

## MEMORANDUM

Date: March 21, 2011

To: Prospective Save Our Sight Children's Vision Screener Training Program Applicants

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

Subject: Notice of Availability of Funds—State Fiscal Year 2012  
July 1, 2011—June 30, 2014 Program Period

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Child and Family Health Services, Save Our Sight Program announces the availability of grant funds. Funds will be available to ensure that children in Ohio have good vision and healthy eyes by implementing voluntary children's vision screener training and certification programs. Applicants for the Save Our Sight Children's Vision Screener Training Program may apply to provide vision screener training and certification programs.

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 ODH Save Our Sight Children's Vision Screener Training 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.

Please note that all interested parties must submit a Notice of Intent to Apply for Funding (attached) no later than Friday, April 1, 2011, to be eligible for these funds.

All potential applicants are encouraged to participate in a Bidders' Conference that will be held via conference call Monday, March 28, 2011 from 2:30 p.m. to 3:30 p.m. The conference telephone number is 1-800-510-7500 and the access code is 9583028#. The Bidders' Conference will provide an opportunity for interested parties to learn more about the RFP and to ask clarifying questions. Please contact Dyane Gogan Turner to register (see contact information below).

All applications and attachments are due Monday, May 9, 2011. Electronic applications received after Monday, May 9, 2011 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, complete and return the GMIS 2.0 training form by Friday, April 1, 2011. Training will be provided on Wednesday, April 20, 2011, at the Ohio Department of Health.

If you have questions regarding this application, please contact **Dyane Gogan Turner** at (614) 644-6560 or e-mail at [Dyane.GoganTurner@odh.ohio.gov](mailto:Dyane.GoganTurner@odh.ohio.gov).

# **NOTICE OF AVAILABILITY OF FUNDS**

Ohio Department of Health  
Division of Family and Community Health Services  
Bureau of Child and Family Health Services

## **Competitive Grant Applications for State Fiscal Year 2012**

### **Introduction/Background**

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Child and Family Health Services, Save Our Sight Program announces the availability of grant funds to support activities for the Save Our Sight Children's Vision Screener Training Program. The authorization of funds for this purpose is contained in Sections 3701.21 and 4503.104 of the Ohio Revised Code. Funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate \$1 to the Save Our Sight Fund when they register their vehicles and/or renew license plates.

The purpose of the Save Our Sight Children's Vision Screener Training Program is to ensure that children in Ohio have good vision and healthy eyes by implementing voluntary children's vision screener training and certification programs. Eighty percent of what a child learns is learned visually. In Ohio, one in four school-aged children and one in twenty preschoolers have a vision problem. Applicants for the Save Our Sight Children's Vision Screener Training Program may apply to provide vision screener training and certification programs.

### **Eligibility**

All applicants must be a statewide 501(c) organization with demonstrated experience in the delivery of vision services. Applicant agencies must attend or document, in writing, prior attendance at GMIS 2.0 training and have the capacity to set up an electronic funds transfer (EFT).

## **NOTICE OF AVAILABILITY OF FUNDS**

### **Program Period and Award Amount**

This is a competitive grant cycle. Applicants may apply for a maximum of \$250,000.

The program period begins July 1, 2011 and ends June 30, 2014. The budget period begins July 1, 2011 and ends June 30, 2012.

### **To Obtain a Grant Application Packet**

1. Go to the ODH website at [www.odh.ohio.gov](http://www.odh.ohio.gov) from the home page; click on "Funding Opportunities"; from the next page click on "ODH Grants"; next click on "Grant Request for Proposals", this will give you a pull down menu with current RFPs by name; and select and highlight ODH Save Our Sight Children's Vision Screener Training Program RFP and click "Submit". This process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired. In the application packet you will find:
  - a. 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.

- b. Notice of Intent to Apply for Funding (NOIAF) – 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 Friday, April 1, 2011 to be eligible for these funds.
2. When you have accessed the application packet:
    - a. Review the RFP to determine your organization’s ability to meet the requirements of the grant and your intent to apply.
    - b. 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. 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:

- a. Create a grant application account number for your organization. This account 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 the GMIS 2.0. ODH will assess your organizations’ 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 grant application account for your organization and finalizes all GMIS 2.0 training requirements, you may proceed with the application process as outlined in the RFP.

If you have questions, please contact **Dyane Gogan Turner**, Save Our Sight Program Supervisor, at (614) 644-6560 or e-mail at [Dyane.GoganTurner@odh.ohio.gov](mailto:Dyane.GoganTurner@odh.ohio.gov).

**NOTICE OF INTENT TO APPLY FOR FUNDING**

Ohio Department of Health  
Division of Family and Community Health Services  
Bureau of Child and Family Health Services

*ODH Program Title:  
Save Our Sight Children's Vision Screener Training 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/Title** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

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

**Mail, E-mail or Fax to: Dyane Gogan Turner, Save Our Sight Program**  
**Ohio Department of Health**  
**246 North High Street**  
**Columbus, OH 43215**  
**E-mail: [Dyane.GoganTurner@odh.ohio.gov](mailto:Dyane.GoganTurner@odh.ohio.gov)**  
**Fax: 614/728-6793**

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY **Friday, April 1, 2011.**



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

## OHIO DEPARTMENT OF HEALTH

### DIVISION OF

*Family and Community Health Services*

### BUREAU OF

*Child and Family Health Services*

*Save Our Sight Children's Vision Screener Training Program*

**REQUEST FOR PROPOSALS (RFP)**

**FOR**

**FISCAL YEAR 2012**

**(07/01/2011 – 06/30/2012)**

**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 – GMIS 2.0 which includes various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted on time will result in the entire application not being considered for review.**

