



# OHIO DEPARTMENT OF HEALTH

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John R. Kasich / Governor

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To: Prospective Applicants for the 2012 HIV Prevention Regional Projects

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 eight Ohio HIV Prevention Regional Projects.

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

1. Go to the ODH website at [www.odh.ohio.gov](http://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 Regional Projects RFP. Potential applicants can read and/or print the document as desired.

All parties interested in applying for the HIV Prevention Regional Projects 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 at the Ohio Department of Health on **Friday, August 26, 2011**, from 9:00 am to 1:00 pm, in the basement conference training room A/B. The Bidders’ Conference will provide an opportunity for interested parties to learn more about the RFP and ask questions.

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 email at [nicole.brennan@odh.ohio.gov](mailto:nicole.brennan@odh.ohio.gov) by October 3, 2011. Responses to questions will be emailed to all applicants who submit a letter of intent to apply for funding.

## **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 eight HIV prevention regions within the Ohio HIV Prevention Program. Interested applicants must be local health departments and may apply for one region within which their health department resides. The goals of the Ohio HIV statewide initiatives are to: (1) Focus HIV prevention efforts in communities and local areas where HIV is most heavily concentrated to achieve the greatest impact in decreasing the risk of acquiring HIV, (2) Increase HIV testing within populations at increased risk for infection, (3) Increase awareness and educate communities through traditional and innovative techniques about the threat of HIV and how to prevent it., (4) Increase access to care and improve health outcomes for people living with HIV by linking them to continuous and coordinated quality care, (5) increase the proportion of HIV-infected persons who know they are infected, and (6) Reduce HIV-related disparities and promote health equity.

The HIV/AIDS epidemic impacts persons in all sex, age and race/ethnic groups in all geographic regions in Ohio. The number of newly diagnosed persons reported with a diagnosis of HIV infection in Ohio over the last five years (2005-2009) has consistently and significantly increased from 991 cases in 2005 to 1,129 cases in 2009. In 2004, 11,528 persons were known to be living with a diagnosis of HIV infection in Ohio, and in 2008 this increased to 15,442, a 34 percent increase in persons living with a diagnosis of HIV infection. In 2007, HIV was the sixth-leading cause of death among males 25-44 years of age in Ohio.

The impact of HIV has not been the same for all population groups. According to the ODH HIV/AIDS Integrated Epidemiologic Profile for Ohio, 2010 edition, blacks and Hispanics are disproportionately impacted by HIV/AIDS. The rate of persons living with an HIV infection per 100,000 population in Ohio in 2008 was nearly six times higher among blacks compared to whites (478.7 for blacks, compared to 80.1 for whites). Among Hispanic Ohioans, the rate was three times higher than among whites (235.7 per 100,000 population for Hispanics). Although almost equal proportions of males and females reside in Ohio, 79 percent of persons living with a diagnosis of HIV infection in Ohio in 2008 are male. Ohio's estimated leading mode of transmission for HIV in 2009 was male-to-male sexual contact followed by heterosexual contact. Among males, it is estimated that 84 percent of cases were attributed to male-to-male sexual contact, nine percent to heterosexual contact and four percent to injection drug use. Among females, it is estimated that 89 percent of cases were attributed to heterosexual contact and 11 percent to injection drug use.

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.

Approximately 25 percent of people living with HIV/AIDS (PLWHA) in the United States do not know their HIV status.<sup>1</sup> 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.<sup>2</sup> 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 eight HIV prevention regions, which will address the Ohio HIV epidemic through: increasing the number of people who are aware of their HIV status, increasing awareness of prevention messaging and techniques, increasing access and linkage to care, promoting health equities and reducing new HIV infections.

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 local health departments operating in the State of Ohio.

**Program Period and Awards:**

Up to eight grants will be awarded for a total amount of \$4,230,000. Eligible agencies may apply for up to the maximum amount allotted to their region. 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](http://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 Regional Prevention Projects 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

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<sup>1</sup> 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>

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

- 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.<sup>3</sup> 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 at the Ohio Department of Health in the Basement Conference Room A/B on Thursday, August 26, 2011, from 9:00 am to 1:00 pm. The Bidders' Conference will provide an opportunity for interested parties to learn more about the RFP, and ask questions.

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 outlines 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](mailto:Nicole.Brennan@odh.ohio.gov) no later than October 3, 2011.

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<sup>3</sup> 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.



**ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET**

# **OHIO DEPARTMENT OF HEALTH**

## **DIVISION OF PREVENTION**

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

#### **REGIONAL HIV PREVENTION PROJECTS**

#### **REQUEST FOR PROPOSALS (RFP)**

#### **FOR**

#### **FISCAL YEAR 2012**

**(01/01/2012 – 12/31/2012)**

**Local Public Applicant Agencies**

**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:** Regional HIV Prevention Projects
- 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 eight HIV prevention regions, which will address the Ohio HIV epidemic through: increasing the number of people who are aware of their HIV status, increasing awareness of prevention messaging and techniques, increasing access and linkage to care, promoting health equities and reducing new HIV infections.

