

MEMORANDUM

Date: May 4, 2011

To: Eligible Ohio Department of Health Project LAUNCH Grant Applicants

From: Karen Hughes, MPH, Chief 
Division of Family and Community Health Services
Ohio Department of Health

Subject: Notice of Funds for Continuation Grant Application
Project LAUNCH for Appalachian Ohio
Funding period September 30, 2011 – September 29, 2012

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS) announces the availability of grant funds to support the ODH grant Project LAUNCH for Appalachian Ohio for federal fiscal year 2012. "LAUNCH stands for "Linking Actions for Unmet Needs in Children's Health". The purpose of Project LAUNCH for Appalachian Ohio is to promote the wellness of young children in Athens, Hocking, Vinton and Meigs Counties from birth to age 8 by improving the services available to meet their physical, social and behavioral development.

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 "About ODH";
3. From the next page click on "ODH Grants;"
4. Next click on "Grant Request for Proposals", this will give you a pull down menu with current RFPs by name; and
5. Select and highlight the ODH "Project LAUNCH for Appalachian Ohio" RFP and click "Submit". This process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired.

Only those agencies currently funded for this grant are eligible to apply for these funds. Grant applications and all attachments are due Monday July 11, 2011 at 4:00 PM for the funding period of September 30, 2011 through September 29, 2012.

All grant applications must be submitted via the Internet, using GMIS 2.0. All organizations are required to attend GMIS 2.0 Training. Complete and return the GMIS 2.0 Training form.

Electronic applications received after **Monday July 11, 2011 at 4:00 PM** will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

If you have questions regarding this application please contact Diane Nutter at diane.nutter@odh.ohio.gov or by phone at 614-728-6845.

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Family and Community Health Services

ODH Program Title: Project LAUNCH

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 _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

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

Mail, E-mail or Fax To: Diane Nutter
Project LAUNCH
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215
E-mail: diane.nutter@odh.ohio.gov
Fax: 614-564-2486

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY JUNE 3, 2011.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

**DIVISION OF
Family and Community Health Services**

**Project LAUNCH:
*“Linking Actions for Unmet Needs in Children’s Health”***

**REQUEST FOR PROPOSALS (RFP)
FOR**

**FISCAL YEAR 2012
(09/30/11 – 09/29/12)**

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

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I. APPLICATION SUMMARY and GUIDANCE

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

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) Manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The GAPP Manual is available on the ODH Website <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** Project LAUNCH: *“Linking Actions for Unmet Needs in Children’s Health”*
- C. Purpose:** The Ohio Department of Health received a grant from the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) for Project LAUNCH. As a condition of the award, ODH is required to enter into a sub-grant agreement with Ohio University, hereinafter referred to as the Qualified Applicant.

The goal of Project LAUNCH for Appalachian Ohio is to create a shared vision for young child wellness that builds a solid foundation for sustaining effective, integrated services and systems to support and promote the wellness of young children and their families. To achieve that goal, Ohio has two objectives: to build our infrastructure and to enhance and expand service delivery by coordinating physical and behavioral health services for young children across systems and develop and implement a model for coordination of physical and behavioral health services that is appropriate for Ohio’s Appalachian region.

- D. Qualified Applicants:** Only agencies currently funded under this program are eligible to apply. The only eligible applicant is Ohio University.
- E. Service Area:** Athens, Hocking, Meigs and Vinton Counties, Ohio
- F. Number of Grants and Funds Available:** This sub-grant is supported with federal funds from HHS, Substance Abuse and Mental Health Services Administration, to the Ohio Department of Health. One sub-grant may be awarded for a total amount of up to \$680,000.00. Eligible agencies may apply for up to \$680,000.00.

- G. Due Date:** Applications including any required forms and required attachments must be mailed or electronically submitted via GMIS 2.0 and are due by 4:00 p.m. on **Monday July 11, 2011**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Contact Diane Nutter at diane.nutter@odh.ohio.gov, or by phone at 614-728-6845 with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 153 and the Catalog of Federal Domestic Assistance (CFDA) Number 93.243.

- I. Goals:** The purpose of Project LAUNCH at both the state and local level is to promote the wellness of young children birth to age 8. Wellness is a state of positive physical, emotional, social and behavioral health; behavioral health includes mental health and positive development free from substance abuse and other negative behaviors. The Ohio Department of Health will map out all systems that serve children birth to age 8, create a strategic plan which emerges from the environmental scan and needs assessment information, focus on infrastructure building, financial mapping, policy development, workforce development, and oversight of Project LAUNCH. The Local Level Participant will oversee the grant at the local level, assuring that each deliverable is met as required by SAMHSA and ODH.

