive Grant Applications for SFY 2012

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Early Intervention Services (BEIS), announces the availability of grant funds to support the Help Me Grow Hospital-Based Regional Child Find Grant Program. The Request for Proposals (RFP) will provide you guidance in completing the online application for the FY 2012 competitive grant program period. **Proposals are due Monday September 26, 2011. Late applications will not be accepted.**

A Bidders Tele-conference will be held September 14, 2011 from 12:30 pm to 1:30 pm. The call in number is 1 – 800 – 510 – 7500 and the participant Code is 4435620#. **Attendance at the Bidders Tele-conference is required for agencies who have never received an ODH grant. This meeting is optional for previously funded grantees. Please RSVP by September 12, 2011 if you will be calling in for the Bidders Tele-conference to Wendy Grove, Help Me Grow Program Administrator by email: wendy.grove@odh.ohio.gov or Cynthia Woodbeck, Program Consultant by email at cynthia.woodbeck@odh.ohio.gov or by phone at (614) 644 – 9166.**

Also please submit any questions about the RFP at the time you RSVP. Responses to questions received will be discussed at the Bidders Tele-conference.

To obtain a grant application packet:

- 1) Go to the ODH website at www.odh.ohio.gov
- 2) From the home page, click on “resources”
- 3) From the next page, click on “funding opportunities”
- 4) Next click on “ODH Grants”
- 5) Next click on “Grant request for Proposals”. This will give you a pull down menu with current grant RFP’s by name
- 6) Select and highlight the Help Me Grow Hospital-Based Regional Child Find Grant 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 organizations’ ability to meet the requirements of the grant and your intent to apply.

All grant applications must be submitted via the Internet, using GMIS 2.0. To be eligible for funding, all interested applicants must: 1) submit the attached Notice of Intent to Apply for Funding form no later than September 12, 2011 and; 2) attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training. Please complete and return the attached GMIS 2.0 Training form to schedule a specific training session date no later than September 12, 2011.

If you have any questions, please contact Wendy Grove by email at wendy.grove@odh.ohio.gov or Cynthia Woodbeck by email at cynthia.woodbeck@odh.ohio.gov or by phone at (614) 644 – 9166.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF

FAMILY AND COMMUNITY HEALTH SERVICES

BUREAU OF

EARLY INTERVENTION SERVICES

**HELP ME GROW
HOSPITAL-BASED REGIONAL CHILD FIND GRANT PROGRAM**

REQUEST FOR PROPOSALS (RFP)

FOR

**FISCAL YEAR 2012
(10/01/2011-9/30/2012)**

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

COMPETITIVE GRANT APPLICATION INFORMATION

Table of Contents

I.	<u>APPLICATION SUMMARY and GUIDANCE</u>	
A.	Policy and Procedure	1
B.	Application Name	1
C.	Purpose.....	1
D.	Qualified Applicants	1
E.	Service Area.....	2
F.	Number of Grants and Funds Available	2
G.	Due Date	2
H.	Authorization	2
I.	Goals	2
J.	Program Period and Budget Period.....	2
K.	Local Health Districts Improvement Standards	2
L.	Public Health Impact Statement.....	3
M.	Statement of Intent to Pursue Health Equity Strategies	4
N.	Appropriation Contingency	4
O.	Programmatic, Technical Assistance and Authorization for Internet Submission	4
P.	Acknowledgment	5
Q.	Late Applications	5
R.	Successful Applicants	5
S.	Unsuccessful Applicants.....	5
T.	Review Criteria	5
U.	Freedom of Information Act	6
V.	Ownership Copyright.....	6
W.	Reporting Requirements	6
X.	Special Condition(s).....	8
Y.	Unallowable Costs	8
Z.	Audit	9
AA.	Submission of Application.....	10
II.	<u>APPLICATION REQUIREMENTS AND FORMAT</u>	
A.	Application Information.....	11
B.	Budget.....	12
C.	Assurances Certification	13
D.	Project Narrative	13
E.	Civil Rights Review Questionnaire – EEO Survey	14
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement...	14
G.	Attachments	14

