



MEMORANDUM

Date: December 22, 2022

To: Project DAWN Harm Reduction Programs: Competitive Applicants

From: Sara Morman, Section Chief *SM*
Violence and Injury Prevention Section
Bureau of Health Improvement and Wellness
Ohio Department of Health

Subject: Integrated Harm Reduction (IH23 & IH24)
April 1, 2023 – September 29, 2024

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., on Monday, February 13, 2023. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via webinar on **Monday, January 9, 2023, from 11:00 am to 12:30 pm.** The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Proposals.

Microsoft Teams Meeting Link

Click [here](#) to join the meeting

Call-in Information

Phone: (614) 721-2972, Meeting ID: 348 376 381

ODH is using Microsoft Teams for this virtual meeting. We will be sharing our screen through this platform. To join the meeting, please click on "Join Microsoft Teams Meeting" above. If your agency does not have Microsoft Teams, you will be given the option to "Join on the web instead". There is also a call-in number above if you do not plan to use your device's audio. Please note, this program works best in Google Chrome.

This is a competitive solicitation; all interested parties must submit a Notice of Intent to Apply for Funding (NOIAF — Appendix A), no later than 4:00 p.m. on Tuesday, January 10, 2023, to be eligible for these funds.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. **Please complete and submit the ODH GMIS 2.0 Form (Appendix B) no later than 4:00 p.m. on Tuesday, January 10, 2023, to the Grants Administration Unit to begin the process to authorize your account.**

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have questions, please contact Sierra Dantzler at Sierra.Dantzler@odh.ohio.gov.

Important Date Reminders:

- Bidders' Conference — Monday, January 9, 2023, from 11:00 am to 12:30 pm
- Notice of Intent to Apply for Funds (Appendix A) — Tuesday, January 10, 2023 by 4:00 pm
- ODH GMIS 2.0 Form (Appendix B), *if applicable* — Tuesday, January 10, 2023 by 4:00 pm
- Applications Due— Monday, February 13, 2023, by 4:00pm

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF MEDICAL DIRECTOR
BUREAU OF HEALTH
IMPROVEMENT AND WELLNESS

INTEGRATED HARM REDUCTION
SOLICITATION FOR FISCAL YEARS 2023 & 2024
Year 1 (04/01/23 – 09/29/23) IH23
Year 2 (09/30/23 – 09/29/24) IH24

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 9/20/2021
For grant starts 7/1/2022 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

A bidders’ conference for interested applicants will be held on Monday, January 9, 2023, from 11:00 am to 12:30 pm and can be accessed through MS Teams at the following URL:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZjViN2FiZWEtNGQ1Ny00MTQ4LTg3NmQtZWUzMmE2Mzg0NjE3%40thread.v2/0?context=%7b%22Tid%22%3a%2250f8fcc4-94d8-4f07-84eb-36ed57c7c8a2%22%2c%22Oid%22%3a%22cf63b266-afa0-44a2-bc18-3f41b64f2d95%22%7d

If you prefer to join by phone:

Phone: 1-614-721-2972

Conference ID: 348 376 381

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, **Tuesday, January 10, 2023**, so access to the application via the Internet website “ODH Application Gateway” can be established.

NEWAGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current 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.

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

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>

Updates to policies and procedures can be found on the GMIS bulletin board.

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

Budget Justification Certification language

- 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 with 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. Application Name: Integrated Harm Reduction

- C. Purpose:** The purpose of this funding is to support the enhancement and expansion of community-based overdose education and naloxone distribution programs, syringe service programs (SSP), and other harm reduction services.

Naloxone is an important harm reduction strategy that is effective in reversing overdoses caused by opioids, including prescription opioids, heroin, and fentanyl. Access to naloxone is crucial to preventing deaths among Ohioans who use both legal and illicit drugs.

According to the most recent [Ohio Monthly Overdose Preliminary Data Summary](#) released in August 2022, fentanyl overdose deaths continue to be driven by fentanyl, with cocaine and psychostimulants increasing in the percentage of deaths from 2020 to 2021. Overdose deaths among Black Ohioans increased 15% and the number of overdoses among Latino/Hispanics were highest in 2021 with the highest number of deaths among men in both populations. Ohio Department of Health Project DAWN data show that most naloxone services are accessed by people who identify as White non-Hispanic and in syringe service program spaces, which demonstrates the need for naloxone and other harm reduction service expansion to underserved populations and areas within Ohio.

Programs must integrate services into unique and priority settings that have the highest probability of service encounters with people among most at-risk and underserved populations (e.g. racial & ethnic minorities, homeless/displaced persons, people engaged in sex work, justice-involved individuals, etc.). Projects must be data-driven and in alignment with objectives of the Ohio Overdose Prevention Network Harm Reduction strategic plan (Appendix F).

Subrecipients will be expected to:

- Distribute naloxone within a specified region. There is the option of implementing, enhancing, or expanding other harm reduction strategies (Appendix E);
- Engage community members for overdose prevention and harm reduction education, stigma reduction, and health equity advancement;
- Contribute to the progress of the Ohio Overdose Prevention Network (OPN) strategic plan through leadership

(if available) or general member participation;*

- Collect Project DAWN-required data and assess naloxone service distribution (to whom and where) through evaluation (see Appendix H). There is an option to conduct a targeted evaluation to assess a different component of the project or program in depth;
- Attend Project DAWN quarterly meetings, which also serve as grant calls;
- Integrate trauma-informed care into programming when possible;
- Address health inequities with the consideration of social determinants of health;
- Effectively communicate the progress and standing of the project through status reports; and
- Complete one (1) in-person site visit.

***Note: OPN Leadership roles are limited and not guaranteed. Placement will be determined based on availability and personnel qualifications. If placed, subrecipients are expected to maintain leadership role for the duration of the grant period (April 1, 2023 – September 20, 2024). If no available leadership roles are available at the time of review or ODH determines the applicant's personnel is not a proper fit, then general membership participation will be required, and the applicant's budget will be revised.**

Agencies that intend to utilize funds towards the implementation and/or operation of a syringe service program must join the Syringe Service Program Data Consortium (DCC), which is a newly formed conglomerate aimed at implementing and enhancing data collection systems within SSPs. The DCC is coordinated by Case Western Reserve University in partnership with Ohio Department of Health. Members of the DCC are expected to provide aggregate, de-identified SSP data to ODH.

This funding is intended to assist applicants in meeting the needs of local communities by supporting an existing program and/or supporting expansion to new service provision approaches. Projects designed to reach Ohio's most at-risk populations, and applicants with proof of strong community partnerships through letters of commitment will be prioritized for funding. Naloxone for projects under this funding will be provided by Ohio Department of Health.

Allowable expenses include, but are not limited to, the following:

- Staff, including peer support.
- Costs for staff to attend a training.
- Equipment*
 - Dispensing machines.
 - Laptops.
 - Tablets to assist with Naloxone Intake Form data collection.
 - Automatic dispensing machines for naloxone only.
- Development and printing of education materials and marketing/promotion.
- Contracts for additional client services related to harm reduction
- Contracts to establish formal system of linkages to care or wraparound services.
- Transportation assistance for clients (gas card and bus passes between \$10-\$15).
- Deterra® pouches/prescription disposal bags.
- NaloxBox® or other emergency access units for naloxone.**

Please refer to page 13 of this RFP for unallowable costs.

** Equipment items that cost \$5,000 or more requires prior approval and additional reporting.*

*** The Ohio Department of Health have units of emergency naloxone access cabinets available to subrecipients free of charge. Please see **Attachment 4**.*

D. Qualified Applicants: All applicants must be a local public or non-profit agency. Agencies must be a registered Project DAWN program with consistent program activity for at least five months prior to the time the application is submitted.

Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B). Agencies that are not currently a registered Project DAWN or do not meet program activity requirements may apply for a separate funding contract for new and/or small-scale naloxone distribution programs (TBA).

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, February 13, 2023.**

- E. Service Area:** Applicants may propose any service area within the state of Ohio (statewide, county-wide, local). Applicants shall clearly define the specific geographic area (county, zip codes(s), census tract(s), etc.) and the specific populations to be served with the grant funds. Applicants are required to indicate the areas of service and explain how these areas were selected.

If other agencies in the applicant's proposed area of service provide harm reduction services, the applicant must clearly define how their agency will be either serving a different population or providing a separate harm reduction service and there is no duplication of effort within the area.

Multiple agencies with the same or overlapping service areas are encouraged to apply for the separate ODH funding opportunity (TBA) where agencies may subcontract with other agencies to provide services and reduce duplicative efforts.

