



OHIO DEPARTMENT OF HEALTH

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Columbus, Ohio 43215

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John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

To: Prospective Ohio Poison Control Bioterrorism Program Grant Applicants

From: Steve Wagner, Chief, Division of Prevention and Health Promotion

Subject: Notice of Funds- Request for Proposals
Ohio Poison Control Bioterrorism Program Grant FY15 (July 1, 2014 to June 30, 2015)

The Ohio Department of Health (ODH), Division of Prevention and Health Promotion (DPHP), is pleased to announce the availability of funds to support the Ohio Poison Control Bioterrorism Program Grant. The goal of the grant is to build health preparedness capabilities in Ohio through information sharing and healthcare preparedness.

One grant will be awarded totaling \$171,500.

To be eligible for funding, all interested applicants are required to attend or had previously attended Grants Management Information System (GMIS) 2.0 training to be eligible to apply for funding. Unless previously done so, complete and return the GMIS 2.0 training form (attached to the RFP) if training for GMIS 2.0 is needed. This training will allow you to submit an application via the Internet using GMIS 2.0. All grant applications must be submitted via the Internet using the GMIS 2.0.

This Request for Proposals provides detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant.

Please contact Julie Walburn, Chief, Bureau of Health Preparedness at Julie.Walburn@odh.ohio.gov or by phone at (614) 644-6133 if you have any questions regarding this RFP.

Please note that the Notice of Intent to Apply for Funding (NOIAF) must be received by Monday March 3, 2014, and the application and all required attachments are due by 4:00 p.m. on Monday, March 31, 2014.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF

Prevention and Health Promotion

BUREAU OF

Health Preparedness

Poison Control Bioterrorism Preparedness

REQUEST FOR PROPOSALS (RFP)

FOR

FISCAL YEAR 2015

(07/01/2014 – 06/30/2015)

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

Revised 01/07/14

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:** *Poison Control and Bioterrorism Preparedness*
- C. Purpose:** *The purpose of the grant program is to provide poison control center subject matter expertise to support state, regional, and local health departments and healthcare systems/organizations in demonstrating progress toward achieving health preparedness capabilities.*
- D. Qualified Applicants:** *All applicants must be a local public or non-profit agency, and a Poison Control Center in Ohio. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). State who is eligible to apply. Indicate whether local public and/or non-profit agencies can apply.*

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, March 31, 2014.

- E. Service Area:** *The Request For Proposal requires applicants to provide services for the entire state*
- F. Number of Grants and Funds Available:** *One grant may be awarded for a total amount of \$171,500.*

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, March 31, 2014]. Applications and required attachments received late will not be considered for review.

Contact [Julie Walburn, 614 644-6133] with any questions.

H. Authorization: Federal funds are provided through the Department of Health and Human Services through the Assistant Secretary for Preparedness and Response (ASPR) as authorized by section 319C-2 of the Public Health Service (PHS) Act, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA) (P.L. 109-417). The combined CFDA number for the aligned CDC/PHEP and ASPR/HPP programs is 93.074, but for purposes of audit, the National Bioterrorism Hospital Preparedness Program (HPP) CFDA number should be listed as 93.889.

- I. Goals:** [Specific goals include providing ODH access, training, and support on the use of the National Poison Data System, providing information regarding syndromic anomalies for public health significance, maintaining the 24/7 emergency call line for ODH, and maintaining system regarding calls resulting from potential side effects of medical countermeasures.]

- J. Program Period and Budget Period:** The program period will begin [07/01/2014] and end on [06/30/2017]. The budget period for this application is [07/01/2014] through [06/30/2015].

- K. Public Health Accreditation Board (PHAB) Standard(s):** *This grant program will address PHAB Standard 1.2: Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and On the Health Status of the Population.*

The PHAB standards are available at the following website:

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

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

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

- a) The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:

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

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

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

M. Incorporation of Strategies to Eliminate Health Inequities

[Not Applicable for this grant.]

- 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 *[Julie Walburn, 614 644-6133]* to whom the applicant agency can contact 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, March 31, 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 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.

[A scoring sheet is provided in Appendix B]

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

- U. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information

regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education; or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. [Select only the appropriate reference.]

- 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 Health Preparedness], [Ohio Poison Control Bioterrorism Preparedness Program] and as a sub-award of a grant issued by [the Assistant Secretary of Preparedness and Response] [under the [National Bioterrorism Hospital Preparedness Program], grant award number [CDC-RFA-TP12-120102CONT13], and CFDA number [93.074].”