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) Manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The GAPP Manual is available on the ODH Website <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** Save Our Sight Children’s Vision Screener Training Program.
- C. Purpose:** The purpose of the Save Our Sight Children’s Vision Screener Training Program is to ensure that children in Ohio have good vision and healthy eyes by implementing voluntary children’s vision screener training and certification programs. In Ohio, one in four school-aged children and one in twenty preschoolers have a vision problem. Funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate \$1 to the Save Our Sight Fund when they register their vehicles and/or renew license plates.
- D. Qualified Applicants:** All applicants must be a 501(c) organization with demonstrated experience in the delivery of vision services. 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).
- E. Service Area:** Applicants must provide vision services for the entire state of Ohio.
- F. Number of Grants and Funds Available:** State funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate to the Save our Sight Fund when they register their vehicles and/or renew license plates. This program is completely funded by the Save Our Sight Fund (State funds). Multiple grants may be awarded. Grants may be awarded for a total amount of \$250,000. Eligible agencies may apply for up to \$250,000.

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:** Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by 4:00 p.m. **Monday, May 9, 2011.** Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Contact Dyane Gogan Turner at 614.644.6560 or [Dyane.Goganturner@odh.ohio.gov](mailto:Dyane.Goganturner@odh.ohio.gov) with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Section 3701.21 of the Ohio Revised Code.
- I. Goals:** The goal of the Save Our Sight Children’s Vision Screener Training Program is to ensure that children in Ohio have good vision and healthy eyes by implementing voluntary children’s vision screener training and certification programs for younger children (preschool, kindergarten or first grade aged students as approved by ODH). This is accomplished by providing funding to 501(c) organizations that offer vision services in all counties of the state. These organizations must have demonstrated experience in the delivery of vision services.

Save Our Sight Children’s Vision Screener Training Program objectives and strategies are listed in Appendix B. Other programmatic activities that fall within the scope of Section 3701.21 of the Ohio Revised Code may be considered for funding. Completion of programmatic activities is expected during the Program Period, July 1, 2011 through June 30, 2014.

- J. Program Period and Budget Period:** Indicate effective date of the program and budget period. The program period will begin July 1, 2011 and end on June 30, 2014. The budget period for this application is July 1, 2011 through June 30, 2012.
- K. Local Health Districts Improvement Standards:** This grant program will address the Local Health Districts Improvement Goal(s) 3701-36-07 “Promote Healthy Lifestyles,” Standard(s) 3701-36-07-03 “Prevention, health promotion, early intervention, and outreach services are provided directly.” The Local Health District Improvement Standards are available on the ODH Web-site: <http://www.odh.ohio.gov/localHealthDistricts/lhdImprovementStandards.aspx> .
- L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards.
  1. *Public Health Impact Statement Summary* - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the

grant application to ODH. The program summary, not to exceed one page, must include:

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

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

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

**M. Statement of Intent to Pursue Health Equity Strategies**

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

- *Basic Health Equity Concepts:*

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

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

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **In view of this, the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**
  
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon submission of the Notice of Intent to Apply for Funding (NOIAF). Please contact **Dyane Gogan Turner** at 614.644.6560 or e-mail at [Dyane.GoganTurner@odh.ohio.gov](mailto:Dyane.GoganTurner@odh.ohio.gov) for questions regarding this RFP.  
  
For competitive RFPs ONLY: Applicant must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission.
  
- P. Acknowledgment:** An ‘Application Submitted’ status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.
  
- Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before

the application due date of **Monday, May 9, 2011**.

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

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

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given request

for proposals. **There will be no appeal of the Department's decision.**

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

Authorization of funds for this purpose is contained in Section 3701.21 of the Ohio Revised Code.

- V. **Ownership Copyright:** Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the ODH. All material(s) must clearly state:

Funded by Ohio Department of Health/Federal Government  
Bureau of Child and Family Health Services  
Save Our Sight Program

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

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

Reports shall be submitted as follows:

1. **Program Reports:** Subgrantee Program Reports **must** be completed and submitted **via the Subgrantee Performance Evaluation System (SPES)** by the following dates: October 15, 2011, January 15, 2012, April 15, 2012 and July 15, 2012. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. All program report attachments must clearly identify the authorized program name and grant number.

Complete Appendix C, the *Outcomes Grid* (sample provided), and a grid narrative providing specific programmatic information such as locations, dates, times and contact information. The narrative should include progress on meeting Program Plan objectives, strategies/activities and should include persons responsible,

timelines and evaluation measures. The content of the *Outcomes Grid* will be agreed upon by ODH and the subgrantee agency.

*Submission of Subgrantee Program Reports via the ODH's SPES indicates acceptance of the ODH GAPP.*

- 2. Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates: October 15, 2011, January 15, 2012, April 15, 2012 and July 15, 2012.

*Submission of Subgrantee Program Expenditure Reports via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.*

- 3. Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** by 4:00 P.M. on or before August 15, 2012. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

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

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

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

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

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

1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Website: <http://obm.ohio.gov/MiscPages/TravelRule> Then click on OBM Travel Rule.
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
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; and,
22. Payments for total fringe benefits exceeding thirty five percent.