- J. Program Period and Budget Period:** The program period for this grant is 9/30/2009 through 9/29/2014. The budget period for this application is 9/30/2011 through 9/29/2012.

- K. Local Health Districts Improvement Standards:** This grant program will address the Local Health Districts Improvement Goal(s) 3701-36-04 “Protect people from disease and injury,” 3701-36-05 “Monitor health status,” 3701-36-06 “Assure a safe and healthy environment” and 3701-36-08 “Address the need for personal health services.” The Local Health District Improvement Standards are available on the ODH website at <http://www.odh.ohio.gov/localHealthDistricts/lhdImprovementStandards.aspx> (Click on “Local Health District Improvement Goals/Standards/Measures.”).

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

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

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

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

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

M. Statement of Intent to Pursue Health Equity Strategies

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

- *Basic Health Equity Concepts:*
Certain groups in Ohio experience a disproportionate burden with regard to the incidence, prevalence and mortality of certain diseases or health conditions. These are commonly referred to as health disparities. Health disparities are not

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

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

- N. **Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **In view of this, the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**
- O. **Programmatic, Technical Assistance and Authorization for Internet Submission:** The applicant will receive their authorization for internet submission upon the posting of the Request for Proposal to the ODH Website. Please contact Diane Nutter at diane.nutter@odh.ohio.gov, or by phone at 614-728-6845 with any questions.
- P. **Acknowledgment:** An 'Application Submitted' status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.
- Q. **Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of 4:00 p.m. on **Monday July 11, 2011**.

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Administration, Central Master Files; but they must be delivered by **4:00 p.m.** on the application due date. FAX attachments will not be accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a “Notice of Award” (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
 5. Estimates reasonable cost to the ODH, considering the anticipated results;
 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
 7. Provides an evaluation plan, including a design for determining program success;
 8. Is responsive to the special concerns and program priorities specified in the request for proposal;
 9. **Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;**
 10. **Has demonstrated compliance to Grants Administration Policy and Procedures (GAPP), Chapter 100; and**
 11. **Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities.**

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

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

- V. **Ownership Copyright:** Any work produced under this grant will be the property of the Ohio Department of Health (ODH) and United States Department of Health and Human Services (HHS), including copyright, except that if the grant is awarded to a state college or university, the college or university may retain ownership of the work, but must grant ODH and HHS a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, for government purposes, any products copyrighted by the college or university that result from work produced by the college or university pursuant to the grant.

All work produced under this grant shall contain the following: “© Copyright (year) (name of organization: either state college or university, if awarded the grant, or Ohio Department of Health, if the grant is awarded to an entity that is not a state college or university), all rights reserved. This material was funded in whole or in part by the Ohio Department of Health Project LAUNCH Grant and the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Project LAUNCH Grant. The views, policies, and opinions expressed herein are those of the authors and do not necessarily reflect those of ODH, HHS or SAMHSA.”

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

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

Reports shall be submitted as follows:

1. **Program Reports:** Subgrantee Program Reports must be completed and submitted via the Grants Management Information System (GMIS) by the following dates: Mid Year Report due 3/1/12 and Annual Report due 12/1/12. 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 the required attachments (non-Internet submitted) 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 System indicates acceptance of the ODH GAPP.

2. **Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates: *1/15/12, 4/15/12, 7/15/12 and 10/15/12.*
Submission of Subgrantee Program Expenditure Reports via the ODH's GMIS

2.0 system indicates acceptance of ODH GAPP. Clicking the “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

3. **Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** by 4:00 P.M. on or before 11/15/12. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

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

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

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

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

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

1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to

- grant objectives;
4. Bad debts of any kind;
 5. Lump sum indirect or administrative costs;
 6. Contributions to a contingency fund;
 7. Entertainment;
 8. Fines and penalties;
 9. Membership fees -- unless related to the program and approved by ODH;
 10. Interest or other financial payments;
 11. Contributions made by program personnel;
 12. Costs to rent equipment or space owned by the funded agency;
 13. Inpatient services;
 14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
 15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
 16. Travel and meals over the current state rates (see OBM Website: <http://obm.ohio.gov/MiscPages/TravelRule> Then click on OBM Travel Rule.
 17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
 18. Training longer than one week in duration, unless otherwise approved by ODH;
 19. Contracts for compensation with advisory board members;
 20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH; and
 21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

Use of grant funds for prohibited purposes will result in the loss and/or recovery of those funds.

