



MEMORANDUM

Date: August 19, 2013

To: Prospective HIV and STD Prevention Applicants

From: Steve Wagner, MPH, JD
Division of Prevention and Health Promotion
Ohio Department of Health

Subject: Notice of Availability of Funds – Federal Fiscal Year 2014
HIV and STD Prevention Grant

The Ohio Department of Health (ODH), Division of Prevention and Health Promotion (DPHP), Bureau of HIV/AIDS, STD, and TB (BHST) announces the availability of grant funds to support eight regional HIV and STD Prevention Projects and one Statewide Initiative.

To obtain a grant application packet:

1. Go to the ODH website at <http://www.odh.ohio.gov/>
2. From the home page, click on “Funding Opportunities”;
3. From the next page, click on “ODH Grants”;
4. Next click “Grant Request for Proposals,” this will give you a pull down menu with current RFPs by name; and
5. Select and highlight the HIV and STD Prevention RFP and click “Submit.” This process invokes Adobe Acrobat and displays the entire RFP. You can either read and/or print the document as desired.

In the application packet you will find:

1. Request for Proposals (RFP) – This document outlines detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant.
2. *Notice of Intent to Apply for Funding (NOIAF)* form – The purpose of this document is to ascertain your intent to apply for available grant funds. Please note: The NOIAF must be submitted no later than Monday, August 26, 2013 to be eligible for these funds. NOIAF’s not received by the due date will not be accepted.

When you have accessed the application packet:

1. Review the RFP to determine your organization's ability to meet the requirements of the grant and your intent to apply.
2. If after reviewing the RFP you wish to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Fax or e-mail it to ODH, per the listed instructions and by the indicated due date of Monday, August 26, 2013.
The *Notice of Intent to Apply for Funding* form is mandatory, if you intend to apply for the grant.

Upon receipt of your completed *Notice of Intent to Apply for Funding* form, ODH will:

1. Create a grant application project number for your organization. This project number will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet using GMIS 2.0.
2. ODH will assess your organization's GMIS 2.0 training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you regarding those needs. GMIS 2.0 training is mandatory if your organization has never been trained on GMIS 2.0.

Once ODH receives your completed *Notice of Intent to Apply for Funding* form, creates the project number for your organization and finalizes all GMIS 2.0 training requirements, you may proceed with the application process as outlined in the RFP.

All potential applicants are encouraged to participate in a Bidders Conference that will be held by webinar on Thursday, August 29, 2013 from 10:00am – 12:00pm. Information on how to log in will be sent after the *Notice of Intent to Apply for Funding* form is submitted. The Bidders Conference will provide an opportunity for interested parties to learn more about the RFP and to ask clarifying questions. Please contact Jen Keagy, STD Prevention Program Manager at 614-466-3173 or Jen.Keagy@odh.ohio.gov to register.

All applications and attachments are due Monday, October 21, 2013. Electronic applications received after Monday, October 21, 2013 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using GMIS 2.0. All organizations are required to attend GMIS 2.0 training. If your organization has not been trained, complete and return the GMIS 2.0 training form by Monday, October 21, 2013.

If you have questions regarding this application, please contact Jen Keagy, STD Prevention Program Manager at 614-466-3173 or Jen.Keagy@odh.ohio.gov.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF
Prevention & Health Promotion

BUREAU OF
HIV/AIDS, STD & TB

HIV & STD Prevention Grant
REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2014
(01/01/2014 – 12/31/14)

Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

Revised 07/02/12
For grant starts 04/01/2013 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required parts – an electronic component submitted via the Internet website “ODH Application Gateway” and 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 by the due date indicated in sections D, G, and I 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”) Please refer to Policy and Procedure updates found on the GMIS bulletin board.
- B. Application Name:** HIV & STD Prevention Grant
- C. Purpose:** In accordance with the Centers for Disease Control and Prevention (CDC) priorities, the purpose of this funding opportunity is to support and strengthen eight HIV and STD prevention regions and one statewide initiative, which will address the Ohio HIV and STD epidemic through: increasing the number of people who are aware of their HIV status, increasing community STD screening and treatment per CDC guidance, increasing awareness of prevention messaging and techniques, increasing access and linkage to care, promoting health equities, increasing community and provider knowledge of HIV and STD-related treatment, prevention, epidemiology, and effective policies, and reducing new HIV and STD infections.
- D. Qualified Applicants:** For the regional HIV and STD Prevention Projects, all applicants must be a local public health agency. For the Statewide Initiative, the applicant may be either a local public health agency or a non-profit agency. In the event that there is no successful applicant for a region, ODH may negotiate with successful applicants to provide services to additional area(s) and negotiate funding allocation adjustments. 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).

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not certified to the Attorney General’s (AG’s) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, October 21, 2013.**

- E. Service Area:** For the regional HIV and STD Prevention Projects, applicants will serve one of eight HIV/STD Prevention Regions. See Appendix A. For the Statewide Initiative, applicants will serve the entire state of Ohio.
- F. Number of Grants and Funds Available:** Funds supporting the Regional HIV Prevention Projects 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 \$4,543,760. Eligible agencies may apply for no more than the regional amount listed in Appendix B for each region. Maximum award amounts were calculated using a funding formula that considered census, average new diagnoses of HIV per year over a five-year period, and prevalence of HIV for each region.

Funds supporting the Regional STD Prevention Projects originate from Part A of the CDC grant: Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention. Up to eight grants may be awarded for a total amount of \$1,008,976. Eligible agencies may apply for no more than the regional amount listed in Appendix B for each region. Maximum award amounts were calculated using a funding formula that considered census and new diagnoses of primary and secondary syphilis per year over a five-year period for each region. Local public health agencies **MUST apply for both the Regional HIV and STD Prevention Projects**. A separate clearly labeled, itemized budget justification must be submitted for each project and uploaded into GMIS under two project numbers.

Funds supporting the Statewide Initiative originate from Category A of the Centers for Disease Control and Prevention (CDC) grant: Comprehensive HIV Prevention Programs for Health Departments. One grant may be awarded, for a total amount of \$100,000.

Funds supporting the Gonococcal Isolate Surveillance Project (GISP) originate from Part B of the CDC grant: Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention. Up to two regional grants may be awarded for a total amount of \$10,000. Eligible agencies may apply for no more than the amount listed in Appendix B.

Grant funding will depend upon available funds, recommendations of the review panel, quality of each application, justification for funding and adherence to the goals and objectives outlined in this RFP.

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:** All parts of the application must be completed and received by ODH electronically via GMIS or via ground delivery **by 4:00 p.m. on Monday, October 21, 2013**. Applications and required attachments received late will not be considered for review.

Contact Jen Keagy by email at Jen.Keagy@odh.ohio.gov with any questions. Questions should be sent no later than Friday, October 11, 2013 so there is ample time to provide a response.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 59 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 93.940 (HIV) and 93.977 (STD)*.