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

**Z. Audit:** *Subgrantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133*

*requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than 9 months after the end of the subgrantee's fiscal year.*

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

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

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

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

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

#### **AA. Submission of Application:**

The GMIS 2.0 application submission must consist of the following:

<b>Complete &amp; Submit Via Internet</b>
---

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. Ohio Department of Health Sub-Awardee Reporting Form for State Funded Grants (Attachment B).
  8. Attachments as required by Program: Attachment 1 (Save Our Sight Program Plan) and Attachment 2 (Save Our Sight Program Assurances).

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

**Complete,  
Sign &  
Mail To  
ODH**

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

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

**Copy &  
Mail To  
ODH**

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

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

**Complete  
Copy &  
Mail To  
ODH**

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

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

## **II. APPLICATION REQUIREMENTS AND FORMAT**

Access to the on-line GMIS 2.0, will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after submission of the Notice of Intent to Apply for Funding (NOIAF).

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

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

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

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the

specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the application for additional information.

- 2. Personnel, Other Direct Costs, Equipment and Contracts):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2011 to June 30, 2012.

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

Funds awarded under this sub-grant program may not be used to support total fringe benefit costs in excess of thirty-five percent.

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

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

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

- 3. Compliance Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.
  - 4. Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.
- C. Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each

application via GMIS 2.0. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

**D. Project Narrative:**

- 1. Executive Summary:** In a one page summary, identify the target population, services and programs to be offered and what agency or agencies will provide those services. Describe the public health problem(s) that the program will address.
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

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

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

- 3. Problem/Need:** Identify and describe the local health status concern that will be addressed by the program. Only restate national and state data if local data is not available. Include data citations. 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 of the local health status concern (this information must correlate with the Statement of Intent to Pursue Health Equity Strategies.)*

Include a description of other agencies/organizations also addressing this problem/need.

4. **Methodology:** Complete the Save our Sight Program Plan (Attachment 1), that identifies the program goals; *Specific, Measureable, Attainable, Realistic & Time-Phased (SMART)* process, impact, and outcome objectives and strategies/activities; evaluation measures; person(s) responsible; and start and completion dates for each. Indicate how they will be evaluated to determine the level of success of the program. A methodology narrative is not required.

Save Our Sight Children's Vision Screener Training Program goals and objectives are listed in Appendix B. Proposals are not required to contain both objectives listed. Other programmatic activities that fall within the scope of Section 3701.21 of the Ohio Revised Code may be considered for funding. Completion of programmatic activities is expected during the Program Period, July 1, 2011 through June 30, 2014.

*In the project narrative Executive Summary, describe how program activities will address health disparities.*

- E. **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. **Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address by 4:00 P.M. on or before (**Monday, May 9, 2011**). All attachments must clearly identify the authorized program name and program number.
- G. **Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be dated and signed, in blue ink, with original signatures.** Submit the original and one copy. (**Required only if new agency, thereafter only when banking information has changed.**)
- H. **Internal Revenue Service (IRS) W-9 and Vendor Forms:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be dated and signed, in blue ink, with original signatures.** Submit the original and one copy. (**Required if new agency, thereafter only when tax identification number or agency address information has changed.**) **One of the following forms must accompany the IRS, W-9:**

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

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

- I. **Public Health Impact Statement Summary:** Submit two copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed).**
- J. **Public Health Impact & Intent to Pursue Health Equity Statements:** Submit two copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards and Intent to Pursue Health Equity Statements. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s) **(for competitive cycle only; for continuation, only if changed).**
- K. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; current liability coverage and thereafter at each renewal period.)**
- L. **Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Submit two copies of the Internal Revenue Services (IRS) letter approving non-tax exempt status **(Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed.)**
- M. **Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire:** The DMA is a questionnaire that must be completed by all non-governmental grant applicant agencies to certify that they have not provided "material assistance" to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head's signature. The DMA Questionnaire (in PDF format. [Adobe Acrobat](#) is required) is located at the Ohio Department of Public Safety /Ohio Homeland Security website:

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

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

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

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

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

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

**O. Attachments as Required by Program:**

- **ATTACHMENT B - Ohio Department of Health Sub-Awardee Reporting Form for State Funded Grants**
- Attachment 1 (*Save Our Sight Program Plan*)
- Attachment 2 (*Save Our Sight Program Assurances*)

**III. APPENDICES**

- A. GMIS Training Form
- B. Save Our Sight Program Goals, Objectives and Strategies
- C. Outcomes Grid
- D. Social Marketing Resources
- E. Vision Screening Form
- F. Application Review Form

**Attachment B**  
**Ohio Department of Health Sub-Awardee**  
**Reporting Form for State Funded Grants**

Submission Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sub-Awardee Data**

1	DUNS #	
2	DUNS # plus 4	
3	Agency Name	
4	Has your Agency registered with CCR?	
5	CCR Expiration Date	

## ATTACHMENT 1: SAVE OUR SIGHT PROGRAM PLAN

**Instructions for Completing the Program Plan Utilizing Appendix B, Save Our Sight Program Goals, Objectives and Strategies**

**Objective:** describe the conditions the applicant wants to achieve (Specific, Measurable, Attainable, Realistic, Time-Phased). Include the Objectives listed in Appendix B.

**Strategy:** for each measure, copy the specific Strategy from Appendix B to the Program Plan.

**Activity:** describes the actions that are necessary to create the conditions described in the Objective and Strategy. Describe how the activity is organized and carried out.

**Person(s) Responsible:** list the most appropriate staff member(s), included in the grant proposal, for carrying out the Activity.

**Projected date of completion:** enter the date the activities will be completed.

**Evaluation:** describe a plan for demonstrating, in measurable terms, that the conditions in the Objective are actually achieved and the effectiveness/appropriateness of each activity is actually achieved.

