



OHIO DEPARTMENT OF HEALTH

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John R. Kasich / Governor

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To: Prospective Applicants for 2012 HIV Preventions Statewide Initiatives

From: William McHugh, D.M., Chief
Division of Prevention
Ohio Department of Health

Subject: Notice of Available Funds – Federal Fiscal Year 2012
January 1, 2012 – December 31, 2012 HIV Prevention Program

The Ohio Department of Health (ODH), Division of Prevention, Bureau of HIV/AIDS, STD and TB (BHST), announces the availability of grant funds to support the two Ohio HIV Prevention Statewide Initiatives.

To obtain a request for proposal (RFP) grant application packet, interested parties should:

1. Go to the ODH website at www.odh.ohio.gov;
2. Click on the "Resources" pull-down menu;
3. From the home page click on "Funding Opportunities" (located under "At a Glance");
4. From the next page click on "ODH Grants";
5. Click on "Grant Request for Proposals," this will give you a pull down menu with current RFPs by name;
6. Select the HIV Prevention Statewide Initiatives RFP. Potential applicants can read and/or print the document as desired.

All parties interested in applying for the HIV Prevention Statewide Initiatives must submit a Notice of Intent to Apply for Funding (attached), no later than **Friday, September 9, 2011**, to be eligible for funds.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via teleconference on **Thursday, August 25, 2011**, from 10:00 am to 12:00 pm. The Bidders' Conference will provide an opportunity for interested parties to learn more about the RFP, and ask questions. Interested parties can access the Bidders' Conference by calling: 1 (800) 510-7500 and entering the participant code: 2528489.

All applications and attachments are due by 4:00 pm on **Tuesday, October 11, 2011**. Electronic applications received after this date will not be considered for funding. All applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at a GMIS 2.0 training in order to receive authorization for Internet submission. Interested parties must complete and submit the ODH GMIS 2.0 Form no later than **Friday, September 9, 2011**, to the Grants Administration Unit to begin the process to authorize your account.

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have questions regarding this application, please contact Nicole Brennan, HIV Prevention Program Manager, by phone at 614.644.1878, or by email at nicole.brennan@odh.ohio.gov.

NOTICE OF AVAILABLE FUNDS
Ohio Department of Health
Division of Prevention
Bureau of HIV/AIDS, STD, and TB

HIV Prevention Program
Competitive Grant Application for Federal Fiscal Year 2012

Introduction/Background:

As part of Ohio's Comprehensive HIV Prevention Program, funded through the Centers for Disease Control and Prevention (CDC), the Ohio Department of Health (ODH), Division of Prevention, Bureau of HIV/AIDS, STD and TB (BHST), announces the availability of grant funds to support two statewide initiatives within the HIV Prevention Program. Interested applicants may apply for one or both statewide initiatives: Statewide Initiative A: HIV Prevention, Testing and Linkage to Care among Ohio Men who have Sex with Men (MSM), and Statewide Initiative B: HIV Prevention Hotline and Website. The goals of the Ohio HIV statewide initiatives are to: (1) increase HIV testing, (2) increase awareness and educate communities through traditional and innovative techniques about the threat of HIV and how to prevent it, (3) increase appropriate medical and preventive referrals, (4) increase the proportion of HIV-infected persons in Ohio who know they are infected, and (5) increase the proportion of HIV-infected persons who are linked to prevention and care services.

The HIV/AIDS epidemic impacts persons in all sex, age and race/ethnic groups in all geographic regions in Ohio. However, this impact has not been the same for all population groups. According to the ODH HIV/AIDS Integrated Epidemiologic Profile for Ohio, 2009 edition, in 2007, there were 1,028 newly reported HIV/AIDS diagnoses, and 15,413 persons living with HIV/AIDS. Blacks and Hispanics continue to be disproportionately impacted by HIV/AIDS in Ohio. The rate of persons living with HIV/AIDS per 100,000 population in 2007 is nearly six times higher among blacks compared to whites (479.3 for blacks, compared to 80.3 for whites). Among Hispanics, the rate was three times higher than among whites (248.8 for Hispanics). Blacks account for more than 40 percent of HIV/AIDS diagnoses each year, but represent only 12 percent of the population; and Hispanics account for more than 4 percent of HIV diagnoses each year, but represent less than 2 percent of Ohio's population.

From 2005 to 2007, 20 percent of new HIV/AIDS diagnoses were among persons who met the AIDS case definition at the time of diagnosis. Moreover, persons 35 years of age and older were more likely to meet the AIDS cases definition within one year of an HIV diagnoses, and a larger percentage of Hispanics than whites and blacks met the AIDS case definition at time of HIV diagnosis.

In Ohio, not unlike many other jurisdictions, incidence of HIV is on the rise within the men who have sex with men (MSM) community. An estimated 773 (67 percent) of 1,154 newly reported and diagnosed cases of HIV infection in Ohio were attributable to MSM in 2008.

Of the 916 male cases newly reported and diagnosed with an HIV infection in Ohio during 2008, 84 percent (773/916) were attributable to MSM behavior. Moreover, an estimated 90 percent of white males (n=468) newly reported and diagnosed with an HIV infection in Ohio during 2008 had MSM as the risk factor; an estimated 78% of black males (n=385) newly reported and diagnosed with an HIV infection in Ohio during 2008 had MSM as the risk factor; an estimated 66 percent of Hispanic males (n=48) newly reported and diagnosed with an HIV infection in Ohio during 2008 had MSM as the risk factor.