- Z. Audit:** *Subgrantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than 9 months after the end of the subgrantee's fiscal year.*

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 (and expend \$500,000 or more in federal awards per fiscal year) are required to have a single audit. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB Circular A-133.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The financial audit is not an allowable cost to the program.

Once an audit is completed, **a copy must be sent to the ODH, Grants Administration, Central Master Files address within 30 days.** Reference: *GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.*

Subgrantee audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on sub-grants passed-through the ODH;
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AA. Submission of Application:

The GMIS 2.0 application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form (Attachment B).
8. Attachments as required by Program: None

An original and one copy of the following forms, available on GMIS 2.0, must be completed, printed, signed in blue ink with original signature by the Agency Head or Agency Financial Head and mailed to the address listed below:

**Complete,
Sign &
Mail To
ODH**

1. Electronic Funds Transfer (EFT) Form **(Required if new agency, thereafter only if banking information has**

changed.)

2. IRS W-9 Form (**Required if new agency, thereafter only when tax identification number or agency address information has changed.**) **One of the following forms must accompany the IRS W-9 Form:**
 - a. Vendor Information Form (**New Agency Only**)
 - b. Vendor Information Change Form (**Existing Agency with tax identification number, name and/or address change(s).**)
 - c. Change request in writing on Agency letterhead (**Existing Agency with tax identification number, name and/or address change(s).**)

Two copies of the following documents must be mailed to the address listed below:

**Copy &
Mail To
ODH**

1. Public Health Impact Statement (**for competitive cycle only; for continuation, only if changed**)
2. Statement of Support from the Local Health Districts (**for competitive cycle only; for continuation, only if changed**)
3. **Statement of Intent to Pursue Health Equity Strategies (for competitive cycle only: not required for continuation cycle, if unchanged)**
4. Liability Coverage (**Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period**)
5. Evidence of Non-Profit Status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed**).

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

**Complete
Copy &
Mail To
ODH**

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (**Required by ALL Non-Governmental Applicant Agencies**)
3. An original and one copy of **Attachments** (non-Internet compatible) as required by program: None

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

II. APPLICATION REQUIREMENTS AND FORMAT

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

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

- A. **Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. **Budget:** Prior to completion of the budget section, please review pages 7 and 8 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 9/30/11 to 9/29/12.

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

When appropriate, retain all contracts on file. The contracts should not be sent to ODH. A completed "Confirmation of Contractual Agreement" (CCA) form must be submitted via GMIS 2.0 for each contract once it has been signed by both parties. The submitted CCA must be approved by ODH before contractual

expenditures are authorized.

Submission of the “Confirmation of Contractual Agreement” (CCA) via the ODH’s GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgement and acceptance of GAPP rules and regulations. CCAs cannot be submitted until after the 1st quarter grant payment has been issued.

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

- 3. Compliance Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.
 - 4. Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.
- C. Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- D. Project Narrative:**

Project LAUNCH for Appalachian Ohio is based on collaboration between the Ohio Department of Health, child serving state departments and other statewide organizations on the State Council, Ohio University (OU), Integrating Professionals for Appalachian Children (IPAC), which serves as the Local Council. IPAC is a community-consumer-university rural health network incorporated as a non-profit organization in 2006. IPAC aims to empower Ohio’s families in rural Appalachia, not only by building the capacity of caregivers and the knowledge and skills of local providers, but also by strengthening the integration across systems to reduce fragmentation which has historically burdened families to coordinate their own care. Project LAUNCH offers an opportunity for Ohio University, IPAC and state departments that serve young children to collaborate for state policy and infrastructure reform and to serve over 11,000 children birth to age 8 living in four counties of rural Appalachian Ohio: Athens, Hocking, Vinton, and Meigs.

The four Project LAUNCH counties fall within the 29 Appalachian counties in southeastern Ohio. This southeastern region of the state is marked by hilly terrain, a lack of economic development, a poor tax base, non-existent public transportation, and a homogeneous population that is 97% Caucasian. More than 128,000 people reside in a service area that is approximately 1,773.2 square miles. Three of the four counties are classified as “distressed” and all are underserved by both medical and mental health professionals. Young children in the area are not receiving the services they need because of early identification barriers (lack of screening and an awareness of its importance), professional barriers (working in silos, lack of coordination), and because families are overwhelmed and lack access to services.

