



MEMORANDUM

Date: April 10, 2024

To: Subrecipient agencies

Dyane Gogan Turner *DGT/AS*
Bureau of Child and Family Health
Ohio Department of Health

Subject: Sexual Risk Avoidance Program SR25 (October 1, 2024 – September 30, 2025)

The Ohio Department of Health (ODH), Office of the Medical Director, Bureau of Child and Family Health announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., Tuesday, May 28, 2024. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the [ODH website](#).

If you have questions, please contact Danielle Michael at 614-728-6034 or e-mail at Danielle.michael@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates(if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP(OGAPP) manual rules, and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [October 1, 2024 to September 30, 2025] of the total project period, [October 1, 2021 to September 30, 2026] Reference the competitive Solicitation for more information.

Subrecipient personnel paid using the deliverable funding must complete daily timesheets. Time and Effort reporting must be completed if staff are charged to multiple funding sources.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples listed on the GMIS bulletin board.

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Number of Grants and Funds Available Federal funds from the U.S. Health and Human Services Administration on Children, Youth and Families, Family and Youth Services Bureau will be supporting the Sexual Risk Avoidance program. Only agencies currently funded through Ohio's Sexual Risk Avoidance program are eligible to apply.

Each regional award will be approximately \$500,000 for a total of \$2,000,000. The Ridge Project is eligible to apply for region 1. Relationships Under Construction are eligible to apply for regions 2, 3, and 4. Four regional awards are available. Due to the 100% reimbursement model, applicants must demonstrate the financial capacity of the agency to incur costs for up to 6-8 weeks before receiving a payment from ODH.

The grant will follow a pay- for-performance funding structure. For SFY24, each regional subgrantee for the Sexual Risk Avoidance program will be reimbursed after receipt of an expenditure report. The subgrantees will be able to receive a monthly reimbursement based on completion of objectives 1-3.

Objective 1: Subgrantee can receive a monthly reimbursement for a percentage of students served in target counties. Objective 2: Subgrantee can receive a monthly reimbursement for sustainability activities and community outreach activities. Objective 3: At least 5% of each subgrantee's award must be allocated for evaluation.

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.

C. Formatting Requirements for Attachments [Suggested language provided, but can be updated to reflect program-specific requirements]:

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point Calibri font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants:

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

1. The Applicant does not owe funds to ODH and has repaid any funds due with 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted an application and all required attachments by **4:00 p.m. on Tuesday May 28, 2024**

II. PROGRAM UPDATES:

Program should review the Evidence of Health Equity Strategies Checklist in Appendix C when drafting the program narrative, objectives, and workplan.

- A. Program Progress Report:** 1) **Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.**
- B. Program Narrative:** Complete and submit a narrative statement (do not exceed 8 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. It should also outline clear deliverables, including number of youths served, length, number of hours, curriculum and counties served.
- C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, Time-Based, Inclusive, and Equitable (SMARTIE) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. Include clear expected deliverables for including the number of youths to be served, number of programs to be delivered, length of each program, number of hours per student, curriculum to be used, and counties of service. Discuss any changes to curricula to be used in the coming year, including the process and criteria used for the selection and approval of curricula for the programs. The narrative should address the progress made in expanding services in the **target counties and with the target population.**
- D. Documentation and Progress on Health Equity and Disparity Reduction Activities:**
Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan.

E. Program Budget: Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

- 1. Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

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.

- 2. [2024] Budget via GMIS:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period October 1, 2024 to September 30, 2025.

The applicant shall retain all original fully executed contracts on file.

- **Compliance:** Answer each question on this form. Completion of the form ensured agency's compliance with the administrative standards of ODH and federal grants.

- 3. 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.
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. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building (unless allowable by the grant).
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

- Continuation Solicitation Reimbursement Type Form.
- B1 Deliverable – Objective Descriptions.
- B2 Deliverable – Objective Allocations.
- CLAS Strategic Form.
- Assurances of Program Compliance.
- Work Plan Template.
- Letter of Support Form

All attachments must be completed and submitted electronically. All attachments must clearly identify the authorized program name and GMIS project number.

a. Other Required Documentation:

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in 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 subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All new applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

All applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to <https://beta.sam.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 <https://www.whitehouse.gov/>.

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

- **For Non-Profit Organizations Only:**

1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax-exempt status.