Approximately 25 percent of people living with HIV/AIDS (PLWHA) in the United States do not know their HIV status.¹ The National HIV/AIDS Strategy (NHAS) released in July 13, 2010, outlines the commitment to reduce HIV incidence in the United States by 25 percent by 2015.² In congruence with the 2012 CDC funding announcement: Comprehensive HIV Prevention Programs for Health Departments and the NHAS, the Ohio HIV Prevention Program has created two statewide initiatives that will: increase awareness of HIV prevention messaging, increase access to HIV testing, counseling and referral services, and link HIV positive persons to medical care and other essential services.

This program also encourages and supports integration of diagnostic and prevention services for hepatitis C virus (HCV), hepatitis B virus (HBV), sexually transmitted diseases (STDs), and tuberculosis (TB).

Eligibility:

Eligible applicants are public or not-for-profit agencies operating in the State of Ohio. One applicant may apply for both statewide initiatives; however a separate, itemized budget justification and narrative must be submitted for each initiative.

Program Period and Awards:

Up to two grants will be awarded for a total amount of \$120,000. Eligible agencies may apply for up to \$60,000 per initiative. The program period begins January 1, 2012 and ends December 31, 2016. The budget period begins January 1, 2012 and ends December 31, 2012.

Grant Application:

To obtain a request for proposal (RFP) grant application packet, interested parties should:

1. Go to the ODH website at www.odh.ohio.gov;
2. Click on the "Resources" pull-down menu;
3. From the home page click on "Funding Opportunities" (located under "At a Glance");
4. From the next page click on "ODH Grants";
5. Click on "Grant Request for Proposals," this will give you a pull down menu with current RFPs by name;

¹ Centers for Disease Control and Prevention (CDC). *Estimates of new HIV infection in the United States*. 2008. Available at: <http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/pdf/incidence.pdf>

² *The National HIV/AIDS Strategy for the United States* Available at <http://www.whitehouse.gov/ONAP>

6. Select the HIV Prevention Statewide Initiatives RFP. Potential applicants can read and/or print the document as desired.

Within the application packet you will find:

- a. Request for Proposal (RFP) – This document outlines detailed information about the background, intent, and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant.
- b. Notice of Intent to Apply for Funding – the purpose of this document is to ascertain your intent to apply for available grant funds.
- c. GMIS 2.0 Training – the purpose of this document is to ascertain your need for training within the Ohio Grants Management Information System (GMIS).

When you have accessed the application packet:

- a. Review the RFP to determine your organization's ability to meet the requirements of the grant and your intent to apply.
- b. After you review the RFP, if you want to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Mail, e-mail, or fax to ODH per the instructions listed by **Friday, September 9, 2011**. The *Notice of Intent to Apply for Funding* form is mandatory if you are intending to apply for the grant.
- c. If you need training on GMIS 2.0, complete the GMIS training form and submit per the instructions listed on the form by **Friday, September 9, 2011**.

Upon receipt of your completed *Notice of Intent to Apply for Funding* form, ODH will create a grant application account number for your organization.³ This account number will allow you to submit an application via the Internet using GMIS 2.0. ODH will assess your organization's GMIS training needs (as indicated on the *Notice of Intent to Apply for Funding* and *GMIS 2.0 Training* form) and contact you regarding available training days and times. Each organization must have at least two employees trained on the ODH GMIS system. Once ODH has established an account for your organization, you will be able to submit an application.

All applications and attachments are due by 4:00 pm on **Tuesday, October 11, 2011**. Electronic applications received after this date will not be considered for funding. All applications must be submitted via the Internet, using GMIS 2.0.

Bidder's Conference:

All potential applicants are encouraged to attend a Bidders' Conference that will be held via teleconference on Thursday, August 25, 2011, from 10:00 am to 12:00 pm. The Bidders' Conference will provide an opportunity for interested parties to learn more about the RFP, and ask questions. Interested parties can access the Bidders' Conference by calling: 1 (800) 510-7500 and entering the participant code: 2528489.

³ 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.

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

If you have any questions regarding this application, please contact Nicole Brennan, HIV Prevention Program Manager, at Nicole.Brennan@odh.ohio.gov.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF PREVENTION

BUREAU OF HIV/AIDS, STD & TB PREVENTION AND CARE

STATEWIDE HIV PREVENTION INITIATIVES

REQUEST FOR PROPOSALS (RFP)

FOR

FISCAL YEAR 2012

(01/01/2012 – 12/31/2012)

**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 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:** HIV Prevention Statewide Initiatives.
- C. Purpose:** In accordance with the Centers for Disease Control and Prevention (CDC), the National HIV/AIDS Strategy (NHAS) and the HIV Prevention Plan for Ohio, the purpose of this funding opportunity is to support two statewide initiatives which will address the Ohio HIV epidemic through: increase awareness of HIV prevention messaging, increased access to HIV testing, counseling and referral services, and linkage of HIV positive persons to medical care and other essential services.

HIV Prevention Statewide Initiative A: HIV Prevention, Testing and Linkage to Care among Ohio men who have sex with men (MSM): will build a collaborative relationship with the HIV prevention regions in order to:

- i. Advance the cultural competencies of agencies working with the MSM population.
- ii. Increase appropriate medical and preventive referrals given to MSM who test positive for HIV/AIDS.
- iii. Increase the proportion of HIV-infected MSM in Ohio who know they are infected; and,
- iv. Increase the proportion of HIV-infected persons who are linked to prevention and care services.