### **Category 1 Required Core Components**

No less than 70 percent of funding resources (including personnel costs) must be allocated to the required core components in Category 1. Applicants must implement all three of the core components; however, the distribution of resources and implementation of the elements under each core component should be based on balance of resources, epidemiologic data, local need, and at-risk and priority populations, including racial and ethnic groups. Applicants must also implement the three required activities to support the core components.

Required core components and activities to be included and implemented during the project period include: 1) HIV testing; 2) comprehensive prevention with positives; and 3) condom distribution.

### **Category 1 Required Activities**

In addition to the required core components, applicants applying for funding must conduct: 1) regional HIV prevention planning; 2) capacity building and technical assistance, to include training; and 3) program planning, monitoring and evaluation, and quality assurance, to include data collection, management, and reporting as described below. These required activities must be included within the approximately

70 percent of funding resources allocated to the required core components and activities.

**Category 2 Program Components:**

In addition to addressing the Category 1 core components and activities, applicants with the resources, capacity, and program need may consider implementing the following Category 2 components. Up to 30 percent of funding resources may be allocated to the Category 2 program components. Applicants may implement all or a variety of the elements outlined under the recommended program components below.

Category 2 program components that may be implemented include: 1) Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk for Acquiring HIV, and 2) Social Marketing, Media, and Mobilization.

- D. Qualified Applicants:** All applicants must be a local public health 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 one of the eight HIV prevention regions.
- 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, and state of Ohio general revenue funds. Up to eight grants may be awarded for a total amount of \$4,230,000. Eligible agencies may apply for no more than the regional amount listed in appendix E.

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.

Contact Nicole Brennan, HIV Prevention Program Manager, at 614.644.1878 or nicole.brennan@odh.ohio.gov with any questions.

- 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 Regional Prevention Projects is to reduce HIV transmission through:

- a. Focus HIV prevention efforts in communities and local areas where HIV is most heavily concentrated to achieve the greatest impact in decreasing the risk of acquiring HIV.
- b. Increase HIV testing within populations at increased risk for infection.
- c. Increase awareness and educate communities through traditional and innovative techniques about the threat of HIV and how to prevent it.
- d. Increase access to care and improve health outcomes for people living with HIV by linking them to continuous and coordinated quality care.
- e. Increase the proportion of HIV-infected persons in Ohio who know they are infected; and,
- f. Reduce HIV-related disparities and promote health equity.

**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 3701-36-04: Protect People from Disease and Injury:

Standard 3701-36-04-01: A surveillance and reporting system exists that identifies health threats. Standard 3701-36-04-03: Communicable disease investigation and control procedures are in place and actions documented.

Goal 3701-36-05: Monitor Health Status:

Standard 3701-36-05-01: Public health assessment processes and tools are in place and are continuously maintained and enhanced. Standard 3701-36-05-03: A community health plan based on an assessment (Standard 3701-36-05-02) is developed, implemented and evaluated.

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 within the HIV prevention region 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](mailto:nicole.brennan@odh.ohio.gov) with questions regarding this RFP by October 3, 2011. Responses to questions will be sent to all local health departments who submit a letter of intent to apply for funding.
- 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 the unsuccessful applicant. In the event that there is no successful applicant for each HIV prevention region, successful applicants may have an opportunity to submit supplemental proposals and budgets to provide services in another region.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
  2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
  3. Is well executed and is capable of attaining program objectives;
  4. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
  5. Estimates reasonable cost to the ODH, considering the anticipated results;
  6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
  7. Provides an evaluation plan, including a design for determining program success;
  8. Is responsive to the special concerns and program priorities specified in the request for proposal;
  9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
  10. Has demonstrated compliance to Grants Administration Policy and Procedures (GAPP), Chapter 100; and
  11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities.

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

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

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

Funded by 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 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
April 15, 2012	Finalized Interventions and CTR Sites	GMIS
March 30, 2012	Regional Community Plan	Email
July 30, 2012	Interim Progress Report	SPES
January 31, 2012	Annual Progress Report	SPES
Monthly	Completed PEMS data	Mail
As conducted	Community Planning Meeting Agendas & Minutes	Email
As conducted	Site Visit Reports	Email

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 B: GMIS 2.0 Training Request Form
  - Appendix C: Notice of Intent To Apply For Funding
  - Appendix F: 2012 Budget Justification
  - Appendix G: Certificate of Compliance (EMRP)
  - Appendix H: 2012 CTRS Program
  - Appendix I: 2012 Evidence Based Interventions

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, 4<sup>th</sup> 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 11 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 **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 1<sup>st</sup> 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:**  
The narrative should be submitted in the following format:
- a. Properly label each section
  - b. Each section should use 1.5 spacing with one-inch margins
  - c. Number all narrative pages
  - d. Use a 12-point font – Times New Roman
  - e. Repeat each question, citing the question number, and write your answer below the question.
  - f. Each application should be free of spelling and grammatical errors.
- A. Executive Summary:** Identify the region 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)

### **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 funded staff.

### **B. 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.

### **C. Regional Initiative Methodology:**

By answering the following section questions in narrative form, applicants should identify the program goals, **Specific, Measureable, Attainable, Realistic & Time-Phased (SMART)** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program.