**Impact/Results:** describe overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. It is not acceptable to state "in progress."

OBJECTIVES	STRATEGIES/ACTIVITIES	PERSON (s) RESPONSIBLE	PROJECTED DATE OF COMPLETION	METHOD OF EVALUATION/ MEASURES	IMPACT/RESULTS (use this column for quarterly reports only)

Attachment 2

**ODH SAVE OUR SIGHT CHILDREN'S VISION SCREENER TRAINING PROGRAM ASSURANCES**

**Applicant must provide signed assurance that the following ODH Save Our Sight Program components and/or statements of assurance will be in place by July 1, 2011.**

1. Assurance that the applicant will comply with the Ohio Revised Code 3701.21 and OAC 3701-48 that pertain to the Save Our Sight program and ODH standards and guidelines.
2. Assurance that this public health program is a voluntary vision screener training, certification and equipment program for teachers, child care providers and staff, health care professionals and other volunteers screening younger children (preschool, kindergarten or first grade aged students as approved by ODH).
3. Assurance that the protocol and equipment complies with the Ohio Department of Health's requirements and recommendations for the screening of school-aged (Ohio Revised Code 3313.69) and preschool children. At a minimum, the training should be comprised of common pediatric vision problems, how to perform vision screening of younger children, and referral criteria.
4. Assurance that a system to track the success of the screener training and certification and evaluate the effectiveness of increasing the number of younger children (preschool, kindergarten or first grade aged students as approved by ODH) screened for vision in Ohio is implemented. The tracking system must include documented bridge of communication between screener and the child's medical home regarding screening and the follow up eye exam and the following data elements: number of trained and certified; number recertified; demographic data about trainees and children screened; number receiving screening equipment; actual number and location of children screened by trainees; actual number of those children screened who are referred to vision care providers; the quantity and type of equipment distributed to those screeners; and other information requested by ODH as needed. Actual screener data tracking forms must be submitted by screeners and analyzed by the subgrantee or subcontractor.
5. Assurance that the subgrantee agency will develop and implement a formal, written agreement between the subgrantee agency and each individual certified screener; in exchange for free certification and/or equipment the certified screener agrees to report actual number of children screened and referred and any follow-up data yearly for the initial certification period. Receipt of equipment is a three year commitment. A certified screener agrees to complete and return screening data each year for three years. If the certified screener fails to submit information as requested, the certified screener will be required to return all equipment. At the end of three years, the equipment becomes property of the certified screener.
6. Assurance that the program does not discriminate in the provision of services based on an individual's religion, race, national origin, handicapping condition, age, sex, number of pregnancies or marital status.

7. Assurance that the Health Insurance Portability and Accountability Act (HIPAA) is instituted in the agency.
8. Assurance that the agency has the capacity to provide services to persons with Limited English Proficiency (LEP).

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

GMIS Number: \_\_\_\_\_ Signature: \_\_\_\_\_

Ohio Department of Health  
GMIS 2.0 TRAINING

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

(Please Print Clearly or Type)

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

County of Applicant Agency \_\_\_\_\_

Federal Tax Identification Number \_\_\_\_\_

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

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_

Agency Employee to attend training \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Required  
Please Check One:

\_\_\_\_\_ Yes – I ALREADY have access to the  
ODH GATEWAY (SPES, ODRS, LHS, etc)

\_\_\_\_\_ No – I DO NOT have access to the ODH GATEWAY

Please indicate your training date choices: 1<sup>st</sup> choice \_\_\_\_\_, 2<sup>nd</sup> choice \_\_\_\_\_, 3<sup>rd</sup> choice \_\_\_\_\_

Mail, E-mail, or Fax To:

GAIL BYERS  
Grants Administration Unit  
Ohio Department of Health  
246 N. High Street  
Columbus, Ohio 43215  
E-mail: [gail.byers@odh.ohio.gov](mailto:gail.byers@odh.ohio.gov) Fax: 614-752-9783

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

Due Date: April 1, 2011

## Appendix B

### Save Our Sight Children's Vision Screener Training SFY 2012

#### Purpose, Goals, Objectives and Strategies

**Purpose:** The purpose of the Save Our Sight Children's Vision Screener Training Program is to ensure that children in Ohio have good vision and healthy eyes by implementing voluntary children's vision screener training and certification programs for younger children (preschool, kindergarten or first grade aged students as approved by ODH). Funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate \$1 to the Save Our Sight Fund when they register their vehicles and/or renew license plates.

**Goal:** The goal of the Save Our Sight Children's Vision Screener Training Program is to ensure that children in Ohio have good vision and healthy eyes by implementing voluntary children's vision screener training and certification programs for younger children (preschool, kindergarten or first grade aged students as approved by ODH). This is accomplished by providing funding to 501(c) organizations that offer vision services in all counties of the state. These organizations must have demonstrated experience in the delivery of vision services.

Complete the Save Our Sight Program Plan (Attachment 1) that identifies program objectives, strategies, activities, person(s) responsible, start and completion dates for each, desired impact/results and evaluation measures. Funding will be awarded based upon the extent that outcome-based measures are utilized to evaluate program impact. Each objective must be evaluated in order to determine the accomplishments, strengths and weaknesses of the intervention. Evaluation should be conducted at two levels: 1) process--that looks at tasks and procedures of the program (e.g., the number of screeners trained) and 2) outcome-- that looks at results/changes in the target population from the program (e.g., the number of children screened and the number of children receiving follow-up). ODH needs to approve evaluation methods prior to implementation.