G. Human Trafficking: Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population that may include, but are not limited to the following:
 1. Populations at increased risk
 2. Mental health population
 3. Homeless population
- b. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

☒ X Applicable ☐ Not Applicable to Sexual Risk Avoidance.

H. Post Submission Requirements: Continuation applicants are required to submit subrecipient program and expenditure reports.

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

Reports shall be submitted as follows:

- a. **Program Reports:** Subrecipient program reports must be completed and submitted via GMIS by the following dates. [Additional language is optional.] **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ X Program Reports Required

☐ No Program Reports Required

Period	Report Due Date
October 1, 2024 – March 31, 2025	April 21, 2025
April 1, 2025 – September 30, 2025	October 27, 2025

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipient monthly expenditure reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
October 1 – 31, 2024	November 10, 2024
November 1 – 30, 2024	December 10, 2024
December 1 – 31, 2024	January 10, 2025
January 1 – 31, 2024	February 10, 2025
February 1 – 28, 2025	March 10, 2025
March 1 – 31, 2025	April 10, 2025
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025
June 1 – 30, 2025	July 10, 2025
July 1 – 31, 2025	August 10, 2025
August 1 – 31, 2025	September 10, 2025
September 1 – 30, 2025	October 10, 2025

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
October 1 – December 31, 2024	January 10, 2025
January 1 – March 31, 2025	April 10, 2025
April 1 – June 30, 2025	July 10, 2025
July 1 – September 30, 2025	October 10, 2025

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

- c. Final Expenditure Reports:** A Subrecipient 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 November 5, 2025. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient final expense report, which serves as an invoice to return unused funds.

Submission of ALL Subrecipient program and expenditure reports via the ODH's GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button constitutes your authorization of the submission as an agency

official and serves as your electronic acknowledgment and acceptance of OGAPP rules and regulations.

APPENDICES

- A. Continuation Solicitation ReimbursementType Form
- B. B1 Deliverable — Objective Descriptions
B2 Deliverable — Objective Allocations
- C. Evidence of Health Equity Strategies Checklist
- D. Application Review Form
- E. Target Counties
- F. Performance Progress Report
- G. Assurances of Program Compliance
- H. Work Plan Template
- I. Deliverable Objective Reimbursement Schedule
- J. CLAS Strategic Plan
- K. Letters of Support Form

Appendix A

Submission Required

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health
Office of Medical Director
Bureau of Child and Family Health

ODH Program Title:
Sexual Risk Avoidance (SR25)

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by April 17, 2024

Please email completed form to Maria Kapenda (Maria.Kapenda@odh.ohio.gov).

Appendix B1

Name of Subgrant Program: Sexual Risk Avoidance
Budget Period: October 1, 2024 – September 30, 2025
of Deliverables: 3
Use Budget Justification Scenario #: Deliverables Only

100% Deliverables

Deliverable 1: Youth Education or Direct Services

The youth education component includes any services provided to youth to enhance their education (i.e., in class education, after school programming, camps/ retreat, assemblies, etc.).

Deliverable 2: Sustainability Efforts and Community Involvement

Sustainability efforts can include program staff trainings, teacher trainings, and collaborative efforts with stakeholders or partners, etc. The community involvement component should utilize community partners to identify needs of individual communities, identify any health risk behaviors that should be addressed, and tailor programming to best fit the community need. This should also include involving youth voice in programming, through surveys, focus groups, feedback, etc.

Deliverable 3: Evaluation

The evaluation component should include a plan to evaluate the program as a whole for the region.

Deliverable Description and Allocations

Appendix B2

Form# OFA-011

Name of Subgrant Program:

Sexual Risk Avoidance

Budget Period:

October 1, 2024 – September 30, 2025

of Deliverables:

3

Use Budget Justification Scenario #:

Deliverables Only

Base Only

Base and Deliverables

Deliverables Only

	Base	Deliverable - Objective 1 To provide direct service of Sexual Risk Avoidance to youth, with 60% of those served in the target counties.	Deliverable - Objective 2 To conduct sustainability activities and community development activities in at least 50% of the target counties during year 2.	Deliverable - Objective 3 Develop an evaluation plan that measures program effectiveness through attitude/ belief change in youth.		Total
Relationships Under Construction	0	80%	15%	5%		100%
The Ridge Project	0	80%	15%	5%		100%

ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

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

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. 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, learn, work, play, and age. Health disparities are unnatural and occur because of low 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, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.

Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#)

Appendix D 2024-2025 Sexual Risk Avoidance Continuation Grant

APPLICATION REVIEW FORM

The application review form is a working document to be used by the reviewers for each grant proposal reviewed. Use of the following outline will ensure that all salient points are included and that there is a consistent order to each review. A strength is a response that clearly meets or exceeds requirements set forth in a review criterion. A weakness is a response that falls short of meeting requirements set forth in a review criterion. Please refer to the application materials to assist you in assigning points to each criterion and in developing your strengths and weaknesses for each application, especially the scoring rubric.

This document is designed for reviewers to easily checkmark each item within the criterion, choose a score from a dropdown menu, and enter a narrative for strengths and weaknesses for each criterion. Please limit to no more than five statements for each criterion's strengths and weaknesses.

At the end of the document is a section to provide a summary statement of the application as a whole, as well as the most significant strength and/or weakness of the application.

Applicant Agency:		Total Budget Request:	
Grant Number:		Reviewer Name:	
Application Quality	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> Proposal is well organized and clearly written.	2		
<input type="checkbox"/> Proposal is complete and submitted on time with all required attachments.	2		
<input type="checkbox"/> Proposal adheres to solicitation guidance regarding formatting requirements (properly labeled application packet, 1.5 spacing, one-inch margins, under 20 pages, 12-point font).	1		
Total Application Quality	5		
Program Narrative	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> Does not exceed 8 pages and is in correct format	1		
<input type="checkbox"/> Describes the scope, personnel, partnership, etc.	1		

<input type="checkbox"/> Clear deliverables including numbers of youth served, programs delivered, length, number of hours, curriculum, and counties served.	1		
<input type="checkbox"/> Describe changes for upcoming year.	1		
<input type="checkbox"/> Describe the progress made.	1		
Total Program Narrative	5		
Program Progress Report	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> Deliverable Objective 1 Direct Services. Describe progress toward this objective.	4		
<input type="checkbox"/> Deliverable Objective 2 Sustainability and Community Outreach. Describe progress toward this objective.	4		
<input type="checkbox"/> Deliverable Objective 3 Evaluation. Describe progress toward this objective.	4		
<input type="checkbox"/> Addresses the requirements of the Health Equities Strategies Checklist (Appendix C) with a focus on reaching minorities.	3		
Total Progress Report	15		
Objectives and Work Plan	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> Narrative that explains SMART objectives.	5		
<input type="checkbox"/> Matches the Work Plan Submitted. Work Plan is in proper format and describes major findings, barriers and how they were addressed.	5		
Total Objective and Work Plan	15		
Documentation and Progress on Health Equity and Disparity Reduction Activities	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> Updates relating to health equity.	5		
<input type="checkbox"/> Included data to support information and updates, including activities completed during the previous funding period.	5		
Total Health Equity and Disparity	10		
Project Narrative: SMART Objectives (Appendix I)	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> Appendix I (SMARTIE objectives) is submitted.	5		
<input type="checkbox"/> Appendix I includes target numbers for all required goals and objectives.	5		
Total SMARTIE Objectives	10		

Program Budget/Budget Narrative	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> The required 2025 budget planning worksheets are <u>completed</u> .	5		
<input type="checkbox"/> Includes direct costs for October 1, 2024, to September 30, 2025.	3		
<input type="checkbox"/> Addresses other direct costs for first project period.	1		
<input type="checkbox"/> Program demonstrates that it has other funds available to cover costs because of deliverable model.	1		
Total Budget	10		
Assurances and Network	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> Clearly states that abstinence is the expected outcome of the program per the required state/federal assurances and describes process to ensure compliance.	10		
<input type="checkbox"/> Submitted letters of support from organizations that you have worked with in recent years. 30+ =30 points, 20+=20 points, 10+= 10 points, less than 10 =5 point	30		
Total Assurances	40		
TOTAL POINTS	100		

BRIEF SUMMARY OF APPLICATION:

Please enter short narrative overview of application.

ANY SIGNIFICANT STRENGTH OR WEAKNESS OF APPLICATION:

Please enter overall strength/weakness of application statement.

