



MEMORANDUM

Date: March 11, 2013

To: Prospective Sexual Assault Services Program Applicants

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

Subject: Notice of Availability of Funds –Federal Fiscal Year 2013-2014
Sexual Assault Services Act Program

The Ohio Department of Health (ODH), Division of Prevention and Health Promotion, Bureau of Healthy Ohio (BHO) announces the availability of grant funds to provide three - four programs through the Sexual Assault Services Program. Funds will be available to provide direct services for survivors of sexual assault in previously under-served communities.

To obtain a grant application packet:

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

In the application packet you will find:

1. Request for Proposals (RFP) – This document outlines detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant.
2. *Notice of Intent to Apply for Funding (NOIAF)* form – The purpose of this document is to ascertain your intent to apply for available grant funds. Please note: The NOIAF must be submitted no later than April 8, 2013, which is the date to be eligible for these funds. NOIAF’s not received by the due date will not be accepted.

When you have accessed the application packet:

1. Review the RFP to determine your organization’s ability to meet the requirements of the grant and your intent to apply.

2. If after reviewing the RFP you wish to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Fax or e-mail it to ODH, per the listed instructions and by the indicated due date of April 8, 2013.
The *Notice of Intent to Apply for Funding* form is mandatory, if you intend to apply for the grant.

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

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

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

All potential applicants are encouraged to participate in a Bidders Conference that will be held via webinar on Thursday, April 4, 2013, from 10:00 am to 12:00 pm. Information to access the call will be sent to anyone who has submitted an NOAIF by that date. The Bidders Conference will provide an opportunity for interested parties to learn more about the RFP and to ask clarifying questions. Please contact Debra Seltzer at (614) 728-2176 or by email at debra.seltzer@odh.ohio.gov to register.

All applications and attachments are due Monday May 6, 2013. Electronic applications received after Monday, May 6, 2013 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using GMIS 2.0. All organizations are required to attend GMIS 2.0 training. If your organization has not been trained, complete and return the GMIS 2.0 training form by April 8, 2013.

If you have questions regarding this application, please contact Debra Seltzer at (614) 728-2176 or by email at debra.seltzer@odh.ohio.gov

NOTICE OF INTENT TO APPLY FOR FUNDING

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

ODH Program Title:

Sexual Assault Services Program

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 City Agency Hospital Higher Education Local Schools Not-for Profit

Applicant Agency/Organization Agency Head _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

Agency Head Signature _____

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

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

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

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

If YES – No further action is needed.

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

Mail, E-mail or Fax to: Debra Seltzer

Ohio Department of Health – Sexual Assault and Domestic Violence Prevention Program
246 North High Street 8th floor
Columbus, OH 43215
E-mail: debra.seltzer@odh.ohio.gov
Fax: 614-564-2409

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY April 8, 2013



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF
Prevention and Health Promotion

BUREAU OF
Healthy Ohio

Sexual Assault and Domestic Violence Prevention Program

REQUEST FOR PROPOSALS (RFP)

FOR

FISCAL YEAR 2014

07/01/13 – 12/31/14

Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

Table of Contents

I. APPLICATION SUMMARY and GUIDANCE

A.	Policy and Procedure	1
B.	Application Name	1
C.	Purpose.....	1
D.	Qualified Applicants	2
E.	Service Area.....	2
F.	Number of Grants and Funds Available	2
G.	Due Date	2
H.	Authorization	3
I.	Goals	3
J.	Program Period and Budget Period.....	3
K.	Public Health Accreditation Board Standards	3
L.	Public Health Impact Statement.....	3
M.	Incorporation of Strategies to Eliminate Health Inequities.....	4
N.	Appropriation Contingency	5
O.	Programmatic, Technical Assistance and Authorization for Internet Submission	5
P.	Acknowledgment	5
Q.	Late Applications	5
R.	Successful Applicants	6
S.	Unsuccessful Applicants	6
T.	Review Criteria	6
U.	Freedom of Information Act	7
V.	Ownership Copyright.....	7
W.	Reporting Requirements	7
X.	Special Condition(s).....	9
Y.	Unallowable Costs	9
Z.	Audit	10
AA.	Submission of Application.....	11

II. APPLICATION REQUIREMENTS AND FORMAT

A.	Application Information.....	13
B.	Budget	13
C.	Assurances Certification	14
D.	Project Narrative	14
E.	Civil Rights Review Questionnaire – EEO Survey	20
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement	20
G.	Electronic Funds Transfer (EFT) Form	20
H.	Internal Revenue Service (IRS) W-9 Form and Vendor Forms	20
I.	Public Health Impact Statement Summary	21
J.	Public Health Impact.....	21
K.	Liability Coverage	21
L.	Non-Profit Organization Status.....	21
M.	Attachment(s).....	21

III. APPENDICES

- A. GMIS Training Form
- B. Application Review Form
- C. Other Program Documents
 - 1. Program Cover Page
 - 2. Methodology Guidelines
 - 3. Methodology/Work Plan template

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 I-D and I-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 Sub-grantee applications. The GAPP manual is available on the ODH website <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “ODH Grants” and then click on “GAPP”) Please refer to Policy and Procedure updates found on the GMIS bulletin board.
- B. Application Name:** Sexual Assault Services Program (SASP)
- C. Purpose:** The Sexual Assault Services Program (SASP) was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005), 42 U.S.C. §14043g, and is the first federal funding stream solely dedicated to the provision of direct intervention and related assistance for victims of sexual assault. Overall, the purpose of SASP is to provide intervention, advocacy, accompaniment (e.g., accompanying victims to court, medical facilities, police departments, etc.), support services, and related assistance for adult, youth, and child victims of sexual assault, family and household members of victims, and those collaterally affected by the sexual assault. Funds provided through the SASP Formula Grant Program are designed to supplement other funding sources directed at addressing sexual assault on the state level.