A minimum of 20% of the total number of trained screeners must be teachers, child care providers and staff, and volunteers. Equipment may be used for preschool, kindergarten or first grade aged students as approved by ODH. Trainings should be offered in each of the first three quarters of each fiscal year throughout the grant period.

**Objective 1:** By June 30, 2012, develop and implement voluntary children's vision screener training and certification program for teachers, child care providers and staff, and volunteers.

#### Strategies:

1a Submit a copy of the evidence-based programs that will be used or submit a plan to demonstrate effectiveness of the program. Evidence-based programs must be used. Provide evaluation report detailing effectiveness of program. The program must comply with the Ohio Department of Health's requirements and recommendations for the screening of school-aged (Ohio Revised Code 3313.69) and preschool children. At a minimum, the training should be comprised of common pediatric vision problems, how to perform preschool vision screening, and referral criteria. Refer to the guidelines on the ODH web site at: <http://www.odh.ohio.gov/odhPrograms/cfhs/hvscr/requir.aspx>.

Submit resumes of the vision screener trainers with the application to ensure that the trainers are qualified by either having been properly trained by ODH staff or other qualified vision professionals approved by ODH (due: July 31, 2011).

1b Establish a mechanism, as approved by ODH, to distribute ODH approved vision screener equipment to, and collect data from, successfully trained and certified teachers, child care providers and staff, and volunteers (due July 31, 2011).

1b1 Specify equipment to be purchased and distributed to certified screeners (equipment type and cost) with this funding. Examples of equipment include Lea acuity charts, Random Dot E stereopsis kits, and light boxes.

1b2 Develop and implement a formal, written agreement between the subgrantee agency and each individual certified screener.

1b2a Report actual number of children screened and referred and any follow-up data. In exchange for free training and certification and/or equipment the certified screener agrees to report actual number of children screened and referred and any follow-up data yearly for the initial certification period (a three year commitment). A certified screener agrees to complete and return screening data each year for three years. If the certified screener fails to submit information as requested, the certified screener will be required to return all equipment. At the end of three years, the equipment becomes property of the certified screener and the screener is no longer required to report data.

1c Establish a mechanism to identify and target the number and location of teachers, child care providers and staff, and volunteers to be served by June 30, 2012.

1c1 Develop and implement a communication strategy to offer the vision screener training/certification to teachers, child care providers and staff, and volunteers, including the use of web-based tools.

1c2 Target potential screeners who serve the most economically vulnerable population (<200% Federal Poverty Level), minorities and other segments of the population that experience a disproportionate burden as the priority population. Describe segments of the target population who will be screened that experience a disproportionate burden. Specify attainable number, or percentage, of population to be reached. Refer to Appendix D.

1d Report the effectiveness of vision screener training programs using the Outcomes Grid (Appendix C) within each mid-year and final annual report. The final tracking system must be approved by ODH by July 31, 2011. Include in the tracking system the documented bridge of communication between screener and the child's medical home regarding screening and the follow-up eye exam. Survey is not an allowable tracking system.

1d1 Report, at a minimum, the following data elements at each mid-year and at year-end using the Outcomes Grid (Appendix C).

1d1a Report actual total number of teachers, child care providers and staff, and

volunteers trained and certified; specify location (county/geographic area).

1d1b Report actual total number of teachers, child care providers and staff, and volunteers recertified; specify location (county/geographic area).

1d1c Report actual number of trainees receiving screening equipment; specify location (county/geographic area).

1d1d Report actual total number of children screened by trainees (aggregate data); specify number of economically vulnerable population (<200% Federal Poverty Level), minorities and household location (county/geographic area).

1d1e Report actual number of those children screened (1c1d) who are referred to vision care providers as appropriate (aggregate data); specify number of economically vulnerable population (<200% Federal Poverty Level), minorities and household location (county/geographic area).

1d1f Report actual number of those children screened (1c1d) who are referred who receive follow-up as appropriate (aggregate data); specify number of economically vulnerable population (<200% Federal Poverty Level), minorities and household location (county/geographic area).

1d1g Report other information requested by ODH.

**Objective 2:** By June 30, 2012, develop and implement a voluntary children's vision screener training and certification program for health care professionals such as pediatricians, family practice physicians, residents, nurses and safety net providers.

Strategies:

2a Submit a copy of the evidence-based program that will be used or submit a plan to demonstrate effectiveness of the program. Evidence-based programs must be used. Provide evaluation report detailing effectiveness of program. The program must comply with the Ohio Department of Health's requirements and recommendations for the screening of school-aged (Ohio Revised Code 3313.69) and preschool children. At a minimum, the training should be comprised of common pediatric vision problems, how to perform preschool vision screening, and referral criteria. Refer to the guidelines on the ODH web site at: <http://www.odh.ohio.gov/odhPrograms/cfhs/hvscr/requir.aspx> and the Preschool Vision Screening Manual for Health Care Professionals (developed by ODH, Prevent Blindness America and the American Academy of Pediatrics). Submit resumes of the vision screener trainers with the application to ensure that the trainers are qualified by either having been properly trained by ODH staff or other qualified vision professionals approved by ODH.

2b Establish a mechanism, as approved by ODH, to distribute ODH approved vision screener equipment to, and collect data from, successfully trained and certified health care professionals.

2b1 Specify equipment to be purchased and distributed to certified screeners (equipment type and cost) with this funding. Examples of equipment include Lea acuity charts, Random Dot E

stereopsis kits, and light boxes.

2b2 Develop and implement a formal, written agreement between the subgrantee agency and each individual certified screener.