2023-2024 Target Counties

Region 1	Region 2	Region 3	Region 4
Williams	Lorain	Belmont	Hamilton
Defiance	Cuyahoga	Guernsey	Clermont
Seneca	Summit	Muskingum	Brown
Huron	Ashtabula	Monroe	Adams
Shelby	Trumbull	Noble	Scioto
Miami	Mahoning	Morgan	Lawrence
Logan	Columbiana	Perry	Pike
Hardin	Carroll	Hocking	Highland
Allen	Jefferson	Athens	Clinton
Marion	Harrison	Washington	Ross
Crawford	Tuscarawas	Vinton	Fayette
Richland	Stark	Meigs	Madison
Sandusky	Holmes	Jackson	Clark
Lucas	Coshocton	Gallia	Montgomery
Erie		Franklin	Preble
Wood			
Hancock			
Champaign			

Appendix F

Performance Progress Report

Below is an example of the performance progress report, although a fillable document will be provided to all grant recipients. Please note that this may change as we get more direction from the federal government.

[illegible]

Appendix G

ODH SEXUAL RISK AVOIDANCE
Assurance of Program Compliance
The applicant affirms compliance with the following:

1. Applicant assures that abstinence from sexual activity is one of the expected outcomes of all programs. No funds will be used in ways that contradict the (A) – (F) provisions of Section 501(b)(2).
2. Applicant assures that all sexual risk avoidance materials are medically accurate. Values-based curricula may not present information as factual when it reflects a value or opinion instead of fact. All materials that are presented as factual will be grounded in scientific research.
3. Applicant assures that mass-produced educational materials specifically designed to address sexually transmitted diseases/infections contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STDs/STIs the materials are designed to address as required by 317P (c)(2) of the Public Health Service Act.
4. Applicant assures that programs will be inclusive and non-stigmatizing and considerate of the special needs of lesbian, gay, bisexual, transgender, and questioning youth.
5. Applicant assures that policies will be in place to prohibit harassment based on race, sexual orientation, gender, gender identity or expression, religion, and national origin; and that all staff are trained to prevent and respond to harassment and bullying in all forms.
6. Applicant assures that the criteria for allowable costs will be met consistent with OMB Circular A-87 (2 C.F.R. Part 225).
7. Applicant assures that federal funds under this award are not used to support inherently religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing (45 C.F.R. Part 87).
8. Applicant assures maintenance of appropriate fiscal and program records and conduct fiscal audits of this program as part of their regular audits.
9. Applicant will coordinate the delivery of services with subcontractors and will be responsible for data collection and reporting in accordance with the federal guidelines for Title V state sexual risk avoidance grants.
10. Applicant will participate in all sexual risk avoidance program evaluations conducted by ODH. Applicant will assure pre- and post-test evaluation data is collected and reported to ODH.
11. Applicant will maintain sole responsibility for this project even though subcontractors will be used to provide the local sexual risk avoidance programs.

Signature and Title of Authorized Official: _____ **Date:** ____/____/____

Work Plan Instructions

Applicants must use the SRA Goals and Deliverables Grid to populate the FY2024 Program Plan

One comprehensive program plan must be submitted by the applicant agency. Multiple program plans from the applicant agency and subcontractors will not be accepted. Applicants should complete the program plan for each Objective proposed.

Goals: List the goals that will be addressed in the program plan.

Deliverable: List the deliverable that will be addressed in the program plan.

Strategy: The strategies describe how the applicant will meet each measure. Strategies should align with program activities.

Activities: The applicant should copy the specific activities that will be implemented to address each strategy. Applicants must list all activities listed in the “SRA Goals and Deliverables Grid.” Applicants may provide additional activities as appropriate. Evaluation measures are provided for each strategy, but additional evaluation measures for specific activities should be included and documented in the program plan.

Benchmarks/Evaluation Measures: Copy the specific evaluation measures from the “SRA Goals and Deliverables Grid” to the program plan. The evaluation measures describe how the strategies will be measured and evaluated. All evaluation measures associated with a strategy must be addressed. Program reports should reflect the enablers and/or barriers to meeting the proposed benchmark. **Evaluation measures cannot be altered.** However, additional evaluation measures for specific activities should be included in the program plan.

Person(s) Responsible: List the name of the person(s) that will be responsible for implementing the specific activities.

Timeline: Indicate the date the activities will be completed or accomplished. It is not acceptable to list “ongoing” or “at end of grant period” for any activities.

Accomplishments: Please note that the accomplishments column in Attachment 3 when submitted as the applicant’s initial program plan should remain blank. Applicants will complete the accomplishments column when they submit mid-Year and annual progress reports. A description of the accomplishments is due on two dates. Progress reports should describe the 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. The report should identify and elaborate on problems, delays, and adverse conditions that affect the subrecipient's ability to meet the program's objectives or time schedules. The progress reports should address how the specific evaluation measures are being addressed.