- F. Number of Grants and Funds Available:** The source of funding for the Integrated Harm Reduction grant is federal funding from Substance Abuse and Mental Health Services Administration (SAMHSA) via Ohio Mental Health and Addiction Services (MHAS). Up to 27 grants may be awarded for a total amount of \$918,000 for year one (4/1/23 – 9/29/23) and a total of \$5,346,000 in year two (9/30/23 – 9/29/24).

Eligible Award Amounts

Applicants will be categorized into three groups based on Project DAWN program size: Small programs (serving up to 500 clients per year); Mid-level programs (serves 501 – 1,500 clients per year); and Large programs (1,501+ clients per year). Applications and budgets must be based on the appropriate group. Group categorization should be determined by the average number of clients served or service encounters during the calendar year, not the number of naloxone kits or harm reduction materials provided.

Project DAWN Program Size	Annual Number of Clients Served (avg.)	Eligible Award Amount Year 1 4/1/2023 - 9/29/2023	Eligible Award Amount Year 2* 9/30/2023 - 9/29/2024	Total Eligible Award Amount
Small	Up to 500	Up to \$34,000	Up to \$105,000	Up to \$139,000
Mid	501 - 1,500	Up to \$34,000	Up to \$135,000	Up to \$169,000
Large	1,501 +	Up to \$34,000	Up to \$165,000	Up to \$199,000

**Eligible award amount for Year 2 is based on availability of funds and is subject to change.*

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

- G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS by **4:00 p.m. on Monday, February 13, 2023**. Applications and required attachments received after this deadline will not be considered for review.

Contact Sierra Dantzler at Sierra.Dantzler@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in the *Catalog of Federal Domestic Assistance (CFDA) Number 39.788*.

- I. Goals:** To prevent unintentional drug overdose deaths through evidence-based, sustainable, and well-integrated naloxone distribution efforts; reduce the risk of infections and chronic diseases due to substance use; increase access to wraparound services such as healthcare, treatment, and other social services; and address the health inequities that create disparate access to harm reduction resources and drug overdose deaths among subpopulations in Ohio, such as Black and Latino/Hispanic males.

- J. Program Period and Budget Period:** The entire Integrated Harm Reduction project period is 18 months. The program period for the first year will begin April 1, 2023 and end on September 29, 2023. The budget period for this application is April 1, 2023 through September 29, 2023. The program period for the continuation year will begin on September 30, 2023 and end on September 29, 2024. The budget period for the continuation year is September 30, 2023 through September 29, 2024. Applicants must submit project proposals that encompass both years.

- K. Public Health Accreditation Board (PHAB) Standard(s):** This grant program will address PHAB standards:

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The PHAB standards are available at the following website:

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

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

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

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.

- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

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

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

3. *Evidence of Health Equity Strategies*

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.)

- 1) 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>.
- 2) [Identify geographic reference points \(i.e., census tracts, census block groups or zip codes\) to specify where program activities are focused.](#)
- 3) 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.
- 4) 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.](#) <https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- 1) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments .
 - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Healthy People 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, businesses, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity: The following information is provided to explain key health equity concepts and terms.

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.

M. Human Trafficking: The 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;
 1. At-risk population

2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ Applicable ☐ Not Applicable to Integrated Harm Reduction

N. Appropriation Contingency: 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 in the event of a delay in grant payments.**

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Sierra Dantzler at Sierra.Dantzler@odh.ohio.gov.

P. Acknowledgment: An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

Q. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date of **Monday, February 13, 2023 before 4:00 PM.**

Faxed and mailed attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.** Early submission of applications is highly encouraged.

R. Successful Applicants: Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department 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, written notification, issued over 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. Workplan demonstrates how activities reduce health disparities and inequities.
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, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to timelines 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 reflect the communities served through grant funds;
7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describes activities which support the requirements outlined in sections I. thru M. of this Solicitation. Please see Appendix D for further scoring details.

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 Solicitations; **There will be no appeal of the Department's decision.**

- U. **Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture.
- V. **Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Health Improvement and Wellness, Violence and Injury Prevention Section and as a sub-award of a grant issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) under the State Opioid Response (SOR) grant, grant award number 1H79TI085753-01 and CFDA number 93.788.”

W. Reporting Requirements: Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

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

Reports shall be submitted as follows:

- a. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

 X Program Reports Required

Year 1 Period (HR23)	Program Report Due Date
<u>April 1, 2023 – June 30, 2023 (Q1)</u>	<u>July 5, 2023</u>
<i>Project Status Report (GMIS)</i>	
<i>Ohio OPN Participation Form (GMIS)</i>	
<i>Monthly Distribution Logs (Web Application) *</i>	
<i>Naloxone Intake Forms (REDCap)*</i>	
<u>July 1, 2023 – September 29, 2023 (Q2)</u>	<u>October 5, 2023</u>
<i>Program Status Report (GMIS)</i>	
<i>Ohio OPN Participation Form or Proof of Training/Webinar participation (GMIS)</i>	
<i>Naloxone Evaluation Form (GMIS)</i>	
<i>Monthly Distribution Logs (Web Application) *</i>	
<i>Naloxone Intake Forms (REDCap)*</i>	
Year 2 Period (HR24)	Program Report Due Date
<u>September 30, 2023 – December 31, 2023 (Q1)</u>	<u>January 5, 2024</u>
<i>Project Status Report (GMIS)</i>	
<i>Ohio OPN Participation Form (GMIS)</i>	
<i>Monthly Distribution Logs (Web Application) *</i>	
<i>Naloxone Intake Forms (REDCap) *</i>	
<i>Targeted Evaluation Plan, if applicable (GMIS) ^±</i>	
<i>Community Engagement Plan (GMIS) &</i>	
<u>January 1, 2024 – March 31, 2024 (Q2)</u>	<u>April 5, 2024</u>
<i>Project Status Report (GMIS)</i>	
<i>Ohio OPN Participation Form (GMIS)</i>	
<i>Naloxone Evaluation Form (GMIS)</i>	
<i>Monthly Distribution Logs (Web Application) *</i>	
<i>Naloxone Intake Forms (REDCap) *</i>	
<i>Overdose Awareness Day Event Plan (GMIS)</i>	

<u>April 1, 2024 – June 30, 2024 (Q3)</u>	<u>July 5, 2024</u>
<i>Project Status Report (GMIS)</i>	
<i>Ohio OPN Participation Form (GMIS)</i>	
<i>Targeted Evaluation Plan, if applicable (GMIS) ^</i>	
<i>Monthly Distribution Logs (Web Application) *</i>	
<i>Naloxone Intake Forms (REDCap) *</i>	
<u>July 1, 2024 – September 29, 2024 (Q4)</u>	<u>October 5, 2024</u>
<i>Project Status Report (GMIS)</i>	
<i>Ohio OPN Participation Form or Proof of Training/Webinar participation (GMIS)</i>	
<i>Monthly Distribution Logs (Web Application) *</i>	
<i>Naloxone Intake Forms (REDCap) *</i>	
<i>Naloxone Evaluation Form (GMIS)</i>	
<i>Targeted Evaluation Report, if applicable (GMIS) ^</i>	
<i>Community Engagement Report (GMIS)</i>	
<i>Overdose Awareness Day Report, if applicable. ^</i>	

* Monthly Distribution Logs and Naloxone Intake Forms are due by the 10th of every month.

± Targeted Evaluation Plan is due October 31, 2023.

& Community Engagement Plan is due October 31, 2023.

^ Document required only if applicant elected optional deliverable.

Other Required Meetings: Ohio Injury Prevention Partnership (OIPP)

- May 5th, 2023, 10am-12pm (virtual)
- August 4th, 2023, 10am-12pm (virtual)
- November 3rd 9:00am-3:00pm (hybrid)

Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

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

Year 1 Period (HR23)	Expenditure Report Due Date
April 1 – June 30, 2023	July 10, 2023
July 1 – September 29, 2023	October 10, 2023
Year 2 Period (HR24)	Expenditure Report Due Date
October 1 – December 31, 2023	January 10, 2024
January 1, 2024 – March 31, 2024	April 10, 2024
April 1 – June 30, 2024	July 10, 2024
July 1 – September 29, 2024	October 10, 2024

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

payment with the final expenditure report.