2b2a Report actual number of children screened and referred and any follow-up data. In exchange for free training and certification and/or equipment the certified screener agrees to report actual number of children screened and referred and any follow-up data yearly for the initial certification period (a three year commitment). A certified screener agrees to complete and return screening data each year for three years. If the certified screener fails to submit information as requested, the certified screener will be required to return all equipment. At the end of three years, the equipment becomes property of the certified screener and the screener is no longer required to report data.

2c Establish a mechanism to identify and target the number and location of health care professionals to be served by June 30, 2012.

2c1 Develop and implement a communication strategy to offer the vision screener training/certification to health care professionals, including the use of web-based tools.

2c2 Develop and implement an outreach plan which targets potential screeners who serve the most economically vulnerable population (<200% Federal Poverty Level), minorities and other segments of the population that experience a disproportionate burden as the priority population. Describe segments of the target population who experience a disproportionate burden. Specify attainable number, or percentage, of population to be reached. Refer to Appendix D.

2d Report the effectiveness of vision screener training programs using the Outcomes Grid (Appendix C) within each mid-year and final annual report. The final tracking system must be approved by ODH by July 31, 2011. Include in the tracking system the documented bridge of communication between screener and the child's medical home regarding screening and the follow-up eye exam. Survey is not an allowable tracking system.

2d1 Report, at a minimum, the following data elements at each mid-year and at year-end using the Outcomes Grid (Appendix C).

2d1a Report actual total number of health care professionals, staff, and volunteers trained and certified; specify location (county/geographic area).

2d1b Report actual total number of health care professionals, staff, and volunteers recertified; specify location (county/geographic area).

2d1c Report actual number of trainees receiving screening equipment; specify location (county/geographic area).

2d1d Report actual total number of children screened by trainees (aggregate data);

specify number of economically vulnerable population (<200% Federal Poverty Level), minorities and household location (county/geographic area).

2d1e Report actual number of those children screened (1c1d) who are referred to vision care providers as appropriate (aggregate data); specify number of economically vulnerable population (<200% Federal Poverty Level), minorities and household location (county/geographic area).

2d1f Report actual number of those children screened (1c1d) who are referred who receive follow-up as appropriate (aggregate data); specify number of economically vulnerable population (<200% Federal Poverty Level), minorities and household location (county/geographic area).

2d1g Report other information requested by ODH.

**Appendix C**  
**Save Our Sight Children's Vision Screener Training SFY 2012**  
**Outcomes Grid**

OUTREACH BY ACTUAL NUMBER						DEMOGRAPHIC DATA BY PERCENT						
County	Number of screeners certified	Number of screeners recertified	Number of equipment kits distributed	Number of children screened	Number of children referred	Percent of children <200% poverty level screened	African American/Black	American Indian/Alaska Native	Asian/Pacific Islander	Hispanic or Latino	White	Multi-Racial/Blank
Adams												
Allen												
Ashland												
Ashtabula												
Athens												
Auglaize												
Belmont												
Brown												
Butler												
Carroll												
Champaign												
Clark												
Clermont												
Clinton												
Columbiana												
Coshocton												
Crawford												
Cuyahoga												
Darke												
Defiance												
Delaware												
Erie												
Fairfield												
Fayette												

Franklin													
Fulton													
Gallia													
Geauga													
Greene													
Guernsey													
Hamilton													
Hancock													
Hardin													
Harrison													
Henry													
Highland													
Hocking													
Holmes													
Huron													
Jackson													
Jefferson													
Knox													
Lake													
Lawrence													
Licking													
Logan													
Lorain													
Lucas													
Madison													
Mahoning													
Marion													
Medina													
Meigs													
Mercer													
Miami													
Monroe													

Montgomery													
Morgan													
Morrow													
Muskingum													
Noble													
Ottawa													
Paulding													
Perry													
Pickaway													
Pike													
Portage													
Preble													
Putnam													
Richland													
Ross													
Sandusky													
Scioto													
Seneca													
Shelby													
Stark													
Summit													
Trumbull													
Tuscarawas													
Union													
Van Wert													
Vinton													
Warren													
Washington													
Wayne													
Williams													
Wood													
Wyandot													

## **Appendix D**

### **Save Our Sight Program**

#### **Social Marketing Resources**

Social marketing is the use of marketing concepts and techniques to influence specific, voluntary behavioral changes that benefit the targeted consumers and society as a whole.

#### **CDCynergy Social Marketing Edition Online**

<http://www.orau.gov/cdcynergy/soc2web/default.htm>

#### **Centers for Disease Control, social marketing Web pages**

<http://www.cdc.gov/nccdphp/dnpa/socialmarketing/>

#### **Ohio Department of Health, Office of Healthy Ohio**

<http://www.healthyohioprogram.org/>

#### **Ohio State University, School of Public Health, social marketing Web pages**

<http://sph.osu.edu/cphp/6210.cfm>

#### **R. Craig Lefebvre Website**

[http://socialmarketing.blogs.com/r\\_craig\\_lefebvres\\_social/](http://socialmarketing.blogs.com/r_craig_lefebvres_social/)

#### **Social Marketing Institute**

<http://www.social-marketing.org/index.html>

#### **Weinreich Communications, social marketing Web site**

<http://www.social-marketing.com/>  
<http://www.social-marketing.com/SMLinks.html>



## Appendix F

**Ohio Department of Health  
Save Our Sight Children’s Vision Screening Training Program  
FY 2012 Application Review Form**

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Funding: \_\_\_\_\_

**Program Narrative 50 points possible**

Applications to be scored based on the extent that the applicant agency provided a summary of the purpose, methodology, and evaluation plan for each objective of this project. Narrative included the following: public health problems that this project will address; priority population; services and programs to be offered; and agency/ agencies providing the services. (Refer to Section I.D. of the RFP, page 13.)