SASP funds shall be used to provide grants to rape crisis centers and other non-profit, non-governmental organizations, including faith-based and other community organizations, including Tribal non-profit organizations, for programs and activities that provide direct intervention and related assistance. Intervention and related assistance may include:

- 24-hour hotline services providing crisis intervention services and referral;
- Accompaniment and advocacy through medical, criminal justice, and social support systems, including medical facilities, police and court proceedings;
- Crisis intervention, short-term individual and group support services, and comprehensive service coordination and supervision to assist sexual assault victims and family or household members;
- Information and referral to assist the sexual assault victim and family or household members;
- Community-based, linguistically and culturally specific services and support mechanisms including outreach activities for underserved communities; and

- The development and distribution of materials on issues related to the services described in the previous bullets.

D. Qualified Applicants: All applicants must be a non-profit agency, and must demonstrate that they are currently providing a full range of rape crisis services and have the capacity to extend these existing rape crisis services to counties without existing services. Note: Under the federal legislation authorizing the SASP, government based agencies are not eligible to receive this money. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT).

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

1. Applicant doesn't owe funds in excess of \$1,000 to the ODH.
2. Applicant isn't 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, May 6, 2013.

E. Service Area: Applicants must propose to serve a multi-county regional area within Ohio, including reaching at least two new counties that do not have existing rape crisis services, or one new county and also the addition of expansion of services to add culturally or linguistically specific services not previously provided. Priority will be given to applications showing the most increase in services to new populations as long as capacity for effectiveness is established. Applicants are also encouraged to show expansion of existing services to any underserved communities within their current or new service area.

F. Number of Grants and Funds Available: Approximately \$200,000 federal funds are available for funding. Funding levels will depend upon the number and size of the proposals received. Selection will be based on recommendations of the review panel, quality of each applicant, justification for the funding request and adherence to the goals and objectives outlined in this RFP. The majority of grants will be awarded for up to \$60,000 with a minimum funding level of \$30,000.

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

G. Due Date: All parts of the application must be completed and received by ODH electronically via GMIS or via ground delivery by 4:00 p.m. on Monday, May 6, 2013. Applications and required attachments received late will not be considered for review.

Contact Debra Seltzer, (614) 728-2176 or debra.seltzer@odh.ohio.gov with any questions.

H. Authorization: Authorization of federal funds for this purpose is contained in the Violence Against Women Act and Department of Justice Act Reauthorization Act of 2005, Pub. L. No 103-322 (September 13, 1994), and the *Catalog of Federal Domestic Assistance (CFDA) Number 16.017.*

I. Goals:

1. To support existing programs serving sexual assault survivors in developing services for sexual assault survivors in geographic areas where such services do not currently exist
2. To support existing programs in providing culturally and linguistically specific services and/or meeting other needs of under-served survivors of sexual assault

J. Program Period and Budget Period: The program period will begin July 1, 2013 and end on December 31, 2015 (thirty months). The budget period for this application is July 1, 2013 through December 31, 2014 (eighteen months). After the initial eighteen month budget period agencies will need to submit a continuation application for the final twelve months of funding.

K. Public Health Accreditation Board (PHAB) Standard(s): Identify the PHAB Standard(s) that will be addressed by grant activities. (An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.) The PHAB standards are available at the following website:

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

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

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

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

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

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

M. Incorporation of Strategies to Eliminate Health Inequities

Health Equity Component (Standard Health Equity Language)

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

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

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

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

Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on

*their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people, live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

For more resources on health equity, please visit the ODH website at:

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

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The Sub-grantee 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 Debra Seltzer, (614) 728-2176 or debra.seltzer@odh.ohio.gov with questions regarding the 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, May 6, 2013.**

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

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

Application Review Form attached- *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; 34CFR 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.

- 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 Healthy Ohio, Sexual Assault and Domestic Violence Prevention Program and as a sub-award of a grant issued by the United States Department of Justice under the Sexual Assault Services Program Formula grant, grant award number 2011-KF-AX-0040, and CFDA number 16.017.”

- W. Reporting Requirements:** Successful applicants are required to submit Sub-grantee 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 future agency payments.

Reports shall be submitted as follows:

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

Sub-grantees Program Reports must be completed and submitted via GMIS by the following dates:

July 1, 2013 – September 30, 2013	Due October 15, 2013
October 1, 2013 – December 31, 2013	Due January 15, 2014
January 1, 2014 – March 31, 2014	Due April 15, 2014
April 1, 2014 – June 30, 2014	Due July 15, 2014
July 1, 2014 – September 30, 2014	Due October 15, 2014
October 1, 2014 – December 31, 2014	Due January 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. Annual Program reports will be due **January 31, 2014** and **January 31, 2015**. These reports will consist of the progress report provided by the United States Department of Justice and the Office of Violence Against Women to track grant activities, and at least one success story highlighting a service provided through these funds.