HIV Prevention Statewide Initiative B: HIV Prevention Hotline and Website: will maintain a hotline and website in order to:

- i. Increase the availability of HIV and STD prevention messaging throughout Ohio, both through a hotline service and website.
- ii. Increase the number of people who are linked to preventive and care services.
- iii. Support the messaging of the regional and statewide community planning groups.

- D. Qualified Applicants:** All applicants must be a local public or non-profit agency. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT).
- E. Service Area:** Applicants will serve the entire state of Ohio.
- F. Number of Grants and Funds Available:** Funds supporting the Ohio HIV Prevention Statewide Initiatives originate from Category A of the CDC grant: Comprehensive HIV Prevention Programs for Health Departments. Up to two grants may be awarded for a total amount of \$120,000. Eligible agencies may apply for a maximum of \$60,000 per initiative. Agencies may apply for both statewide initiatives, but must submit separate clearly labeled, itemized budget justifications, and narratives, for each project. Projects will be scored and selected separately. The total amount applied for may be entered into GMIS.

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. **Tuesday, October 11, 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.

Questions regarding the application should be directed to Nicole Brennan, HIV Prevention Program Manager, at nicole.brennan@odh.ohio.gov. Answers to questions will be forwarded to all potential applicants.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 119 and the *Catalog of Federal Domestic Assistance (CFDA) Number 93.940*
- I. Goals:** The goals of ODH in releasing funds for the Ohio HIV statewide initiatives is to reduce HIV transmission through:
- a. Increase HIV testing
 - b. Increase awareness and educate communities through traditional and innovative techniques about the threat of HIV and how to prevent it.
 - c. Increase appropriate medical and preventive referrals.
 - d. Increase the proportion of HIV-infected persons in Ohio who know they are infected; and,
 - e. Increase the proportion of HIV-infected persons who are linked to prevention and care services.

Goals specific to each statewide initiative can be viewed independently in appendix D and appendix E.

J. Program Period and Budget Period: The program period will begin January 1, 2012 and end on December 31, 2016. The budget period for this application is **January 1, 2012 through December 31, 2012.**

K. Local Health Districts Improvement Standards: This grant program will address the following Local Health District Improvement Goals and Standard

Goal 3701-36-07: Promote Healthy Lifestyles:

Standard 3701-36-07-01: Health promotion services are targeted to identified health risks in the community. Standard 3701-36-07-02: Community members are actively involved in addressing prevention priorities. Standard 3701-36-07-03: Prevention, health promotion, early intervention, and outreach services are provided directly or through contracts or partnerships.

Goal 3701-36-08: Address the Need for Personal Health Services:

Standard 3701-36-08-02: Information is available that describes the local health system, including resources critical for public health protection and information about health care providers, facilities, and support services. Standard 3701-36-08-03: Information is collected, monitored, and disseminated regarding trends, which over time, affect access to critical health services.

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

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

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

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

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

M. Statement of Intent to Pursue Health Equity Strategies

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

- Basic Health Equity Concepts:

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

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

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

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon the posting of the Request for Proposal to the ODH Website. Please contact Nicole Brennan at nicole.brennan@odh.ohio.gov with questions regarding this RFP.

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

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

Q. Late Applications: Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Tuesday, October 11, 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 unsuccessful applicants.

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

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/

- activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
 4. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
 5. Estimates reasonable cost to the ODH, considering the anticipated results;
 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
 7. Provides an evaluation plan, including a design for determining program success;
 8. Is responsive to the special concerns and program priorities specified in the request for proposal;
 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
 10. Has demonstrated compliance to Grants Administration Policy and Procedures (GAPP), Chapter 100; and
 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities.

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

- U. Freedom of Information Act:** The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5.
- V. Ownership Copyright:** Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the ODH. Release of unapproved materials may be grounds for deeming them unallowable costs. All material(s) must clearly state:

Funded by Ohio Department of Health/Federal Government
Bureau: HIV/AIDS, STD and TB
Program: HIV Prevention

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

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

Reports shall be submitted as follows:

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

Due Date	Report	Submitted Via
July 30, 2012	Interim Progress Report	SPES
January 31, 2012	Annual Progress Report	SPES
Monthly	Completed PEMS data	PEMS

Grantees will also be required to have at least one site visit with ODH within the first quarter of the grant cycle and attend quarterly conference calls with the HIV prevention program manager to discuss progress of grant implementation.

Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date.

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

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

Due Date	Quarter
April 15, 2012	January 1, 2012 to March 31, 2012
July 15, 2012	April 1, 2012 to June 30, 2012
October 15, 2012	July 1, 2012 to September 30, 2012
January 15, 2013	October 1, 2012 to December 31, 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 **Friday, February 15, 2013**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

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

- 4. Inventory Report:** A listing of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS 2.0 as part of the Subgrantee Final Expenditure Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.
- X. Special Condition(s):** Responses to all special conditions **must be submitted via GMIS 2.0 within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30 day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

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

- Y. Unallowable Costs:** Funds **may not** be used for the following:
1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
 2. To disseminate factually incorrect or deceitful information;
 3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
 4. Bad debts of any kind;
 5. Lump sum indirect or administrative costs;
 6. Contributions to a contingency fund;
 7. Entertainment;
 8. Fines and penalties;
 9. Membership fees -- unless related to the program and approved by ODH;
 10. Interest or other financial payments;
 11. Contributions made by program personnel;
 12. Costs to rent equipment or space owned by the funded agency;
 13. Inpatient services;
 14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
 15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
 16. Travel and meals over the current state rates (see OBM Website: <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.