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

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

Reports shall be submitted as follows:

- 1. Program Reports:** subgrantees Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates: January 15, 2015 and July 15, 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 attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

Submission of Subgrantee Program Reports via the ODH's (GMIS) indicates

acceptance of the ODH GAPP.

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

	Time Period	Due Date
First Quarter	July 1, 2014 to September 30, 2014	October 15, 2014
Second Quarter	October 1, 2014 to December 31, 2014	January 15, 2015
Third Quarter	January 1, 2015 to March 31, 2015	April 15, 2015
Fourth Quarter	April 1, 2015 to June 30, 2015	July 15, 2015

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 (August 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 (including but not limited to bank fees);
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> then click on most recent Mileage Reimbursement memo.)
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;

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

Z. Client Incentives: Client incentives are **an unallowable** cost.

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

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 ½ by 11 paper.
- Number all pages (print on one side only).
- Program narrative should not exceed 10 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

Complete & Submit Via Internet

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification

- Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
 6. Assurances Certification
 7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
 8. Electronic Funds Transfer (EFT) form **(Required if new agency, thereafter only if banking information has changed.)**
 9. IRS W-9 Form **(Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS W-9 Form:**
 - a. Vendor Information Form **(New Agency Only)**
 - b. Vendor Information Change Form **(Existing agency with tax identification number, name and/or address change(s).)**
 - c. Change request in writing on agency letterhead **(Existing agency with tax identification number, name and/or address change(s).)**
 10. Public Health Impact Statement
 11. Statement of Support from the Local Health Districts
 12. Liability Coverage **(Non-Profit organizations only; proof of current liability coverage and thereafter at each renewal period.)**
 13. Evidence of Non-Profit Status **(Non-Profit organizations only)**
 14. Attachments as required by Program |
Program Attachment #1: Program Plan |

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

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

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

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

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

**Complete
Copy &
Mail To
ODH**

1. **Attachments** (non-Internet compatible) as required by program:
(NONE)

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

II. APPLICATION REQUIREMENTS AND FORMAT

Access to GMIS, will be provided after GMIS training for those agencies requiring training. All others will receive access after the RFP is posted to the ODH website.

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 8 of the RFP for unallowable costs.

A match of 10% 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. Applicants must also submit a letter, signed by the agency head documenting how match will be met. Subgrantee will be required to submit a confirmation letter with their end of year report documenting how match was actually provided.

- 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

|07/01/2014| to 06/30/2015.

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

The applicant shall retain all 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 1st quarter grant payment has been issued.

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

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 services and programs to be offered and what agency or agencies will provide those services.]

- 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 problem/need that will be addressed by the program. *Include a description of other agencies/organizations, in your area, also addressing this problem/need.*

- 4. Methodology:** Complete the program plan attachment and 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.

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

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

G. 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 Monday March 31, 2014.
[There are no program required paper attachments.]

III. APPENDICES

- A.** Notice of Intent to apply for funding
- B.** GMIS Training Form
- C.** Application Review Form

Program Grant Number: _____

Poison Control Bioterrorism Preparedness Program Plan

Initial Program Plan Midyear Program Report End of the Year Report

For more information regarding federal standards please see the Office of the Assistant Secretary for Preparedness and Response Hospital Preparedness Program National Guidance for Healthcare System Preparedness at <http://www.phe.gov/Preparedness/planning/evaluation/Pages/guidance.aspx> .

#	Capability	Federal Function and Resource Element	Poison Control Deliverable	Activity/Timeline (Subgrantee completes and submits with application)	Progress/Accomplishments (Subgrantee completes at mid-year and end-of-year)
1.	Comm Prep	F1P4	Partner with the ODH and regional public health and regional healthcare coordinators to provide subject matter expertise regarding Poison Control topics to the regional healthcare coalitions.		
2.	Info sharing	F1P1 F1P2 F1P3 F1E1	Authorize staff within ODH’s Division of Prevention and Health Promotion to obtain access to poison control center call data. Direct access must be maintained for a maximum of five ODH users and allow local health department access to aggregate poison control center data via the web services feature within NPDS which will be accessed via EpiCenter. The subgrantee will continue to provide training and answer questions on the use of National Poison Data System (NPDS).		
3.	Info	F1P2	Develop a written plan to notify ODH staff of unusual		