Submission of Sub-grantee Program Reports via the ODH's (GMIS) indicates acceptance of the ODH GAPP.

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

Due Date	Quarter
October 15, 2013	July 1, 2013 to September 30, 2013
January 15, 2014	October 1, 2013 to December 31, 2013
April 15, 2014	January 1, 2014 to March 31, 2014
July 15, 2014	April 1, 2014 to June 30, 2014
October 15, 2014	July 1, 2014 to September 30, 2014
January 15, 2015	October 1, 2014 to December 31, 2014
February 15, 2015	Final Expense Report

3. **Final Expenditure Reports:** A Sub-grantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before February 15, 2015. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Sub-grantee 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 Sub-grantee Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Sub-grantee. 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 Sub-grantee’s first payment. The 30 day time period, in which the Sub-grantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.
- Y. **Unallowable Costs:** Funds **may not** be used for the following:
1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
 2. To disseminate factually incorrect or deceitful information;
 3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
 4. Bad debts of any kind;
 5. Lump sum indirect or administrative costs;
 6. Contributions to a contingency fund;
 7. Entertainment;
 8. Fines and penalties;
 9. Membership fees -- unless related to the program and approved by ODH;
 10. Interest or other financial payments;
 11. Contributions made by program personnel;
 12. Costs to rent equipment or space owned by the funded agency;
 13. Inpatient services;
 14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
 15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
 16. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/TravelRule> then click on OBM Travel Rule.)
 17. Costs related to out-of-state travel, unless otherwise approved by ODH, and

- described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
 19. Contracts for compensation with advisory board members;
 20. Grant-related equipment costs greater than \$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;
 22. Lobbying
 23. Fundraising
 24. Research projects
 25. Physical modifications to buildings, including minor renovations
 26. Sexual Assault Forensic Examiner projects
 27. Activities focused on prevention efforts (e.g., bystander intervention, social norm campaigns, presentations on healthy relationships, etc.)
 28. Criminal justice-related projects, including law enforcement, prosecution, courts and forensic interviews and
 29. Providing domestic violence services that do not relate to sexual violence.

Supplanting Prohibition: Grant funds must be used to supplement existing funds for program activities and may not replace (supplant) other funds that have been appropriated for the same purpose.

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

- Z. Audit:** Sub-grantees 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 sub-grantee's fiscal year.

Sub-grantees 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.

Sub-grantees 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.

Sub-grantee 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:**

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

AA. Submission of Application

Formatting Requirements:

- 1) Properly label each item of the application packet (ex. budget narrative, program narrative, etc.).
- 2) Each section should use 1.5 spacing with one-inch margins.
- 3) Program and Budget narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- 4) Number all pages (print on one side only).
- 5) Program narrative should not exceed 25 pages (**excludes** appendices, attachments, budget and budget narrative).
- 6) Use a 12 point font.
- 7) 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
 - 1. Primary Reason
 - 2. Funding
 - 3. Cash Needs
 - 4. Justification
 - 5. Personnel
 - 6. Other Direct Costs
 - 7. Equipment
 - 8. Contracts
 - 9. Compliance Section D
 - 10. 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
 - i. Table of organization
 - ii. Position descriptions
 - iii. Resumes
 - iv. Letters of support
 - v. Program Cover Page
 - vi. Methodology Guidelines
 - vii. Methodology/Work 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:

- An original 2 copies of **Attachments** (non-Internet compatible) as required by program: Only if not able to attach in GMIS.

**Complete
Copy &
Mail To
ODH**

**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 pages 9 – 10 of the RFP for unallowable costs.

Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 1. **Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the application for additional information.
- 2. **Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period June 1, 2013, to December 31, 2014.

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

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

are authorized.

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

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

- 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 Sub-grantee must submit the Assurances (Federal and State Assurances for Sub-grantees) form. 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 Sub-grantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- D. Project Narrative:**
- 1) Executive Summary:** Identify who the program will be serving, and what agency or agencies will provide those services. Discuss the demographics of the area to be served and how this project will address health disparities and health inequities. This includes a description of how program efforts will address the disproportionate impact of sexual assault and intimate partner violence on women who are impoverished and/or women from racial and ethnic minority communities. Describe the project goals and where the activities will be held. Describe communication collaborations to support this project. State total funds requested and summarize how those funds will be used.
 - 2) Description of Applicant Agency/Documentation of Eligibility/Personnel:**
Briefly discuss the applicant agency's eligibility to apply including demonstration that the agency is currently providing a full range of rape crisis services and has the capacity to extend those existing services as proposed to meet the grant objectives. Summarize the agencies 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.

For new geographic areas to be reached or new specific populations to be served, describe how the funded agency will work with others serving the same population. Describe existing agency networking, coordination and collaboration within the proposed new communities. Include reasons why it makes sense to partner with specific groups.

Describe how community members are/will be involved in the planning, implementation, and evaluation of the project. Include plans for collaboration with local and state coalitions such as the Ohio Alliance to End Sexual Violence (OAESV) and local sexual assault response team partners.

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.