- I. Goals:** The goals of ODH in releasing funds for the HIV Regional Prevention Projects an Statewide Initiative is to reduce HIV transmission through:

1. Focusing 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. Increasing HIV testing with populations at increased risk for infection.
3. Increasing awareness and educate communities through traditional and innovative techniques about the threat of HIV and how to prevent it.
4. Increasing access to care and improve health outcomes for people living with HIV by linking them to continuous and coordinated quality care.
5. Increasing the proportion of HIV-infected persons in Ohio who know they are infected.
6. Reducing HIV-related disparities and promote health equity.

The goals of ODH in releasing funds for the STD Regional Prevention Projects are to:

1. Reduce the incidence of CT, GC, and syphilis and their respective sequelae.
2. Improve the integration of STD services into clinical care across the healthcare system.
3. Increase access to STD services for those populations most at-risk.
4. Reduce the threats of antibiotic-resistant GC, other emerging STDs, and congenital syphilis.

- J. Program Period and Budget Period:** The program period will begin January 1, 2014 and end on December 31, 2017. The budget period for this application is January 1, 2014 through December 31, 2014.

- K. Public Health Accreditation Board (PHAB) Standard(s):** This grant program will address the following PHAB standards:

- **Standard 1.2:** Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.
- **Standard 2.1:** Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards
- **Standard 3.1:** Provide Health Education and Health Promotion Policies,

- Programs, Processes, and Interventions to Support Prevention and Wellness
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems Through Collaborative Processes
- **Standard 4.2:** Promote the Community’s Understanding of and Support for Policies and Strategies that will Improve the Public’s Health
- **Standard 8.2:** Assess staff competencies and address gaps by enabling organizational and individual training and development.

The PHAB standards are available at the following website:

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

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

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

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

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

2. *Public Health Impact Statement of Support* - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that 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.

M. Incorporation of Strategies to Eliminate Health Inequities

Health Equity Component (Standard Health Equity Language)

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

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) which experiences a disproportionate burden of disease or health condition (This information must be supported by data.);
- (2) Explain how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities; and
- (3) Explain how proposed program interventions will address this problem.

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

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

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

implementation of interventions will greatly contribute to the elimination of health inequities.

For more resources on health equity, please visit the ODH website at:
<http://www.healthyohioprogram.org/healthequity/equity.aspx>

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

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the RFP to the ODH website and the receipt of the Notice of Intent to Apply for Funding (NOIAF). Contact Jen Keagy by email at Jen.Keagy@odh.ohio.gov with any questions. Questions should be sent no later than Friday, October 11, 2013 so there is ample time to provide a response.

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

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

Q. Late Applications: Applications are dated the time of actual submission via the Internet utilizing GMIS. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, October 21, 2013**.

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

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

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

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

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the RFP;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to GAPP, Chapter 100;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases, health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Applicant describes activities which supports the requirements outlined in sections I. thru M. of this RFP.

Additional details regarding scoring can be found on the scoring sheet located in the appendices.

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

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

V. Ownership Copyright: Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal

funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

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

HIV Prevention Projects

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of HIV/AIDS, STD, and TB, HIV Prevention Program and as a sub-award of a grant issued by the Centers for Disease Control and Prevention under the PS12-1201, Comprehensive HIV Prevention Projects for Health Departments grant, grant award number 1U62PS003661-02, and CDFA number 93.940.”

STD Prevention Projects

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of HIV/AIDS, STD, and TB, STD Prevention Program and as a sub-award of a grant issued by the Centers for Disease Control and Prevention under the PS14-1402, Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies grant and CDFA number 93.977.”

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

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

Reports shall be submitted as follows:

- 1. Program Reports:** Subgrantees Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates:

HIV Prevention Projects

Due Date	Report	Submitted Via
April 11, 2014	Finalized Appendix H and Appendix I	GMIS
April 12, 2014	Linkage to Care Protocol	Email
July 31, 2014	Interim Progress Report	GMIS
January 31, 2015	Annual Progress Report	GMIS

January 31, 2015	Regional Community Planning Report	GMIS
Monthly**	Completed non-testing data	Email
Monthly**	Testing data and test kit tracking reports	Email
As conducted	Community Planning Meeting Agendas & Minutes	Email
As conducted	Site Visit Reports	Email

* April, July, October, January ** 15th of each month

STD Prevention Projects

Due Date	Report	Submitted Via
June 30, 2014	DIS Field and Interview Audits*	GMIS
July 31, 2014	Interim Progress Report	GMIS
January 31, 2015	Annual Progress Report	GMIS

*The audits will be conducted by the regional ODH Human Services Program Consultant

Statewide Initiative

Due Date	Report	Submitted Via
July 31, 2014	Interim Progress Report	GMIS
January 31, 2015	Annual Progress Report	GMIS

Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

Submission of Subgrantee Program Reports via the ODH's (GMIS or SPES) indicates acceptance of the ODH GAPP.

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

Due Date	Quarter
April 15, 2014	January 1, 2014 to March 31, 2014
July 15, 2014	April 1, 2014 to June 30, 2014
October 15, 2014	July 1, 2014 to September 30, 2014
January 15, 2015	October 1, 2014 to December 31, 2014

3. **Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before **February 15, 2015**. 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 Periodic and Final Subgrantee Expenditure reports via the GMIS 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 list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subgrantee Final Expenditure Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.
- X. **Special Condition(s):** Responses to all special conditions **must be submitted via GMIS within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions. 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.
- 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 (including but not limited to bank fees);
 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 nine months after the end of the subgrantee's fiscal year.

Subgrantees that 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 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 Services Unit, 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 subgrants passed-through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AA. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (ex. budget narrative, program narrative, etc.).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program narrative should not exceed 10 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

Complete & Submit Via Internet

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - 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
8. Electronic Funds Transfer (EFT) form (**Required if new agency, thereafter only if banking information has changed.**)
9. 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).)

10. Public Health Impact Statement
11. Statement of Support from the Local Health Districts
12. Liability Coverage (**Non-Profit organizations only; proof of current liability coverage and thereafter at each renewal period.**)
13. Evidence of Non-Profit Status (**Non-Profit organizations only**)
14. Attachments as required by Program:
 - Appendix D – 2014 HIV Prevention Projects Work Plan
 - Appendix E – 2014 STD Prevention Projects Work Plan
 - Appendix F – 2014 Statewide Initiative Work Plan
 - Appendix G – Certificate of Compliance (EMRP)
 - Appendix H – 2014 CTRS Program
 - Appendix I – 2014 Evidence-Based Interventions

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

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

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

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

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

**Complete
Copy &
Mail To
ODH**

An original and 0 copies of **Attachments** (non-Internet compatible) as required by program: **NONE**

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

II. APPLICATION REQUIREMENTS AND FORMAT

Access to GMIS, will be provided after GMIS 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. Submission of all parts of the grant application via the ODH's GMIS 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 10 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, 2014 to December 31, 2014.