**Category 1: 70 percent of funds must be allocated to the core components and activities of this category.**

## **Section I: Grants Administration**

Details: Each applicant should assign an HIV prevention coordinator, who spends no less than 80 percent of their time overseeing the HIV prevention activities within the region. HIV prevention coordinators are responsible to act as liaisons for their region at statewide meetings and events.

### **Questions:**

- 1a. Each agency is responsible for sending at least one representative to the six Ohio Community Planning Group (OCPG) meetings. List the name(s) of the applicant agency's designee(s) who will attend the statewide CPG meetings.
- 1b. List the name of the applicant agency's designee(s) who will participate in quarterly grantee calls.
- 1c. List the name of the applicant agency's designee(s) who will participate in the educational materials review process (EMRP).
- 1d. Describe how the applicant agency will ensure that the health department HIV prevention staff, subgrantees and counseling, testing and referral (CTR) sites stay current on HIV prevention information.

## **Section II: Community Planning**

Details: Each HIV prevention region must have a regional community plan which contributes to the overall Ohio HIV Prevention Plan. Each regional plan should set priority prevention needs, address regional HIV prevention activities and should inform decisions about how HIV prevention funds are to be used. Details regarding community planning are expected from CDC before January 2012. Responsibilities of regional planning groups may transition with the updated guidance. Within six months of receiving funding each region will be responsible for submitting their portion of the community plan and a local letter of concurrence. [http://www.cdc.gov/hiv/topics/cba/resources/guidelines/Orientation\\_Final.pdf](http://www.cdc.gov/hiv/topics/cba/resources/guidelines/Orientation_Final.pdf)

ODH will also be funding one grantee through a statewide initiative to assist each region with developing strategic objectives focused on increasing testing among MSM within the region, reducing the number of new diagnoses among MSM within the region, and increasing MSM linkages to care. Regions are expected to work in collaboration with the grantee to produce a plan that can be presented to regional and statewide planning committees. Regions are also expected to begin implementing the plans prior to the end of 2012.

### **Questions:**

- 2a. Describe the applicant agency's experience with community planning, including past successes and challenges engaging community members in the planning process.
- 2b. Describe how the community planning process will support broad-based community participation in HIV prevention planning.
- 2c. Describe how the community planning group will utilize regional and statewide epidemiologic data to set priorities.
- 2d. In July 2011, the OCPG listed the statewide target populations as: people living

with HIV/AIDS (PLWHA), men who have sex with men (MSM), youth, high-risk heterosexuals (HRH), and injection drug users (IDUs). Describe how the applicant agency will determine regional target populations. Describe often will those target populations be reassessed?

- 2e. If target populations have already been selected for 2012, list them and cite any difference between the regional target populations and the statewide target populations. Explain the rationale behind the differences in target populations or rankings.
- 2f. List each of the statewide and regional target populations and indicate the amount of funding going to each target population.
- 2g. Funding of target populations should be in-line with regional epidemiological data. Describe how funding within the applicant's HIV prevention region is in-line with regional epidemiological data and target population settings.

### **Section III: Counseling, Testing and Referral Services (CTRS)**

Details: Each applicant is responsible for overseeing CTRS within their region. CTRS must be consistent with the CDC's most current CTRS guidelines as well as the most current ODH HIV Counseling, Testing and Referral (CTR) protocol.

Applicants are responsible for ensuring that all HIV testers providing CTRS are able to demonstrate that they have been trained in client-centered counseling (CCC). ODH provides this training numerous times a year around the state. CTR sites may be provided with ODH purchased rapid test kits and/or funding from the applicant to support HIV testing. All CTR sites must receive at least one site visit per year from the applicant agency, using the ODH CTR site visit form. ODH will complete yearly site visits with applicant CTR sites. Completed site visit forms must be submitted to ODH within 30 days of completion. The applicant agency may order ODH purchased test kits for their regional CTR sites. HIV prevention coordinators are responsible for the maintenance and distribution of test kits to regional CTR sites and submission of monthly test kit tracking forms to ODH. CTR sites are responsible for sending ODH client level data collection forms monthly. HIV prevention coordinators are responsible for ensuring that these forms have undergone a quality assurance process.

The applicant agency may open and close CTR sites, in accordance to their contract or memorandum of understanding (MOU) with the CTR location, the ability of the CTR site to meet the objectives of this grant, and in accordance to the latest ODH CTR protocol. The applicant must notify ODH that an agency is opening to receive an agency and site identification number. If a CTR site is closed ODH must be notified prior to the closure. ODH will submit a joint letter of notice with the applicant informing the agency that they will no longer be receiving publically funded HIV test kits. If a closed CTR site wishes to appeal a closure, the appeal should be submitted to the applicant agency, who will submit a copy to ODH. ODH will work in conjunction with the applicant agency to determine the best course of action and construct a response to the appeal.

