



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

# **OHIO DEPARTMENT OF HEALTH**

**DIVISION OF  
Prevention and Health Promotion**

**BUREAU OF  
Radiation Protection**

**Indoor Radon Program  
REQUEST FOR PROPOSALS (RFP)  
FOR  
FISCAL YEAR 2015  
(10/1/2014 – 09/30/2015)**

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

**COMPETITIVE GRANT APPLICATION INFORMATION**

Revised 1/07/14  
For grant starts 07/01/2014 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 and G 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 Our Programs, Funding Opportunities, ODH Funding Opportunities, ODH Grants). Please refer to Policy and Procedure updates found on the GMIS bulletin board.

**B. Application Name:** Indoor Radon Grant

**C. Purpose:** ODH has identified radon as a health concern in Ohio. A goal for the state indoor radon program is to achieve public awareness of the health hazards of radon in at least 40% of the population in the State. In addition, a goal is to test and, where necessary, reduce the radon concentrations to less than 4 picoCuries per liter (pCi/l) of air in 10% of the homes in the State. There are two initiatives.

1. To help meet these goals, sub-grants will be awarded to: provide scientific information to the public; conduct outreach to minority and low income groups of the population and provide technical assistance for testing and reduction of radon in residences. The sub grantee will also encourage: building officials to establish healthy indoor air quality through incorporation of radon resistant construction techniques into residential building codes and new school construction plans; builders to incorporate radon resistant features into their new homes as well as to train real estate agents to encourage radon testing as a part of real estate transactions.

Current data identifies 469 zip code areas within Ohio that have geometric mean indoor radon concentrations greater than or equal to 4.0 pCi/l. In addition, there are 54 zip code areas where geometric mean radon levels are greater than 10 pCi/l. These 54 areas include: Ashland, Auglaize, Carroll, Champaign, Clark, Columbiana, Coshocton, Darke, Delaware, Fairfield, Franklin, Greene, Harrison, Hocking, Holmes, Huron, Knox, Licking, Logan, Madison, Mercer, Miami, Pickaway, Preble, Richland, Ross, Seneca, Shelby, Tuscarawas, and Wayne. Sub grantee applicants that address the radon problems in these areas are encouraged to apply and will be given higher priority for funding.

2. To help meet these goals, a sub grant will be awarded to a college or University to:
  - Maintain an interactive World Wide Web site on radon in Ohio.
  - Collect data and analyze to extend the Ohio Radon Information System (ORIS) database.
  - Prepare a report of radon data by zip code and county.
  - Continue to collect data on radon in Ohio drinking water and include on the web site.
  - Update a database of radon data on schools tested, by county and school district, with data provided by ODH.
  - Use GIS software to improve presentation of radon data at the county level and by zip code.
  - Continue to manage radon measurement and mitigation data provided by ODH. Prepare quarterly reports of measurement and mitigation activity and download all data to website quarterly.
  - Add and remove information according to ODH needs.

**D. Qualified Applicants:** Eligible applicants for initiative #1 include county, city, or local health agencies and other non-profit organizations. Applicants are encouraged to include partnerships with other county and city health departments and/or non-profit agency. The eligible applicants for initiative #2 are Colleges and Universities. Individuals, national organizations and other state agencies are ineligible for funding under this grant. The sub grantee must show 40% of the total budget in matching funds. Agencies must attend or document in writing prior attendance at GMIS 2.0 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, June 30, 2014.

**E. Service Area:** Applicant to provide services within its own county and any other counties specified in its proposal for initiative #1.

The ODH Radon Information System Web Site ([radon.utoledo.edu](http://radon.utoledo.edu)) shall contain information applicable to Ohio for initiative #2.

**F. Number of Grants and Funds Available:** Federal funds are used for all initiatives. For initiative #1 up to four grants may be awarded for a total amount up to \$160,500. For initiative #2, one grant may be awarded for a total amount up to \$30,000.

*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, June 30, 2014. Applications and required attachments received late will not be considered for review.