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

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

CCAs cannot be submitted until after the 1st quarter grant payment has been issued.

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

Purchase of incentives must be in accordance with the policy provided by the HIV and STD Prevention Programs.

- 3. Compliance Section D:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*
 - 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 but not to exceed 25 percent of the funds being provided by ODH. 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 Sub-grantees) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

- 1. Executive Summary (1 page maximum):** Identify the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel (4 pages maximum):** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

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

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

3. **Problem/Need (5 page maximum):** Identify and describe the local health status concern that will be addressed by the program. Only restate national and state data if local data is not available. The specific **health status concerns that the program intends to address may be stated in terms** of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

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

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

4. **Methodology:** Applicants must prepare a detailed work plan. The work plan should describe how the region will implement the proposed activities/interventions to meet the project period outputs and outcomes. The work plan should be tailored by regions according to local epidemiologic context, public health and health care environment and resources. Selected interventions and activities should be strategically focused and have strong justification. They should be designed for maximum impact on the project area's epidemiology, in terms of disease burden, populations disproportionately affected, health disparities and the specific strategies used. Applicants must develop work plans which focus resources on a few of the highest priority diseases/areas/populations, rather than work plans that disperse resources across the entire region.

The work plan must at a minimum include:

- a. Activities and timelines to support achievement of the grant outcomes. These activities should have appropriate performance measures for accomplishing tasks.
- b. Staff, contracts and administrative roles and functions to support implementation of the award.
- c. Administration and assessment processes to ensure successful implementation and quality assurance.

A work plan template is provided for this RFP to allow applicants to efficiently describe the basic elements of each activity. This template also incorporates aspects of program evaluation planning (e.g., identification of data sources and performance

measures), since work plans and evaluation plans are often best developed jointly, to ensure strong alignment. The work plan is the only attachment that can be submitted on legal-sized paper. Guidance for the Work Plan template can be found in Appendix C.

HIV Prevention Projects – submit Work Plan found in Appendix D

STD Prevention Projects – submit Work Plan found in Appendix E

Statewide Initiative – submit Work Plan found in Appendix F

- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Sub-grantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:** FFATA was signed on September 26, 2006. FFATA requires ODH to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form in GMIS.

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

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

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

- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and attach in GMIS. **(Required only if new agency; thereafter, only when banking information has changed.)**
- H. Internal Revenue Service (IRS) W-9 and Vendor Forms:** Print in PDF format and attach in GMIS. **(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).)**

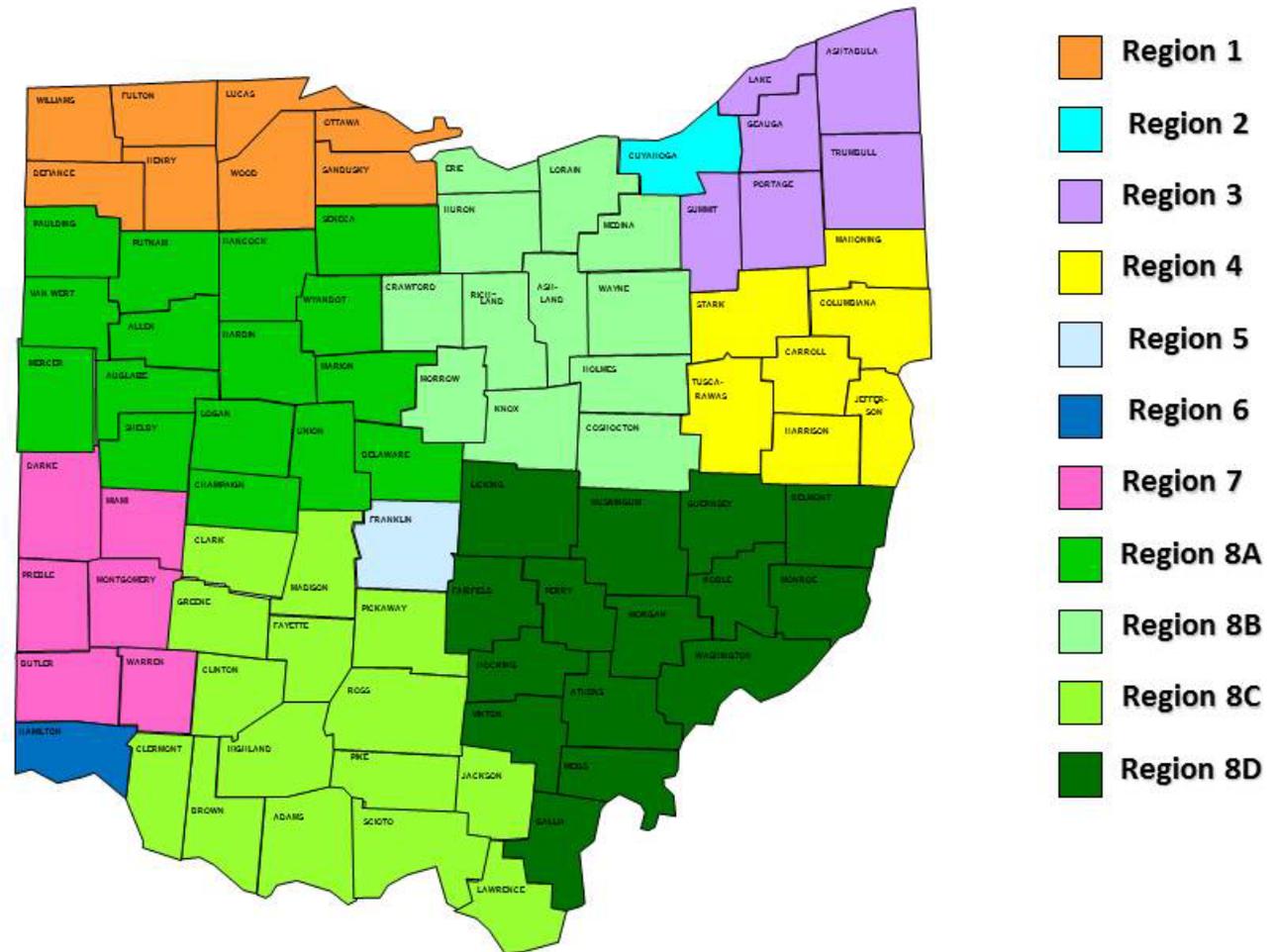
Print in PDF format and mail to ODH, Grants Services Unit, Central Master Files address. The completed appropriate Vendor Form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy of each.