H.	Electronic Funds Transfer (EFT) Form	15
I.	Internal Revenue Service (IRS) W-9 Form and Vendor Forms	15
J.	Public Health Impact Statement Summary	15
K.	Public Health Impact/Response & Intent to pursue Health Equity Statement.....	15
L.	Liability Coverage	15
M.	Non-Profit Organization Status.....	16
N.	Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire	16

O.	Attachments as Required by Program.....	16
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- Attachment A – GMIS 2.0 Training Form
- Attachment C – Notice of Intent to Apply for Funding Form
- Attachment D – Project Work Plan

III. REQUIRED ATTACHMENTS

A.	GMIS 2.0 Training Form.....	17
B.	Ohio Department of Health Sub-Awardee Federal Funding Accountability and Transparency Act (FFATA) Reporting Form Sample.....	18
C.	Notice of Intent to Apply for Funding Form.....	20
D.	Project Work Plan.....	21

IV. APPENDICES

A.	Hospital-Based Regional Child Find Grant Program Application Review Form.....	23
B.	Hospital-Based Regional Child Find Grant Program Map.....	25
C.	Hospital-Based Regional Child Find Grant Program Quarterly Report Form.....	26

I. APPLICATION SUMMARY and GUIDANCE

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

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) Manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The GAPP Manual is available on the ODH Website <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** Help Me Grow Hospital-Based Regional Child Find Grant Program
- C. Purpose:** The Hospital-Based Regional Child Find (HBRCF) Grant Program is funded by federal Part C dollars and is a Child Find component of Help Me Grow (HMG). The services provided by Hospital-Based Regional Child Find Specialists (RCFS) are essential in assuring that infants and toddlers who are eligible for Part C services and supports are identified and that their families are referred to Help Me Grow as soon as possible.

The goal of the Hospital-Based Regional Child Find Grant Program is early identification and referral of eligible families of infants and toddlers to Help Me Grow. Hospital-Based Regional Child Find Specialists (RCFS) provide families of children with specialty care needs, information and support to help them understand their child’s diagnoses, medication, therapeutic, developmental and physical care needs during hospitalization and following discharge. To achieve this goal, the RCFS organize and deliver support and educational activities for parents, members of the child’s primary care team and HMG service providers; actively work to improve communication and assure a seamless transition to early intervention services for the families and children.

- D. Qualified Applicants:** All applicants must be a local public or non-profit agency. Qualified applicants are Children’s Hospitals and Maternity Hospitals with Level III newborn care services. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT).

E. Service Area: Applicants are to provide hospital-based services for the families of infants and toddlers in a complete region for which they apply. The state of Ohio is divided into six regions of the state, shown in Appendix B: Hospital-Based Regional Child Find Grant Program Map.

F. Number of Grants and Funds Available: A total of \$256,000 is available for the six regions. An average of \$42,700 will be available for each region.

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

G. Due Date: Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by 4:00 p.m. **Monday, September 26, 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 Cynthia Woodbeck, RN, at the Bureau of Early Intervention Services, Ohio Department of Health, by email at cynthia.woodbeck@odh.ohio.gov for any questions about completing this application.

H. Authorization: Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 84.181A Part C or the Individuals with Disabilities Education Act, Public Law 108-446.

I. Goals: The goal of the Hospital-Based Regional Child Find Grant Program is early identification and referral of eligible families of infants and toddlers to Help Me Grow. Hospital-Based Regional Child Find Specialists (RCFS) provide families of children with information and support to help them understand their child's diagnoses, medication, therapeutic, developmental and physical care needs during hospitalization and transition to county-based Help Me Grow Early Intervention services.

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

K. Local Health Districts Improvement Standards: This grant program will address Local Health Districts Improvement Goal 3701- 36- 07: "Promote Healthy Lifestyles," Standard 3701- 36- 07- 03: "Prevention, health promotion, early intervention, and outreach services are provided directly or through contracts or partnerships." The Local Health District Improvement Standards are available on the ODH Website: <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:

The Local Health District Improvement Standard(s) to be addressed by grant activities:

- A description of the demographic characteristics (e.g., age, race, gender, ethnicity) of the target population and the geographical area in which they live (e.g. census tracts, census blocks, block groups);
- A summary of the services to be provided or activities to be conducted; and,
- A plan to coordinate and share information with appropriate local health districts.