In reaching new geographic or specific communities, it may be appropriate to sub-contract with an agency already providing services to that community, with the funded project providing training and technical assistance in sexual assault service provision to that sub-grantee. Where any objectives of the grant are to be implemented through a contract, include detailed information about the qualifications of the contracting agency or individual. Include all work to be completed through contracts in the program narrative and in the methodology.

Provide training information including a description of the training and orientation provided for all project staff, student interns, and volunteers. The Ohio Core Rape Crisis Standards require a minimum of forty hours of basic training plus additional training specific to job responsibilities. Include plans for **on-going training** based on identified needs and priorities.

Include as attachments:

- Table of organization showing project staff;
- Position descriptions for all staff affiliated with the grant including qualification standards;
- Resumes for all staff positions that are affiliated with the grant;
 1. Resumes should be up to date. If the staff person is currently employed by your agency, be sure that the resume reflects that employment.

2. Education, skills and experiences should match those required in the job description. If education, skills and experiences don't meet this expectation, a training plan **must** be included, and training must be completed prior to providing direct service. Job descriptions for crisis intervention staff to be paid by these funds must include a requirement of paid or volunteer experience or training in the field of sexual assault services.

Include at least six current letters of support and collaboration from local agencies in the new communities to be served, showing support of this project in their community. For each new geographic area or specific population to be served include a minimum of three letters; more are preferred.

- Letters should include statements of commitment where appropriate, and should provide evidence that the applicant agency will be able to serve the additional community. If funds will be used to contract with another agency, include a letter from that agency confirming their commitment to the project.

Provide a description of the agency's confidentiality policy that addresses the following. Either summarize the policy, or if it is two pages or less, include the actual policy.

- All services are provided in a confidential manner;
- No information regarding a client may be disclosed without an individual's consent, except as required by law;
- No information regarding a patient's case is released to the media;
- All agency staff/student interns/volunteers are given confidentiality training and sign a confidentiality statement;
- Precaution is taken to ensure and maintain confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones, cell phones, telephone answering machines and other electronic or computer technology; and
- Clients records will be maintained in accordance with accepted medical standards

Quality Assurance (QA) should include professional and community input and consumer participation.

- Quarterly QA should include a committee of three or more persons who:
 - a) Review any unusual incidences for patterns and trends (including denial of services and complaints);
 - b) Review cultural and linguistic competency of services and agency;
 - c) Review agency records (e.g., client records, confidentiality, evaluation forms);
 - d) Evaluate the project's performance in meeting goals and objectives of the project.
 - e) Review of compliance with the Ohio Core Rape Crisis Standards issued by OAESV

- Annual QA should include:
 - a) Review of agency's policies and procedures;
 - b) A scheduled review of materials (e.g., brochures, handouts and posters);
 - c) Employee, student interns and volunteer annual performance review
 - d) Review of compliance with Ohio Core Rape Crisis Standards issued by OAESV
- 3) **Problem/Need:** Identify and describe the local health status concern that will be addressed by the program. Only restate national and state data if local data is not available. The specific **health status concerns that the program intends to address may be stated in terms** of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. “Describe the community to be served that includes geographic area and other indicators such as racial, ethnic, cultural, rural, disabilities, age, economic status, homelessness, etc. This includes demographic characteristics of the target audience and the identification of specific geographic markers to define the target area (s) such as census tract or census block group codes (Geographic markers can be found by visiting the U.S. Census at <http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>).
- Demographic characteristics of the target audience (indicators such as race, ethnicity, disabilities, age, economic status, etc) can also be acquired the U.S. Census. Identify the local gaps and barriers that will be identified by the activities of the grant. Discuss on-going assessment to identify awareness of sexual assault services and areas of unmet need. Refer to OAESV’s SASP recommendations and standards update as appropriate.
- 4) **Methodology/Work Plan:** All goals and objectives **must** be selected from those listed in Appendix C-2 of this “Request for Proposals” document.

Include both a narrative explaining your methodology and a completed Methodology/Work Plan form. See form and instructions, Appendix C-3, for the methodology/work plan form.

Narrative: Briefly describe the selected activities and why they were selected. They should follow logically from the gaps and barriers described above. Please specify how selected activities will address the needs of groups who are disproportionately impacted by sexual assault, domestic violence and intimate partner violence. This includes women who are impoverished, from racial and ethnic minority groups and women who are geographically isolated from services. Please include how you plan to expand services to these groups. All activities listed in this section should be reflected on the methodology form also.

- Where any objectives of the grant are to be implemented through a contract, include all work to be completed through contracts in the program narrative and in the methodology. Note that contract agencies must follow the Ohio Core Rape

Crisis Standards issued by OAESV and must contribute information to the quarterly and annual reports.

- Outline a plan for community awareness/publicity which informs residents in the new communities to be served of the availability of services and promotes community understanding of rape crisis intervention services.
- Include a plan for evaluation of all activities. Utilize the OAESV Core Standards which includes ideas for evaluation strategies related to different activities.