- I. **Public Health Accreditation Board Standards:** Attach in GMIS the PHAB Standards that will be addressed by grant activities.
- J. **Public Health Impact:** Only for applicants which are not local health departments, attach in GMIS 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 PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s).
- K. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Attach in GMIS 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. Attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.
- M. **Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. **An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by 4:00 p.m. on or before Monday, October 21, 2013.**

III. APPENDICES

- A. 2014 HIV/STD Prevention Regions
- B. 2014 HIV/STD Prevention Regional Funding Allocations
- C. Work Plan Template Guidance
- D. 2014 HIV Prevention Projects Work Plan
- E. 2014 STD Prevention Projects Work Plan
- F. 2014 Statewide Initiative Work Plan
- G. THIS PAGE INTENTIONALLY LEFT BLANK
- H. 2014 CTRS Program
- I. 2014 Evidence-Based Interventions
- J. Grant Application Review Criteria
- K. GMIS Training Form
- L. Notice of Intent to Apply Form

2014 HIV & STD Prevention Regions



2014 HIV/STD Prevention Regional Funding Allocations

Region	DIS FTE Funded	Syphilis Incidence*	HIV Incidence*	LCC FTE Funded**	Maximum HIV Grant Amount	Maximum STD Grant Amount
1	2	22%	78%	.5	\$285,039	\$49,238
2	3	22%	78%	2	\$871,300	\$131,288***
3	2	27%	73%	.5	\$312,559	\$68,912
4	2	11%	89%	.5	\$300,439	\$28,364
5	4	31%	69%	2	\$1,056,729	\$259,180***
6	4	51%	49%	1.5	\$620,536	\$342,157
7	2	19%	81%	.5	\$427,317	\$62,899
8	4	13%	87%	1	\$669,841	\$66,938
Total Funding Allocated to HIV & STD Prevention Regions					\$4,543,760	\$1,008,976

* 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 22% of that salary and fringe should come from the STD Prevention grant and 78% of that salary and fringe should come from the HIV Prevention grant.

** Linkage to Care Coordinators (LCC) should be funded 100% off the HIV Prevention Grant.

*** \$5,000 of the total STD Prevention grant amount should be allocated to GISP.

HIV Prevention Projects – Category Breakdown

Region	Maximum HIV Grant Amount	Category 1 Core Activities 70 percent	Category 2 Recommended Activities 30 percent
1	\$285,039	\$199,527	\$85,512
2	\$871,300	\$609,910	\$261,390
3	\$312,559	\$218,791	\$93,768
4	\$300,439	\$210,307	\$90,132
5	\$1,056,729	\$739,710	\$317,019
6	\$620,536	\$434,375	\$186,161
7	\$427,317	\$299,121	\$128,196
8A, 8B, 8C, 8D	\$669,841	\$468,888	\$200,953

Work Plan Template Guidance

Template guidance

- Applicants must submit one table for each program strategy (e.g. Grants Administration, Assessment, HIV Prevention Hotline, etc.) under each of the three projects – HIV Prevention Projects, STD Prevention Projects, and Statewide Initiative – where applicable.
- All of the required activities noted in the RFP must be represented in the table with at least one activity or objective. Provide up to 3 activities or objectives per required or recommended activity. What are the main (top 3) things you plan to accomplish for that part of the program strategy? These tables are intended to reflect the highlights of your program’s plans, not the day-to-day operational details.

Definitions of the template’s fields

- *Required activity link:* List the number of the required or recommended activity that each proposed activity/objective relates to, using the numbered list at the top of each table.
- *Objectives or activities:* These should be as SMART (specific, measurable, achievable, relevant, and time-bound) as possible. Focus on the main (top 3 or fewer) activities or objectives you need to accomplish, for each of the required activities and any recommended or other activities you propose to implement.
- *Target populations:* List who the target population for that activity is (e.g., HIV+ MSM, PLWHA, STD program staff), and where they are (e.g., in the health department, in certain high morbidity zip codes, in certain counties, region-wide)
- *Staff persons responsible:* Denote who from the project area’s staff will be primarily responsible for overseeing this activity.
- *Key partners for implementation:* List what other partners will be engaged to complete this activity (e.g., certain CBOs, another unit in the health department, medical association)
- *Performance measures:* List measures that your program proposes to use to assess whether each activity was completed (process measures) or whether activities had the intended outcomes (outcome measures).
- *Data sources:* List the sources of data or information that will be used to assess the corresponding performance measures.

Relationship to the narrative in the application

- Applicants should complete this and provide it as a separate attachment as part of their final application.
- The application narrative should refer to this work plan but should not repeat the information. They should be complementary.

2014 Work Plan – HIV PREVENTION PROJECTS

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

Grants Administration

Required activities include:

1. Identify the name(s) of the applicant agency’s designee(s) who will attend the six Ohio Community Planning Group (OCPG) meetings.
2. Identify the name of the applicant agency’s designee(s) who will participate in quarterly grantee calls.
3. Identify the name of the applicant agency’s designee(s) who will participate in the state educational materials review process (EMRP).
4. Identify the name of the applicant agency’s designee(s) who will coordinate the regional educational materials review process (EMRP).
5. Ensure that the health department HIV prevention staff, subgrantees and counseling, testing and referral (CTR) sites stay current on HIV prevention information.

Required activity link (#)	Objectives or Activities	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	Local performance measures (output, process, or outcome)	Data or verification sources

Community Planning

Required activities include:

1. Engage community members and stakeholders in the HIV prevention planning process.
2. Utilize regional and statewide epidemiologic data to set priorities.
3. Identify the regional target populations and ensure they are in-line with the statewide target populations (PLWHA, MSM, youth, HRH, and IDUs).
4. Ensure that funding of target populations is in-line with regional epidemiological data and target population settings (indicate the amount of funding going to each target population).

Required activity link (#)	Objectives or Activities	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	Local performance measures (output, process, or outcome)	Data or verification sources

Counseling, Testing and Referral Services (CTRS)

Required activities include:

1. Complete Appendix H – 2014 CTRS Program and Appendix I – 2014 Evidence-Based Interventions for CTRS.
2. Conduct at least one quality assurance site visit in 2014 for each CTR site and maintain the quality assurance report(s) on file.
3. Ensure that HIV CTRS are provided in settings most likely to reach persons who are likely to be infected, but unaware of their status.
4. Realign CTR sites to achieve targeted positivity rates. Healthcare facilities are expected to yield a positivity rate of .1 percent, while non-healthcare settings are expected to have a positivity rate of 1 percent.
5. Ensure that CTRS are delivered in an appropriate, competent and culturally sensitive manner.
6. Collect and report CTRS data and ensure that quality assurance procedures are conducted on CTR data collection forms before they are submitted.
7. Submit HIV test kit tracking reports to ODH by the seventh day of each month.
8. Monitor the expiration dates of HIV test kits and rotate stock to prevent loss.
9. Increase the provision of STD, AVH and TB screening services and referrals for treatment by CTR sites.
 - a. Complete spreadsheet of all CTR sites in region that provide STD, AVH and or TB screening.
 - b. Develop referral resource reference for STD, HIV, AVH and TB treatment services (e.g. for use by DIS and LTC staff).
 - c. Develop reference list of all HIV case managers in the region (funded by any of the Ryan White Parts).