Contact Chuck McCracken at (614) 466-5136 or [chuck.mccracken@odh.ohio.gov](mailto:chuck.mccracken@odh.ohio.gov) with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in (Federal) USPL Section 306 Toxic Substances Control Act 15 USC and the Catalog of Federal Domestic Assistance (CFDA) #66.032. Included in the grant from the U.S. Environmental Protection Agency (USEPA) to ODH are funds to provide sub grants to local health departments for the localization of the indoor radon program.

- I. Goals:** Funds are awarded to the ODH by the USEPA to address:

- Radon resistant new residential construction
- Target efforts in high radon risk areas and sensitive populations including minority, low income and health disparities (social determinants) homeowners.
- Radon training
- Promote testing and mitigation in homes.
- Public information, presentations, seminars, exhibits and speakers about radon
- Response to citizen inquiries and concerns, consultative services and distribution of information about radon
- Promote testing and mitigation in conjunction with real estate transactions
- Reporting of performance measures that reflect and support testing and mitigation data.
- Licensing and regulatory oversight of those individuals and/or entities providing radon services to the public, including inspections and response to complaints
- Promote radon testing and mitigation in schools

The ODH, in turn awards sub grants to support programs to accomplish:

**Initiative #1**

- **Radon resistant new construction (RRNC) techniques and adoption of RRNC into local building codes:**

To bring healthy indoor air quality to new buildings through preventive measures, such as, incorporating radon resistant construction techniques into the building codes, and encouraging the building and real estate industries to apply radon-reduction techniques.

Required activities may include, but are not limited to the following:

- \* Provide RRNC information, presentations and training to local building code officials.
- \* Provide RRNC information, presentations and training to building architects and

building construction industry personnel.

- \* Provide financial incentives, such as rebates on septic system permits, to builders who incorporate RRNC features in new homes.
- \* Provide seals of approval on construction drawings that incorporate RRNC features in new homes.
- \* Provide RRNC information, presentations and training to local real estate agencies and professionals.
- \* **Each sub-grantee shall complete at least one (1) RRNC focused outreach event.**

- **Outreach to minority, low income and *health disparities* (social determinants) homeowners:**

An objective of the indoor radon program is outreach to minority, low income and *health disparities* (social determinants) individuals by providing the technical assistance for testing and reduction of radon in existing residential homes. **(NOTE: Grant funds and/or match funds cannot be used to fund the installation of radon mitigation systems.)**

Required activities may include, but are not limited to the following:

- \* Conduct public information and educational outreach to minority, low income and *health disparities* (social determinants) homeowners.
- \* Provide radon test kits (or radon test kit redemption coupons) to minority, low income and *health disparities* (social determinants) homeowners who want to test their homes.
- \* **Each sub grantee shall conduct at least one outreach or educational activity for minority, low income and/or *health disparities* (social determinants) homeowners. [Note: April is Minority Health Month]**

- **Radon training for staff**

Required activities may include, but are not limited to the following:

- \* Identify staff in need of radon measurement or mitigation training. Eligible staff are only those individuals employed by the local agencies awarded the regional grant, and who are working directly toward completion of the grant objectives.
- \* Conduct training using an ODH approved training program.
- \* **Each sub grantee and coalition member shall attend the annual ODH radon program training / meeting in the Spring of 2015.**

- **Public information and education**

Required activities may include, but are not limited to the following:

- \* Conduct public information and educational outreach
- \* Conduct media campaigns

- \* Develop information on extent of radon concentrations within the region
- \* Purchase of displays and/or models
- \* Printing and distribution of literature
- \* Materials for presentations, seminars, exhibits and speeches, including the rental of furniture, exhibit space and promotional items, including radon test kits (or test kit redemption coupons).
- \* **Each sub grantee and coalition members shall conduct at least eight (8) outreach and education activities during National Radon Action Month in January 2015.**
- \* **Each sub grantee and coalition member shall determine the following in their service areas and report their findings in their quarterly program reports to ODH:**
  - 1) **The number of outreach activities completed;**
  - 2) **A description of the activity (health fair, presentation, etc...);**
  - 3) **The total number of persons contacted during each outreach;**
  - 4) **The number of radon test kits coupons distributed (if any);**
  - 5) **Total number of radon information phone calls received and the total amount of time spent on the calls;**
  - 6) **The number of real estate related radon calls; and**
  - 7) **The number of radon information requests received by email.**