- a. 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, 2024**. 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. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

- X. Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

- 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;
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. Dues and membership fees;
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;
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;
16. Medications for HIV, HBV, TB, STD/STI, and psychotropic drugs;
17. Residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and service provision;
18. Purchase, provide, or prescribe marijuana or use of medical marijuana for treatment;
19. Overtime compensation;
20. Recruitment costs/job marketing;
21. Severance pay;
22. Sign-on bonus;

23. Taxes¹;
24. Tuition reimbursement/student loan repayment;
25. Airfare;
26. Costs for staff to attend a conference;
27. Lodging²;
28. Meal per diem³;
29. Trailers and modular units;
30. Vehicles that are used for other than transporting clients to/from treatment⁴
31. Fentanyl Test Strips;
32. Syringes, needles, and other supplies provided directly to participants (including cotton swabs, bandages, and sterile cookers);⁵
33. Promotional Items (including but not limited to clothing, bracelets, commemorative items, pens, bottles/mugs/cups, folders/folios, lanyards, conference bags, stress balls, magnets);
34. Construction/repair costs, capital expenditures;
35. Clothing for staff;
36. Food or food vouchers for staff and participants, including coffee and coffee supplies;
37. Cash payments/gift cards⁶;
38. Hazardous waste disposal⁷;
39. Legal Services;
40. Invention, patent, or licensing costs;
41. Non-Treatment related event costs (tents, banners, sponsorships, etc.);
42. Office decorations;
43. Payment of any lease beyond the project period;
44. Provide financial assistance to any organization other than public or not for profit 501(C)(3);
45. Stipends/Scholarships.

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.

AA. Audit: Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

¹ Such costs include taxes that an organization is required to pay as they relate to employment, services, travel, rental, or purchasing for a project. Recipients must avail themselves of any tax exemptions for which activities supported by Federal funds may qualify. State sales and use taxes for materials and equipment are allowable only when the State does not Grant a refund or exemption on such taxes.

² Overnight lodging may be reimbursed only when staff is traveling on official business and is either: (a) At a location greater than forty-five miles of both the staff residence and headquarters, or (b) At a location greater than thirty miles of both the staff's residence and headquarters for conference purposes.

³ Reimbursement for meals is authorized only when overnight lodging is required. Provide a breakdown of the meal costs. Maximum rates for lodging and per diems for meals and incidentals are set by location. These rates are available at www.gsa.gov/perdiem.

⁴ Purchase or Lease of one Vehicle per County ADAMH Board Area, Not to Exceed \$25,000. More information regarding this cost may be forthcoming.

⁵ Materials that are not syringes may be purchased to keep onsite but cannot be provided to participants to take home.

⁶ Bus Passes for Participants/Small Denomination Gas or Taxi Fare Gift Cards (\$10-\$15) are allowed.

⁷ Biohazard waste disposal products and contracts are an allowable cost; however, sharps containers cannot be given directly to participants.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, 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 no later than nine months after the end of the Subrecipient's fiscal year. 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's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

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

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

AB. Submission of Application:

Formatting Requirements:

- Properly label each item of the application packet (e.g., 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 on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 10 pages (**excludes** appendices, attachments, budget and budget justification).
- Use a 12-point font.
- Forms must be completed and submitted in PDF format.

The GMIS application submission must consist of the following:

**Complete &
Submit
Via Internet**

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

- Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
 6. Assurances Certification
 7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
 8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
 9. Health Equity Module
 10. Public Health Impact Statement Summary (non-health department only)
 11. Statement of Support from the Local Health Districts (non-health department only)
 12. Attachments as required by Program.

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

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

Current Independent Audit
(latest completed organizational fiscal period; **only if not previously submitted**)
Ohio Department of Health Grants
Services Unit
Central Master Files, 4th Floor 35
E. Chestnut Street Columbus,
Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review pages 13-14 of the Solicitation 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.

Itemized Budget Required – Applicants must submit an itemized budget (Attachment 2) that demonstrates how grant funds will be utilized in relation to proposed project. Items such as personnel, social marketing, supplies, equipment should be clearly defined and accounted for.

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 04/01/2023 – 09/29/2023 and 09/30/2023 – 09/29/2024.

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

- 3. Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*

- C. Assurances Certification:** Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

1. **Executive Summary:** Identify the target population, burden of health disparities and health inequities, services, and programs to be offered and what agency or agencies will provide those services related to this grant funding. 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. Identify the agency's size category based on the chart from page 5 and the average number of clients served annually. Describe the agency's experience with Project DAWN and providing naloxone and other harm reduction services. Summarize the agency's structure as it relates to this program and as the lead agency, how it will manage the program. Applicant must confirm/specify whether they are a current subrecipient of the Drug Overdose Prevention (DR23) grant or the Injury Prevention Program, Drug Overdose Prevention (ID23) grant. If applicant is a subrecipient of either grant, they must describe how the activities performed under Integrated Harm Reduction grant will not be duplicative or supplanting work.

*Syringe Service Programs: Please specify if your agency is requesting funds for additional harm reduction strategies related to SSP operations. Applicants must confirm program status as one of the following: Board of Health approved but not yet implemented; Implemented but not yet fully operational/currently inactive; or Fully implemented and operational. **SSP applicants must have formal approval from the County Board of Health to qualify for funding toward this effort as evidenced by Board of Health meeting minutes, signed letter, or electronic communication confirming approval status for operation.***

Please state the level of Ohio OPN participation to be expected (standard membership or leadership). If seeking additional funding for a leadership role, please describe the staff person's leadership experience; experience or familiarity with any Ohio OPN subcommittees; familiarity with the Ohio OPN workplan; experience with overdose prevention; experience using various software programs integral to facilitating a statewide workgroup (e.g., Zoom, Microsoft Teams, Microsoft Excel, Word, SharePoint, email, etc.); and why this person is suitable for a leadership role.

Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method 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.

- National CLAS Standards
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,cultural%20and%20linguistically%20appropriate%20services>.
- ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>

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

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

Provide a clear and concise description of your naloxone distribution project, the needs for the services to be provided and a detailed description of the geographic area, settings, and populations to be served. Consider utilizing ODH's Social Determinants of Health: Community Wellbeing Dashboard⁸ for opportunities to reach new populations or ones that historically are not reached as well. Also consider the social landscape of the area your project intends to serve by referring to the area's social vulnerability index via Ohio Department of Health's Health Improvement Zone mapping tool.⁹ Identify the Ohio OPN Harm Reduction Subcommittee objective(s) the project aligns with. Include a description of other agencies/organizations, in your area, also addressing this problem/need. Identify appropriate partnerships to reach target populations and those who can provide valuable insight, new perspective, and more effective ways to achieve program goals. If requesting funding for additional harm reduction strategies, please describe the service/effort and how it will fill service gaps or how it contributes to comprehensive service provision.

Describe how your program will engage target populations in the community and how success will be measured. Consider available mediums, resources, and quantitative values to evaluate outreach. Describe how community feedback will be obtained and utilized. If seeking funding for a Targeted Evaluation, briefly describe the evaluation design, its focus, and proposed data and metrics for analysis.

Please verify if your agency is seeking funds to host an Overdose Awareness Day event in 2024.

- 4. Methodology:** In narrative form, identify the goals, **SMART-IE**¹⁰ process, impact, or outcome objectives and activities for your naloxone project **and** for any additional harm reduction strategy projects, if applicable. Indicate how they will be evaluated to determine the level of success of the program. Identify existing resources (including partnerships), barriers, and facilitators that may impact the project. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. **There must be at least three (3) inclusive and data-driven goals related to naloxone distribution.**

Complete the Project Work Plan (Attachment 1) to identify program goals (in SMART-IE format), objectives, activities, resources, and timeline for each.

- E. Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire 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 automatically with each application via the Internet.

- F. Federal Funding Accountability and Transparency Act (FFATA):** All 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.

⁸ Access the ODH Community Wellbeing: Social Determinants of Health Dashboard [here](#).

⁹ Ohio Health Improvement Zones <https://odh.ohio.gov/know-our-programs/health-equity/health-improvement-zones>.

¹⁰ SMART-IE goals include additional components of inclusivity and equity. Goals must be specific, measurable, action-oriented, realistic, timed and tracked, inclusive, and equitable. You may find an example from the CDC at <https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives-508.pdf>.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. 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.)

G. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS.

Attachments as Required by Program (submitted via GMIS):

- Attachment 1 – Project Work Plan
- Attachment 2 – Itemized Budget
- Attachment 3 – OPN Participation Selection and Naloxone Need Form
- Attachment 4 - Emergency Naloxone Access Cabinet Request *(Optional)*
- Attachment 5 - State GRF Harm Reduction Funds *(If applicable – for SSPs only)*
- Other - County Board of Health SSP Approval Evidence *(If applicable)*
- Other – Letters of Commitment and Support

Editable copies will be provided to agencies that submit a Notice of Intent to Apply (NOIAF).