Required activity link (#)	Objectives or Activities	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	Local performance measures (output, process, or outcome)	Data or verification sources

Comprehensive Prevention with Positives (CPP), Partner Services (PS) and Linkage to Care (LTC)

Required activities include:

1. Complete Appendix I – 2014 Evidence-Based Interventions for CPP. Only those evidence-based interventions that are supported by CDC will be permitted (see www.effectiveinterventions.org for approved interventions).
2. Increase the provision of targeted and effective PS and LTC to include the following HIV Performance Measures:
 - a. 90 percent of newly diagnosed persons are interviewed for PS within 30 days of the confirmed HIV-positive test date.
 - b. 90 percent of newly diagnosed persons receive their test results.
 - c. 75 percent of named partners are notified of potential HIV exposure by PS.
 - d. 85 percent of notified partners, not previously HIV positive, are tested for HIV.
 - e. 90 percent of newly identified, confirmed HIV-positive test results are returned to partners.
 - f. 75 percent of newly diagnosed persons are screened for syphilis within 30 days of the confirmed HIV-positive test date.
 - g. 80 percent of newly diagnosed HIV-positive clients receive risk-reduction counseling.
 - h. 90 percent of newly identified, confirmed HIV-positive clients are referred to medical care.
 - i. 75 percent of newly identified, confirmed HIV-positive clients attended their first medical care appointment within 90 days of the confirmed HIV-positive test date.
 - j. 100 percent of HIV-positive pregnant women will receive the necessary interventions and treatment for the prevention of perinatal transmission.
3. Collaborate with Ryan White case managers within the region to have sustained communication and coordination with case management throughout the project period.

Required activity link (#)	Objectives or Activities	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	Local performance measures (output, process, or outcome)	Data or verification sources

Condom Distribution

Required activities include:

1. Identify all sites by type (e.g., CBOs, AIDS service organizations, community health centers, federally qualified health centers, LGBT health centers, STD clinics, hospitals, bars, and clubs) that will receive condoms for distribution.
2. Document the number of condoms that will be distributed to each site type.
3. Ensure that all CTR sites received condoms.
4. Ensure condoms are distributed to PLWHA at sites that provide medical care and case management.

Required activity link (#)	Objectives or Activities	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	Local performance measures (output, process, or outcome)	Data or verification sources

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

Evidence-Based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk for Acquiring HIV

Required activities include:

1. Complete Appendix I – 2014 Evidence-Based Interventions for HIV-Negative Persons at Highest Risk of Acquiring HIV. Only those evidence-based interventions that are supported by CDC will be permitted (see www.effectiveinterventions.org for approved interventions). *Note: As of April 1, 2013, CDC is no longer supporting the following interventions: AIM, ¡Cuidate!, Focus on Youth, Nia, SIHLE, SISTA, and Street Smart.*
2. Ensure that the selection of interventions and the allocation of funding for selected interventions is consistent with the Epi profile of the region and input from the regional CPG.
3. Ensure that each intervention has at least an enrollment rate of 40 percent of expected enrollment and at least a completion rate of 75 percent.
4. Ensure that interventions are delivered in an appropriate, competent and culturally sensitive manner.
5. Report accurate, complete and timely non-testing data. Ensure that quality assurance procedures are conducted on non-testing data collection forms before they are submitted.
6. Conduct at least one quality assurance site visit in 2014 for each intervention site and maintain the quality assurance report(s) on file.

Required activity link (#)	Objectives or Activities	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	Local performance measures (output, process, or outcome)	Data or verification sources

Health Communication/Provider Information (HC/PI) and Social Marketing

Note: 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, brochures) will be utilized within the region.

Required activities include:

1. Complete Appendix I – 2014 Evidence-Based Interventions for HC/PI.
2. Increase community awareness of HIV prevention through HC/PI and social marketing strategies.
3. Incorporate STD prevention messaging into HIV prevention messaging whenever appropriate.
4. Ensure that social marketing messages were selected with input from the regional CPG.
5. Measure the success of social marketing campaigns.

Required activity link (#)	Objectives or Activities	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	Local performance measures (output, process, or outcome)	Data or verification sources

2014 Work Plan – STD PREVENTION PROJECTS

Part A – STD AAPPS

Assessment

Required activities include:

1. Ensure confidentiality and security guidelines for the collection, storage, and use of all surveillance data according to the National Centers for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP).
2. Improve the quality of case-based data collection to include routinely obtaining information on gender of sex partners, pregnancy status, HIV status, treatment given, patient address and provider information.
3. Identify the clinical and prevention service gaps for at-risk individuals who are receiving care (e.g., missed opportunities by providers).
4. In regions with congenital syphilis cases reported in 2012-2013, assess congenital syphilis cases to determine the epidemiologic and health care factors associated with the cases to inform interventions and reduce the incidence of congenital syphilis to zero.

Required activity link (#)	Objectives or Activities	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	Local performance measures (output, process, or outcome)	Data or verification sources

Assurance

Required activities include:

1. Increase the provision of targeted and effective PS to include the following STD Performance Measures:
 - a. 85% of all syphilis cases are started on treatment within 14 calendar days from the date of field record assignment.
 - b. 85% of all syphilis cases are interviewed within 14 calendar days from the date of field record assignment.
 - c. 75% of early syphilis contacts are prophylactically treated within 30 calendar days from date of index case interview.
 - d. 75% of early syphilis contacts that are infected will be treated within 30 calendar days from date of interview of index case.
 - e. 90% of all syphilis cases are closed within 45 calendar days from the date of original interview.
 - f. 90% of newly identified HIV cases are closed within 45 calendar days from the date of original interview.
 - g. Achieve a partner index of at least 1.0 for early syphilis cases interviewed.
 - h. Achieve a partner index of at least 1.0 for newly identified HIV-positive cases interviewed.
 - i. 95% of records under the age of 10 years old will be dispositioned within 7 days of the field record assigned date.

2. Increase the provision of effective partner services provided through social media websites and other digital or communication technologies (e.g., Internet Partner Services).

3. Maintain a website where surveillance information and accurate information about STDs is available to the public, health care providers, health planners, and policy makers.

4. Collaborate with other organizations to implement STD health promotion and prevention education activities for safety net or other clinical providers who see many at-risk patients.

5. Increase screening for syphilis among pregnant females in prenatal care, birthing facilities, and sites that conduct pregnancy testing.