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 Accountability and Transparency Act (FFATA) reporting form (in GMIS).
8. Attachments as required by Program
 - Appendix F: Certification of Compliance

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 copy of **Attachments** (non-Internet compatible) as required by program: None.

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

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line GMIS 2.0, will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after 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 12 of the RFP for unallowable costs. For applicants applying for statewide initiatives A and B, two separate, clearly labeled, itemized budget justifications and project narratives must be submitted. Within GMIS 2.0 the total applied for amount may be entered.

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 **January 1, 2012 to December 31, 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 statewide initiative applicant is applying for, target population, services and programs to be offered and what agency or agencies will provide those services. Describe the public health problem(s) that the program will address. (1 page maximum)
 - 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:**
 - i. Briefly discuss the applicant agency's eligibility to apply.
 - ii. Summarize the agency's structure as it relates to this program and, as the lead agency, how the program will be managed.
 - iii. Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including the target populations of this grant. This also includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.
 - iv. Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. If there are no deficiencies, applicant should indicate there are no deficiencies within the narrative.

- v. Describe plans for hiring and training, as necessary.
- vi. Delineate all personnel who will be directly involved in program activities. List their experience and expertise in program activities they will be responsible for overseeing. 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 grant funded staff.

3. Problem/Need:

- i. Identify and describe the local or targeted health status concern(s) 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.
- ii. Clearly identify the target population(s). Explicitly describe segments of the target population(s) 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.)
- iii. Include a description of other agencies/organizations also addressing this problem/need.

4. Methodology: Review appendices D and E to view the minimum program goals and program objectives for Statewide Initiative A and Statewide Initiative B. Applicants are allowed to add additional program objectives within a goal, as they see fit. In narrative form, the applicant should list each program goal and subsequent program objective(s) and provide the following details:

- Describe previous experience, expertise and existing capacity to address each goal and objective.
- Plan to work collaboratively with the HIV prevention regions.
- Process objectives that are specific, measureable, attainable, realistic and time-phased (SMART). Some process objectives have been provided for specific program objectives, applicant may add additional process objectives as they see fit.
- Ensure that program and process objectives are completed within the listed timeframe.

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 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 website for Federal Spending Transparency at www.whitehouse.gov/omb/open.

(Required by all applicants. FFATA is now part of the grant application and must be completed within GMIS in order to submit the application.)

- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must** be dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required only if new agency, thereafter only when banking information has changed.)**
- H. Internal Revenue Service (IRS) W-9 and Vendor Forms:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must** be dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:**
- 1. Vendor Information Form (New Agency Only), or**
 - 2. Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s).)**
 - 3. Change request in writing on Agency letterhead (Existing Agency with tax identification number, name and/or address change(s).)**

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

- I. Public Health Impact Statement Summary:** Submit two copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed).**
- J. Public Health Impact & Intent to Pursue Health Equity Statements:** Submit two copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards and Intent to Pursue Health Equity Statements. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to

the local health district(s) **(for competitive cycle only; for continuation, only if changed).**

- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; current liability coverage and thereafter at each renewal period.)**
- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Submit two copies of the Internal Revenue Services (IRS) letter approving non-tax exempt status **(Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed.)**
- M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire:** The DMA is a questionnaire that must be completed by all non-governmental grant applicant agencies to certify that they have not provided “material assistance” to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head’s signature. The DMA Questionnaire (in PDF format. [Adobe Acrobat](#) is required) is located at the Ohio Department of Public Safety /Ohio Homeland Security website:

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

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

- N. 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 **Tuesday, October 11, 2011**. All attachments must clearly identify the authorized program name and program number. A minimum of an original and one copy of non-Internet attachments are required.

III. APPENDICES

- A. FFATA Sample Reporting Form (sample only)
- B. GMIS 2.0 Training Request Form
- C. Notice of Intent To Apply For Funding
- D. Goals and Objectives: Statewide Initiative A
- E. Goals and Objectives: Statewide Initiative B
- F. Certification of Compliance
- G. 2012 HIV/STD Prevention Regions
- H. Budget Justification Overview
- I. Statewide Initiative A Rating Form
- J. Statewide Initiative B Rating Form

Appendix A
Ohio Department of Health Sub-Awardee
Federal Funding Accountability and Transparency Act (FFATA) Sample Reporting Form
Sample only: submit via GMIS

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	

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](tel:614-752-9783)

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

Request for GMIS 2.0 training must be received by
Friday, September 9, 2011

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
 Division of Prevention
 Bureau of HIV/AIDS, STD, and TB
 ODH Program Title: HIV Prevention Program

ALL INFORMATION REQUESTED MUST BE COMPLETED

Due by: Friday, September 9, 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 (Check One) County Agency City Agency Hospital Higher Education Local Schools 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: Nicole Brennan, MPH
 HIV Prevention Program Manager
 Ohio Department of Health
 246 N. High Street
 Columbus, Ohio 43215
 E-mail: nicole.brennan@odh.ohio.gov
 Fax: 614.728.0876

**NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY FRIDAY,
 SEPTEMBER 9, 2011**

**Statewide Initiative A:
HIV Prevention, Testing and Linkage to Care among Ohio MSM
Program Goals and Objectives**

Goal 1: MSM Strategic Map Development

Program Objective: Assist each region with the development of an MSM HIV Prevention Strategic Objectives and Map.