III APPENDICES

- IV. Notice of Intent to Apply For Funding
- V. GMIS Training, User Access, Access Change or Deactivation Request
- VI. C1 Deliverable – Objective Descriptions (if applicable)
C2 Deliverable – Objective Allocations (if applicable)
- VII. Application Review Form
- VIII. Additional Harm Reduction Strategies
- IX. Ohio OPN Structure and Draft of Harm Reduction Subcommittee Goals
- X. Project Status Report
- XI. Naloxone Evaluation Instrument
- XII. Ohio OPN Participation Form
- XIII. Deliverable Reporting Form
- XIV. Budget Justification

Appendix A

ReimbursementType
Select one of the
options below:

☐ Quarterly Only

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of
Health

Bureau of Health
Improvement and
Wellness

Submission Required

See due date below.

New Applicants must submit the GMIS
Access form with the Notice of Intent
to Apply for Funding Form

ODH Program Title:

Integrated Harm Reduction - IH23 & IH24

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

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. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed. If no, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and 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 must be set-up and maintained in 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.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Sierra.Dantzler@odh.ohio.gov BY **Tuesday, January 10, 2023**.

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

Appendix B

If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site: https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/_ODH-Grants/. ODH Grants Page – “GMIS Training Resource” Section.*

Date: _____

Check the type of access and complete the information requested:

☐ Employee —needs GMIS Training

☐ New Employee —needs GMIS Access. Effective Date of Activation: _____

☐ Existing Employee —New GMIS User or GMIS User Access Change.

Effective/Change Date: _____

☐ Deactivation —User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only: Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that applies and enter requested information: Email

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received: _____ Date Processed: _____

Deliver Requests to Sierra Dantzler, Sierra.Dantzler@odh.ohio.gov.

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215

Or Scan & Email: Sierra.Dantzler@odh.ohio.gov.

Appendix C1 – Deliverable Objective Descriptions

Name of Subgrant Program: Integrated Harm Reduction

Year 1 Budget Period: April 1, 2023 – September 29, 2023

Year 2 Budget Period: September 30, 2023 – September 29, 2024

of Deliverables: 7

Use Budget Justification Scenario #: 3 (see Appendix K)

 X Deliverables Only

Deliverable — Objective 1: Project Status Reporting

Submit status reports (Appendix G) that describe the progress of the goals and objectives identified in the Work Plan. Reports must be submitted on or before benchmark dates specified in below.

Year One

Due date for Q1: July 5, 2023

Due date for Q2: October 5, 2023

Year Two

Due date for Q1: January 5, 2024

Due date for Q2: April 5, 2024

Due date for Q3: July 5, 2024

Due date for Q4: October 5, 2024

Deliverable — Objective 2: Project DAWN Reporting

Submit monthly naloxone distribution and intake data on or before the 10th of every month per Project DAWN requirements. Monthly naloxone distribution data must be submitted through the Project DAWN IOP web application (a.k.a. “The Portal”). Naloxone Intake Forms (NIFs) should be thoroughly completed (when possible) for every service encounter. This data will be required to complete required evaluation (see Deliverable - Objective 3A).

Note: Subrecipients of this grant will be designated as Project DAWN “Group A” and must submit data pertaining to group requirements.

Year One

Due dates for Q1:

– *May 10, 2023*

– *June 10, 2023*

Due dates for Q2:

– *July 10, 2023*

– *August 10, 2023*

– *September 10, 2023*

Year Two

Due dates for Q1:

– *October 10, 2023*

- November 10, 2023
- December 10, 2023

Due dates for Q2:

- January 10, 2024
- February 10, 2024
- March 10, 2024

Due dates for Q3:

- April 10, 2024
- May 10, 2024
- June 10, 2024

Due dates for Q4:

- July 10, 2024
- August 10, 2024
- September 10, 2024

Deliverable — Objective 3: Evaluation

3A. Utilizing Project DAWN Naloxone Intake Form data, complete and submit the Naloxone Evaluation Instrument (Appendix H). Subrecipients are required to complete and submit Instrument every six months.

Year One

Due Date in Q2: October 5, 2023 (evaluate data from 4/1/23 – 8/31/23)

Year Two

Due Date in Q2: April 5, 2024 (evaluate data from 9/1/23 – 2/29/24)

Due Date in Q4: October 5, 2024 (evaluate data from 3/1/24 – 8/31/24 & final summary)

3B. **(Optional)** Complete a targeted evaluation to assess one component of your project or program in depth.

The evaluation can be formative, process-oriented, or outcome-oriented and should be designed to obtain new insight about program activities and support ongoing program improvement. A Targeted Evaluation Plan must be submitted to ODH for approval. Findings and conclusions must be presented in the form of a final evaluation report at the end of the continuation year.

Year One

No due dates this period.

Year Two

Due date in Q1: October 31, 2023 (Targeted Eval Plan)

Due date in Q4: October 5, 2024 (Final Eval Report)

Deliverable — Objective 4: Project DAWN Network and State Coalition Engagement

4A. Participate in quarterly Project DAWN meetings to receive updates from Ohio Department of Health and engage in information sharing with other Project DAWN programs. Quarterly meetings are split into two segments with the second segment exclusively for grant subrecipients. You are required to attend the entire meeting. Attendance must be verified via survey that will be available at the time of each meeting. Meetings typically occur on the second Wednesday every three months, starting in March. Dates and time are subject to change.

Year One

Meeting date for Q1: June 14, 2023

Meeting date for Q2: September 13, 2023

Year Two

Meeting date for Q1: December 13, 2023

Meeting date for Q2: March 14, 2024

Meeting date for Q3: June 12, 2024

Meeting date for Q4: September 11, 2024

4B. Participate in an Ohio Overdose Prevention Network (Ohio OPN) subcommittee each quarter. Participation must be beyond attending meetings; there must contribution to progress on the Ohio OPN workplan each quarter. Quarterly Ohio OPN meeting attendance is required and will be verified via attendance roster.

IMPORTANT FOR ODH DRUG OVERDOSE PREVENTION (DR/ID) GRANTEES: If subrecipient of this funding is also a DR/ID grantee with one coordinator responsible for both grants, this deliverable is not available. If subrecipient of this funding is also a DR/ID grantee but with **different coordinators for each grant**, then this deliverable *is* available. **Subrecipients that do not qualify for this deliverable must complete Deliverable 4C.**

Subrecipients must identify the level of participation in application. Documentation of participation must be captured on the Ohio OPN Participation Form and submitted via GMIS (Attachment 3). Those in leadership roles are required to upload meeting minutes in addition to the OPN Participation Form. Please note, leadership roles provide additional funding (Appendix C2).

Participation descriptions:

- Leadership – Serve as a subcommittee, workgroup chair, or member-at-large.
- Member participation – Serve as an active and engaged member in a subcommittee and workgroup of choice.

Year One

OPN Meeting date for Q1: May 5, 2023

-Due date for Q1: July 5, 2023 (form)

OPN Meeting date for Q2: August 4, 2023

-Due date for Q2: October 5, 2023 (form)

Year Two

OPN Meeting dates TBD

-Due date for Q1: January 5, 2024 (form)

-Due date for Q2: April 5, 2024 (form)

-Due date for Q3: July 5, 2024 (form)

-Due date for Q4: October 5, 2024 (form)

4C. In lieu of Deliverable 4B, subrecipients that have one coordinator for both the DR/ID and IH grants must attend/participate or host a training or webinar related to harm reduction or their project. Proof of training participation must be provided as evidenced by the attendee's notes; proof of a hosting a training or webinar event must be provided as evidenced by event promotion materials (flyer, meeting invitation, etc.). This deliverable must be completed by the end of each budget year. Subrecipients must consult with ODH prior to participation for approval.

Year One

Submit proof by October 5, 2023

Year Two

Submit proof by October 5, 2024

Deliverable — Objective 5: Community Engagement

Develop a Community Engagement (CE) Plan that outlines and defines various approaches, community stakeholders, and subpopulations to engage with for the purpose of increasing access to services and advancing health equity – especially among those who are underserved. Consider readily available resources (i.e. OH Against OD toolkits), outreach methods, and measurable values that can be monitored consistently (i.e. # of flyers, # of website hits and from where, # of social media likes, “How did you hear about us?” questionnaire). At the end of the continuation year, subrecipients must present findings and conclusions in the form of a final report with tangible examples of materials used and/or developed.

Year One

No due dates this period.

Year Two

Due date in Q1: October 31, 2023 (CE Plan)

Due date in Q4: October 5, 2024 (CE Report)

Deliverable — Objective 6: Additional Harm Reduction Strategies - *Optional*

Implement, enhance, or expand a non-naloxone harm reduction service. Progress on goals and objectives established in the workplan must be reported on the Project Status Report. Please note, the first year of the grant period may be devoted to planning; there are no expectations for projects to be launched until year two, starting in October 2023.

Refer to Deliverable Objective 1 for due dates.

Deliverable — Objective 7: Overdose Awareness Day 2024 Event Support - *Optional*

For Continuation Year Only. If your program intends to host or participate in an Overdose Awareness Day event in 2024, submit written plans describing the event, location, and any services to be provided. A brief report on the outcome of the event must be submitted at the end of year two.

Year One

No due dates this period.

Year Two

Due date in Q2: April 5, 2024 (Plans)

Due date in Q4: October 5, 2024 (Report)

Site Visits

The Ohio Department of Health has resumed conducting in-person site visits. Subrecipients must complete one (1) site visit in the continuation year before July 31, 2024. During the site visit, an ODH Grant Consultant will visit a program site, meet key staff members, and observe the program in action. Site visits must be scheduled with your Grant Consultant before the end of the first quarter of the continuation year on December 31, 2023.

Appendix C2 – Deliverable Objective Allocations

		Year 1 4/1/2023 - 9/29/2023		Year 2* 9/30/2023 - 9/29/2024				Total
Deliverable - Objective	Eligibility	Q1	Q2	Q1	Q2	Q3	Q4	
1. Project Status Reporting	All	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 18,000.00
2. Monthly Data Reporting	Small	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 18,000.00
	Mid	\$ 3,000.00	\$ 3,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 26,000.00
	Large	\$ 3,000.00	\$ 3,000.00	\$ 7,000.00	\$ 7,000.00	\$ 7,000.00	\$ 7,000.00	\$ 34,000.00
3A. Evaluation	All	\$ -	\$ 6,000.00	\$ -	\$ 6,000.00	\$ -	\$ 6,000.00	\$ 18,000.00
3B. Targeted Evaluation (Optional)	All	\$ -	\$ -	\$ 3,000.00	\$ -	\$ -	\$ 3,000.00	\$ 6,000.00
4A. Project DAWN Quarterly Meetings	All	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 18,000.00
4B. Ohio OPN Participation - <u>Non-Leadership</u>	All (select one)	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 18,000.00
4B. Ohio OPN Participation - <u>Leadership</u>		\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 30,000.00
4C. Training/Webinar Participation**	DR/ID		\$ 6,000.00				\$ 12,000.00	\$ 18,000.00
5. Community Engagement	Small	\$ -	\$ -	\$ 3,000.00			\$ 3,000.00	\$ 6,000.00
	Mid	\$ -	\$ -	\$ 4,000.00			\$ 4,000.00	\$ 8,000.00
	Large	\$ -	\$ -	\$ 5,000.00			\$ 5,000.00	\$ 10,000.00
6. Additional Harm Reduction Strategies (Optional)	Small	\$ -	\$ -	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 5,000.00	\$ 20,000.00
	Mid	\$ -	\$ -	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00	\$ 40,000.00
	Large	\$ -	\$ -	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 60,000.00
7. Overdose Awareness Day Support (Optional)	All	\$ -	\$ -	\$ -	\$ 5,000.00	\$ -	\$ -	\$ 5,000.00

*Deliverable amounts for this period are subject to change.

**Only for ID/DR Subrecipients that do not qualify for Deliverable 4B

Note: All subrecipients will receive either \$30,000 or \$34,000 for the first year. Variance is based on selection for Deliverable 4B.

Maximum 18-month Budget for <u>Small</u> Programs	\$139,000.00
Maximum 18-month Budget for <u>Mid-level</u> Programs	\$169,000.00
Maximum 18-month Budget for <u>Large</u> Programs	\$199,000.00

Appendix D – Application Review Form

Integrated Harm Reduction (IH23 & IH24) Scoring and Evaluation

Applicant Information	
Agency Name:	Total Funding Requested:

Registered Project DAWN Program Length			
<input type="checkbox"/> 0-4 Months	<input type="checkbox"/> 5-12 Months	<input type="checkbox"/> 1 – 2 Years	<input type="checkbox"/> More than 2 Years
Required Program Attachments			
Attachment 1	Project Work Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attachment 2	Itemized Budget	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attachment 3	OPN Participation Selection and Naloxone Need Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attachment 4	Emergency Naloxone Access Cabinet Request (<i>Optional</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attachment 5	State GRF Harm Reduction Funds (<i>If applicable – for SSPs only</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Other	County Board of Health SSP Approval Evidence (<i>If applicable</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Other	Letters of Commitment and Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	Public Health Impact Statement of Support (for non-LHDs)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

Section	Maximum Points	Score
Executive Summary	15	
Description of Applicant	25	
Problem/Need	50	
Methodology	40	
Workplan	25	
Itemized Budget	15	
Budget Justification	15	
TOTAL	185	

Scoring Scale	
0	Not Provided
1	Very Poor
2	Poor
3	Acceptable
4	Good
5	Very Good

Applicant must score at least 129 points (~70%) to be considered for funding.

Funding Recommendation:	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not recommended*
Strengths:		
Weaknesses:		
Special Conditions:		

*The following criteria constitute grounds for disapproval of applications: 1. Incompleteness of grant proposal or inconsistency with VIPS Harm Reduction and Drug Overdose Prevention goals and/or the purpose of the IH23 Solicitation; 2. Gross inappropriateness in the purpose, objectives, and activities of an application or its budgets measured by IH23 review criteria; 3. Fraudulent presentation; 4. Determination that grant funds are to be used as substitute for an existing project's current resources; or 5. Applicant does not meet Project DAWN eligibility requirements as outlined (page 4, Section D of RFP).

Reviewer Signature	Date
--------------------	------

Executive Summary	Score						Notes
Describes the public health problem(s) (problem/need) that the program will address.	0	1	2	3	4	5	
Burden of health disparities and health equity are described along with appropriate target population(s) clearly identified.	0	1	2	3	4	5	
Identifies services to be offered by program, the need for those services, and, if applicable, what partner agency or agencies will provide those services	0	1	2	3	4	5	
Total Score =							
Description of Applicant /Eligibility/Personnel	Score						Notes
Identifies agency size category and annual number of clients served.	0	1	2	3	4	5	
Describes experience with Project DAWN and providing naloxone and other harm reduction services. (If applicant is an SSP) Confirms program status as one of the following: <i>Board of Health approved but not yet implemented; Implemented but not yet fully operational/currently inactive; or Fully implemented and operational.</i>	0	1	2	3	4	5	
Confirms whether they are a current subrecipient of the Drug Overdose Prevention (DR23) grant or the Injury Prevention Program, Drug Overdose Prevention (ID23) grant. Also describes how the activities performed under the IH grant will not be duplicative, if applicable. Applicants with DR/ID grants must also confirm if there will be a separate coordinator for the IH grant.	0	1	2	3	4	5	
States whether additional funds are requested for Ohio OPN leadership role or if seeking standard member participation. Describes staff person's relative leadership and OPN experience (if seeking leadership role).	0	1	2	3	4	5	
Describes agency capacity to effectively convey information in accordance with CLAS and ADA Standards for effective communication in a manner and method that is easily understood by diverse audiences.	0	1	2	3	4	5	
Total Score =							
Problem/Need	Score						Comments
Describes the local health status concern(s) that will be addressed by the project with measurable indicators.	0	1	2	3	4	5	
Identifies and describes segments of the local target population who experience a disproportionate burden for the health concern, or those who are at increased risk.	0	1	2	3	4	5	
Provides clear description of naloxone distribution project. If applicable, also	0	1	2	3	4	5	

describes projects related to additional harm reduction components.							
Describes the region/service area in which services will be provided, explains how project will meet the needs of those within the identified local target population.	0	1	2	3	4	5	
Proposed populations to be served exist in high SVI OHIZ Communities (score ≥ 0.75).	YES = 5		NO = 3		Not Provided = 0		
Identifies partnerships to reach target populations and those who can provide valuable insight, new perspective, and more effective ways to achieve program goals.	0	1	2	3	4	5	
Identifies and describes project alignment with the Ohio OPN Harm Reduction Subcommittee objective(s).	0	1	2	3	4	5	
Proposed settings are innovative, unique, and well-integrated into other direct services where target populations are most likely to be reached.	0	1	2	3	4	5	
Describes how project/program will engage target populations in the community and how success will be measured. If opting for Targeted Evaluation, the design, focus, and data are identified and well-described.	0	1	2	3	4	5	
Describes how feedback will be obtained and used from community.	0	1	2	3	4	5	
Verifies if there are plans to host an Overdose Awareness Day event in 2024.	YES			NO			
	Total Score =						
Methodology	Score						Notes
Goals identified in SMART-IE format.	0	1	2	3	4	5	
Includes at least three (3) naloxone goals. (If applicable) Includes goals specifically related to additional harm reduction component(s) and/or Targeted Evaluation.	0	1	2	3	4	5	
Identified goals are data driven, specific, reasonable, and inclusive and equitable	0	1	2	3	4	5	
Goals objectives are in alignment with proposed project(s) and explain why selected they are important for the project.	0	1	2	3	4	5	
Identifies and describes measures to be utilized to determine if goals are met.	0	1	2	3	4	5	
Goals contain realistic deadlines.	0	1	2	3	4	5	
Clearly identifies existing resources, partnerships, barriers, and facilitators that may impact the project.	0	1	2	3	4	5	
Describes how activities will address identified health equity inequities.	0	1	2	3	4	5	
	Total Score =						
Project Workplan	Score						Notes
Goals are the same as described in the Methodology section and are in SMART-IE format.	0	1	2	3	4	5	
Key objectives, activities, and steps are clearly defined and described; are logical for proposed goals; and provide adequate insight into how goals will be met.	0	1	2	3	4	5	

Metrics are clearly defined and measurable.	0	1	2	3	4	5	
Assigned resources are identified.	0	1	2	3	4	5	
Timelines are reasonable and specific to aspects of the project and not grant due dates.	0	1	2	3	4	5	
Total Score =							
Itemized Budget	Score						Notes
Itemized budget clearly demonstrates how grant funds will be utilized in relation to proposed project.	0	1	2	3	4	5	
Total budget does not exceed the maximum allowable award.	0	1	2	3	4	5	
Listed expenses are reasonable and appropriate for proposed project and does not describe any unallowable costs.	0	1	2	3	4	5	
Total Score =							
Budget Justification	Score						Notes
Budget is in alignment with deliverables and objectives described in Narrative (optional deliverables, OPN, etc. with correct unit of cost assigned to each objective.	0	1	2	3	4	5	
Total does not exceed the maximum allowable award for program size.	0	1	2	3	4	5	
Budget in GMIS matches budget justification provided.	0	1	2	3	4	5	
Total Score =							

Appendix E

Additional Harm Reduction Strategies

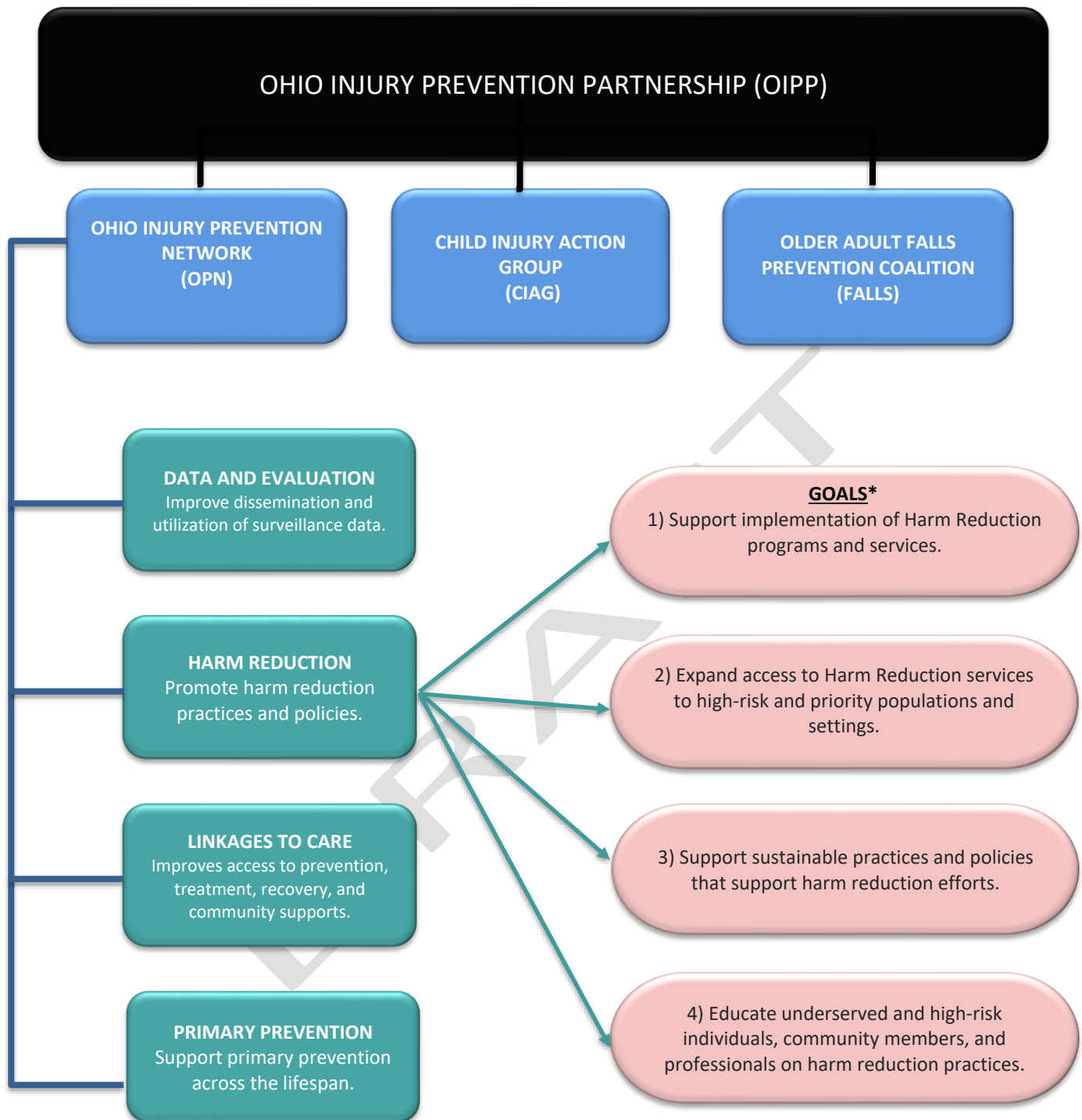
Applicants may propose projects that incorporate other harm reduction strategies or naloxone efforts to enhance or expand service provision to priority populations.

Examples include, but are not limited to:

- Syringe Service Programs
 - Staff
 - Contract for services
 - Resources and equipment for service delivery
- Supplies
 - Infectious disease testing kits (HIV, Viral Hepatitis, and STI)
 - Safer sex kits and other HIV/STI prevention materials
 - Wound care
- Peer Support Staff
- Case Manager/Care Navigator
- Tools/contracts/agreements needed to establish a system that better links people to other services, such as medical care, infectious disease screening and treatment, and other social supports.
- Naloxone provision expansion (in addition to naloxone distributed through main project).

Reminder: funds cannot be used to purchase sterile syringes and fentanyl test strips or other drug checking equipment and safe use materials (i.e. glass stems and cookers).

Appendix F – OIPP & Ohio OPN Structure + Draft of Harm Reduction Subcommittee Goals



**Goals pending approval and are subject to change.*

Appendix G – Project Status Report

<p align="center">Ohio Department of Health Violence & Injury Prevention Section Integrated Harm Reduction Grant (IH23 & IH24) April 1, 2023-September 29, 2024</p>	
<p align="center">IH23 & IH24 Project Status Report Year 1, Quarter 1 (April 1, 2023 – June 30, 2023)</p>	
<p><i>Provide updates on the status of each of the project goals and deliverables listed below. Refer to your full workplan and note whether you are on track with proposed steps, performance measures/intended outcomes, if there have been barriers, etc.</i></p>	
Agency:	(enter agency here)
GMS Project #:	(enter number here)
Project Coordinator(s):	(enter name(s) here)
<p align="center">Program Goal 1</p>	
Goal 1:	(Paste goal from workplan here)
Objective(s)	(Paste objective(s) from workplan here)
Status:	(Drop-down: <i>On Target</i> ; <i>At Risk</i> ; <i>Off Track/Delayed</i>)
Explanation <i>Accomplishments</i> <i>Challenges/Barriers</i> <i>Next Steps</i>	
<p align="center">Program Goal 2 (Optional - delete if not applicable; add other program goal tables as needed)</p>	
Goal 2:	(Paste goal from workplan here)
Objective(s)	(Paste objective(s) from workplan here)
Status:	(Drop-down: <i>On Target</i> ; <i>At Risk</i> ; <i>Off Track/Delayed</i>)
Explanation <i>Accomplishments</i> <i>Challenges/Barriers</i> <i>Next Steps</i>	
<p align="center">Deliverable – Objective 3B: Targeted Evaluation (Optional - delete if not applicable)</p>	
Evaluation Focus	(Paste focus from workplan here)
Rationale	(Paste rationale from workplan here)
Evaluation Question(s)	(Paste question(s) from workplan here)
Status:	(Drop-down: <i>On Target</i> ; <i>At Risk</i> ; <i>Off Track/Delayed</i>)
Explanation <i>Accomplishments</i> <i>Challenges/Barriers</i> <i>Next Steps</i>	
<p align="center">Deliverable – Objective 5: Community Engagement</p>	
Goal:	(Paste goal from workplan here)
Objective(s)	(Paste objective(s) from workplan here)
Status:	(Drop-down: <i>On Target</i> ; <i>At Risk</i> ; <i>Off Track/Delayed</i>)
Explanation <i>Accomplishments</i> <i>Challenges/Barriers</i> <i>Next Steps</i>	
<p align="center">Deliverable – Objective 6: Additional Harm Reduction Component(s) (Optional - delete if not applicable)</p>	
Goal:	(Paste goal from workplan here)
Objective(s)	(Paste objective(s) from workplan here)
Status:	(Drop-down: <i>On Target</i> ; <i>At Risk</i> ; <i>Off Track/Delayed</i>)
Explanation <i>Accomplishments</i> <i>Challenges/Barriers</i> <i>Next Steps</i>	

Appendix H - Naloxone Evaluation Instrument

Agency	GMIS Project #					
Ohio Department of Health Violence and Injury Prevention Program Integrated Harm Reduction Grant IH23						
Deliverable 3A: Evaluation of Naloxone Kit Distribution <i>Use Naloxone Intake Form data report (provided by ODH) to input the TOTAL number of <u>service encounters</u> and <u>kits distributed</u>, and the number of encounters by specific data elements during <u>April 1, 2023 - August 31, 2023</u>.</i>						
<table border="1"> <tr> <td>TOTAL Service Encounters During 4/1/23-8/31/23:</td> <td></td> </tr> <tr> <td>TOTAL Naloxone Kits Distributed During 4/1/23-8/31/23:</td> <td></td> </tr> </table>			TOTAL Service Encounters During 4/1/23-8/31/23:		TOTAL Naloxone Kits Distributed During 4/1/23-8/31/23:	
TOTAL Service Encounters During 4/1/23-8/31/23:						
TOTAL Naloxone Kits Distributed During 4/1/23-8/31/23:						
Distribution Settings						
Setting	#	% of Total				
Community Access Point						
Court System						
ED/Urgent Care						
FQHC/non-LHD Clinic						
Hospital System						
Jail/Corrections						
Leave-Behind (EMS/LEO)						
Local Health Department (LHD)						
Mobile Unit						
Online Mail-order						
Pharmacy						
QRT						
School/University						
Street Outreach						
Syringe Service Program						
Treatment/Recovery						
Vending/Dispensing Machine						
Other						
Missing						
Sum	0	0.00%				
Sum = TOTAL Encounters?	Yes					
Top ZIP Codes						
#	% of Total					
[Enter ZIP Code 1]						
[Enter ZIP Code 2]						
[Enter ZIP Code 3]						
[Enter ZIP Code 4]						
[Enter ZIP Code 5]						
[Enter ZIP Code 6]						
[Enter ZIP Code 7]						
[Enter ZIP Code 8]						
[Enter ZIP Code 9]						
[Enter ZIP Code 10]						
Other ZIP Codes						
Missing						
Sum	0	0.00%				
Sum = TOTAL Encounters?	Yes					
Demographics						
Age	#	% of Total				
14 or under						
15-24						
25-34						
35-44						
45-54						
55-64						
65+						
Prefer not to say						
Not asked						
Missing						
Sum	0	0.00%				
Sum = TOTAL Encounters?	Yes					
Race/Ethnicity	#	% of Total				
American Indian or Alaska Native						
Asian						
Black/African American						
Hispanic/Latino						
Multi-racial/multi-ethnic						
Native Hawaiian/Pacific Islander						
Not asked						
White						
Other/Not Listed						
Prefer not to say						
Missing						
Sum	0	0.00%				
Sum = TOTAL Encounters?	Yes					
Gender	#	% of Total				
Female						
Male						
Non-Binary/Gender Fluid						
Prefer not to say						
Not listed						
Not asked						
Missing						
Sum	0	0.00%				
Sum = TOTAL Encounters?	Yes					
Overdose Risk Factors						
Ever overdosed or witnessed an overdose?	#	% of Total				
Yes						
No						
Prefer not to say						
Not asked						
Missing						
Sum	0	0.00%				
Sum = TOTAL Encounters?	Yes					
Data Review						
What are your impressions after reviewing the data for this evaluation period? For example, did you reach who you hoped, are there populations you did not reach as well, etc.?						
Based off the data and your impressions, what recommendations do you have for your program? Consider utilizing ODH's Social Determinants of Health: Community Wellbeing Dashboard for opportunities to reach new populations or ones that were not reached as well.						

Appendix I



Integrated Harm Reduction Grant Quarterly State Coalition Participation Deliverable 4B

Subrecipients of the Comprehensive Integrated Harm Reduction Grant must participate in an Ohio Overdose Prevention Network (Ohio OPN) subcommittee each quarter. Participation means more than simply attending meetings; subrecipients must contribute to progress on the Ohio OPN workplan each quarter. Please note, the best way to engage in most Ohio OPN subcommittees is to join a workgroup.

Please use this form to document subcommittee participation each quarter to fulfill Deliverable 4B.

Select Quarter: _____

Program name (Your agency): _____

Which Ohio OPN subcommittee(s) did you participate in this quarter? Select all that apply.

☐ Data | ☐ Harm Reduction | ☐ Linkages to Care | ☐ Primary Prevention

Which workgroup(s) did you participate in this quarter? If your subcommittee does not have any workgroups, please note that.

How did you participate in the subcommittee(s) this quarter? Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Wrote or edited a guidance document | <input type="checkbox"/> Served in a leadership role |
| <input type="checkbox"/> Worked on a survey | (e.g., Subcommittee Chair/Co-Chair, Workgroup Chair/Co-Chair, Ohio OPN Member-at-Large) |
| <input type="checkbox"/> Designed an educational or awareness product | |
| <input type="checkbox"/> Developed a training | |
| <input type="checkbox"/> Analyzed or shared relevant data | |
| <input type="checkbox"/> Conducted a literature review or collected other information | |
| <input type="checkbox"/> Other (please specify): | |

Please elaborate on your participation. Describe projects you worked on and how they relate to the OPN workplan.

Appendix J



Integrated Harm Reduction Grant (IH) April 1, 2021- September 29, 2024 Deliverable Reporting Form

Subrecipients of the Integrated Harm Reduction Grant will complete and submit a Deliverable Reporting Form each quarter. This document is intended to track expenses and deliverables completed.
Please complete the appropriate year and quarter and submit to ODH consultant (via email) before completing expense reports.

Program Name (Your agency): _____
GMIS # _____
Year: _____ Quarter: _____

Year 1 Quarter 1 (4/1/2023-6/30/2023)				
Deliverable	Notes	Amount	Billing? (Yes/No) List amount	Sent to ODH for Approval?
1. Project Status Report		\$3,000.00		YES or NO
2. Monthly Reporting		\$3,000.00		N/A
4A. Project DAWN Quarterly Meetings	6/15/2023	\$3,000.00		N/A
4B. Ohio OPN Participation Non-Leadership OR Leadership	Choose one: Non-Leadership Leadership	\$3,000.00 OR \$5,000.00		N/A
Total Y1 Q1:				

Year 1 Quarter 2 (7/1/2023-9/29/2023)				
Deliverable	Notes	Amount	Billing? (Yes/No) List amount	Sent to ODH for Approval?
1. Project Status Report		\$3,000.00		YES or NO
2. Monthly Reporting		\$3,000.00		N/A
3A. Evaluation		\$6,000.00		YES or NO
4A. Project DAWN Quarterly Meetings	9/13/2023	\$3,000.00		N/A
4B. Ohio OPN Participation Non-Leadership OR Leadership	Choose one: Non-Leadership Leadership	\$3,000.00 OR \$5,000.00		N/A
Total Y1 Q2:				

BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

NOTES:

1. Budget justification line items **MUST** be in the same order as in the GMIS budget.
2. Please submit a Budget Justification for each grant year (HR23, HR24).

OTHER DIRECT COSTS

Deliverable – Objectives

- | | |
|---|---------|
| • Deliverable – Objective 1 | \$X,XXX |
| • Deliverable – Objective 2 | \$X,XXX |
| • Deliverable – Objective 3 | |
| Objective A | \$X,XXX |
| Objective B (<i>Optional</i>) | \$X,XXX |
| • Deliverable – Objective 4 | |
| Objective A | \$X,XXX |
| Objective B | \$X,XXX |
| Objective C | \$X,XXX |
| • Deliverable – Objective 5 | \$X,XXX |
| • Deliverable – Objective 6 (<i>Optional</i>) | \$X,XXX |
| • Deliverable – Objective 7 (<i>Optional</i>) | \$X,XXX |

Total Other Direct Costs

\$Total

Notes:

1. The budget justification must be signed by the agency head listed in GMIS.
2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.
3. Authorized representative certification language must also be included with agency head signature.

<< Signature Lines on Next Page >>

Subrecipient's authorized representative certifies the foregoing:

- 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).
- Sub-recipient'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.

[Signature]

[Print Name & Title]

[Date]

Attachment 1 - Workplan

[Agency Name]

[Enter IH23 GMIS Project #]

Ohio Department of Health Violence & Injury Prevention Section Integrated Harm Reduction Grant (IH23 & IH24) April 1, 2023-September 29, 2024

Agency Name:

Program Coordinator Name:

Secondary Contact Name:

(If applicable)

Third Contact Name:

(If applicable)

IH23 & IH24 Workplan

The purpose of the workplan is to state your intended steps and outcomes to reach your goals and objectives of project. Please be detailed and descriptive when completing the workplan.

This document should also serve as the foundation for your Project Status Reports throughout the grant.

Year 1 (IH23):

Quarter 1 April 1, 2023 – June 30, 2023

Quarter 2: July 1, 2023 – September 29, 2023

Year 2 (IH24):

Quarter 1: September 30, 2023 – December 31, 2023

Quarter 2: January 1, 2024 – March 31, 2024

Quarter 3: April 1, 2024 – June 30, 2024

Quarter 4: July 1, 2024 – September 29, 2024

Attachment 1 - Workplan

[Agency Name]

[Enter IH23 GMIS Project #]

Program Goal 1					
Goal 1:	<i>(Propose a goal not tied to a specific deliverable that your program aims to achieve with this grant.)</i>				
Objective(s)	<i>(Write objective(s) that will help you reach the goal in SMART-IE format.)</i>				
Target Population(s) or Location(s):	<i>(Describe the specific population(s) and/or location(s) you hope to reach through this goal.)</i>				
Steps and Activities (Describe the significant steps to achieve the objective(s).)		Timeline (Month/Year) Start - End		Available Resources	Performance Measures/ Intended Outcomes

Program Goal 2					
Goal 2:	<i>(Propose a goal not tied to a specific deliverable that your program aims to achieve with this grant.)</i>				
Objective(s)	<i>(Write objective(s) that will help you reach the goal in SMART-IE format.)</i>				
Target Population(s) or Location(s):	<i>(Describe the specific population(s) and/or location(s) you hope to reach through this goal.)</i>				
Steps and Activities (Describe the significant steps to achieve the objective(s).)		Timeline (Month/Year) Start - End		Available Resources	Performance Measures/ Intended Outcomes

Attachment 1 - Workplan

[Agency Name]

[Enter IH23 GMIS Project #]

Program Goal 3

Goal 3:	<i>(Propose a goal not tied to a specific deliverable that your program aims to achieve with this grant.)</i>		
Objective(s)	<i>(Write objective(s) that will help you reach the goal in SMART-IE format.)</i>		
Target Population(s) or Location(s):	<i>(Describe the specific population(s) and/or location(s) you hope to reach through this goal.)</i>		
Steps and Activities (Describe the significant steps to achieve the objective(s).)	Timeline (Month/Year) Start - End	Available Resources	Performance Measures/ Intended Outcomes

Deliverable – Objective 3B: Targeted Evaluation

(Optional - delete if not applicable)

Evaluation Focus	<i>(Describe the focus of the targeted evaluation project.)</i>		
Rationale	<i>(What is the rationale behind the area of focus above? How will this evaluation help your program?)</i>		
Evaluation Question(s)	<i>(List specific question(s) you will try to answer with this evaluation. These should be feasible to answer during the grant period and use measurable metrics and practical data sources.)</i>		
Steps and Activities (Describe the significant steps to complete the targeted evaluation project.)	Timeline (Month/Year) Start - End	Person(s) Responsible	Performance Measures/ Intended Outcomes

Deliverable – Objective 5: Community Engagement

Attachment 1 - Workplan

[Agency Name]

[Enter IH23 GMIS Project #]

Goal:	<i>(Propose a goal for your community engagement during the grant.)</i>
Objective(s)	<i>(Write objective(s) that will help you reach the community engagement goal in SMART-IE format.)</i>
Target Population(s) or Location(s):	<i>(Describe the specific population(s) and/or location(s) you hope to reach through this community engagement goal.)</i>
Partner Agencies:	<i>(List all partner agencies associated with the community engagement goal, if applicable.)</i>

Steps and Activities (Describe the significant steps to achieve the community engagement objective(s).)	Timeline (Month/Year) Start - End	Person(s) Responsible	Performance Measures/ Intended Outcomes

Deliverable – Objective 6: Additional Harm Reduction Component(s) (Optional – add/delete as necessary)

Goal:	<i>(Propose a goal not tied to a specific deliverable that your program aims to achieve with this grant.)</i>
Objective(s)	<i>(Write objective(s) that will help you reach the goal in SMART-IE format.)</i>
Target Population(s) or Location(s):	<i>(Describe the specific population(s) and/or location(s) you hope to reach through this goal.)</i>

Steps and Activities (Describe the significant steps to achieve the objective(s).)	Timeline (Month/Year) Start - End	Available Resources	Performance Measures/ Intended Outcomes

Attachment 2

[Agency Name]

[Enter IH23 GMIS Project #]

Itemized Budget
Integrated Harm Reduction Grant IH23 & IH24

Please base budget on award for the entire project period of 4/1/2023 - 9/29/2024.
Add/delete lines as necessary.

Expenses	Cost
[Category]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
Subtotal	
[Category]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
Subtotal	
[Category]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
[Itemized Expense]	
Subtotal	
TOTAL PROJECT BUDGET	

Ohio OPN Participation Designation
(Choose One)

- ☐ General Membership Participation
- ☐ Leadership (Subcommittee Chair, Workgroup Chair, Member-at-Large)*

*Note: OPN Leadership roles are limited and not guaranteed. Placement will be determined based on availability and personnel qualifications. If placed, subrecipients are expected to maintain leadership role for the duration of the grant period (April 1, 2023 – September 20, 2024). If no available leadership roles are available at the time of review or ODH determines the applicant’s personnel is not a proper fit, then general membership participation will be required, and the applicant’s budget will be revised.

Naloxone Needs Form

Please select a naloxone range, the type(s) of naloxone, and the kit type(s) you will distribute during the grant period. If planning to distribute more than 2,000 kits, please specify the number.

Naloxone Distribution Range	Type of Naloxone	Type of Kit
(Drop-Down) Up to 250 251-500 501-750 751-1,000 1,001-1,2501,251-1,500 1,501-1,750 More than 2,000* <i>*Please specify number</i>	<input type="checkbox"/> Generic Naloxone 4mg <input type="checkbox"/> Narcan 4mg <input type="checkbox"/> Kloxxado 8mg <input type="checkbox"/> ZIMHI Injectable 5mg	<input type="checkbox"/> Medication Boxes Only <input type="checkbox"/> Full Kits (pouch, gloves, etc.) <input type="checkbox"/> Full Kits w/COVID-19 face mask

Attachment 4

[Agency Name]

[Enter IH23 GMIS Project #]

Emergency Naloxone Access Cabinets (Optional)

The Ohio Department of Health has a number of naloxone cabinets available for implementation and use by Project DAWN partners. Subrecipients of the IH23/24 grant will get first priority in obtaining **up to five cabinets**.

The units are non-locking steel cabinets with acrylic front window that keeps naloxone easy-to-access when needed. Disclaimer: these units are not NaloxBoxes; they are manufactured by Windy City Cabinet. NaloxBox is another brand of emergency naloxone access units.

Number of cabinets requested (up to 5) _____



[Agency Name]

[Enter IH23 GMIS Project #]

State GRF Harm Reduction Funds for Fiscal Year 2023

Syringe Service Program Applicants Only

Local Health Departments and other nonprofit organizations that operate syringe service programs are eligible to receive state funds allotted to local harm reduction programs. The available \$50,000 will be divided evenly among SSPs that opt-in for this funding. Funds can be used towards sterile syringes, staff, equipment, and other harm reduction tools. However, funds cannot be used to purchase fentanyl test strips and other safe use materials at this time.

If your agency is interested in receiving an allotment of state harm reduction funds for its syringe service program, please provide the below information. All fields are required.

OAKS Supplier ID: _____

Agency Business Name: _____

Agency Street Address: _____

Agency City: _____

Agency Zip Code: _____

Agency Contact Name: _____

Agency Contact Title: _____

Agency Contact Email: _____

Agency Contact Phone: _____