SRAE Subrecipient Agency Name: _____
 GMIS # _____ Date: _____

This document is being submitted as: *(please check one)*

☐ Initial Program Plan

☐ Revised Program Plan

☐ Mid-Year Progress Report (MYPR) ☐
Annual Progress Report (APR)

Goal: ☐ Goal 1 ☐ Goal 2 ☐ Goal 3 ☐ Goal 4 ☐ Goal 5 ☐ Goal 6

Sexual Risk Avoidance Deliverable:

Strategy	Activities	Person Responsible	Timeline	Evaluation Measures	Accomplishments
					<i>Accomplishment's column to be completed for mid-year progress report and annual progress report</i>

Deliverable- Objective Reimbursement Schedule

Deliverable	Amount Per Region	Type	Requirements
#1	Up to \$400,000 (80%)	Monthly, deliverable	Objective 1 (direct service); upon receipt of expenditure and program reports
#2	\$75,000 (15%)	Monthly, deliverable	Objective 2 (sustainability and community outreach); upon receipt of expenditure and program reports
#3	\$25,000* (5%)	As spent, deliverable	Objective 3 (evaluation); upon receipt of expenditure report and program report

Objective 1 Reimbursement Requirements (Sep-May)	
<i>Amount</i>	<i>Deliverable benchmarks</i>
TBA depending on award	60% or more of students served are in target counties
TBA depending on award	50-59% of students served are in target counties
TBA depending on award	40-49% of students served are in target counties
TBA depending on award	30-39% of students served are in target counties
TBA depending on award	29% or fewer of students served are in target counties
Objective 1 Reimbursement Requirements (June-Aug)	
<i>Amount</i>	<i>Deliverable benchmarks</i>
TBA depending on award	60% or more of students served are in target counties
TBA depending on award	50-59% of students served are in target counties
TBA depending on award	40-49% of students served are in target counties
TBA depending on award	30-39% of students served are in target counties
TBA depending on award	29% or fewer of students served are in target counties

Region	Amount
Region 1	\$500,000
Region 2	\$500,000
Region 3	\$500,000
Region 4	\$500,000

**Please note that these amounts are an estimate, WILL CHANGE, and are dependent on the amount awarded to Ohio from the Federal Sexual Risk Avoidance Program. Deliverable percentages can be adjusted based on award amounts.*

FY2024 SRA Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

Subrecipient Agency Name: _____

GMIS # _____

This document is being submitted as: *(please check one)*☐ Initial Plan☐ Annual Progress Report

Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments (See note above)
Standard #1: Understandable and Respectful Care					
Standard #2: Diverse Staff and Leadership					
Standard #3: Ongoing Education and Training EXAMPLE	<ul style="list-style-type: none"> Orient new staff members to cultural competence training Develop orientation materials related to cultural competency Encourage all staff to participate in cultural competence training 	Administrative Staff Clinical Staff	July 1 st , 2017 – April 30 th 2018	<p>Staff participation in ongoing training and education will be accounted for in a database.</p> <p>The percentage of staff who have participated in ongoing training will be assessed bi-monthly to monitor progress toward our objective.</p>	The percentage of staff who have participated in ongoing training and education from 75% to 90%
Standard #4: Language Assistance Services					
Standard #5: Right to Receive Language Assistance Services					
Standard #6: Informing About Language Assistance					
Standard #7: Competence of Language Assistance					
Standard #8: Patient-Related Materials					
Standard #9: Written Strategic Plan					
Standard #10: Organizational Self-Assessment					
Standard #11 Patient / Consumer Data					
Standard #12: Community Profile					
Standard #13: Community Partnerships					
Standard #14: Conflict/Grievance Processes					
Standard #15: Implementation					

Use this template to create a plan to increase Culturally and Linguistically Appropriate Services (CLAS).

Based on what your agency learned from the CLAS self-assessment activities should be identified to improve Culturally Competency

Appendix K

Letters of Support Form

	<u>School</u>	<u>County</u>	<u>Region</u>	<u>Letter of Support</u>	<u>Years</u>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Please fill in the name of the school, along with the county, region, if you have a letter of support from the school (yes or no) and the number of years you have been offering SRA Education at the school. This information will be highly weighted for the extent of relationships you have established in the regions you are applying for funding. Although it is not required to submit the letters of support with the application, it should be readily available for audit as needed.