Details: In 2009, the ODH HIV Prevention Program worked in collaboration with the HIV prevention regions and a vendor to produce a statewide HIV prevention strategic plan to reduce HIV incidence within the MSM population. Through the strategic planning process each HIV prevention region developed strategic directions to reduce the incidence of MSM HIV infection within their region. In 2011, ODH modified the HIV prevention regions to match the STD prevention regions. To coincide with this change, ODH is seeking an applicant that will work with Ohio's eight HIV prevention regions to:

- Understand the incidence of MSM HIV infection within each new HIV prevention region. This can be accomplished through epidemiologic data, needs assessments, asset mapping, focus groups, resource assessment, and/or technical assistance evaluation.
- Develop a MSM strategic map including: goals, objectives, activities and logic model, with each HIV prevention region aiming to increase the MSM cultural competency of each region, increase the number of HIV tests conducted with MSM within the region, increase the number of HIV positive MSM linked to care, increase the number of HIV positive MSM who stay in care, and decrease the number of new HIV diagnosis within the MSM population over the five-year project period.
- Present each finalized plan to the regional community planning group.
- Present the cumulative plan to the Ohio HIV Prevention Community Planning Group.
- Begin assisting with the implementation and evaluation of each strategic map through technical assistance and capacity building activities.

Process objectives should include a timeline to begin and finalize each regional strategic map, date regional maps will be submitted to ODH, the implementation period of each map, and a timeline for completing presentations to community planning groups.

Goal 2: Internet Based Outreach

Program Objective: Develop Guidelines for Internet-based Outreach

Details: Prior to beginning Internet-based outreach the applicant must work with the Statewide Initiative B grantee to develop Internet-based outreach guidelines.

Process Objective: By December 31, 2012, [applicant] will assist in the development and completion of Ohio specific Internet-based outreach guidelines. Applicant agrees to follow the guidelines post development and approval from ODH.

Program Objective: Provide HIV/STD Internet-based outreach services to Ohio MSM.

Details: Applicant will provide Internet-based outreach to Ohio MSM on MSM targeted social networking websites in a culturally competent manner and in accordance with the Ohio Guidelines for Internet-based Outreach. Outreach should include:

- HIV/AIDS, STD, adult viral hepatitis and tuberculosis prevention and risk reduction messaging.
- Locations of confidential and anonymous HIV testing services.
- Locations of state supported STD clinics.
- Referrals to HIV/AIDS, STD, AVH, and TB related services.
- Case management availability.
- Importance of care.

Applicant will be responsible for aggregate data collection, which must be submitted into the Ohio Program Monitoring and Evaluation System (PEMS) monthly. Data should include number of conversations conducted, topics of conversation, and referrals made.

Process objectives should include sites where the applicant will provide Internet outreach, number of MSM to be reached with prevention messaging, number of group and individual conversations to be had, as well as monitoring and evaluation details.

Program Objective: Facilitate Internet based linkage to partner services (PS).

Details: When needed, applicant will assist regional statewide disease intervention specialists (DIS) in linking individuals who are potential partners of someone who has tested positive for HIV or syphilis to their regional DIS. The applicant will not be providing PS, but will be facilitating the linkage to PS, when DIS only know the screen name of a potential contact. Quarterly, the applicant will submit to ODH the number of facilitated linkages attempted and the number of facilitated linkages made.

Process objectives:

By _____ [applicant] will be prepared to assist regional prevention regions with linkages to DIS for PS.

By _____ [applicant] will submit to ODH the number of facilitated linkages attempted and the number of facilitated linkages made.

**Statewide Initiative B:
HIV Prevention Hotline and Website
Program Goals and Objectives**

APPENDIX E

Goal 1: HIV Prevention Hotline

Program Objective: Provide HIV/STD Prevention Services through toll-free hotline

Details: This applicant is responsible for maintaining an HIV/STD Prevention hotline service that includes information on, but not limited to:

- HIV/AIDS, STD, adult viral hepatitis and tuberculosis prevention and risk reduction messaging.
- Locations of confidential and anonymous HIV testing.
- Locations of state supported STD clinics.
- Referrals to HIV/AIDS, STD, AVH, and TB related services.
- Case management availability.

Applicant must attempt to collect data from each caller in the areas of:

- Call date
- Topic of discussion
- Referrals made
- Caller demographics
- How caller was referred to hotline

Data must be aggregated monthly and submitted into the Ohio Program Monitoring and Evaluation System (PEMS).

Process objectives should include details on staffing, hours of operation, marketing, as well as program monitoring and evaluation.

Goal 2: HIV Prevention Website

Program Objective: Provide HIV/STD prevention services through statewide website.

Details: This applicant is responsible for maintaining an HIV/STD prevention website service that includes information on, but not limited to:

- HIV/AIDS, STD, adult viral hepatitis (AVH) and tuberculosis (TB) prevention and risk reduction messaging.
- Locations of confidential and anonymous HIV/STD testing.
- Locations of state supported STD clinics.
- Referrals to HIV/AIDS, STD, AVH, and TB related services.
- Case management availability.
- Links to applicable websites such as: ODH, regional planning groups, CDC, etc.
- Promotion of Internet based outreach services and hotline.

Applicant must attempt to collect monthly aggregate data from the website on the number of “hits” the website accumulated each month. Data must be submitted monthly into PEMS.

Process objectives should include details on website development, website maintenance, as well as program monitoring and evaluation.

Goal 3: Internet-Based Outreach

Program Objective: Develop Guidelines for Internet-based Outreach

Details: Prior to beginning Internet-based outreach the applicant must work with the ODH HIV prevention program, STD prevention program, and the grantee for Statewide Initiative A to develop guidelines for Internet outreach specific to Ohio. The guidelines must at minimum include details on:

- Internet outreach rational
- Goals of Internet outreach
- Target populations
- Limitations of Internet outreach
- Cultural competency
- Linguistic competency
- Client-centered counseling
- On-line risk reduction counseling
- Referrals
- Honesty of intent
- Use of volunteers and training
- Confidentiality and Privacy
- Social networking sites and decorum
- Documentation and Evaluation
- Resources

Minimal Process Objectives:

By _____ 2012, [applicant] will have developed draft guidelines for Internet-based outreach.

By _____ 2012, [applicant] will have completed guidelines for Internet-based outreach. Applicant agrees to follow the guidelines post development and approval from ODH.

Program Objective: Provide Internet based outreach services through statewide website.

Details: Following the development of the Internet-based outreach guidelines; applicant will provide Internet-based outreach services through the statewide website. Services should include email and instant messaging. Internet outreach data should be collected in a similar manner to hotline data, and entered into PEMS monthly. Process objectives should include start date of Internet outreach services, marketing techniques, and monitoring and evaluation plan.

Program Objective: Develop an HIV testing, and care web-based application for download.

Details: To coincide with the website development, the applicant should develop an application software “app,” which can be used to provide HIV/STD prevention messaging, the location of HIV testing and care services throughout the state, and resources for additional information. Process objectives should include projected start and finish date of the app development, along with goal number of downloads.

Certification of Compliance (EMRP)

Requirement:

All materials using ODH Grant funds (i.e., pamphlets, brochures, questionnaires, videos etc.) must be approved by the HIV Prevention Program’s Educational Material Review Panel. Any material developed without ODH approval will be disallowed.

Agency Name _____

Grant Number _____

I certify that this organization has complied with the terms and conditions of the above referred requirement.

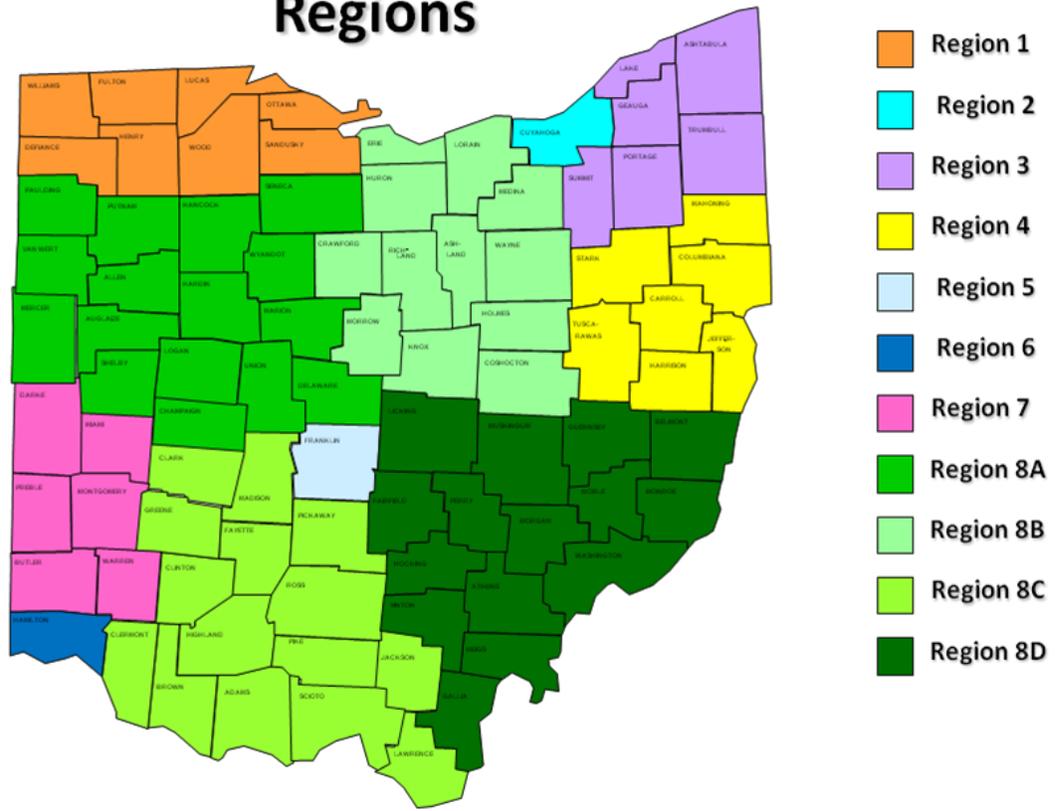
I certify that the requirement for material review is not applicable to this organization. If the requirement is not applicable, please state why.

Please list below the types of materials that will need review and approval:

Signature of Certifying Official	Title
Applicant Organization	Date



2012 HIV & STD Prevention Regions



Revised 7/6/11

BUDGET JUSTIFICATION

Budget justifications are required for all costs that will be incurred for the direct support for the grant-sponsored project. Budget justifications should be completed in a separate document and uploaded into GMIS 2.0. If applying for both statewide initiatives, two separate, itemized budget justifications and narratives must be uploaded into GMIS 2.0. The following are key elements that are to be included in the budget justification:

- A description of the expense or service and the exact amount allocated to the expense;
- How each expense relates to and benefits the project;
- Travel should be reimbursed at no more than \$.45/mile;
- Supplies and training costs should be itemized, with an explanation of how the cost was determined.