**- Radon in homes**

Required activities include but are not limited to the following:

- \* Identify eligible radon testing locations within the geographical limits of the State of Ohio and your jurisdiction. Eligible locations are permanent structures that are privately owned and occupied by the homeowner, and rental homes with the permission of the owner, including condominiums, town homes, duplexes, and mobile homes with permanent foundations or airtight skirting. They should have at least one floor at or below ground level. **(NOTE: No one, other than the property owner, may perform radon testing unless they are licensed by ODH.)**
- \* Conduct radon testing in homes. Homeowners with *health disparities (social determinants)* are a priority. **(NOTE: Grant funds shall not be used for testing of a home that is under a real estate contract to sell or buy the home.)**
- \* Provide radon test kit redemption coupons to homeowners who wish to test their own homes.
- \* **Each sub-grantee and coalition member shall report the following information regarding test kit coupons on quarterly reports:**
  - 1) **The number to coupons distributed from their Health Department**
  - 2) **The number of test kits distributed by AirChek**
  - 3) **The number of test kits used**

**- Training and education for real estate professional**

Required activities include but are not limited to the following:

- \* Provide educational training to real estate personnel to encourage testing for radon in real estate transactions. An individual certified to provide CEU's to the students should provide training. *[Note: Historical efforts in this area have been more successful when coordinated with the local Board of Realtors. Such coordination may be required for the approval of CEU's for attending Realtors]*
- \* **Each sub grantee shall facilitate at least one (1) real estate educational training during the grant period.**

- **Radon in schools**

Required activities include but are not limited to the following:

- \* Facilitate school testing by providing training, consultation and technical assistance to school personnel wanting to conduct testing of their school facilities. **[NOTE: Grant funds shall not be used to purchase test kits or testing related QA services. School staff training, consultation and technical assistance before, during and after test kit deployment is an allowable expense.]**
- \* **Each sub-grantee shall provide educational training to school administration, staff and students about radon.**

**Initiative #2**

**Maintenance of a radon database for Ohio and its Internet availability**

The University of Toledo, Department of Civil Engineering, has prepared under SIRG 7 through 24 sub grants, data and a web site that provides information regarding health effects from radon and provides radon measurement data by U.S. postal zip code.

In order to make the radon data more available to the public the grantee has developed an interactive World Wide Web site on radon in Ohio (<http://radon.utoledo.edu>). The data and other relevant material are placed on the web site currently maintained by the University of Toledo. Software used for the web site was chosen to enable the contents of the web page to be viewed by the user without his/her being required to purchase additional software. The web site includes connections to other useful related sites on the Internet. The radon web site is easy to use, colorful and of a user-friendly layout. The information included is interesting, current, educational, and accurate to allow the greatest number of Ohio residents to learn about radon.

The existence and contents of the radon web site is currently advertised on the Internet and through the University of Toledo's public information office. Press releases require prior approval by ODH. A disclaimer is included on the initial page of the radon web site clearly limiting the legal liability of the developers, the University of Toledo, and the ODH.

The maintenance of the web site will include efforts among the following (in order of

priority):

- The radon data included in the database shall be updated at least quarterly to include data obtained from radon measurement laboratories and licensees.
- Prepare quarterly updating of radon data by zip code. This will be included as an update to the web page.
- Update a sub data base of radon data on schools tested by name and location, with data provided by ODH, and place this data into the web site quarterly.
- Using radon testing and mitigation data provided by ODH, prepare quarterly summaries of this information.
- Provide results on a quarterly basis to the following queries:
  - Number of homes (and schools) tested
  - Number of homes (and schools) mitigated
  - Number of hits on the website
- Provide security to the data so that other than its release to ODH personnel, only statistical summaries of the data will be released to the public.
- ODH personnel will be available to provide guidance on the information to be included in these summaries during the development of this data management program.
- Use GIS software to better analyze and present the radon data by zip code for each county.
- Data on radon concentrations in Ohio drinking water will be included as available.