Score		Comments/Special Conditions
/10	The Executive Summary provided a one page summary of the purpose, methodology, and evaluation plan for each objective of this project. Narrative included the following: public health problems that this project will address; priority population; services and programs to be offered; and agency/ agencies providing the services. The summary briefly described how program activities will address health disparities. In addition, a brief summary of the total budget provided. (Refer to Section I.D.1. of the RFP, page 13.)	
/5	Program narrative described applicant agency and agency(ies) that will provide services (one paragraph). (Refer to Section I.D. 2. of the RFP, page 13.)	
/5	Program narrative described public health problems that this project will address. 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. (Refer to Section I.D.3. of the	

	RFP, page 13.)	
/5	Program narrative identified the priority population and explicitly described segments of the target population who experience a disproportionate burden of the health status concern. (Refer to Section I.D.3. of the RFP, page 13.)	
/25	Program narrative detailed services and programs to be offered. (Refer to Section I.D.3. of the RFP, page 13.)	
<b>Subtotal Score:</b> /50		<b>Number of Special Conditions:</b>

**Program Plan 100 points possible**

The completed Program Plan (Attachment 1) should be scored based on the extent that the applicant identified program objectives and the strategies and activities to accomplish stated objectives. The applicant identified how the strategies and activities will be evaluated to determine whether or not the objectives are being met and the tracking and reporting mechanism for program outcome measures. (Refer to Section I.D.4 and Appendix C of the RFP.)

<b>Objective 1:</b> By June 30, 2012, develop and implement voluntary children’s vision screener training and certification program for teachers, child care providers and staff, and volunteers. (Refer to Section I.D.4 , page 13, and Appendix B of the RFP.)		
<b>Score</b>		<b>Comments/Special Conditions</b>
/15	1a Submitted a copy of the evidence-based programs that will be used or submitted a plan to demonstrate effectiveness of the program. Provided evaluation report detailing effectiveness of program. The program stated compliance with the Ohio Department of Health’s requirements and recommendations for the screening of school-aged (Ohio Revised Code 3313.69) and preschool children. At a minimum, the training comprised of common pediatric vision problems, how to perform preschool vision screening, and referral criteria. Submitted resumes from the vision screener trainers with the application to ensure that the trainers were qualified by either having been properly	

	<p>trained by ODH staff or other qualified vision professionals approved by ODH (due: July 31, 2011).</p>	
<p>/15</p>	<p>1b Describes a mechanism, as approved by ODH, to distribute ODH approved vision screener equipment to, and collect data from, successfully trained and certified teachers, child care providers and staff, and volunteers (due July 31, 2011).</p> <p>1b1 Specified equipment to be purchased and distributed to certified screeners (equipment type and cost) with this funding. Examples of equipment included Lea acuity charts, Random Dot E stereopsis kits, and light boxes.</p> <p>1b2 Developed and implemented a formal, written agreement between the subgrantee agency and each individual certified screener.</p> <p>1b2a In exchange for free training and certification and/or equipment the certified screener agreed to report actual number of children screened and referred and any follow-up data yearly for the initial certification period (a three year commitment). Certified screeners agreed to complete and return screening data each year for three years. If the certified screener failed to submit information as requested, the certified screener will be required to return all equipment. At the end of three years, the equipment becomes property of the certified screener and the screener is no longer required to report data.</p>	
<p>/10</p>	<p>1c Describes a mechanism to identify and target the number and location of teachers, child care providers and staff, and</p>	

	<p>volunteers to be served by June 30, 2012.</p> <p>1c1 Developed and implemented a communication strategy to offer the vision screener training/certification to teachers, child care providers and staff, and volunteers, including the use of web-based tools.</p> <p>1c2 Targets potential screeners who served the most economically vulnerable population (&lt;200% Federal Poverty Level), minorities and other segments of the population that experience a disproportionate burden as the priority population. Described segments of the target population who will be screened that experience a disproportionate burden. Specified attainable number, or percentage, of population to be reached. Refer to Appendix D.</p>	
/10	<p>1d Ensures that the effectiveness of vision screener training programs will be reported using the Outcomes Grid (Appendix C) within each mid-year and final annual report. The final tracking system must be approved by ODH by July 31, 2011. Included in the tracking system is the documented bridge of communication between screener and the child's medical home regarding screening and the follow-up eye exam. Survey is not an allowable tracking system.</p> <p>1d1 Ensured that the following data elements, at a minimum, will be reported at each mid-year and at year-end using the Outcomes Grid (Appendix C).</p> <p>1d1a Actual total number of teachers, child care providers and staff, and volunteers trained and certified; specify location (county/geographic area).</p>	

1d1b Actual total number of teachers, child care providers and staff, and volunteers recertified; specify location (county/geographic area).

1d1c Actual number of trainees receiving screening equipment; specifies location (county/geographic area).

1d1d Actual total number of children screened by trainees (aggregate data); specifies number of economically vulnerable population (<200% Federal Poverty Level), minorities and household location (county/geographic area).

1d1e Actual number of those children screened (1c1d) who are referred to vision care providers as appropriate (aggregate data); specifies number of economically vulnerable population (<200% Federal Poverty Level), minorities and household location (county/geographic area).

1d1f Actual number of those children screened (1c1d) who are referred who receive follow-up as appropriate (aggregate data); specifies number of economically vulnerable population (<200% Federal Poverty Level), minorities and household location (county/geographic area).