Required activity link (#)	Objectives or Activities	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	Local performance measures (output, process, or outcome)	Data or verification sources

Policy

Required activities include:

1. Monitor and evaluate impact of relevant policies.
2. Educate public, providers and key stakeholders on the positive potential or proven impacts of policies on reducing STD.
3. Work with primary care providers within the region to improve access to and improve the effectiveness of STD prevention services.
 - a. List all primary care service providers by type in the region including all FQHCs, FQHC look-alikes and all rural health clinics.
 - b. Identify sites that are actively testing and treating high risk populations.
 - c. Identify sites in areas with high risk populations that need assistance to increase testing and improve treatment services.

Required activity link (#)	Objectives or Activities	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	Local performance measures (output, process, or outcome)	Data or verification sources

Part B – GISP

Required activities include:

1. Collect urethral *N. gonorrhoeae* isolates from the first 25 men with gonococcal urethritis seen in the STD clinic each month.
2. Culture and store the isolates according to the GISP protocol.
3. Work closely with the GISP regional reference laboratory to achieve timely transport of viable and non-contaminated isolates on a monthly basis.
4. Collect de-identified specified demographic and clinical data elements associated with each isolate and submit electronically to CDC on a monthly basis.

Required activity link (#)	Objectives or Activities	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	Local performance measures (output, process, or outcome)	Data or verification sources

2014 Work Plan – STATEWIDE INITIATIVE

HIV Prevention Hotline

Required activities include:

1. Maintain an HIV/STD Prevention hotline service that includes information on, but not limited to:
 - a. HIV/AIDS, STD, adult viral hepatitis and tuberculosis prevention and risk reduction messaging
 - b. Locations of confidential and anonymous HIV testing
 - c. Locations of state supported STD clinics
 - d. Referrals to HIV/AIDS, STD, AVH, and TB related services
 - e. Case management availability

2. Collect data from each caller to include:
 - a. Call date
 - b. Topic of discussion
 - c. Referrals made
 - d. Caller demographics
 - e. How caller was referred to hotline

3. Increase community awareness of the HIV Prevention Hotline through marketing strategies.

Required activity link (#)	Objectives or Activities	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	Local performance measures (output, process, or outcome)	Data or verification sources

HIV Prevention Website

Required activities include:

1. Maintain an HIV/STD prevention website service that includes information on, but not limited to:
 - a. HIV/AIDS, STD, adult viral hepatitis (AVH) and tuberculosis (TB) prevention and risk reduction messaging
 - b. Locations of confidential and anonymous HIV/STD testing
 - c. Locations of state supported STD clinics
 - d. Referrals to HIV/AIDS, STD, AVH, and TB related services
 - e. Case management availability
 - f. Links to applicable websites such as: ODH, regional planning groups, CDC, etc
 - g. Promotion of Internet based outreach services and hotline

2. Collect monthly aggregate data from the website on the number of “hits” the website accumulated each month.

3. Increase community awareness of the HIV Prevention Website through marketing strategies.

Required activity link (#)	Objectives or Activities	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	Local performance measures (output, process, or outcome)	Data or verification sources

Internet-Based Outreach and Mobile Application

Required activities include:

1. Provide Internet-based outreach to Ohio MSM on MSM targeted social networking websites in a culturally competent manner and in accordance with the Ohio Guidelines for Internet-based Outreach. Outreach should include:
 - a. HIV/AIDS, STD, adult viral hepatitis and tuberculosis prevention and risk reduction messaging
 - b. Locations of confidential and anonymous HIV testing services
 - c. Locations of state supported STD clinics
 - d. Referrals to HIV/AIDS, STD, AVH, and TB related services
 - e. Case management availability
 - f. Importance of care

2. Collect data from each Internet contact to include:
 - a. Number of conversations conducted
 - b. Topics of conversation
 - c. Referrals made

3. Maintain a mobile application that includes information on, but not limited to:
 - a. HIV/STD prevention messaging
 - b. Location of HIV testing and care services throughout the state
 - c. Resources for additional information. Process objectives should include projected start and finish date of the app development, along with goal number of downloads.

4. Collect monthly aggregate data from the mobile application on the number of downloads the mobile application accumulated each month.

5. Increase community awareness of the mobile application through marketing strategies.

Required activity link (#)	Objectives or Activities	Target population (include who and where)	Staff person/unit responsible	Key partners for implementation	Local performance measures (output, process, or outcome)	Data or verification sources

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2014 Counseling, Testing and Referral Services (CTRS) Program

All potential applicants will be sent a current listing of CTR sites within their region. This list should be updated and submitted as Appendix H. List each agency and site that will be providing CTRS within the applicant's HIV Prevention Region. The appendix should include the following columns:

- Agency/Site Name
- Agency ID
- Site ID
- Site Type
- Address
- City
- County
- Zip Code
- Phone number
- Testing hours/days
- Contact name
- Does the agency receive HIV funds?
- Anonymous testing (y/n)
- STD testing (y/n)
- AVH testing (y/n)
- TB testing (y/n)
- Site visit
- Previous positivity rate
- #2014 tests (projected)
- #2014 tests completed
- #2014 positive results

Note: Healthcare facilities are expected to yield a positivity rate of .1 percent, while non-healthcare settings are expected to have a positivity rate of 1 percent. If a site listed did not meet this positivity threshold in the past, then a justification must be provided along with a corrective action plan.

**HIV Prevention Grant
2014 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 and STD PREVENTION
2014 GRANT APPLICATION REVIEW RATING FORM**

Agency: _____ Date: _____

Region: _____ Reviewer #: _____

Total Score: _____ Requested \$: _____

SCORE TABLE:

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

Point Value	Criterion Unmet	Criterion Insufficient	Criterion Partially Met	Criterion met
1	0	n/a	n/a	1
2	0	n/a	1	2
3	0	1	2	3
4	0	1	2, 3	4
5	0	1, 2	3, 4	5
10	0	1 - 3	4 – 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 key details or explanation. Answers the question and offers some concrete information.