**J. Program Period and Budget Period:** The program period will begin October 1, 2014 and end on September 30, 2015. The budget period for this application is October 1, 2014 through September 30, 2015.

**K. Public Health Accreditation Board (PHAB) Standard(s):** *Identify the PHAB Standard(s) that will be addressed by grant activities. (An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.) 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 Local Health Districts Accreditation Standards.

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

- a) The Local Health District Improvement Standard(s) to be addressed by grant activities:
  - A description of the demographic characteristics (e.g., age, race, gender, ethnicity) of the target population and the geographical area in which they live (e.g. census tracts, census blocks, block groups;

- A summary of the services to be provided or activities to be conducted; and,
- A plan to coordinate and share information with appropriate local health districts.

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

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

#### **M. 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). Please contact Chuck McCracken, [cmccracken@odh.ohio.gov](mailto:cmccracken@odh.ohio.gov), 614-466-5136 for questions regarding this RFP.
- 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 June 30, 2014.**

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 program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
  2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
  3. Is well executed and is capable of attaining program objectives;
  4. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
  5. Estimates reasonable cost to the ODH, considering the anticipated results;
  6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
  7. Provides an evaluation plan, including a design for determining program success;
  8. Is responsive to the special concerns and program priorities specified in the 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.

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

- U. Freedom of Information Act:** The Freedom of Information Act (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:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Radiation Protection, Radon Program and as a sub-award of a grant issued by U.S. Environmental Protection agency under the State Indoor Radon Grant, grant award number K199501223-2, and CFDA number 66.032.”

- 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 on Appendix C and submitted via GMIS as required by the subgrant program by the following dates: January 30, 2015, April 30, 2015, July 30, 2015 and October 30, 2015. 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 information in Appendix C 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:

<b>Due Date</b>	<b>Quarter</b>
January 15, 2015	October 1, 2014 to December 31, 2014
April 15, 2015	January 1, 2015 to March 31, 2015
July 15, 2015	April 1, 2015 to June 30, 2015
October 15, 2015	July 1, 2015 to September 30, 2015
November 15, 2015	Final Expense Report

*Note: Outstanding obligations cannot be reported on the quarterly expense reports with the exception of the fourth quarterly expense report.*

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 November 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 Sub-grantee Final Expense Report serves as an invoice to return unused funds.

*Submission of the Periodic and Final Sub-grantee 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;
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 \$1,000, 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. Client Incentives:** Client incentives are an unallowable cost.

**Client Enablers:** Client enablers are an unallowable cost.

Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive. Subgrantees are required to maintain a log of all client incentives and enablers purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

**AA. 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.

**AB. 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 8.5 by 11 paper.
- Number all pages (print on one side only).
- Program narrative should not exceed 25 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 (Attachment B).
  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
    - Quarterly Reporting Forms (Appendix C)

One copy of the following documents must be e-mailed to [audits@odh.ohio.gov](mailto: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, 4<sup>th</sup> 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**

1. An original and 1 copy of **Attachments** (non-Internet compatible) as required by program: Quarterly Reporting Forms (Appendix C)

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

## II. APPLICATION REQUIREMENTS AND FORMAT

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

*All applications must be submitted via GMIS. 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 Section Y of this RFP for unallowable costs.

**A match of 40 % is required by this program.** This match amount must be included in the applicant share column of the Budget Summary page with a match plan in the narrative.

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 103.3 Cost Allocation Plan and the Compliance Section of the application for additional information.
2. **Personnel, Other Direct Costs, Equipment and Contracts):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period October 1, 2014 to September 30, 2015.