Applicants should support CTRS in venues that have the potential to reach persons with undiagnosed HIV infections. Healthcare facilities should yield a positivity rate

of .1 percent, while non-healthcare settings should have a positivity rate of 1 percent. Where possible, CTR sites should facilitate voluntary testing for other sexually transmitted diseases (STDs) (e.g., syphilis, gonorrhea (GC), chlamydia (CT) infection), adult viral hepatitis (AVH) and tuberculosis (TB). If testing for other STDs within the CTR site is not possible, the CTR site should have a procedure for active referrals.

**Questions:**

- 3a. Complete Appendix H. Listing the 2012 CTR agencies and testing locations. List if the agency is a healthcare facility or non-healthcare facility. Indicate the number of estimated tests the agency will conduct in 2012.
- 3b. Indicate that all CTR sites will receive at least one quality assurance site visit in 2012 and that the quality assurance report(s) will be turned into ODH upon completion. Also indicate if the applicant agency intends to open additional CTR sites in 2012.
- 3c. List the CTR sites the applicant agency will support with grant funds in Appendix I. Indicate the number of HIV tests the CTR site has indicated they will conduct in 2012 for each target population(s).
- 3d. Describe how the applicant agency will ensure that HIV CTRS are provided in settings most likely to reach persons who are likely to be infected, but unaware of their status. Include strategies to assure positivity rates are in-line with expectations.
- 3e. Describe how the applicant agency will ensure that CTRS are delivered in an appropriate, competent and culturally sensitive manner.
- 3f. Describe how the applicant agency will encourage the collection and reporting of CTRS data. Describe the quality assurance procedures conducted on CTR data collection forms before they are submitted.
- 3g. Describe policies and procedures the applicant agency has in place to prevent HIV test kits from expiring. Confirm that test kit tracking reports will be submitted to ODH by the seventh day of each month.
- 3h. Describe how the applicant agency will encourage CTR agencies to offer STD, AVH and TB screening services and referrals for treatment.

**Section IV: Comprehensive Prevention with Positives (CPP) and Partner Services (PS)**

Details: Per the NHAS, while decisions about when to start treatment must remain voluntary and require an individual to be ready to start a long-term regimen, growing evidence suggests that diagnosis and early initiation of treatment leads to improved outcomes. To achieve this clinical goal requires that people are identified soon after their infection and systems are in place to link them to care, prevention, and support services.

The 2012 HIV Performance Measures specific to PS and linkage to care and services are:

- 90% of newly diagnosed persons are interviewed for PS within 30 days of the confirmed HIV-positive test date.

- 90% of newly diagnosed persons receive their test results.
- 75% of named partners are notified of potential HIV exposure by PS.
- 85% of notified partners, not previously HIV positive, are tested for HIV.
- 90% of newly identified, confirmed HIV-positive test results are returned to partners.
- 75% of newly diagnosed persons are screened for syphilis within 30 days of the confirmed HIV-positive test date.
- 80% of newly diagnosed persons receive risk-reduction counseling.
- 90% of newly identified, confirmed HIV-positive clients are referred to medical care.
- 75% of newly identified, confirmed HIV-positive clients attended their first medical care appointment within 90 days of the confirmed HIV-positive test date.

**Questions:**

- 4a. Describe how the applicant agency will ensure that clients testing positive for HIV are linked to PS within 30 days of the confirmatory test.
- 4b. Describe the applicant agency's relationship with Ryan White Case Managers within the region. Describe the agencies plan for having sustained communication and coordination with case management throughout the project period?
- 4c. Describe how the applicant agency will promote linkage to HIV care, treatment, and prevention services for those persons testing HIV positive or currently living with HIV/AIDS.
- 4d. Describe how the applicant agency will ensure that HIV-positive pregnant women will receive the necessary interventions and treatment for the prevention of perinatal transmission.
- 4e. Describe how the applicant agency will support and/or coordinate integrated hepatitis, TB and STD screening for HIV infected persons.
- 4f. Describe how the agency will coordinate with internal and local agencies that provide STD, TB and adult viral hepatitis services?
- 4g. Complete Appendix I. List any evidence-based interventions that will be provided to individuals who are living with HIV/AIDS (e.g. comprehensive risk counseling services (CRCS), Healthy Relationships, Options, etc.).

**Section V: Condoms**

Details: For targeted condom distribution activities, CDC encourages agencies to partner and coordinate with entities such as community-based organizations (CBOs), AIDS service organizations, community health centers, federally qualified health centers, LGBT health centers, STD clinics, hospitals, bars, clubs, etc. ODH will purchase a range of condoms to be distributed to the eight HIV prevention regions. Regions are responsible for distribution of condoms from that point.

**Questions:**

- 5a. Describe how the applicant agency will target condom distribution, and record the condom distribution sites.

5b. Describe how the applicant agency will link condom distribution to testing.