Methodology Form, Appendix C-3. Be sure to reflect the following points:

- You must select from the program goals and objectives in Appendix C-2. Choose the impact objectives that are relevant to your grant proposal. The project plan is the primary means by which the applicant presents realistic, time framed and measurable objectives
- Create a methodology/work plan with a goal and objectives for each new county and, where applicable, specific population to be reached.
- For the SASP application, for each new county to be served applicants must at a minimum include objectives by the end of the grant period to extend their 24 hour rape crisis hotline to the new county including expanding their referral information to include county specific resources and publicizing the hotline within the county, to establish hospital advocacy to hospitals in the county, and to offer either a support group within the county or have crisis intervention services available face to face within the county at least one day a week. Additional services such as Court/Criminal Justice Support/Advocacy and Crisis Counseling can be included but are not required.
- For each new specific population to be served, applicants must include objectives related to outreach to the population and how services will be more accessible to that population as a result of this grant implementation.
- The plan should present each objective in quantifiable terms and describes the activities and time frame for accomplishment.
- The evaluation component should include tools used for measuring the progress made toward attaining each specific objective. Evaluation on the methodology must match the evaluation plan described in the narrative section of the methodology plan.
- All program staff listed on the budget should be found on the “person responsible” column of the methodology, and everyone listed on the methodology should be represented on the budget either under personnel or in the section on explanation of personnel funding excluding program funds.

5) **Cultural Competency Plan** (*Double space; maximum of three pages*)

Every community contains diversity. Some communities may have more or less cultural/ethnic diversity than others, but all have diversity related to geography, age, religion, sexual orientation, socio-economic status, disability status, and other factors. Communities with less clearly visible diversity still need to be prepared to respond to cultural/ethnic diversity as it exists to some extent everywhere. Achieving cultural competency is an on-going process. Include details as to the proposed strategy for

strengthening relationships with leaders, agencies, and community members in extending services in areas where rape crisis services are not currently offered.

Accommodations and Language Access

Applicants are encouraged to allocate grant funds to support activities that help to ensure individuals with disabilities and Deaf individuals and persons with limited English proficiency have meaningful and full access to their programs. For example, grant funds can be used to support American Sign Language Interpreter services, language interpretation and translation services, or the purchase of adaptive equipment.

In each of the following areas, identify your agency strengths, gaps, and areas of outreach/expansion that are priorities for the coming year. If your application includes the component of reaching a previously under-served specific community, specify additional steps resulting from this project in response to the following areas.

Access for the community to be served:

- Are the hours of service, location of services and physical accessibility to services adequate for the needs of the community to be served; what have you done to increase accessibility; describe pending accessibility plans.
- Are policies and resources in place for the advertisement of and provision of translation and interpretation services and limited English proficiency and/or non-literate populations at no cost to service recipients. Does the policy include the method used for choosing interpreters and bilingual staff. What areas of need remain; what plans do you have in this area.
- Describe how your agency will respond to the needs of those who need interpretation services, including on your hotline, and how related training is provided to staff and volunteers.

Cultural competency in staffing:

- Do the agency board members reflect a broad representation of the community to be served that includes representatives from organizations serving diverse communities? If not, include a plan for achieving this representation;
- Are agency staff, college interns, and volunteers reflective of the community to be served? If not, include a plan for achieving representation;
- Is there on-going professional development and in-service training for staff, student interns, volunteers and board members related to culturally competent provision of service? Describe past programs and future plans.

Are all materials and curriculums reviewed by representatives reflecting the community to be served? Explain how this review was accomplished, or include such review in your methodology for this year.

E. Civil Rights Review Questionnaire - EEO Survey: The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the internet. Approved sub-grantees will be required to take a training on civil rights compliance, including a Department of Justice online civil rights training course.

F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:

FFATA was signed on September 26, 2006. FFATA requires ODH to report all Subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form in GMIS.

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

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

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

G. Electronic Funds Transfer (EFT) Form: Print in PDF format and attach in GMIS. **(Required only if new agency; thereafter, only when banking information has changed.)**

H. Internal Revenue Service (IRS) W-9 and Vendor Forms: Print in PDF format and attach in GMIS. **(Required if new agency; thereafter, only when tax identification number or agency address information has changed.)** One of the following forms must accompany the IRS, W-9:

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

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

- I. Public Health Accreditation Board Standards:** Attach in GMIS the PHAB Standards that will be addressed by grant activities.
- J. Public Health Impact:** Only for applicants which are not local health departments, attach in GMIS the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s).
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Attach in GMIS the Certificate of Insurance Liability (**Non-Profit organizations only; current liability coverage and thereafter at each renewal period.**)
- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.
- M. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. 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, May 6, 2013**. All attachments must clearly identify the authorized program name and program number. All attachments must be submitted as a PDF, Microsoft Word or Microsoft Excel document. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. A minimum of an original and the two copies of non-Internet attachments are required.