#	Capability	Federal Function and Resource Element	Poison Control Deliverable	Activity/Timeline (Subgrantee completes and submits with application)	Progress/Accomplishments (Subgrantee completes at mid-year and end-of-year)
	sharing	F1P3 F1E1	events detected in calls made to the poison control centers. The plan must include call information related to potential public health concerns identified by poison control staff. The plan must include how poison control staff will review NPDS syndromic anomalies for public health significance and alert ODH to unusual events. The plan must also outline how the subgrantee will review and make any necessary changes to the symptom and system groupings used in NPDS for health event detection		
4.	Info sharing	F1P2 F1P3 F1E1	Maintain the 24/7 emergency call line for ODH and follow ODH specifications for triage, reporting, minimum hold times, and call protocols.		
5.	Info sharing	F3P1 F3P2	In collaboration with ODH and other state, local, and regional stakeholders, develop and implement a plan and upgrade any required systems to enable poison centers to receive calls resulting from potential negative effects of medical countermeasures dispensed during an incident and to alert ODH.		

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
 Division of Prevention and Health Promotion
 Bureau of Health Preparedness

ODH Program Title:

Poison Control Bioterrorism Preparedness

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 County Agency Hospital Local Schools
(Check One) City Agency Higher Education Not Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ **E-mail** _____

Address _____

Agency Head (Print Name)

Agency Head (Signature)

Does your agency have at least two staff members who have been trained in and currently have access to the ODH GMIS 2.0 system? YES

If yes, no further action is needed.

If no, at least two people from your agency are REQUIRED to complete the training before you will be able to access the ODH GMIS 2.0 system and submit a grant proposal. Fill out the training request form in the Request for Proposal. **The training form must be submitted with the Notice of Intent to Apply for Funding, W-9 form, EFT form, Proof of Liability (if applicable) and Proof of Non-Profit (if applicable).**

Mail or E-mail to:

Ohio Department of Health
 Bureau of Health Preparedness
 35 East Chestnut, 7th Floor
 Columbus, OH 43215
 E-mail: Julie.Walburn@odh.ohio.gov

NOTICE OF INTENT TO APPLY FOR FUNDING (NOIAF), W-9 form, Vendor Information Form (New Agency Only), EFT form, PROOF OF LIABILITY (if applicable), AND PROOF OF NON-PROFIT (if applicable) MUST BE RECEIVED BY Monday March 3, 2014

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by the due date. NOIAF's considered late will not be accepted.

GMIS 2.0 TRAINING REQUEST (Competitive Cycle ONLY)

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: Poison Control Bioterrorism Preparedness RFP Due Date: March 31, 2014

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.

**Ohio Department of Health
Competitive Application Grant Reviewer Rating Form**

Program Name: _____ **Reviewer Name:** _____ **Date:** _____

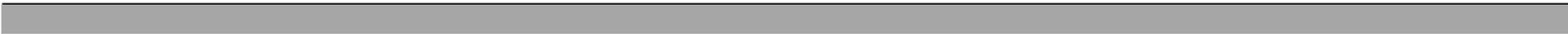
Applicant Agency _____

GMIS # _____

County(s) to be Served: _____ **Total Requested Budget: \$** _____



Section	Maximum Points	Score
1. Executive Summary	10	
2. Description of Applicant Agency/Eligibility/Personnel	10	
3. Problem/Need	15	
4. Budget	15	
5. Methodology	15	
6 Program Requirements	30	
7. Application Requirements	5	
Total	100	



Overall Application Comments: _____

Approval of Application as Submitted

Approval of Application with Special Conditions: (Please List)

Disapproval of Application: (Statement of Rational)

1. <u>Executive Summary</u>			
	Max	Score	Comments: Strengths, Weaknesses
Identifies the target population, services and programs to be offered.	4		
Identifies what agency or agencies will provide the services.	2		
Defines the burden of health disparities and health inequities. (N/A)	0		
Describes the problem that the program will address.	4		
Executive Summary Total	10		
Overall Executive Summary Comments:			