**Category 2: Up to 30 percent of funds may be allocated to the core components and activities of this category.**

**Section VI: Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk for Acquiring HIV**

Details: Under Category 2, applicants may support the implementation of evidence-based interventions for HIV-negative persons at risk for acquiring HIV. These interventions can include CRCS, individual and community level health education/risk reduction (HE/RR) interventions, and targeted outreach. Interventions must be evidence-based, and selected from CDC's *Compendium of Evidence-Based Interventions*. Selected interventions should be consistent with the target populations and epidemiology for the region.

In 2012, ODH will enter intervention data into the program evaluation and monitoring system (PEMS). PEMS forms are required to be mailed to ODH's HIV Prevention Program monthly. Applicants are responsible for ensuring the quality and accuracy of the PEMS forms. Agencies implementing an evidence-based intervention must have at least one site visit per year ensuring that sites are completing data collection forms accurately, are completing the core requirements of the intervention, and are implementing the interventions with the appropriate culturally competencies associated with the target population. Site visit reports must be submitted to ODH within 30 days of being completed. If CDC releases new guidance on data collection for HE/RR activities, applicants will be expected to make the transition to the new data collection method along with ODH.

Funds under this category may be used to support syringe services programs (SSPs), where allowable, and according to HHS and CDC guidelines. Programs that use federal funding for SSPs should adhere to state and local laws, regulations, and requirements related to such programs or services. Programs must have a certification signed by an authorized official. Funded grantees must, in turn, have documentation that local law enforcement and local public health authorities have agreed upon the location for the operation of the SSPs. Copies of this documentation must be submitted with the applicants grant application and made available upon request by HHS and others, as appropriate. For required certification forms and additional information see Department of Health and Human Services Implementation Guidance for Syringe Services Programs, July 2010. As listed in the resources section. <http://www.cdc.gov/hiv/resources/guidelines/PDF/SSP-guidanceacc.pdf>.

**Questions:**

- 6a. Complete Appendix I. List all evidence-based interventions the applicant intends to fund in 2012. Interventions should be listed delineated by target population.
- 6b. Does the applicant intend to conduct a SSPs or the development of an SSP? If the applicant intends to conduct syringe exchange, list 'syringe exchange' under the intervention name, and goal number of exchanges per needle.

- 6c. Describe the process the applicant agency undertook selecting interventions. In addition, describe the role the CPG played in the intervention selection.
- 6d. Describe how agencies who will be implementing the interventions were selected. Describe how the applicant agency will ensure that the interventions are delivered in an appropriate, competent and culturally sensitive manner.
- 6e. List any state or local priority populations that are not receiving funds from this grant and explain the rationale. Describe other resources going towards target populations within the region.
- 6f. Describe the quality assurance process that will be conducted on all PEMS forms. Indicate that completed PEMS forms will be turned in to ODH on a monthly basis.

**Section VII: Health Communication/Provider Information (HC/PI) and Social Marketing**

Details: Regionally developed HC/PI and social marketing campaigns are optional. If an applicant will not be implementing original HC/PI or social marketing campaigns, the applicant should describe how state resources (e.g. ODH provided posters) will be utilized within the region.

- 7a. Complete Appendix I. List each social marketing campaign as HC/PI.
- 7b. Describe the social marketing campaigns the applicant agency is planning to conduct in 2012, detail the message(s) to be promoted, proposed target populations and media/methodology to be used.
- 7c. Describe how the applicant agency will incorporate STD prevention messaging into HIV prevention messaging whenever appropriate.
- 7d. Describe the role the regional CPG will play in selecting and approving social marketing messages.
- 7e. Describe the evaluation process the applicant agency will use to determine the success of social marketing campaigns.

**D. 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.

**E. Federal Funding Accountability and Transparency Act (FFATA) Requirements:** The Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. ODH is required to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds required to complete the FFATA Reporting Form. A sample of the FFATA Reporting Form is attached to this RFP.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the information in the grant application, Attachment B. For information about the DUNS,

go to <http://fedgov.dnb.com/webform>. For information about CCR go to [www.ccr.gov](http://www.ccr.gov).

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

- F. 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.)**
- G. 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)**.
- 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
- B. GMIS 2.0 Training Request Form
- C. Notice of Intent To Apply For Funding
- D. 2012 HIV/STD Prevention Regions
- E. 2012 HIV Prevention Funding Allocations
- F. 2012 Budget Justification
- G. Certificate of Compliance (EMRP)
- H. 2012 CTRS Program
- I. 2012 Evidence Based Interventions
- J. Application Score Sheet
- K. Applicant Resources

**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: 1<sup>st</sup> choice \_\_\_\_\_, 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> 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](mailto:gail.byers@odh.ohio.gov)

Fax: **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 Prevention and Care  
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  Hospital  Local Schools  
 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:** 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 FUNDNG MUST BE RECEIVED BY**  
**FRIDAY, SEPTEMBER 9, 2011**