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

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

Regional Child Find Specialists will be contacted in FY12 by each of the county Help Me Grow program administrators in their region to develop a protocol between the regional hospital child find specialist and the HMG program for the county. This protocol will help to ensure a smooth transition for infants and toddlers in the hospital who are returning to their local communities. Some families need Help Me Grow services before the infant or toddler is discharged from the hospital. The protocol will outline how the two organizations will work together to ensure compliance with federal and state requirements and provide the needed coordinated services for families in Early Intervention.

M. Statement of Intent to Pursue Health Equity Strategies

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

Basic Health Equity Concepts:

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

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

- N. **Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **In view of this, the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**
- O. **Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission will be distributed at your GMIS 2.0

Training Session (new agencies). All other agencies will receive their authorization upon the submission of the Notice of Intent to Apply for Funding (NOIAF) Form.

One representative from each applicant agency must attend or must document, in writing prior attendance, at GMIS 2.0 training in order to receive authorization for Internet submission. The form required for this documentation is provided in Attachment A of this RFP.

- P. Acknowledgment:** An ‘Application Submitted’ status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of September 26, 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 S.M.A.R.T. objectives, activities, milestones and outcomes with respect to time-lines and resources;
 5. Estimates reasonable cost to the ODH, considering the anticipated results;

6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the request for proposal;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to Grants Administration Policy and Procedures (GAPP), Chapter 100; and
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities.

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

- U. Freedom of Information Act:** The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5.

Federal funds provided through this program are authorized by Public Law 108-446, Part C of the Individuals with Disabilities Education Act (IDEA).

- V. Ownership Copyright:** Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the ODH. All material(s) must clearly state:

Funded by Ohio Department of Health/Federal Government
Bureau of Early Intervention Services
Help Me Grow 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:

Program Reports: Sub-grantee Program Reports **must** be completed (on form in Attachment 2) and submitted by email to Cynthia Woodbeck, RN at cynthia.woodbeck@odh.ohio.gov by the following dates:

Quarter Program Report	Date of Activities	Report Due Date
First Quarter	10/01/2011 - 12/30/2011	January 15, 2012
Second Quarter	01/01/2011 - 03/31/2012	April 15, 2012
Third Quarter	04/01/2012 - 06/30/2012	July 15, 2012
Fourth Quarter	07/01/2012 - 09/30/2012	October 15, 2012

Sub-grantee Program Expenditure Reports: Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates:

Quarter Program Report	Date of Activities	Report Due Date
First Quarter	10/01/2011 - 12/30/2011	January 15, 2012
Second Quarter	01/01/2011 - 03/31/2012	April 15, 2012
Third Quarter	04/01/2012 - 06/30/2012	July 15, 2012
Fourth Quarter	07/01/2012 - 09/30/2012	October 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.

Final Expenditure Report: A Sub-grantee 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 November 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.

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

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

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

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

1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees, unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;

15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Website: <http://obm.ohio.gov/MiscPages/TravelRule> Then click on OBM Travel Rule.
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH; and/or
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants; and,

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:

<p>Complete & Submit Via Internet</p>
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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 Accountability and Transparency Act (FFATA) reporting form (**in GMIS**).
8. Attachments as required by Program
 - Attachment D – Project Work Plan

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:

<p>Complete, Sign & Mail To ODH</p>
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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 0 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 432**

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line GMIS 2.0, will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after the RFP is posted to the ODH Website.

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

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

necessary communication between the agency and the ODH.

B. Budget: Prior to completion of the budget section, please review page 8 - 9 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.
- 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 October 1, 2011 to September 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:** Identify the target population (families of infants and/or toddlers potentially eligible for Early Intervention in Ohio) and services to be offered. Describe the public health problem(s) that the program will address.
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and how it will manage the program.

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

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

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

Explicitly describe segments of the target population who experience a disproportionate burden of the local health status concern (this information must correlate with the Statement of Intent to Pursue Health Equity Strategies.)