2. <u>Description of Applicant Agency/ Documentation of Eligibility/Personnel</u>			
	Max	Score	Comments: Strengths, Weaknesses
Briefly describes the applicant agency's eligibility to apply.	2		
Adequately summarized the agency's structure as related to this program and as the lead agency, how it will manage the program.	2		
Described capacity of organization, personnel or contractors, to communicate in a manner easily understood by diverse audiences	2		
Noted personnel and/or equipment deficiencies <ul style="list-style-type: none"> • If personnel deficient described plans for hiring and training, if necessary 	1		
Delineated all personnel who will be involved in the program activities. <ul style="list-style-type: none"> • Position Descriptions were included for the staff identified. 	1		
Adequately described the relationship between program staff, staff members and other partners/agencies who are working on this program.	2		
Description of Applicant Agency/ Documentation of Eligibility/Personnel Total	10		
Overall Description of Applicant Agency Comments:			

3. <u>Problem/Need</u>			
Identified and clearly described the local health status concern.	3		
Discussed local and/or state data used.	3		
Discussed specific health status concerns that the program intends to address (morbidity/mortality) or health system indicators	3		
Clearly describes segments of the target population who have a disproportional burden of the local health status concern or who are at an increased risk for the problem addressed by this funding opportunity.	3		
Identifies and describes other agencies/organizations which address the same problem/need.	3		
Problem/Need Total	15		
Overall Problem/Need Comments			

4. <u>Budget</u>			
	Max	Score	Comments: Strengths, Weaknesses
Includes a detailed budget justification narrative that matches the budget in GMIS and relates expenses to program activities.	2		
Clearly describes how categorical costs are derived.	5		
Adequately discusses the necessity, reasonableness and allocability of proposed costs. Budget is adequate to meet the goals and objectives of the program.	4		
Personnel, Other Direct Costs, Equipment, and Contracts are identified and appropriate to program scope of work <ul style="list-style-type: none"> • Clearly describes the specific functions of the personnel, consultants and collaborators. • Adequately explains and justifies equipment, travel, supplies, and training costs 	4		
Budget Total	15		
Overall Budget Comments:			

5. Methodology

	Max	Score	Comments: Strengths, Weaknesses
Applicant included a program activities timeline identifying program objectives, activities and the start and completion dates for each.	15		
Methodology Total	15		
Overall Methodology Comments:			

6. <u>Program Requirements</u>			
	Max	Score	Comments: Strengths, Weaknesses
Partner with the ODH and regional public health and regional healthcare coordinators to provide subject matter expertise regarding Poison Control topics to the regional healthcare coalitions.	5		
Authorize staff within ODH's Division of Prevention and Health Promotion access to poison control center call data. Direct access must be maintained for a maximum of five ODH users and allow local health department access to aggregate poison control center data via the web services feature within NPDS which will be accessed via EpiCenter. The subgrantee will continue to provide training and answer questions on the use of National Poison Data System (NPDS).	5		
Develop a written plan to notify ODH staff of unusual events detected in calls made to the poison control centers. The plan must include call information related to potential public health concerns identified by poison control staff. The plan must include how poison control staff will review NPDS syndromic anomalies for public health significance and alert ODH to unusual events. The plan must also outline how the subgrantee will review and make any necessary changes to the symptom and system groupings used in NPDS for health event detection	5		
Maintain the 24/7 emergency call line for ODH and follow ODH specifications for triage, reporting, and call protocols.	10		
In collaboration with ODH and other state, local, and regional stakeholders, develop and implement a plan and upgrade any required systems to enable poison centers to receive calls resulting from potential negative effects of medical countermeasures dispensed during an incident and to alert ODH.	5		
Program Requirements Total	30		
Overall Comments:			

7. <u>Application Requirements</u>			
	Max	Score	Comments: Strengths, Weaknesses
Identified the Public Health Accreditation Board (PHAB) Standard (s) that will be addressed by grant activities. Uploaded as an attachment in GMIS the document will identify the PHAB Standards that will be addressed by grant activities.	2		
Public Health Impact Statement Summary for non-public health applicants. <ul style="list-style-type: none"> Public Health Summary Public Health Impact Statement of Support 	Yes	No	This item is verified only, not scored
Formatting requirements met <ul style="list-style-type: none"> Properly label each item of the application packet (ex. budget narrative, program narrative, etc.). Each section should use 1.5 spacing with one-inch margins. Program and Budget narratives must be submitted in portrait orientation on 8 ½ by 11 paper. Number all pages (print on one side only). Program narrative should not exceed XX 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. 	3		
Application Requirements Total	5		
Grand Total	100		

Grant Reviewer Signature

Date