GOALS

The goal of Ohio’s Project LAUNCH is to create a shared vision for young child wellness that builds a solid foundation for sustaining effective, integrated services and systems to support and promote the health and wellness of young children and their families. Working collaboratively, Project LAUNCH will allow the state and local partners to:

1. Build awareness about the importance of early identification through evidenced-based screenings in primary care across all provider systems (medicine, education, etc.);
2. Improve coordination of care from the point of identification, through referrals and the provision of evidenced-based services such that consumers and those who serve young children share a vision of what strengthens families and optimizes young child wellness;
3. Improve the integration of physical and behavioral health care for young children;
4. Develop policies and infrastructure to solidify supports that enable local communities to design system reforms that leverage community assets and respect local cultural values;
5. Expand the use of evidence-based programs and practices to promote the wellness of young children and their families in five programmatic areas; and
6. Strengthen the local infrastructure and develop the workforce capacity of professionals in all child serving systems.

STRATEGIES

The local Project LAUNCH grantee is involved in both infrastructure development and service delivery system components. Working in partnership with the state, LAUNCH activities focus primarily on infrastructure reform efforts aimed at creating an integrated system for promoting the wellness of young children, and workforce development activities. All activities between the Local and State Councils share a common goal of building a solid foundation for sustaining effective, integrated services and systems to support and promote the wellness of young children and their families. To achieve these goals at the local level, Ohio University and Integrating

Professionals for Appalachian Children (IPAC) are expected to implement a range of evidence-based programs/practices at the local level to support young child wellness. The programs or practices to be implemented should expand, enhance, improve and/or build upon existing services, or address gaps in services to young children and their families. All applicants must implement practices in the following five areas: (1) Use of developmental assessments in a range of child-serving settings (e.g. primary care, child care, early childhood education, and behavioral health programs), and these assessments should be used to facilitate appropriate referrals throughout the child-serving system; (2) Integration of behavioral health programs and practices into primary care; (3) Home visiting programs; (4) Mental health consultation (e.g. in primary care, child care or early education settings); and (5) Family strengthening and parent skills training.

EXPECTED OUTCOMES

Expected outcomes at the systems level include: increased public awareness of the determinants of young child wellness; the State Council's advocacy for child wellness and state level improvements that promote child wellness and integrated programs; and the sustainability of IPAC as a Rural Health Network capable of managing regional initiatives to address young child wellness. At the services level, expected outcomes include: appropriate screenings and referrals for children at earlier ages; improved access to services for children and families; increased knowledge of child development, behavioral health, and interventions by parents and professionals; improved social-emotional competence in young children; an increase in the number of children ready to enter kindergarten; and an increase in the overall wellness of young children and their families.

- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and one copy of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address by 4:00 P.M. on or before **Monday July 11, 2011**. All attachments must clearly identify the authorized program name and program number.
- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be dated and signed, in blue ink, with original signatures**. Submit the original and one copy. **(Required only if new agency, thereafter only when banking information has changed.)**

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

- 1. Vendor Information Form (New Agency Only), or**
- 2. Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s).)**
- 3. Change request in writing on Agency letterhead (Existing Agency with tax identification number, name and/or address change(s).)**

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

I. Public Health Impact Statement Summary: Submit two copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed).**

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

K. Liability Coverage: Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; current liability coverage and thereafter at each renewal period.)**

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

M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire: The DMA is a questionnaire that must be completed by all non-governmental grant applicant agencies to certify that they have not provided "material assistance" to a terrorist organization (Sections 2909.32,

2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head's signature. The DMA Questionnaire (in PDF format. [Adobe Acrobat](#) is required) is located at the Ohio Department of Public Safety /Ohio Homeland Security website:

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

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

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

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

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, Attachment B is located on the GMIS Bulletin Board. It must be completed and attached to the GMIS Application/Project Comment Section.)

- O. Attachments as Required by Program:**

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

III. APPENDICES

- A. GMIS 2.0 Training Form**

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

Submission Date
 ____/____/____

Sub-Awardee Data

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

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

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

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

Ohio Department of Health
GMIS 2.0 TRAINING

ALL INFORMATION REQUESTED MUST BE COMPLETED for EACH EMPLOYEE
FROM YOUR AGENCY WHO WILL ATTEND A GMIS 2.0 TRAINING SESSION.

(Please Print Clearly or Type)

Grant Program _____ RFP Due Date _____

County of Applicant Agency _____

Federal Tax Identification Number _____

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

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to attend training _____

Telephone Number _____

E-mail Address _____

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

Required

Please Check One:

_____ Yes – I ALREADY have access to the
ODH GATEWAY (SPES, ODRS, LHIS, etc)

_____ No – I DO NOT have access to the ODH GATEWAY

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

Mail, E-mail, or Fax To:

GAIL BYERS

Grants Administration Unit

Ohio Department of Health

246 N. High Street

Columbus, Ohio 43215

E-mail: gail.byers@odh.ohio.gov

Fax: 614-752-9783

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