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

4. **Methodology:** All applicants are also required to develop a Hospital-Based Regional Child Find Project Work Plan (Attachment D). In this work plan, identify activities and strategies that will be implemented by grant personnel to achieve the expected outcome and performance measure for the program. Timelines and data sources are to be documented on the work plan to determine the level of success of the project.
- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:** The Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. ODH is required to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds required to complete the FFATA Reporting Form. A sample of the FFATA Reporting Form is attached to this RFP.

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

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

(Required by all applicants, the FFATA form must be completed in GMIS.)

- G. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and 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 September 26, 2011. All attachments must clearly identify the authorized program name and program number.

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

- J. Public Health Impact Statement Summary:** Submit two copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed).**
- K. Public Health Impact & Intent to Pursue Health Equity Statements:** Submit two copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards and Intent to Pursue Health Equity Statements. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for competitive cycle only; for continuation, only if changed).**
- L. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; current liability coverage and thereafter at each renewal period.)**

M. Non-Profit Organization Status: Non-profit organizations **must** submit documentation validating current status. Submit two copies of the Internal Revenue Services (IRS) letter approving non-tax exempt status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed.**)

N. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire: The DMA is a questionnaire that must be completed by all non-governmental grant applicant agencies to certify that they have not provided “material assistance” to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head’s signature. The DMA Questionnaire (in PDF format. [Adobe Acrobat](#) is required) is located at the Ohio Department of Public Safety /Ohio Homeland Security website:

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

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

O. Attachments as Required by Program:

1. GMIS Training Form, to be submitted no later than September 12, 2011 following the directions on the form (Attachment A)
2. Department of Health Sub-Awardee Federal Funding Accountability and Transparency Act (FFATA) Reporting Form Sample, to be completed and submitted with application (Attachment B)
3. Notice of Intent to Apply for Funding Form, to be completed and submitted no later than September 12, 2011 following the directions on the form (Attachment C)
4. Hospital Based Regional Child Find Grant Program Project Work Plan, to be Completed and submitted with application (Attachment D)

III. APPENDICES

1. Hospital-Based Regional Child Find Grant Program Application Review Form (Appendix A)
2. Hospital-Based Regional Child Find Grant Program Map (Appendix B)
3. Hospital-Based Regional Child Find Grant Program Quarterly Report Form (Appendix C)

Attachment A

**Ohio Department of Health
GMIS 2.0 TRAINING**

**ALL INFORMATION REQUESTED MUST BE COMPLETED for EACH EMPLOYEE
FROM YOUR AGENCY WHO WILL ATTEND A GMIS 2.0 TRAINING SESSION.
(Please Print Clearly or Type)**

Grant Program _____ RFP Due Date _____

County of Applicant Agency _____

Federal Tax Identification Number _____

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

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to attend training _____

Telephone Number _____

E-mail Address _____

GMIS 2.0 Training Authorized by: _____
(Signature of Agency Head or Agency Fiscal Head)

Required
Please Check One: _____ Yes – I ALREADY have access to the
ODH GATEWAY (SPES, ODRS, LHIS, etc)
_____ No – I DO NOT have access to the ODH GATEWAY

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

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

GMIS training request must be submitted no later than 4:00p.m. September 12, 2011

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

Attachment B
Ohio Department of Health Sub-Awardee
Federal Funding Accountability and Transparency Act (FFATA) Reporting Form Sample

Submission Date
 _____/_____/_____

Sub-Awardee Data

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

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

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

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

**ATTACHMENT C
NOTICE OF INTENT TO APPLY FOR FUNDING**

Ohio Department of Health
Division of Division of Family and Community Health Services
Bureau of Bureau of Early Intervention Services

ODH Program Title: Help Me Grow Hospital-Based Regional Child Find grant program

**The Notice of Intent to Apply for Funding Form MUST BE RECEIVED BY 4:00PM September 12, 2011
(Please Print Clearly or Type)**