**HIV Prevention Grant  
2012 Funding Allocations**

<b>Region</b>	<b>Minimum # of DIS Funded</b>	<b>Syphilis Incidence*</b>	<b>HIV Incidence*</b>	<b>Maximum HIV Grant Amount</b>
1	2	35%	65%	\$293,947
2	3	33%	67%	\$836,045
3	2	51%	49%	\$318,125
4	2	33%	67%	\$270,131
5	4	47%	53%	\$930,243
6	3	55%	45%	\$507,048
7	2	30%	70%	\$407,411
8A, 8B, 8C, 8D	4	40%	60%	\$667,050
<b>Total Funding Allocated to HIV Prevention Regions</b>				<b>\$4,230,000</b>

\* When entering the DIS salary into GMIS, be advised that the salary should reflect the syphilis and HIV incidence percentages listed in the above table. For example, if a DIS in Region 1 makes \$50,000, then 35% of that salary and fringe should come from the STD Prevention grant and 65% of that salary and fringe should come from the HIV Prevention grant.

<b>Region</b>	<b>Maximum HIV Grant Amount</b>	<b>70 percent</b>	<b>30 percent</b>
1	\$293,947	\$205,763	\$88,184
2	\$836,045	\$585,232	\$250,813
3	\$318,125	\$222,688	\$95,437
4	\$270,131	\$189,092	\$81,039
5	\$930,243	\$651,170	\$279,073
6	\$507,048	\$354,934	\$152,114
7	\$407,411	\$285,188	\$122,223
8A, 8B, 8C, 8D	\$667,050	\$466,935	\$200,115

**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. Budgets should reflect the HIV prevention region's epidemiological data and be consistent with the percentage of funds allowed for each category. 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.
- Clearly list if the cost is part of category 1 or category 2. Provide a sum total of expenses going to category 1 and category 2.

**HIV Prevention Grant**

**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

**Counseling, Testing and Referral Services Program**

List each agency and site that will be providing CTRS within the applicant’s HIV Prevention Region

Region # \_\_\_\_\_

Name	Agency ID	Site ID	# 2012 Tests	Healthcare/ NonHC	Address	City	Zip	County	Contact	Phone

**HIV Prevention Grant  
2012 Evidence Based Interventions**

Grantor	Grantee	Intervention	Target Population – Sub target Population	CRCS, CTR, HE/RR, HC/PI, Outreach,	Annual Budget	# Sessions	# Cycles	# people to enroll	# people to complete
XLHD	123 Agency	CTR	MSM	CTR	\$50,000	n/a	n/a	500	500
XLHD	123 Agency	CTR	HRHS	CTR	\$20,000	n/a	n/a	200	200
ODH	XLHD	POL	MSM – AA	HE/RR	\$25,000	4	2	20	18
ODH	XLHD	POL – Reunion	MSM – AA	HE/RR	\$5,000	2	1	45	40
ODH	XLHD	POL – Outreach	MSM – AA	Outreach	\$0	Ongoing	n/a	350	350
XLHD	ZCBO	Respect	Youth	HE/RR	\$30,000	2	Ongoing	250	250

Interventions must be evidence based. All parts of the interventions must be included.

**HIV PREVENTION  
2012 GRANT APPLICATION REVIEW RATING FORM**

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Region: \_\_\_\_\_ Reviewer: \_\_\_\_\_

Total Score: \_\_\_\_\_ Funding Requested: \_\_\_\_\_

**SCORE TABLE:**

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

<b>Point Value</b>	<b>Criterion Unmet</b>	<b>Criterion Partially Met</b>	<b>Criterion met</b>
<b>1</b>	0		1
<b>2</b>	0	1	2
<b>3</b>	0	1, 2	<b>3</b>
<b>4</b>	0, 1	2, 3	4
<b>5</b>	0, 1	2, 3	4, 5
<b>10</b>	0, 1, 2	3 – 8	9, 10

**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: 254 point

MINIMUM SCORE TO BE ELIGIBLE FOR FUNDING: 177 points

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
<b>PROGRAM NARRATIVE</b>	<b>155 points total</b>		
<b>1. EXECUTIVE SUMMARY</b> 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		
<b>Total:</b>	<b>5</b>		
<b>2. Description of Applicant Agency/ Documentation of Eligibility</b> 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.	3		
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 funded staff.	5		
<b>Total:</b>	<b>18</b>		
<b>3. Problem/Need</b> 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		
<b>Total:</b>	<b>8</b>		

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
<b>4. METHODOLOGY</b> <b>Category 1: Section 1</b> 1a. Each agency is responsible for sending at least one representative to the six Ohio Community Planning Group (OCPG) meetings. List the name(s) of the applicant agency's designee(s) who will attend the statewide CPG meetings.	1		
1b. List the name of the applicant agency's designee(s) who will participate in quarterly grantee calls.	1		
1c. List the name of the applicant agency's designee(s) who will participate in the educational materials review process (EMRP).	1		
1d. Describe how the applicant agency will ensure that the health department HIV prevention staff, subgrantees and counseling, testing and referral (CTR) sites stay current on HIV prevention information.	3		
<b>Category 1: Section 2</b> 2a. Describe the applicant agency's experience with community planning, including past successes and challenges engaging community members in the planning process.	3		
2b. Describe how the community planning process will support broad-based community participation in HIV prevention planning.	2		
2c. Describe how the community planning group will utilize regional and statewide epidemiologic data to set priorities.	2		

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
2d. In July 2011, the OCPG listed the statewide target populations as: people living with HIV/AIDS (PLWHA), men who have sex with men (MSM), youth, high- risk heterosexuals (HRH), and interjection drug users (IDUs). Describe how the applicant agency will determine regional target populations. Describe often will those target populations be reassessed?	5		
2e. If target populations have already been selected for 2012, list them and cite any difference between the regional target populations and the statewide target populations. Explain the rationale behind the differences in target populations or rankings.	4		
2e. List each of the statewide and regional target populations and indicate the amount of funding going to each target population.	5		
2f Funding of target populations should be in-line with regional epidemiological data. Describe how funding within the applicant's HIV prevention region is in-line with regional epidemiological data and target population settings.	10		
<b>Category 1: Section 3</b> 3a. Complete Appendix H. Listing the 2012 CTR agencies and testing locations. List if the agency is a healthcare facility or non-healthcare facility. Indicate the number of estimated tests the agency will conduct in 2012.	5		

<b>COMPONENT OF PROPOSAL</b>	<b>Max points possible</b>	<b>SCORE</b>	<b>STRENGTHS / WEAKNESS</b>
3b. Indicate that all CTR sites will receive at least one quality assurance site visit in 2012 and that the quality assurance report(s) will be turned into ODH upon completion. Also indicate if the applicant agency intends to open additional CTR sites in 2012	3		
3c. List the CTR sites the applicant agency will support with grant funds in Appendix I. Indicate the number of HIV tests the CTR site has indicated they will conduct in 2012 for each target population(s).	5		
3d. Describe how the applicant agency will ensure that HIV CTRS are provided in settings most likely to reach persons who are likely to be infected, but unaware of their status. Include strategies to assure positivity rates are in-line with expectations.	5		
3e. Describe how the applicant agency will ensure that CTRS are delivered in an appropriate, competent and culturally sensitive manner.	2		
3f. Describe how the applicant agency will encourage the collection and reporting of CTRS data. Describe the quality assurance procedures conducted on CTR data collection forms before they are submitted.	2		
3g. Describe policies and procedures the applicant agency has in place to prevent HIV test kits from expiring. Confirm that test kit tracking reports will be submitted to ODH by the seventh day of each month.	2		
3h. Describe how the applicant agency will encourage CTR agencies to offer STD screening services and referrals for STD treatment.	2		

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
<b>Category 1: Section 4</b> 4a. Describe how the applicant agency will ensure that clients testing positive for HIV are linked to partner services within 30 days of the confirmatory test.	2		
4b. Describe the applicant agency's relationship with Ryan-White Case Managers within the region. Describe the agencies plan for having sustained communication and coordination with case management throughout the project period?	4		
4c. Describe how the applicant agency will promote linkage to HIV care, treatment, and prevention services for those persons testing HIV positive or currently living with HIV/AIDS.	3		
4d. Describe how the applicant agency will ensure that HIV-positive pregnant women will receive the necessary interventions and treatment for the prevention of perinatal transmission.	3		
4e. Describe how the applicant agency will support and/or coordinate integrated hepatitis, TB and STD screening for HIV infected persons.	3		
4f. Describe how the agency will coordinate with internal and local agencies that provide STD, TB and adult viral hepatitis services?	2		
4g. Complete appendix I. List any evidence based interventions that will be provided to individuals who are living with HIV/AIDS (e.g. comprehensive risk counseling services (CRCS), Healthy Relationships, Options, etc.).	4		
<b>Category 1: Section 5</b> 5a. Describe how the applicant agency will target condom distribution, and record the condom distribution sites.	2		

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
5b. Describe how the applicant agency will link condom distribution to testing.	2		
<b>Category 2: Section 6</b> 6a. Complete Appendix I. List all evidence based interventions the applicant intends to fund in 2012. Interventions should be listed delineated by target population.	5		
6b. Does the applicant intend to conduct a SSPs or the development of an SSP? If the applicant intends to conduct syringe exchange, list 'syringe exchange' under the intervention name, and goal number of exchanges per needle.	2		
6c. Describe the process the applicant agency undertook selecting interventions. In addition, describe the role the CPG played intervention selection.	3		
6d. Describe how agencies who will be implementing the interventions were selected. Describe how applicant agency ensure that the interventions are delivered in an appropriate, competent and culturally sensitive manner.	4		
6e. List any state or local priority populations that are not receiving funds from this grant and explain the rationale. Describe other resources going towards target populations within the region.	10		
6f. Describe the quality assurance process that will be conducted on all PEMS forms. Indicate that completed PEMS forms will be turned in to ODH on a monthly basis.	2		
<b>Category 2: Section 7</b> 7a. Complete Appendix I. List each social marketing campaign as HC/PI.	2		

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
7b. Describe the social marketing campaigns the applicant agency is planning to conduct in 2012, detail the message(s) to be promoted, proposed target populations and media/methodology to be used.	2		
7c. Describe how the applicant agency will incorporate STD prevention messaging into HIV prevention messaging whenever appropriate.	2		
7d. Describe the role the regional CPG will play in selecting and approving social marketing messages.	2		
7e. Describe the evaluation process the applicant agency will use to determine the success of social marketing campaigns.	2		
<b>Total:</b>	<b>124</b>		
<b>Budget Narrative</b> 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.	10		
All personnel, contractors, other direct costs (e.g. supplies, travel and training) should be explained and justified.	5		
<b>Total:</b>	<b>15</b>		

<b>OVERALL QUALITY</b>	<b>10 Points Total</b>		
Clarity / completeness	5		
Adherence to RFP guidelines	5		
<b>Total:</b>	<b>10</b>		
Submitted: Public Health Equity Statement	2		
Submitted: Public Health Impact Statements	2		
<b>Total:</b>	<b>4</b>		
<b>Past Performance</b>	<b>70 points total</b>		
2011 Interim Progress Report Score	64		
Attendance at OCPG and Grantee Meetings	6		
<b>Total</b>	<b>70</b>		
<b>CUMULATIVE TOTAL</b>	<b>254</b>		

Recommendation of Reviewer:

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

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

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Signature of Reviewer

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Date

**Resources:**

1. Ohio Department of Health's HIV/AIDS Epidemiologic Profile  
<http://www.odh.ohio.gov/healthStats/disease/hivdata/pf1.aspx>
2. National HIV/AIDS Strategy (NHAS):  
<http://www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/what-is-the-nhas/strategy.html>
3. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention's (NCHHSTP) Strategic Plan:  
[http://www.nchhstp.cdc.gov/docs/10\\_NCHHSTP%20strategic%20plan%20Book\\_semi%20final508.pdf](http://www.nchhstp.cdc.gov/docs/10_NCHHSTP%20strategic%20plan%20Book_semi%20final508.pdf)
4. CDC Health Disparities and Inequalities Report — United States, 2011:  
<http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>
5. NCHHSTP's Social Determinants of Health White Paper:  
<http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf>
6. PCSI White Paper:  
[http://www.cdc.gov/nchhstp/programintegration/docs/207181-C\\_NCHHSTP\\_PCSI%20WhitePaper-508c.pdf](http://www.cdc.gov/nchhstp/programintegration/docs/207181-C_NCHHSTP_PCSI%20WhitePaper-508c.pdf)
7. HIV Surveillance Report, Volume 21: Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2009  
[www.cdc.gov/hiv/surveillance/resources/reports/2009report/index.htm](http://www.cdc.gov/hiv/surveillance/resources/reports/2009report/index.htm)
8. Healthy People 2020 – HIV Topic Area:  
<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=22>

9. Department of Health and Human Services Implementation Guidance for Syringe Services Programs, July 2010:  
<http://www.cdc.gov/hiv/resources/guidelines/PDF/SSP-guidanceacc.pdf>
10. Integrated Guidelines for Developing Epidemiologic Profiles: HIV Prevention and Ryan White CARE Act Community Planning:  
<http://www.cdc.gov/hiv/topics/surveillance/resources/guidelines/epi-guideline/index.htm>
11. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, 2006:  
<http://www.cdc.gov/mmwr/pdf/rr/rr5514.pdf>
12. Revised Guidelines for HIV Counseling, Testing, and Referral, 2001:  
<http://www.cdc.gov/mmwr/pdf/rr/rr5019.pdf>
13. Quality Assurance Standards for HIV Counseling, Testing, and Referral Data, 2009:  
<http://www.cdc.gov/hiv/testing/resources/guidelines/qas/>
14. Quality Assurance Guidelines for Testing Using Rapid HIV Antibody Tests Waived Under the Clinical Laboratory Improvement Amendments of 1988 | Rapid HIV Testing | Testing | Topics | CDC HIV/AIDS:  
[http://www.cdc.gov/hiv/topics/testing/resources/guidelines/qa\\_guide.htm](http://www.cdc.gov/hiv/topics/testing/resources/guidelines/qa_guide.htm)
15. HIV Testing Implementation Guidance in Correctional Settings, January 2009:  
[http://www.cdc.gov/hiv/topics/testing/resources/guidelines/correctional-settings/pdf/Correctional\\_Settings\\_Guidelines.pdf](http://www.cdc.gov/hiv/topics/testing/resources/guidelines/correctional-settings/pdf/Correctional_Settings_Guidelines.pdf)
16. Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e1030a1.htm>
17. Guidelines for Internet-based Partner Services:  
<http://www.ncsddc.org/upload/wysiwyg/documents/IGPS.pdf>

18. Sexually Transmitted Diseases Treatment Guidelines, 2010:  
<http://www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf>
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