1d1g Other information requested by ODH.

**Objective 2:** By June 30, 2012, develop and implement a voluntary children’s vision screener training and certification program for health care professionals such as pediatricians, family practice physicians, residents, nurses and safety net providers. (Refer to Section I.D.4, page 13, and Appendix B of the RFP.)

Score		Comments/Special Conditions
/15	<p>2a Submitted a copy of the evidence-based program that will be used or submitted a plan to demonstrate effectiveness of the program. Provided evaluation report detailing effectiveness of program. The program stated compliance with the Ohio Department of Health’s requirements and recommendations for the screening of school-aged (Ohio Revised Code 3313.69) and preschool children. At a minimum, the training comprised of common pediatric vision problems, how to perform preschool vision screening, and referral criteria. Submitted resumes from the vision screener trainers with the application to ensure that the trainers were qualified by either having been properly trained by ODH staff or other qualified vision professionals approved by ODH (due: July 31, 2011).</p>	
/15	<p>2b Describes a mechanism, as approved by ODH, to distribute ODH approved vision screener equipment to, and collect data from, successfully trained and certified health care professionals.</p> <p>2b1 Specified equipment to be purchased and distributed to certified screeners (equipment type and cost) with this funding. Examples of equipment include Lea acuity charts, Random Dot E stereopsis kits, and light boxes.</p> <p>2b2 Developed and implemented a formal, written agreement between the subgrantee agency and each individual certified screener.</p>	

	<p>2b2a In exchange for free training and certification and/or equipment the certified screener agreed to report actual number of children screened and referred and any follow-up data yearly for the initial certification period (a three year commitment). Certified screener agreed to complete and return screening data each year for three years. If the certified screener fails to submit information as requested, the certified screener will be required to return all equipment. At the end of three years, the equipment becomes property of the certified screener and the screener is no longer required to report data.</p>	
/10	<p>2c Described a mechanism to identify and target the number and location of health care professionals to be served by June 30, 2012.</p> <p>2c1 Developed and implemented a communication strategy to offer the vision screener training/certification to health care professionals, including the use of web-based tools.</p> <p>2c2 Developed and implemented an outreach plan which targets potential screeners who serve the most economically vulnerable population (&lt;200% Federal Poverty Level), minorities and other segments of the population that experience a disproportionate burden as the priority population. Described segments of the target population who experience a disproportionate burden. Specified attainable number, or percentage, of population to be reached. Refer to Appendix D.</p>	
/10	2d Ensures that the effectiveness of vision screener training	

	<p>programs will be reported using the Outcomes Grid (Appendix C) within each mid-year and final annual report. The final tracking system must be approved by ODH by July 31, 2011. Included in the tracking system the documented bridge of communication between screener and the child's medical home regarding screening and the follow-up eye exam. Survey is not an allowable tracking system.</p> <p>2d1 Ensured that the following data elements, at a minimum, will be reported at each mid-year and at year-end using the Outcomes Grid (Appendix C).</p> <p>2d1a Actual total number of health care professionals, staff, and volunteers trained and certified; specify location (county/geographic area).</p> <p>2d1b Actual total number of health care professionals, staff, and volunteers recertified; specify location (county/geographic area).</p> <p>2d1c Actual number of trainees receiving screening equipment; specified location (county/geographic area).</p> <p>2d1d Actual total number of children screened by trainees (aggregate data); specify number of economically vulnerable population (&lt;200% Federal Poverty Level), minorities and household location (county/geographic area).</p> <p>2d1e Actual number of those children screened (1c1d) who are referred to vision care providers as appropriate (aggregate data); specify number of</p>	
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	<p>economically vulnerable population (&lt;200% Federal Poverty Level), minorities and household location (county/geographic area).</p> <p>2d1f Actual number of those children screened (1c1d) who are referred who receive follow-up as appropriate (aggregate data); specify number of economically vulnerable population (&lt;200% Federal Poverty Level), minorities and household location (county/geographic area).</p> <p>2d1g Other information requested by ODH.</p>	
	<b>Subtotal Score:</b> /100	<b>Number of Special Conditions:</b>

**Budget Narrative 50 points possible**

Applications to be scored based on the extent that the applicant agency provided a detailed narrative budget justification (necessity and reasonableness) that described how categorical costs were derived. The applicant described specific functions of the personnel, consultants, and collaborators. Equipment, travel, supplies (including any vision health and safety educational and/or media campaign materials) and training costs were explained. Information entered about funding sources, budget categories, and forecasted cash needs for the program. (Refer to Section II. B. of the RFP, page 11.)

<b>Score</b>		<b>Comments/Special Conditions</b>
/2	Specified the total project budget and the portion that was requested from ODH. (Refer to Section II. B. of the RFP, page 11.)	
/20	Detailed budget narrative that described how categorical costs were derived. (Refer to Section II. B. of the RFP, page 11.)	
/10	Described specific functions of the personnel, consultants, and collaborators. Delineated all personnel who will be directly involved in program activities and percent time spent on the grant. (Refer to Section II.	

	B. of the RFP, page 11.)	
/15	Explained equipment, travel, supplies (including any vision health and safety educational and/or media campaign materials) and training costs. (Refer to Section II. B. of the RFP, page 11.)	
/3	Information entered about funding sources, budget categories, and forecasted cash needs for the program. (Refer to Section II. B. of the RFP., page 11.)	
	<b>Subtotal Score:</b> /50	<b>Number of Special Conditions:</b>

**Total Score: /200**

**Total Number of Special Conditions:**