County of Applicant Agency _____

Federal Tax Identification Number _____

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

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

Applicant Agency/Organization

Applicant Agency Address

Agency Contact Person/Title

Telephone Number

E-mail Address

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

Mail, E-mail or Fax To:
Wendy Grove, Help Me Grow Program Administrator
Help Me Grow Hospital-Based Regional Child Find
Ohio Department of Health
246 N. High Street Columbus, Ohio 43215
E-mail: wendy.grove@odh.ohio.gov
Fax: 614 -728 - 9163

ATTACHMENT D
 Ohio Department of Health
 Bureau of Early Intervention Services
 Help Me Grow Hospital-Based Regional Child Find Grant Program
 Required Project Work Plan

Performance Measure	Actions or Strategies	Data Source	Timeline
<p>1. Identify and refer eligible infants, toddlers and their families to Help Me Grow.</p> <p>Provide an estimate of the number of referrals per quarter that will be made to Help Me Grow during FY2011</p>			
<p>2. Provide families of children with specialty care needs, information and support to help them understand their child's diagnoses, medication, therapeutic, developmental and physical care needs during hospitalization and following discharge.</p>			

3. Organize and deliver support and educational activities for parents, members of the child's primary care team and HMG service providers.			
4. Actively work to improve communication and assure a seamless transition to early intervention services for the families and children.			

Appendix A
Hospital – Based Regional Child Find Grant Program
Application Review Form

Project Number: _____

Grant Period: _____

Amount requested: _____

Reviewed by: _____

Date Reviewed: _____

Criterion	Comments
Application Information	
Is the information about the applicant agency and administrative staff accurate and complete?	
Budget	
<u>Budget Summary</u> <ul style="list-style-type: none"> • A clear, complete and detailed budget narrative • Adequate justification for categorical costs including personnel, direct costs, equipment, travel and training <u>Budget Information</u> <ul style="list-style-type: none"> • Personnel Category lists each employee with: <ul style="list-style-type: none"> - Function / Title - Percentage of Direct Cost - Total Cost to the Program • Explanation of Personnel Funding lists all personnel who work on this program less than 100% of the time • Justification for all items to be purchased • Other Direct Costs are budgeted appropriately • Contracts and Confirmation of Contractual Agreement Forms (CCA) if applicable. • Is each contract listed separately, including the budgeted amount of the contract and the deliverables of the contract are clearly described? 	
Program Narrative	
<u>Executive Summary</u> <p>Does the applicant clearly describe the:</p> <ul style="list-style-type: none"> • Outcome and objective of the project • Services provided to families • Segments of the target population who experience a disproportionate burden of extremely low birth weight and increased morbidity • Availability of personnel as resources 	

Criterion	Comments
<i>Description of Applicant Agency / Documentation of Eligibility</i>	
<ul style="list-style-type: none"> • Eligibility of hospital for funding • Past performance as a sub grantee or similar demonstration of project management • Personnel are currently licensed and position descriptions are provided • Demonstrated compliance with ODH grants in the past • Agency structure • All positions to be funded and / or personnel who will be involved • Relationship between the hospital and local partners 	
<i>Work Plan Expected Outcomes & Performance Measures</i>	
<p>Does the proposal indicate the applicant's ability to attain the expected outcome and performance measure / indicator for the program as listed:</p> <ul style="list-style-type: none"> • Identification and referral of infants, toddlers and their families to HMG. • Project target or provide baseline number of referrals to HMG per qtr. • Provide families of children with specialty care needs, information and support to help them understand their child's diagnoses, medication, therapeutic, developmental and physical care needs during hospitalization and following discharge. • Organize and deliver support and educational activities for parents, members of the child's primary care team and HMG service providers. • Actively work to improve communication and assure a seamless transition to early intervention services for the families and children. 	
This application met all of the requirements	This applicant should be funded
Yes No	Yes No

APPENDIX C

**Hospital-Based Regional Child Find Grant Program
Quarterly Program Report Form**

Fiscal Year 2012

Circle one: 1st Qtr 2nd Qtr 3rd Qtr 4th Qtr

Hospital Grantee: _____

Project ID: _____

Count by Age at Referral

Age 0-1:

Age 1-2:

Age 2-3:

Age 3+:

Provide a description of what you provided to parents in need during the timeframe of this report: