



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF

Prevention and Health Promotion

BUREAU OF

Environmental Health

Tobacco Use Prevention:

Policy, Systems & Environmental Change

REQUEST FOR PROPOSALS (RFP)

FOR

FISCALYEAR 2015

(03/29/14 – 03/28/15)

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

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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:** *Tobacco Use Prevention: Policy, Systems and Environmental Change*
- C. **Purpose:** This grant is for local communities to use population-based methodologies and promising practices or evidenced-based programs as they relate to policy, systems and environmental change. This is a one year competitive grant period with a primary focus on smoke free multi-unit housing and adoption of smoke-free rules by home owners/occupants and smoking prevention through youth engagement (STAND). Applicants may select single goals, but combined application must be for at least \$30,000. For each goal, applicant will need to submit a comprehensive program plan including: SMART objectives as well as detailed and realistic strategies/activities. Activities that are not evidence-based will not be funded. Sub-grantees will also be required to participate in the following activities:
- All scheduled Tobacco Use Prevention & Cessation Sub-grantee conference calls.
 - Maintain regular contact with ODH Program Consultant.
 - Membership and attendance in the Tobacco Free Ohio Alliance. (Log onto the following link to read the TFOA guidelines and submit a formal request for membership within 45 days of award). <http://bit.ly/Ohio-TFOA>.
 - Membership and attendance in the Smoke Free Multi-Unit Housing Workgroup (if goal is selected). Additional information to be provided.

The PURPOSE will correspond with the GOALS in section I. The following areas are goals that can be selected by applicants. It is mandatory to select at least one goal for this grant application and a maximum of two goals. Goals may have multiple levels; applicants are to select only one level per goal.

Goal #1:To increase the number of families living in smoke-free homes and/or in smoke-free multi-unit dwellings to reduce exposure to secondhand smoke.

Tier 1 funding:

Purpose: Grantees will build awareness; support and capacity for smoke free homes and smoke-free multi-unit complexes in their community. Smoke-free homes will be addressed through community education and through home-owner/occupant smoke –free pledges. Smoke-free multi-unit housing will be addressed through an emphasis on metropolitan housing authorities and/or subsidized housing in smaller rural areas based on HUD’s recommendations (see referenced webpage below). This will be demonstrated through evidence of the following:

- a. Community outreach/education events focusing on the dangers of second-hand smoke and the benefits of adoption of rules to prohibit smoking in the home.
- b. Adoption of smoke-free rules by home-owners/occupants
- c. Establishment of a partnership with a local housing authority;
- d. Meetings and discussions with at least **four** multi-unit housing complexes on readiness for policy passage;
- e. Create an implementation strategy and timeline including media plan
- f. Passage of policies
- g. Having worked with ODH evaluators to collect relevant data for evaluation

Applicant will need to submit a letter of collaboration from the local housing authority or subsidized housing who reports a willingness and desire to work with the applicant during the grant term towards adoption of a smoke free policy. A second letter of collaboration will be required from a community agency who will partner with the applicant on the issue of adoption of smoke-free rules within the home (e.g., community action organization, faith-based organization or local non-profits).

Tier 2 funding:

Purpose: Grantees will build awareness; support and capacity for smoke free homes and smoke-free multi-unit complexes in their community. Smoke-free homes will be addressed through community education and through home-owner/occupant smoke –free pledges. Smoke-free multi-unit housing will be addressed through an emphasis on metropolitan housing authorities and subsidized housing in larger urban areas based on HUD’s recommendations (see referenced webpage below). This will be demonstrated through evidence of the following:

- a. Community outreach/education events focusing on the dangers of second-hand smoke and the benefits of adoption of rules to prohibit smoking in the home.
- b. Adoption of smoke-free rules by home-owners/occupants
- c. Establishment of a partnership with a local housing authority;
- d. Meetings and discussions with at least **six** multi-unit housing complexes on readiness for policy passage;
- e. Create an implementation strategy and timeline including media plan
- f. Passage of policies
- g. Having worked with ODH evaluators to collect relevant data for evaluation

Applicant will need to submit a letter of collaboration from the local housing authority and at least one additional multi-unit complex who reports a willingness and desire to work with the applicant during the grant term towards adoption of a smoke free policy. Two additional letters of collaboration will be required from community agencies who will partner with the applicant on the issue of adoption of smoke-free rules within the home (e.g., community action organization, faith-based organization or local non-profits).

Evidence-based / Promising Practices:

USEPA Smoke-Free Homes; Community Action Kit

http://www.epa.gov/smokefree/pdfs/community_action_kit.pdf

Local Programs Promoting Smoke-free Homes Booklets

http://www.epa.gov/smokefree/pdfs/local_program_brochure.pdf

http://www.epa.gov/smokefree/pdfs/local_programs_brochure_vol2.pdf

http://www.epa.gov/smokefree/pdfs/local_programs_brochure_vol3.pdf

SecondhandTobacco Smokeand the Health ofYour Family

http://www.epa.gov/smokefree/pdfs/trifold_brochure.pdf

Resident Characteristics Report for Public Housing by county in Ohio

<https://pic.hud.gov/pic/RCRPublic/rcrmain.asp>

HUD.gov Smoke Free Multifamily Housing

<http://portal.hud.gov/hudportal/HUD?src=/smokefreetoolkits1>

Smoke-Free Housing Toolkit for Public Housing Authorities and Owners/Management Agents

<http://portal.hud.gov/hudportal/documents/huddoc?id=pdfowners.pdf>

Smoke-Free Housing Toolkit for Residents

<http://portal.hud.gov/hudportal/documents/huddoc?id=pdfresidents.pdf>

Healthy Homes Manual, Smoke Free Policies in Multiunit Housing, CDC

http://www.cdc.gov/healthyhomes/Healthy_Homes_Manual_WEB.pdf

The Community Guide: What Works to Promote Health

<http://www.thecommunityguide.org/tobacco/environmental/communityeducation.html>

HUD's Recommendation to Public Housing Authority

<http://www.hud.gov/offices/pih/programs/ph/phecc/newsletter/sept09.pdf>

American's for Non-Smokers Rights (ANR) www.no-smoke.org

Tobacco Control Legal Consortium www.tclconline.org
U.S. Department of Health & Human Services
<http://www.surgeongeneral.gov/library/reports/secondhandsmoke/index.html>
MI Smoke-free Apartment guides for landlords and/or tenants. The Smoke-Free
Environments Law Project
<http://www.mismokefreeapartment.org/index.html>
Link to pdf file Joint letter from partners
http://portal.hud.gov/hudportal/documents/huddoc?id=FINAL_joint_letter.pdf
HUD's Recommendation to Public Housing Authority
<http://www.hud.gov/offices/pih/programs/ph/phecc/newsletter/sept09.pdf>

Goal #2: To increase anti-tobacco policies and programs to prevent initiation of tobacco use among young people.

Purpose: In 1994, the Surgeon General reported that almost all first tobacco use occurs prior to the end of high school, which underscores the challenge and importance of keeping kids tobacco free¹. In fact, if kids are to remain tobacco-free until after the age of 18, the vast majority will never initiate tobacco use and subsequently never become addicted to tobacco¹. Here in Ohio, where over half of all high school students have used at least one type of a tobacco product², there is very little statewide effort around tobacco prevention, beyond the push for tobacco-free school policy adoption. A state-level youth engagement initiative would be beneficial to the residents of Ohio.

The Centers for Disease Control and Prevention (CDC) define youth engagement in tobacco control as providing the opportunity for young people to gain the ability and authority to make decisions that help improve the policy environment, change social norms and reduce smoking initiation and consumption in their communities³. Since the late 1990's, tobacco control programs and national organizations have successfully partnered with youth at the local, state and national levels to peer to peer educate and advocate to increase policy, systems and environmental changes around tobacco control³. Such changes include counter marketing efforts, social media involvement, sponsorship of popular events, traditional and grassroots media and advocacy efforts; all in an effort to increase tobacco prices, decrease youth access to tobacco products, increase smoke-free environments and other evidence based policy and environmental changes which in-effect decrease tobacco use among youth and young adults³. Youth centered efforts to counter the influence of tobacco and to counter pro-tobacco messaging is a key program component in the CDC's Best Practices for tobacco control programs³.

In 2002, the now shuttered Ohio Tobacco Use Prevention Foundation (OTPF) launched **stand**, a counter marketing branded campaign targeting youth ages 11-17 years of age urging them to "**stand** up. Speak out against tobacco"⁴. The **stand** campaign was fully developed utilizing trademarked logos, traditional media, grassroots events, advocacy, interactive Web site, promotional swag, youth advocacy teams and peer to peer outreach to counter the influence of tobacco⁴. **Stand** spanned five years with a 20.4 million dollar price tag⁴. The results of the **stand** campaign were astounding and far reaching. In a

2004 survey of youth in Ohio, 94 percent of surveyed youth were aware of the **stand** brand and 69 percent of surveyed youth indicated they would like to help **stand** make a difference⁵. During the five years that **stand** was active, there were significant decreases in youth tobacco use rates across Ohio, much of which was directly attributed to the effects of stand⁴.

Due to the lack of tobacco prevention initiatives in Ohio, and after a thorough review of the previously successful **stand** campaign, ODH is making available funds for the pilot reemergence of a youth engagement program that focuses on tobacco prevention and cessation. Grantees will establish stand groups (at least two) in their community with the following requirements:

- a. Identify key personnel who will serve as initiator and advisor to the youth groups.
- b. Key personnel will participate in training, provided by ODH, on working with youth on advocacy efforts.
- c. Identify and recruit youth for the STAND groups (at least ten youth must be recruited).
- d. Train youth participants on youth advocacy.
- e. Identify one area youth to participate in a youth advisory panel for ODH
- f. Participate in regular meetings with youth advocates.
- g. Plan and implement at least two youth led initiative/project prior to the end of the grant period.
- h. Work with ODH evaluators to collect data necessary to evaluate project.

References & Best Practices

1. U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Young People: A Report of the Surgeon General*. Atlanta, Georgia: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994. http://www.cdc.gov/tobacco/data_statistics/sgr/2012/consumer_booklet/pdfs/consumer.pdf
2. Ohio Department of Health. *Ohio Youth Tobacco Survey, 2010*. Columbus, Ohio. May 2012.
3. Centers for Disease Control and Prevention. *Best Practices User Guide: Youth Engagement—State and Community Interventions*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010. http://www.cdc.gov/tobacco/stateandcommunity/bp_userguide_youth/pdfs/youth_engagement.pdf
4. RTI International. *Longitudinal Evaluation of the stand Campaign*.

Washington, D.C. October, 2007.

5. The Gallop Organization. The Ohio Tobacco Use Prevention and Control Foundation (TUCPF). A Progress Report Card. An Independent Evaluation by the Gallop Organization. Princeton, NJ. November, 2005.

D. Qualified Applicants: All applicant agencies must attend or document in writing prior attendance at GMIS 2.0 training and must have the capacity to accept an electronic funds transfer (EFT).

For goal one, eligible applicants are either local public or non-profit agencies. Preference will be given to agencies with previous experience in implementing tobacco use prevention programming.

For goal two, eligible applicants are either local public or non-profit agencies. Preference will be given to agencies with previous experience in implementing tobacco use prevention programming. Additionally, qualified applicants for this goal must have demonstrated success of at least two years with establishing or maintaining youth led initiatives. Goal two only, qualified bidders, if selected, must also be able to verify key personnel working with youth have satisfactorily undergone background checks and have signed affidavits stating they are tobacco free.

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, February 10, 2014.

E. Service Area : Grant recipients will be expected to perform services within their specified community, e.g., county or city. The applicant shall define the targeted "community or communities" for each goal/initiative. Applications will be accepted for multi-community service areas within one county or for multiple counties. Applications for multi-community service areas must be submitted by a single lead applicant agency. A lead applicant agency is an organization that agrees to accept and be responsible for grant monies on behalf of all stakeholders named in the grant.

F. Number of Grants and Funds Available:

Goal one: Funding is available for up to twenty-one (21) grants and may be awarded to a maximum of \$421,000. Eligible agencies may apply for a minimum of \$20,000 (Tier I \$20,000 - \$30,000) and a maximum of \$40,000 (Tier II \$30,000 - \$40,000). No grant award will be issued for less than a combined total of \$30,000 for Goal one and Goal two.

Goal two: Funding is available from for up to twenty (33) grants and may be awarded to a maximum of \$500,000. Eligible agencies may apply for a minimum of \$15,000 and a

maximum of \$30,000. No grant award will be issued for less than a combined total of \$30,000 for Goal one and Goal two.

ODH reserves the right to modify the amount of funding based on the applications and funds available. |

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, February 10, 2014. Applications and required attachments received late will not be considered for review.

Contact Dawn Ingles, Program Consultant for the Tobacco Use Prevention & Cessation Program, at 614-728-6792 with any questions. Enter the contact name listed under "Programmatic, Technical Assistance and Authorization for Internet Submission."

- H. Authorization:** Authorization of funds for this purpose is contained in the Catalog of Federal Domestic Assistance (CFDA) Number 93.283 the Collaborative Chronic Disease, Health Promotion, and Surveillance Program Announcement: Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and BRFSS.

- I. Goals:** To prevent and reduce the burden of tobacco use in Ohio including resultant disease, death, and health care costs, with primary emphasis on preventing tobacco use by youth and decreasing exposure to secondhand smoke through the following goals:

1. To increase the number of families living in smoke-free homes and/or in smoke-free multi-unit dwellings to reduce exposure to secondhand smoke.
2. To increase anti-tobacco policies and programs to prevent initiation of tobacco use among young people.

The GOALS correspond with the PURPOSE in section C. |

- J. Program Period and Budget Period:** The program period will begin March 29, 2014 and end on March 28, 2015. The budget period for this application is March 29, 2014 through March 28, 2015.

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

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

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

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:
 - a) The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:
 - A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups);
 - A summary of the services to be provided or activities to be conducted; and,
 - A plan to coordinate and share information with appropriate local health districts.

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

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

M. Incorporation of Strategies to Eliminate Health Inequities

Health Equity Component (Standard Health Equity Language)

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

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

inequities; and

- (3) Explain how proposed program interventions will address this problem.

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

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

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

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

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

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subgrantee agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the RFP to the ODH website and the receipt of the Notice of Intent to Apply for Funding (NOIAF). Please contact Dawn Ingles, Program Consultant for the Tobacco Use Prevention & Cessation Program, at 614-728-6792 or dawn.ingles@odh.ohio.gov 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, February 10, 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.

Scoring Criteria 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.
- 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 Environmental Health, Tobacco Use Prevention & Cessation Program] and as a sub-award of a grant issued by [[Center for Disease Control] under the Collaborative Chronic Disease Health Promotion and Surveillance] grant, grant award number [5U58DP001983], and CFDA number [93.283].”

- 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 or the Subgrantee Performance Evaluation System (SPES), as required by the subgrant program by the following dates:

1 st Quarter, March 29 – June 30	July 15, 2014
2 nd Quarter, July 1 – September 30	October 15, 2014
3 rd Quarter, October 1 – December 31	January 15, 2015
4 th Quarter, January 1 – March 28	April 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 or SPES) indicates acceptance of the ODH GAPP.