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	Minimum Score To Be Eligible For Funding
HIV Prevention Projects	131	92
STD Prevention Projects	91	64
STD Prevention Projects (including GISP)	101	71
Statewide Initiative	91	64

COMPONENT OF PROPOSAL	Points possible	SCORE	STRENGTHS / WEAKNESS
PROJECT NARRATIVE			
1. Executive Summary			
Identified the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities.	2		
Described the public health problem(s) that the program will address.	3		
Adhered to the 1-page maximum guideline.	2		
TOTAL	7		
2. Description of Applicant Agency / Documentation of Eligibility / Personnel			
Briefly discussed the applicant agency's eligibility to apply.	2		
Summarized the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.	3		
Described the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.	4		
Noted any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant.	2		
Described plans for hiring and training, as necessary.	2		
Delineated all personnel who will be directly involved in program activities. Included the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Included position descriptions for these staff.	5		
Adhered to the 3-page maximum guideline.	2		
TOTAL	20		
3. Problem/Need			
Identify and describe the local health status concern that will be addressed by the program. Only restate national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based.	3		
Clearly identify the target population. Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.	3		
Include a description of other agencies/organizations also addressing this problem/need.	2		
Adhered to the 5-page maximum guideline.	2		
TOTAL	10		

<p>4. Methodology HIV Prevention Projects Work Plan</p> <p><u>Grants Administration</u> Required activities include:</p> <ol style="list-style-type: none"> 1. Identify the name(s) of the applicant agency’s designee(s) who will attend the six Ohio Community Planning Group (OCPG) meetings. 2. Identify the name of the applicant agency’s designee(s) who will participate in quarterly grantee calls. 3. Identify the name of the applicant agency’s designee(s) who will participate in the state educational materials review process (EMRP). 4. Identify the name of the applicant agency’s designee(s) who will coordinate the regional educational materials review process (EMRP). 5. Ensure that the health department HIV prevention staff, subgrantees and counseling, testing and referral (CTR) sites stay current on HIV prevention information. 	10		
<p><u>Community Planning</u> Required activities include:</p> <ol style="list-style-type: none"> 1. Engage community members and stakeholders in the HIV prevention planning process. 2. Utilize regional and statewide epidemiologic data to set priorities. 3. Identify the regional target populations and ensure they are in-line with the statewide target populations (PLWHA, MSM, youth, HRH, and IDUs). 4. Ensure that funding of target populations is in-line with regional epidemiological data and target population settings (indicate the amount of funding going to each target population). 	10		
<p><u>Counseling, Testing and Referral Services (CTRS)</u> Required activities include:</p> <ol style="list-style-type: none"> 1. Complete Appendix H – 2014 CTRS Program and Appendix I – 2014 Evidence-Based Interventions for CTRS. 2. Conduct at least one quality assurance site visit in 2014 for each CTR site and maintain the quality assurance report(s) on file. 3. Ensure that HIV CTRS are provided in settings most likely to reach persons who are likely to be infected, but unaware of their status. 4. Realign CTR sites to achieve targeted positivity rates. Healthcare facilities are expected to yield a positivity rate of .1 percent, while non-healthcare settings are expected to have a positivity rate of 1 percent. 5. Ensure that CTRS are delivered in an appropriate, competent and culturally sensitive manner. 6. Collect and report CTRS data and ensure that quality assurance procedures are conducted on CTR data collection forms before they are submitted. 7. Submit HIV test kit tracking reports to ODH by the seventh day of each month. 8. Monitor the expiration dates of HIV test kits and rotate stock to prevent loss. 9. Increase the provision of STD, AVH and TB screening services and referrals for treatment by CTR sites. 	10		

<p><u>Comprehensive Prevention with Positives (CPP), Partner Services (PS) and Linkage to Care (LTC)</u></p> <p>Required activities include:</p> <ol style="list-style-type: none"> 1. Complete Appendix I – 2014 Evidence-Based Interventions for CPP. Only those evidence-based interventions that are supported by CDC will be permitted. 2. Increase the provision of targeted and effective PS and LTC to include the 10 HIV Performance Measures: 3. Collaborate with Ryan White case managers within the region to have sustained communication and coordination with case management throughout the project period. 	10		
<p><u>Condom Distribution</u></p> <p>Required activities include:</p> <ol style="list-style-type: none"> 1. Identify all sites by type (e.g., CBOs, AIDS service organizations, community health centers, federally qualified health centers, LGBT health centers, STD clinics, hospitals, bars, and clubs) that will receive condoms for distribution. 2. Document the number of condoms that will be distributed to each site type. 3. Ensure that all CTR sites received condoms. 4. Ensure condoms are distributed to PLWHA at sites that provide medical care and case management. 	10		
<p><u>Evidence-Based HIV Prevention Interventions for HIV Negative Persons at Highest Risk for Acquiring HIV</u></p> <p>Required activities include:</p> <ol style="list-style-type: none"> 1. Complete Appendix I – 2014 Evidence-Based Interventions for HIV-Negative Persons at Highest Risk of Acquiring HIV. Only those evidence-based interventions that are supported by CDC will be permitted. 2. Ensure that the selection of interventions and the allocation of funding for selected interventions is consistent with the Epi profile of the region and input from the regional CPG. 3. Ensure that each intervention has at least an enrollment rate of 40 percent of expected enrollment and at least a completion rate of 75 percent. 4. Ensure that interventions are delivered in an appropriate, competent and culturally sensitive manner. 5. Report accurate, complete and timely non-testing data. Ensure that quality assurance procedures are conducted on non-testing data collection forms before they are submitted. 6. Conduct at least one quality assurance site visit in 2014 for each intervention site and maintain the quality assurance report(s) on file. 	10		
<p><u>Health Communication/Provider Information (HC/PI) and Social Marketing</u></p> <p>Required activities include:</p> <ol style="list-style-type: none"> 1. Complete Appendix I – 2014 Evidence-Based Interventions for HC/PI. 2. Increase community awareness of HIV prevention through HC/PI and social marketing strategies. 3. Incorporate STD prevention messaging into HIV prevention messaging whenever appropriate. 4. Ensure that social marketing messages were selected with input from the regional CPG. 5. Measure the success of social marketing campaigns. 	10		
<p>Total HIV Prevention Projects Work Plan</p>	70		

<p>STD Prevention Projects Work Plan</p> <p><u>Assessment</u> Required activities include:</p> <ol style="list-style-type: none"> 1. Ensure confidentiality and security guidelines for the collection, storage, and use of all surveillance data according to the National Centers for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP). 2. Improve the quality of case-based data collection to include routinely obtaining information on gender of sex partners, pregnancy status, HIV status, treatment given, patient address and provider information. 3. Identify the clinical and prevention service gaps for at-risk individuals who are receiving care (e.g., missed opportunities by providers). 4. In regions with congenital syphilis cases reported in 2012-2013, assess congenital syphilis cases to determine the epidemiologic and health care factors associated with the cases to inform interventions and reduce the incidence of congenital syphilis to zero. 	10		
<p><u>Assurance</u> Required activities include:</p> <ol style="list-style-type: none"> 1. Increase the provision of targeted and effective PS to include the 9 STD Performance Measures. 2. Increase the provision of effective partner services provided through social media websites and other digital or communication technologies (e.g., Internet Partner Services). 3. Maintain a website where surveillance information and accurate information about STDs is available to the public, health care providers, health planners, and policy makers. 4. Collaborate with other organizations to implement STD health promotion and prevention education activities for safety net or other clinical providers who see many at-risk patients. 5. Increase screening for syphilis among pregnant females in prenatal care, birthing facilities, and sites that conduct pregnancy testing. 	10		
<p><u>Policy</u> Required activities include:</p> <ol style="list-style-type: none"> 1. Monitor and evaluate impact of relevant policies. 2. Educate public, providers and key stakeholders on the positive potential or proven impacts of policies on reducing STD. 3. Work with primary care providers within the region to improve access to and improve the effectiveness of STD prevention services. <ol style="list-style-type: none"> a. List all primary care service providers by type in the region including all FQHCs, FQHC look-alikes and all rural health clinics. b. Identify sites that are actively testing and treating high risk populations. c. Identify sites in areas with high risk populations that need assistance to increase testing and improve treatment services. 	10		