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

The applicant shall retain all original fully executed contracts on file. A completed “Confirmation of Contractual Agreement” (CCA) must be submitted via GMIS 2.0 for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

**CCAs cannot be submitted until after the 1<sup>st</sup> quarter grant payment has been issued.**

The applicant shall itemize all equipment (**minimum \$1000 unit cost value**) to be purchased with grant funds in the Equipment Section.

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 20 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:** *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:** 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:** 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, in your area, also addressing this problem/need.*

- 4. Methodology:** In narrative form, identify the program goals, **Specific, Measureable, Attainable, Realistic & Time-Phased (SMART) process, impact, or outcome objectives** and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed will address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

- 4. Methodology:** *In narrative form, identify the program goals, **Specific, Measureable, Attainable, Realistic & Time-Phased (SMART) process, impact, or outcome objectives** and activities. Indicate how they will be evaluated to determine the level of success of the program. **Describe how program activities will address health disparities.** Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.*

- 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](http://www.ccr.gov).

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

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

**G. Public Health Accreditation Board Standards:** Attach in GMIS the PHAB Standards that will be addressed by grant activities.

**H. 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).

**I. 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 attached in the "Project Narratives" section and 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 June 30, 2014.

**III. APPENDICES**

- A. GMIS Training Form
- B. Application Review Form
- C. Quarterly Program Report
- D. Notice of Intent to apply.

## GMIS 2.0 TRAINING REQUEST (Competitive Cycle ONLY)

[Appendix A]

This document is to be used for GMIS 2.0 during a competitive cycle only. **EACH** person requesting training must complete a form. Requests will only be honored when form is signed by your **Agency Head** or **Agency Financial Head**. Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH.

Grant Program: \_\_\_\_\_ RFP Due Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Salutation: (Dr., Mrs., etc.) \_\_\_\_\_

User's Name: (no nicknames, please) \_\_\_\_\_

User's Job Title: (ex.: Program Director) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Agency/Financial Head Signature: \_\_\_\_\_  
(\*Signature of Agency/ Financial Head)

\_\_\_\_\_  
(\*Printed Name of Agency /Financial Head)

**TRAINING REQUEST FORMS MUST BE SUBMITTED WITH THE NOTICE OF INTENT TO APPLY FOR FUNDING FORM**

Users will receive his/her username and password via e-mail once they have completed training.

**Application Review Form**  
**WORK PLAN EVALUATION**

[Appendix B]

<b>Evaluation Item</b>	<b>Value</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>Award Points</b>
Well-written Work Plan	5				
Clear Work Plan	10				
(a) Objectives/purpose	10				
(b) Strategy/methodology	10				
Address issue of very high radon areas	10				
Contribute to accomplish SIRG 24 goals	15				
Contribute to advancement and/or improvement of health	5				
Cost to ODH reasonable considering the anticipated result	5				
Experienced project personnel	5				
Trained project personnel	5				
Evaluation plan includes measurable quality and quantity of work	10				
Public Health Impact Statement-(not exceed 1pg;addressed all requirements)	5				
Statement of Intent to Pursue Health Equities Strategies(not exceed 1 ½ pgs;addressed all requirements)	5				
Responsive to special concerns and program priorities	5				

**FINANCIAL SECTION EVALUATION** [Appendix B]

<b>Evaluation Item</b>	<b>Value</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>Award Points</b>
Matching funds available	20				
Expenses projected are acceptable	15				
Personnel allocated are justified	5				
Personnel allocated correspond to the Personnel Section in the special Project Application	5				
Travel expenses are realistic and justified	5				
Additional information/ supporting documentation	10				

***SPECIAL PROJECT APPLICATION EVALUATION***

<b>Evaluation Item</b>	<b>Value</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>Award Points</b>
1. Completeness (A). All forms submitted	5				
(B). All forms properly completed	5				
2. Clarity and quality (A). Work Plan includes summary	5				
(B). Work plan purpose/ objectives/goals and priorities	5				
(C). Each Work Plan includes budget details	10				
(D). Budget details correspond with budget details in Special Project Form Financial Section	5				