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

1 st Quarter, March 29– June 3	July 15, 2014
2 nd Quarter, July 1 – September 30	October 15, 2014
3 rd Quarter, October 1 – December	January 15, 2015
4 th Quarter, January 1 – March 28	April 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 May 15, 2015. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

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

- 4. Inventory Report:** A list of all equipment purchased in whole or in part with **current**

grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subgrantee Final Expenditure Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

X. Special Condition(s): Responses to all special conditions **must be submitted via GMIS within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30day 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;
22. Any equipment – unless approved in advance by ODH.
 23. Pharmacotherapy products to assist with cessation services.

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

Z. Client Incentives: Client incentives are unallowable cost.

Client Enablers: Client enablers are unallowable cost.

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

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

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

Subgrantees that expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. **The financial audit is not an allowable cost to the program.**

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

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

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

AB.Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (ex. budget narrative, program narrative, etc.).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program narrative should not exceed 20 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, Work Plan, Letters of Collaboration. |

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. An original and three (3) copies of **Attachments** (non-Internet compatible) as required by program: Work Plan, Letters of Collaboration. |

**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 13 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.

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 March 29, 2014 to March 28, 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.

Media promotions as required for Goal #1 activities, must be at least 5% of budget for goal #1 and listed under the appropriate category for the type of media planned.

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 target population, goals, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. If possible, outline the need in your specific community for these services. Describe the public health problem(s) that the program will address. Provide information about partnerships and coalitions in your community that can assist in working towards your goals and objectives.*

2. Description of Applicant Agency/Documentation of Eligibility/Personnel: Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

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

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

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

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

Include a description of other agencies/organizations, in your area, also addressing this problem/need.

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

Complete the attached 2014-2015 Tobacco Work Plan using the template provided in Appendix C, complete for each goal selected: Provide appropriate objectives with strategies/activities. Each strategy needs to have a corresponding start and end date, person responsible and evaluation measure. Activities must be provided for each quarter of the project period, must be progressive during the grant year and must build towards the completion of the objective. Media activities must be identified and included in each quarter of the work plan for Goal #1. |

- 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, February 10, 2014. An original and three copies of the application and associated attachments must be provided.

III. APPENDICES

- A. GMIS Training Form
- B. Application Review Form/Scoring Criteria
- C. Work Plan
- D. Guidelines for completing work plan
- E. Notice of Intent to apply.



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich / Governor

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

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. Training for GMIS for this RFP will be held on or about January 29, 2014.

Grant Program: _____ RFP Due Date: February 10, 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.

Appendix B

Application Review Form / Scoring Criteria

CATEGORY	POINTS
EXECUTIVE SUMMARY (3 POINTS)	
Identified community specific need. Identifies the specific goals of work to be performed. Identifies designated service areas and populations to be served by each initiative addressed. Provides an overview of work to be performed. Includes all required goal components. Demonstrates knowledge & understanding of policy, system and environmental processes when addressing & implementing initiatives.	3
DESCRIPTION OF APPLICANT AGENCY/DOCUMENTATION OF ELIGIBILITY/PERSONNEL (13 Points)	
Delineates all personnel who will be directly involved in program activities and the percentage of time they will contribute to the grant. Notes personnel and equipment deficiencies, describes plans for hiring (position descriptions provided) and training. Includes relationships with program staff and other partners/agencies that will be working on program. Summarizes agency's structure as it relates to program and how as lead agency the program will be managed.	8
Required letters of collaboration provided	5
PROBLEM/NEED/HEALTH EQUITY (15 Points)	
Applicant identifies and describes the local health status concerns that will be addressed by the program.	5
Applicant provides appropriate baseline data upon which evaluation will be based	5
Applicant's Health Disparity Statement clearly outlines: Target population – with disproportionate burden or increased risk Description of other agencies in your area with whom you might collaborate Specific plans to address needs identified	5
METHODOLOGY/WORK PLAN (44 Points)	
Appropriate goal or goals selected.	2
Scope of work is clearly identified and is logical for achievement of goals, objectives and activities. Objectives are S.M.A.R.T. (including media objectives for goal #1)	5
Evidence-based methods have been selected to address each initiative chosen.	10
Timeline is provided for goals, objectives, and activities and are in line with requirements of the RFP. Start and finish dates are provided.	5

Appendix B

Application Review Form / Scoring Criteria

Program activities are designed to address health disparities and/or health inequities.	10
Indicate how they will evaluate to determine level of success of the program.	8
Work Plan is properly completed with the provided template	4
BUDGET (25 Points)	
Budget is within designated limits.	5
Budget is detailed and logical; falls within ODH standards.	5
Budget supports required staff and activities. Strong supporting budget narrative.	10
10% Match is included in budget.	5
Total	100

Appendix C
Tobacco Use Prevention & Cessation Program
March 29, 2014- March 28, 2015 Sub-grantee Work-plan

<u>Priority Area:</u> Eliminate exposure to environmental tobacco smoke.				
<u>Goal #1:</u> To increase the number of families living in smoke-free homes and/or in smoke-free multi-unit dwellings to reduce exposure to secondhand smoke.				
Objectives (S.M.A.R.T.)	Strategies/Activities	Timeline Start/End Dates	Person & Agency Responsible	Evaluation Method

Appendix C
Tobacco Use Prevention & Cessation Program
March 29, 2014- March 28, 2015 Sub-grantee Work-plan

<p><u>Priority Area:</u> Prevent youth tobacco use.</p> <p><u>Goal #2:</u> To increase anti-tobacco policies and programs to prevent initiation of tobacco use among young people.</p>				
Objectives (S.M.A.R.T.)	Strategies/Activities	Timeline Start/End Dates	Person & Agency Responsible	Evaluation Method

Appendix D

Guidelines for Completing Work Plan

1. Objectives must be written in SMART (Specific, Measurable, Achievable, Relevant, and Time) format.
 - **Specific** -Identifies a specific event of action that will take place or change that will occur. Who is expected to change or benefit?
 - **Measurable** -It quantifies the number of events or the amount of change to be achieved. What or how much is expected? Measurable objectives use action verbs such as, “establish,” “enact,” train,” “adopt,” “commit,” “institute,” or “organize.”
 - **Achievable** -Realistic given available resources and plans for implementation, yet challenging enough to accelerate program efforts. Uses baseline measures to assist in estimating potential success.
 - **Relevant**- It is logical and relates to the program’s goals. It is sufficiently meaningful and important. Considers the financial and human resources and the cost benefit of the intervention.
 - **Time** -It specifies a time by which the objective will be achieved. When will the event or change occur?
2. Strategies/activities must be listed under each objective. Activities must relate to the objective, they must be progressive through the project period and there must be activities in each quarter of the grant under each objective. Activities are the intermediate steps or specific, measurable actions that need to be completed in a specific timeframe. They explain what you are going to do and when you are going to do it.
3. Timeline needs to include your specific timeframe for your strategies/activities. Examples: 5/1/14 to 5/10/14 (date to date); 2 times per month for 3 months starting 2/1/13; and, 9/24/14 (specific date). These are only a few examples.
4. Person and agency responsible needs to be listed for each strategy/activity.
5. Include your evaluation method on the work plan. A brief description of the evaluation measure/indicator for the objective. How do you know that you have achieved the objective? Examples of evaluation measures/indicators: records, observations; and, surveys. If you are awarded funds, this plan may need to change based on consultation with ODH evaluator.
6. Use the sample template provide for completion of the work plan. Use additional pages as needed.

NOTICE OF INTENT TO APPLY FOR FUNDING

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

ODH Program Title:

Tobacco Use Prevention & Cessation 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 County Agency Hospital Local Schools
(Check One) City Agency Higher Education Not-For-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 NO

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, E-mail or Fax to: Dawn Ingles, Program Consultant
Ohio Department of Health Tobacco Use Prevention and Cessation Program
246 North High Street – 7th Floor – 35 Bldg |
Columbus, OH 43215
E-mail: dawn.ingles@odh.ohio.gov
Fax: (614)466-4556

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 January 17, 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.