III. APPENDICES

- A.** GMIS Training Form
- B.** Application Review Form
- C.** Other Program Documents
 - 1. Program Cover Page
 - 2. Methodology Guidelines
 - 3. Methodology/Work Plan

Ohio Department of Health
GMISTRaining

ALL INFORMATION REQUESTED MUST BE COMPLETED FOR EACH EMPLOYEE
FROM YOUR AGENCY WHO WILL ATTEND A GMISTRaining 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 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 Services 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 GMISTRaining SESSION WILL BE E-MAILED TO YOU

**Ohio Department of Health
Bureau of Healthy Ohio/Sexual Assault and Domestic Violence Prevention Program
Grant Application Review Form
Sexual Assault Services Act Program (SASP) 2013**

Applicant agency _____

New counties to be reached: _____

New specific populations to be reached: _____

Reviewed by _____ **Recommended funding level:** _____

CRITERIA	SCORE
1. Executive Summary (10 possible)	
2. Description of Applicant Agency/Documentation of Eligibility (30 possible)	
3. Problem/Need (10 possible)	
4. Methodology (35 possible)	
5. Cultural Competency (9 possible)	
6. Financial Management (6 possible)	
TOTAL (100 possible)	

Recommendation of Reviewer:

- ③ Approval (funding) of proposal as submitted (no conditions)**

- ③ Approval (funding) of proposal with conditions (please list conditions below)**
 - 1.
 - 2.
 - 3.

- ③ Disapproval of project. State reason(s) below:**
 - 1.
 - 2.
 - 3.

Signature of Reviewer

Date

Scoring Range

NONE 0	POOR 1	GOOD 2
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1. Executive Summary

Component	Comments	Score
Identifies who the project will be serving and what agencies will provide those services.		
Discusses the demographics of the area to be served and how this project will address health disparities and health inequities.		
Describes the project goals and where the activities will be held.		
Describes community collaborations.		
States total funds requested and summarizes how these funds will be used.		
Total points received (out of ten (10) possible points)		

Scoring Range

NONE 0	POOR 1-2	GOOD 3-4	EXCELLENT 5
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2. Description of Applicant Agency

Component	Comments	Score
Describes agency's eligibility to apply including demonstration that the agency is currently providing a full range of rape crisis services and has the capacity to extend those existing services as proposed. Summarizes agency structure as it relates to this program and how the lead agency will manage the program.		
Describes the capacity of the 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.		
For new geographic areas to be reached or new specific populations to be served, describes how the funded agency will work with others serving the same population. Describes existing agency networking, coordination and collaboration within the proposed new communities. Includes reasons why it makes sense to partner with specific groups.		
Describes how community members are/will be involved in the planning, implementation, and evaluation of the project. Includes plans for collaboration with local and state coalitions such as OAESV and local sexual assault response team partners.		
Notes any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describes plans for hiring and training, as necessary. Delineates all personnel who will be directly involved in program activities. Includes the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program.		
<i>Contracts</i> Proposal identifies if objectives of the grant are to be implemented through a contract and includes information about the contracting agency or individual, if known. Proposal identifies all work to be completed through contracts in the methodology.		

<p>Provide training information including a description of the training and orientation provided for all project staff, student interns, and volunteers. The Ohio Core Rape Crisis Standards require a minimum of forty hours of basic training plus additional training specific to job responsibilities. Include plans for on-going training based on identified needs and priorities.</p>		
<p>Attachments include:</p> <ul style="list-style-type: none"> • Table of Organization • Position descriptions for staff affiliated with grant and appropriate staff are included in the budget. • Resumes for all staff positions that are affiliated with the grant. Education, skills and experiences should match those required in the job description and are found in the budget. • Letters of support as detailed in the RFP, including statements of commitment where appropriate and provide evidence that the applicant agency will be able to meet the needs of the new counties and, where included, specific communities. 		
<p><i>Agency Policies and Confidentiality</i> Proposal describes agency’s confidentiality policy that addresses the items listed in the RFP.</p>		
<p><i>Quality Assurance</i> Proposal provides a description of the QA plan including review of the agency's services and prevention programs, mechanism for reporting results and procedures for corrective action plan. The plan should include professional and community input and consumer participation. The agency has a quality assurance committee of three or more persons who meet quarterly and annually. Agency’s QA committee’s quarterly and annual meetings review the tasks described in the RFP.</p>		
<p>Total points received (out of thirty (30) possible points)</p>		

Scoring Range

NONE 0	POOR 1-2	GOOD 3-4	EXCELLENT 5
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3. Problem/Need

Component	Comments	Score
Identifies and describes the local health status concern that will be addressed by the program.		
Describes the community to be served. Identifies the local gaps and barriers that will be addressed by the activities of this grant. Discusses on-going assessment to identify awareness of sexual assault services and areas of unmet need.		
Total points received (out of ten (10) possible points)		

4. Methodology

Component	Comments	Score
<p>Narrative: All goals and objectives were selected from those listed in the RFP. Narrative describes the selected activities and why they were selected, and activities follow logically from the gaps and barriers described in the problem statement. All activities listed in this section are reflected on the methodology form. Where any objectives of the grant are to be implemented through a contract, that work is included in the program narrative and in the work plan.</p>		
<p>Narrative: Outlines a plan for community awareness/publicity which informs residents in the new communities to be served of the availability of services and promotes community understanding of rape crisis intervention services.</p>		
<p>Narrative: Includes a plan for evaluation of all activities.</p>		
<p>Methodology/Work Plan Form: Objectives for each new county to be reached, and if applicable, new specific community to be reached, are clearly identified and meet the requirements of the RFP. For each new county to be served the minimum required objectives are included. For each new specific population to be served, includes objectives related to outreach to the population and how services will be more accessible to that population as a result of this grant implementation. Includes strategy for strengthening relationships with leaders, agencies, and community members in extended service areas where rape crisis services are not currently offered.</p>		
<p>Methodology/Work Plan form includes the following:</p> <ul style="list-style-type: none"> • Methodology represents realistic activities and time frame with sufficient staffing and resource allocation. • Evaluation is included appropriately and reflects what is described in the online narrative description. • Program staff are appropriately designated and can be found in the budget. 		
<p>Total points received (out of thirty-five (35) possible points)</p>		