**INDOOR RADON PROGRAM QUARTERLY REPORT  
FOR: Quarter(#) of (Year)**

**NARRATIVE REPORT**

Subgrantee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Subgrant Number: \_\_\_\_\_

**INITIATIVE #1**

**OBJECTIVE 1 Radon resistant new construction (RRNC) techniques and adoption of RRNC into local building codes:**

**Mandatory Activity:** Each sub-grantee shall complete at least one (1) RRNC focused outreach activity.

**Supplemental Activities:** (list activities here)

**Quarterly Accomplishments:** (include a brief description; indicate who completed the activity)

**OBJECTIVE 2 Outreach to minority, low income and *health disparities* (social determinants) homeowners:**

**Mandatory Activity:** Each sub grantee and coalition member shall conduct at least one outreach or educational activity for minority, low income and/or *health disparities* (social determinants) homeowners (NOTE: April is Minority Health Month).

**Supplemental Activities:** (list of activities here)

**Quarterly Accomplishments:** (include a brief description; indicate who completed the activity)

**OBJECTIVE 3 Radon training for staff**

**Mandatory Activity:** Each sub grantee and coalition member shall attend the annual ODH radon program training / meeting in the Spring of 2015.

**Supplemental Activities:** (list activities here)

**Quarterly Accomplishments:** (include a brief description; indicate who completed the activity)

**OBJECTIVE 4 Public Information and education**

**Mandatory Activities:**

1. Each sub grantee and coalition members shall conduct and at least eight (8) outreach and education activities during National Radon Action Month in January 2015.
2. Each sub grantee and coalition member shall determine the following in their service areas and report their findings in their quarterly program reports to ODH:
  - 1) The number of outreach activities completed
  - 2) A description of the activity (health fair, presentation, etc...)
  - 3) The total number of persons contacted during each outreach
  - 4) The number of radon test kits coupons distributed (if any)

5) Total number of radon information phone calls received and the total amount of time spent on the calls.

6) The number of real estate related radon calls

7) The number of radon information requests received by email.

**Supplemental Activities:** (list activities here)

**Quarterly Accomplishments:** (include a brief description; indicate who completed the activity)

## **OBJECTIVE 5 Radon in homes**

**Mandatory Activity:**

\* Each sub-grantee and coalition member shall report the following information regarding test kit coupons on quarterly reports

1) The number to coupons distributed from their Health Department

2) The number of test kits distributed by AirChek

3) The number of test kits used

**Supplemental Activities:** (list activities here)

**Quarterly Accomplishments:** (include a brief description; indicate who completed the activity)

## **OBJECTIVE 6 Training and education for real estate professionals**

**Mandatory Activity:** Each sub grantee shall facilitate at least one (1) real estate educational training during the grant period.

**Supplemental Activities:** (list activities here)

**Quarterly Accomplishments:** (include a brief description; indicate who completed the activity)

## **OBJECTIVE 7 Radon in schools**

**Mandatory Activity:** Each sub-grantee shall provide educational training to school administration, staff and students about radon.

**Supplemental Activities:** (list activities here)

**Quarterly Accomplishments:** (include a brief description; indicate who completed the activity)

**INDOOR RADON PROGRAM QUARTERLY REPORT  
FOR: Quarter(#) of (Year)**

**DATA REPORT**

Subgrantee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Subgrant Number: \_\_\_\_\_

**INITIATIVE #1**

<b>OBJECTIVE 4 - Public Information</b>	<b>1st</b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>
Number of outreach activities completed				
Number of people contacted during outreach				
Number of coupons distributed				
Number of radon calls received				
Amount of time spent on radon calls				
Number of real estate related calls				
Number of e-mails received				
<b>OBJECTIVE 5- Radon in Homes</b>				
Number of coupons distributed				
Number of test kits distributed by AirChek				
Number of test kits used				
<b>ADDITIONAL ACTIVITIES</b>				
(List any additional activities conducted that produced data - ie...distributed 20 radon info packets @ car seat inspections)				