**HIV PREVENTION
STATEWIDE INITIATIVE A:
HIV PREVENTION, TESTING AND LINKAGE TO CARE AMONG OHIO MSM
GRANT APPLICATION REVIEW RATING FORM**

Agency: _____ Date: _____

Reviewer: _____ Total Score: _____

Recommended Funding Level: _____

SCORE TABLE:

Use the following table as a guide in completing the review sheet.

Point Value	Criterion Unmet	Criterion Partially Met	Criterion met
1	0		1
2	0	1	2
3	0	1, 2	3
4	0, 1	2, 3	4
5	0, 1	2, 3	4, 5

Criterion Unmet – Does not answer the question nor address any of the required issues.

Criterion Partially Met - Attempts to answer the question, but does not offer specific information. Answers the question and offers some concrete information.

Criterion Met - Offers substantive information; a complete answer in a clear manner. An exemplary answer, uses quantitative measure for example; is concise and to the point.

NOTE: The maximum point value is shown in each section. Please score each section using the score table as a guide. Your comments are important and provide clarification when necessary.

TOTAL MAXIMUM SCORE: 110 points

MINIMUM SCORE TO BE ELIGIBLE FOR FUNDING: 77 points

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
PROGRAM NARRATIVE	83 points total		
1. EXECUTIVE SUMMARY A one page summary of the proposal-should include target population, services and programs to be offered and what agency (ies) will provide those services.	2		
A description of the public health problems that the project will address.	3		
Total:	5		
2. Description of Applicant Agency/ Documentation of Eligibility Demonstrate the applicant agency's eligibility to apply.	2		
Summarize the agency's structure as it relates to this program and, as the lead agency, how the program will be managed.	4		
Describe the capacity of organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including the target populations of this grant. This also includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.	4		
Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. If there are no deficiencies, applicant should indicate there are no deficiencies within the narrative.	2		
Describe plans for hiring and training, as necessary.	2		

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
Delineate all personnel who will be directly involved in program activities. List their experience and expertise in program activities they will be responsible for overseeing. 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.	5		
Total:	19		
3. Problem/Need Identify and describe the local or targeted health status concern(s) 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.	3		
Clearly identify the target population(s). Explicitly describe segments of the target population(s) who experience a disproportionate burden of the local health status concern (this information must correlate with the <u>Statement of Intent to Pursue Health Equity Strategies.</u>)	3		
Include a description of other agencies/organizations also addressing this problem/need.	2		

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
Total:	8		
<p>4. METHODOLOGY</p> <p>Goal 1: MSM Strategic Map Development</p> <p><u>Program Objective: Assist each region with the development of an MSM HIV Prevention Strategic Map.</u></p> <p>Describe previous experience, expertise and existing capacity to address each goal and objective.</p>	3		
<p>Plan to work collaboratively with the HIV prevention regions.</p>	2		
<p>Process objectives that are specific, measureable, attainable, realistic and time-phased (SMART).</p>	5		
<p>Ensure that program and process objectives are completed within the listed timeframe.</p>	2		
<p>Goal 2: Internet Based Outreach</p> <p><u>Program Objective: Develop Guidelines for Internet Outreach</u></p> <p>Describe previous experience, expertise and existing capacity to address objective.</p>	3		

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
Plan to work collaboratively with the HIV prevention regions.	2		
Process objectives that are specific, measureable, attainable, realistic and time-phased (SMART).	5		
Ensure that program and process objectives are completed within the listed timeframe.	2		
<p>Goal 2: Internet Based Outreach</p> <p><u>Program Objective: Provide HIV/STD Internet based outreach services to Ohio MSM.</u></p> <p>Describe previous experience, expertise and existing capacity to address objective.</p>	3		
Plan to work collaboratively with the HIV prevention regions.	2		
Process objectives that are specific, measureable, attainable, realistic and time-phased (SMART).	5		
Ensure that program and process objectives are completed within the listed timeframe.	2		

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
<p>Goal 2: Internet Based Outreach</p> <p><u>Program Objective: Facilitate Internet based linkage to partner services.</u></p> <p>Describe previous experience, expertise and existing capacity to address objective.</p>	3		
Plan to work collaboratively with the HIV prevention regions.	2		
Process objectives that are specific, measureable, attainable, realistic and time-phased (SMART).	5		
Ensure that program and process objectives are completed within the listed timeframe.	2		
Total:	48		
3. BUDGET	10 Points Total		
<p>3A. Budget Narrative</p> <p>A detailed narrative budget justification which describes how the categorical costs are derived should be provided. This should discuss the necessity, reasonableness and ability to allocate the proposed costs.</p>	5		

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
All personnel, contractors, other direct costs (e.g. supplies, travel and training) should be explained and justified.	5		
Total:	10		
6. OVERALL QUALITY	10 Points Total		
Clarity / completeness	5		
Adherence to RFP guidelines	5		
Total:	10		
Submitted: Public Health Impact Statement	5		
Submitted: Intent to Pursue Health Equity Strategies Statement	5		
Total:	10		
CUMULATIVE TOTAL	110		

Recommendation of Reviewer:

- Approval (funding) of proposal as submitted (no conditions)
- Approval (funding) of proposal with conditions (please list conditions below)

- Disapproval of project. State reason(s) below:

Signature of Reviewer

Date

**HIV PREVENTION
STATEWIDE INITIATIVE B:
HIV PREVENTION HOTLINE AND WEBSITE
GRANT APPLICATION REVIEW RATING FORM**

Agency: _____ Date: _____

Reviewer: _____ Total Score: _____

Recommended Funding Level: _____

SCORE TABLE:

Use the following table as a guide in completing the review sheet.