Scoring Range

NONE 0	POOR 1	GOOD 2	EXCELLENT 3
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5. Cultural Competency Plan

Component	Comments	Score
<p>Proposal identifies agency’s strengths, gaps and areas of outreach/expansion in reference to:</p> <ul style="list-style-type: none"> • Access for the community to be served. • Identifies how the community will know about program activities. • Proposal identifies resources in place for requests from communities with limited English proficiency and/or non-literate populations. Proposal describes procedure for choosing interpreters and bilingual staff. 		
<p>Cultural competency in staffing:</p> <ul style="list-style-type: none"> • Sexual Violence Advisory Committee/Agency Board members reflect a broad representation of the community to be served that includes representatives from organizations serving diverse communities. If not, include a plan for achieving this representation. • Agency staff, college interns and volunteers reflective of the community to be served. If not, include a plan for achieving representation. • Proposal discusses ongoing professional development and quarterly in-service training for staff, student interns, volunteers and board members related to culturally competent provision of service. Describe past programs and future plans. 		
<p>Are all materials and curricula are reviewed by representatives reflecting the community to be served. Proposal explains how this review is accomplished.</p>		
<p>Total points received (out of nine (9) possible points)</p>		

Scoring Range

NONE 0	POOR 1	GOOD 2	EXCELLENT 3
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7. Financial Management

Component	Comments	Score
The online budget is reasonable and adequate to meet the goals and objectives of the project. The budget narrative explains the proposed line items, including only where applicable in-kind contributions essential to the success of the project. Includes discussion justifying unusual or high cost items.		
The online budget demonstrated a staffing pattern that is realistic, appropriate and adequate to carry out the goals and objectives of the project.		
Total points received (out of six (6) possible points)		

PROGRAM COVER PAGE

Ohio Department of Health
Sexual Assault and Domestic Violence Prevention Program
Please complete and attach this and all attachment forms in GMIS 2.0.
Budget Period: **June 1, 2013** to **December 31, 2014**

Project Title: Sexual Assault Services Act Program

Authorized User Name/Grant Number: _____

Applicant Agency (Fiscal Agent): _____

Address: _____

Project Director: _____

Telephone #: () _____ FAX #: () _____

E-Mail: _____ Web Address: _____

County: _____

Federal Vendor Tax ID Number of Fiscal Agent: _____

New counties to be served:

New specific under-served community to be served:

Project Budget: \$ _____

**OHIO DEPARTMENT OF HEALTH
Sexual Assault and Domestic Violence Prevention Program**

METHODOLOGY GUIDELINES

Included in this document you will find a listing of proposed goals, objectives, and activities that we ask that you follow. You must select at least one of the goals and at least two objectives. If you wish to choose objectives other than the ones listed, please contact Deb Seltzer at (614) 728-2176.

A list of definitions is provided to help you develop your program.

Program Goal: A statement of a future event toward which a committed endeavor is directed. States what should happen as a result of the program. Should be simple and concise, and should include two basic components: who will be affected, and what will change as a result of the program.

Program Objective: A more precise statement that represents smaller steps than the program goal. Outlines the specific changes that will occur in the priority population as a result of exposure to the program. An objective can be thought of as a bridge between needs assessment and a planned intervention. Objectives need to be specific, time-phased, and measurable. There are two types of program objectives: impact and process. In your methodology you will establish each impact objective and usually one or more process objectives related to that impact objective. You should start a new methodology page for each new impact objective. See the sample page at the end of Appendix 2.

Impact Objective: Specifies the immediate (within the year) effect the program has on the targeted behaviors or on influential environmental conditions..

Process Objective: Specifies the personnel (who?), the procedure (what?), the location (where?), and the time (when?) requirements of the program components.

In the examples which follow this explanation, there may be multiple process objectives for the same impact objective if there are multiple target populations.

Activities: The actions that will take place to meet the process objectives. Need multiple activities for each process objective.

Goal One: To ensure that all sexual assault survivors (identify targeted population – county, specific group) have access to quality emergency medical care, crisis support, advocacy, and counseling services.