<p><u>GISP</u> Required activities include:</p> <ol style="list-style-type: none"> 1. Collect urethral N. gonorrhoeae isolates from the first 25 men with gonococcal urethritis seen in the STD clinic each month. 2. Culture and store the isolates according to the GISP protocol. 3. Work closely with the GISP regional reference laboratory to achieve timely transport of viable and non-contaminated isolates on a monthly basis. 4. Collect de-identified specified demographic and clinical data elements associated with each isolate and submit electronically to CDC on a monthly basis. 	10		
Total STD Prevention Projects Work Plan	40		
<p>Statewide Initiative Work Plan</p> <p><u>HIV Prevention Hotline</u> Required activities include:</p> <ol style="list-style-type: none"> 1. Maintain an HIV/STD Prevention hotline service that includes information on, but not limited to: <ol style="list-style-type: none"> a. HIV/AIDS, STD, adult viral hepatitis and tuberculosis prevention and risk reduction messaging b. Locations of confidential and anonymous HIV testing c. Locations of state supported STD clinics d. Referrals to HIV/AIDS, STD, AVH, and TB related services e. Case management availability 2. Collect data from each caller to include: <ol style="list-style-type: none"> a. Call date b. Topic of discussion c. Referrals made d. Caller demographics e. How caller was referred to hotline 3. Increase community awareness of the HIV Prevention Hotline through marketing strategies. 	10		
<p><u>HIV Prevention Website</u> Required activities include:</p> <ol style="list-style-type: none"> 1. Maintain an HIV/STD prevention website service that includes information on, but not limited to: <ol style="list-style-type: none"> a. HIV/AIDS, STD, adult viral hepatitis (AVH) and tuberculosis (TB) prevention and risk reduction messaging b. Locations of confidential and anonymous HIV/STD testing c. Locations of state supported STD clinics d. Referrals to HIV/AIDS, STD, AVH, and TB related services e. Case management availability f. Links to applicable websites such as: ODH, regional planning groups, CDC, etc g. Promotion of Internet based outreach services and hotline 2. Collect monthly aggregate data from the website on the number of “hits” the website accumulated each month. 3. Increase community awareness of the HIV Prevention Website through marketing strategies. 	10		

<p><u>Internet-Based Outreach and Mobile Application</u> Required activities include:</p> <ol style="list-style-type: none"> 1. Provide Internet-based outreach to Ohio MSM on MSM targeted social networking websites in a culturally competent manner and in accordance with the Ohio Guidelines for Internet-based Outreach. Outreach should include: <ol style="list-style-type: none"> a. HIV/AIDS, STD, adult viral hepatitis and tuberculosis prevention and risk reduction messaging b. Locations of confidential and anonymous HIV testing services c. Locations of state supported STD clinics d. Referrals to HIV/AIDS, STD, AVH, and TB related services e. Case management availability f. Importance of care 2. Collect data from each Internet contact to include: <ol style="list-style-type: none"> a. Number of conversations conducted b. Topics of conversation c. Referrals made 3. Maintain a mobile application that includes information on, but not limited to: <ol style="list-style-type: none"> a. HIV/STD prevention messaging b. Location of HIV testing and care services throughout the state c. Resources for additional information. Process objectives should include projected start and finish date of the app development, along with goal number of downloads. 4. Collect monthly aggregate data from the mobile application on the number of downloads the mobile application accumulated each month. 5. Increase community awareness of the mobile application through marketing strategies. 	10		
Total Statewide Initiative Work Plan	30		
BUDGET NARRATIVE			
<p>Budget Narrative A detailed narrative budget justification which describes how the categorical costs are derived should be provided. This should discuss the necessity, reasonableness and ability to allocate the proposed costs.</p>	5		
<p>All personnel, contractors, other direct costs (e.g., supplies, travel and training) should be explained and justified.</p>	5		
TOTAL	10		
OVERALL			
Clarity / completeness	2		
Adherence to RFP guidelines	2		
TOTAL	4		
PAST PERFORMANCE			
<p>Including but not limited to: submitting timely and accurate reports, achieving HIV positivity thresholds, filling vacancies timely, aligning interventions and funding allocations with the Epi profile of the region, achieving performance measures.</p>	10		
TOTAL	10		

CUMULATIVE TOTAL – HIV Prevention Projects	131		
CUMULATIVE TOTAL – STD Prevention Projects	91		
CUMULATIVE TOTAL – STD Prevention Projects (including GISP)	101		
CUMULATIVE TOTAL – Statewide Initiative	91		

Recommendation of Reviewer:

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

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

Signature of Reviewer

Date

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
 Division of Prevention and Health Promotion
 Bureau of HIV/AIDS, STD, and TB

HIV and STD Prevention Grant

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

County of Applicant Agency _____

Federal Tax Identification Number _____

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

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

Applicant Agency/Organization Agency Head _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

Agency Head Signature _____

Employees needing access to this grant other than Agency Head (Agency Head will be granted access):

Does your agency have at least one staff person who has been trained in and currently has access to the ODH GMIS 2.0 system? YES NO

If NO, someone from your agency is REQUIRED to complete the training before you will be able to access the ODH GMIS 2.0 system and submit a grant proposal. Fill out the training request form and check the box stating that your agency is applying for an ODH grant for the first time and training is needed in order to submit your grant proposal. **The training form must be attached to the Notice of Intent to Apply for Funding.**

If YES, above, you have verified that your agency already has access to the ODH GMIS 2.0 system. **Are you satisfied with the level of GMIS training of your staff?** YES NO

If YES – No further action is needed.

If NO – Use the attached training request form to request to be scheduled for GMIS 2.0 training. While we will try to schedule you for training as soon as possible, agencies which do not have access to the ODH GMIS 2.0 system will have first priority for training.

Mail, E-mail or Fax to: **Jen Keagy, STD Prevention Program Manager**
 Ohio Department of Health – HIV and STD Prevention Program
 246 North High Street
 Columbus, OH 43215
 E-mail: Jen.Keagy@odh.ohio.gov
 Fax: 614-387-2602

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY AUGUST 26, 2013