Point Value	Criterion Unmet	Criterion Partially Met	Criterion met
1	0		1
2	0	1	2
3	0	1, 2	3
4	0, 1	2, 3	4
5	0, 1	2, 3	4, 5

Criterion Unmet – Does not answer the question nor address any of the required issues.

Criterion Partially Met - Attempts to answer the question, but does not offer specific information. Answers the question and offers some concrete information.

Criterion Met - Offers substantive information; a complete answer in a clear manner. An exemplary answer, uses quantitative measure for example; is concise and to the point.

NOTE: The maximum point value is shown in each section. Please score each section using the score table as a guide. Your comments are important and provide clarification when necessary.

TOTAL MAXIMUM SCORE: 122 points

MINIMUM SCORE TO BE ELIGIBLE FOR FUNDING: 85 points

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
PROGRAM NARRATIVE	95 points total		
1. EXECUTIVE SUMMARY A one page summary of the proposal-should include target population, services and programs to be offered and what agency (ies) will provide those services.	2		
A description of the public health problems that the project will address.	3		
Total:	5		
2. Description of Applicant Agency/ Documentation of Eligibility Demonstrate the applicant agency's eligibility to apply.	2		
Summarize the agency's structure as it relates to this program and, as the lead agency, how the program will be managed.	4		
Describe the capacity of organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including the target populations of this grant. This also includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.	4		
Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. If there are no deficiencies, applicant should indicate there are no deficiencies within the narrative.	2		
Describe plans for hiring and training, as necessary.	2		

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
Delineate all personnel who will be directly involved in program activities. List their experience and expertise in program activities they will be responsible for overseeing. 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.	5		
Total:	19		
3. Problem/Need Identify and describe the local or targeted health status concern(s) 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.	3		
Clearly identify the target population(s). Explicitly describe segments of the target population(s) who experience a disproportionate burden of the local health status concern (this information must correlate with the <u>Statement of Intent to Pursue Health Equity Strategies.</u>)	3		
Include a description of other agencies/organizations also addressing this problem/need.	2		

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
Total:	8		
<p>4. METHODOLOGY</p> <p>Goal 1: HIV Prevention Hotline <u>Program Objective: Provide HIV/STD Prevention Services through toll-free hotline</u></p> <p>Describe previous experience, expertise and existing capacity to address each goal and objective.</p>	3		
<p>Plan to work collaboratively with the HIV prevention regions.</p>	2		
<p>Process objectives that are specific, measureable, attainable, realistic and time-phased (SMART).</p>	5		
<p>Ensure that program and process objectives are completed within the listed timeframe.</p>	2		
<p>Goal 2: HIV Prevention Website <u>Program Objective: Provide HIV/STD prevention services through statewide website.</u></p> <p>Describe previous experience, expertise and existing capacity to address objective.</p>	3		
<p>Plan to work collaboratively with the HIV prevention regions.</p>	2		

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
Process objectives that are specific, measureable, attainable, realistic and time-phased (SMART).	5		
Ensure that program and process objectives are completed within the listed timeframe.	2		
<p>Goal 3: Internet Based Outreach</p> <p><u>Program Objective: Develop Guidelines for Internet Outreach</u></p> <p>Describe previous experience, expertise and existing capacity to address objective.</p>	3		
Plan to work collaboratively with the HIV prevention regions.	2		
Process objectives that are specific, measureable, attainable, realistic and time-phased (SMART).	5		
Ensure that program and process objectives are completed within the listed timeframe.	2		

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
<p>Goal 3: Internet Based Outreach</p> <p><u>Program Objective: Provide Internet based outreach services through statewide website.</u></p> <p>Describe previous experience, expertise and existing capacity to address objective.</p>	3		
<p>Plan to work collaboratively with the HIV prevention regions.</p>	2		
<p>Process objectives that are specific, measureable, attainable, realistic and time-phased (SMART).</p>	5		
<p>Ensure that program and process objectives are completed within the listed timeframe.</p>	2		
<p>Goal 3: Internet Based Outreach</p> <p><u>Program Objective: Provide Internet based outreach services through statewide website.</u></p> <p>Describe previous experience, expertise and existing capacity to address objective.</p>	3		
<p>Plan to work collaboratively with the HIV prevention regions.</p>	2		
<p>Process objectives that are specific, measureable, attainable, realistic and time-phased (SMART).</p>	5		

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
Ensure that program and process objectives are completed within the listed timeframe.	2		
Total:	60		
3. BUDGET	10 Points Total		
3A. Budget Narrative A detailed narrative budget justification which describes how the categorical costs are derived should be provided. This should discuss the necessity, reasonableness and ability to allocate the proposed costs.	5		
All personnel, contractors, other direct costs (e.g. supplies, travel and training) should be explained and justified.	5		
Total:	10		
6. OVERALL QUALITY	10 Points Total		
Clarity / completeness	5		
Adherence to RFP guidelines	5		
Total:	10		
Submitted: Public Health Impact Statement	5		
Submitted: Intent to Pursue Health Equity Strategies Statement	5		
Total:	10		
CUMULATIVE TOTAL	122		

Recommendation of Reviewer:

- Approval (funding) of proposal as submitted (no conditions)
- Approval (funding) of proposal with conditions (please list conditions below)

- Disapproval of project. State reason(s) below:

Signature of Reviewer

Date