Impact objective #1: By (Month/Date/Year), a twenty-four hour rape crisis hotline will be established (or maintained)					
Process objective #1A	By (Month/Day /Year)	CI-1 Crisis Hotline – Refers to the operation of a 24 hour telephone service 7 days a week, which provides guidance, emotional support, information and referral, etc.	(population to be served)	(area to be served)	(numbers to be served)
Process objective #1B	By (Month/Day /Year)	T-1 Basic Crisis Intervention Training - on sexual assault, including other topics necessary to providing a basic crisis response for victims.	Volunteers and staff	(area to be served)	(Number of people, number of sessions)
Examples of activities for these objectives would include recruiting, training, and supervising staff/volunteers to answer crisis calls, maintaining records, publicizing the hotline, maintaining current referral information, and evaluating client satisfaction.					
Impact Objective #2: By (M/D/Y), a support group will be established (or maintained)					
Process objective #2	By (Month/Day /Year)	SS -1 Support group – Group Peer Support - Refers to in-person emotional support or education/information provided in a group setting, facilitated by individuals who have completed appropriate and relevant training but are not licensed. SS-2 Support group – Group Counseling – Refers to services provided by a licensed professional in a group setting, responding to issues arising from the occurrence of victimization.	(population to be served)	(area to be served)	(numbers to be served)
Activities would be similar to those listed with objectives #1					
Impact Objective #3: By (M/D/Y), a hospital advocacy program for survivors of sexual assault will be established (or maintained)					
Process Objective #3A	By (Month/Day /Year)	CI-5 Medical advocacy – The accompaniment of survivors to the forensic examination or other medical procedures necessitated by sexual assault, and the provision of education to the survivor regarding	(population to be served)	(area to be served)	(numbers to be served)

		the healthcare system.			
Process objective #3B	By (Month/Day/Year)	<p>T-1 Basic Crisis Intervention Training - on sexual assault, including other topics necessary to providing a basic crisis response for victims.</p> <p>T-3 Advanced Training – specific training in medical advocacy for those who have already completed basic crisis intervention training.</p>	Volunteers and staff	(area to be served)	(numbers to be served, number of sessions)
Activities would be similar to those listed with objectives #1, also including establishing relationships with the relevant hospital and law enforcement personnel, establishing protocols regarding the evidence collection process, and training for all service providers involved in this process.					
Impact Objective #4: By (M/D/Y), a court advocacy program for survivors of sexual assault will be established (or maintained)					
Process Objective #4A	By (Month/Day/Year)	<p>LA-1 Court/Criminal Justice Support/Advocacy - Refers to in-person or telephone support, assistance, and advocacy provided to victims at any stage of the criminal justice process, including post-sentencing services and support.</p> <p>LA-2 Court Accompaniment</p>	(population to be served)	(area to be served)	(numbers to be served)
Process objective #4B	By (Month/Day/Year)	<p>T-1 Basic Crisis Intervention Training - on sexual assault, including other topics necessary to providing a basic crisis response for victims.</p> <p>T-3 Advanced Training – specific training in criminal justice advocacy for those who have already completed basic crisis intervention training.</p>	Volunteers and staff	(area to be served)	(numbers to be served, number of sessions)
Activities would be similar to those listed with objectives #1 and #3.					
Impact Objective #5: By (M/D/Y), short term support services will be established and available for survivors of sexual assault. (Services must be free, or if provided by a licensed professional, must be available at low cost)					
Process Objective	By (Month/Day)	CI-2 and/or CI-3 Emotional Support/Education/Crisis	(population to be served)	(area to be	(numbers to be

#5A	/Year)	Intervention – Refers to in-person emotional support or education/information provided by individuals who have completed the appropriate and relevant trainings but are not licensed. Such support may occur at the scene of a crime, immediately after a victimization, or be provided for a limited number of sessions. (Also includes LA-4, Assistance in filing compensation claims, SS-5, transportation assistance, SS-6, social service/personnel advocacy, and SS-7, follow up contact).		served)	served)
Process Objective # 5B	By (Month/Day /Year)	CI-4 Crisis Counseling - Refers to in-person crisis intervention, emotional support, and guidance and counseling, provided by licensed professionals. Such counseling may occur at the scene of a crime, immediately after a victimization, or be provided for a limited number of sessions.	(population to be served)	(area to be served)	(numbers to be served)
Activities would be similar to those listed with objectives #1 and #3.					

Instructions for Methodology/Work Plan

You can re-create the methodology/work plan form in your own computer program or email Debra Seltzer at debra.seltzer@odh.ohio.gov to receive the form as a MS Word document.

See **Appendix C-2** for the listing of allowable Goals and Objectives. Only these approved Goals and Objectives can be used. If you have questions about the objectives contact Debra Seltzer.

Use the enclosed Methodology form to:

- A. List activities for each objective, including strategies and methods/mechanisms to be used in reaching goals and objectives;
- B. Indicate the person/discipline responsible for completing each activity;
- C. Project a date for completing each activity, using specific beginning and ending dates;
- D. Describe the method for ensuring that each activity has been completed. The method should be well thought out and specific evaluation tools completed before the project begins. This section must match the evaluation plan described separately in the grant application.

NOTE: Programs must adhere to the Ohio Core Rape Crisis Standards as established by the Ohio Alliance to End Sexual Violence (OAESV). Copies of the standards are available from OAESV.

Ohio Department of Health
 Bureau of Healthy Ohio
Sexual Assault and Domestic Violence Prevention Program

Methodology/Work Plan Template

Goal(s) _____

Impact Objective _____

Process Objectives	Activities	Staff Person Responsible	Timetable	Evaluation
Objectives must be from the approved methodology and must be in the format “When, What, Who, Where, How many.”	Include strategies, methods and mechanisms to be used in reaching goals and objectives.	Indicate person responsible for each activity.	Include specific beginning and ending dates for each activity.	Methods for each activity should be well thought out, with specific evaluation tools ready before project begins. Ensure that this sections matches the evaluation section elsewhere in the grant application.