



Department of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Stephanie McCloud, Director

Date: March 30, 2021

To: Prospective Applicants

From: Dyane Gogan Turner *DGT*
Maternal, Child and Family Health
Ohio Department of Health

Subject: Notice of Availability of Funds – Competitive Solicitation for State Fiscal Year 2022 (Sexual Risk Avoidance Program - SR22)

The Ohio Department of Health (ODH), Maternal, Child and Family Health announces the availability of grant funds.

Qualified applicants for grant funds under this initiative may be a local, private, nonprofit, university, research institution, community-based, or government entity. Applicants should have specific experience and capacity to successfully complete the project within the requested timeframe as stated in this competitive solicitation.

This is a competitive solicitation. **All interested applicants must submit a Notice of Intent to Apply for Funding (NOIAF – Appendix A) no later than April 14, 2021**, so access to the application via the internet website “ODH Application Gateway” can be established.

To be eligible for funding, all applicant agencies must be 1) a local, private, nonprofit, university, research institution, community-based, or government entity, 2) attend or document in writing prior attendance at Grants Management Information System (GMIS) training and 3) have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (**Appendix B**).

Potential applicants are encouraged to participate in an Information Session to be held via conference call on April 6, 2021 at 11:00am. The conference call is being offered to allow potential applicants the opportunity to discuss the solicitation and learn about the elements of a successful application. Refer to the solicitation for more information regarding the Information Session.

All applications, including any required attachments, must be completed and received by ODH electronically via GMIS by **4:00 PM on Monday, May 10, 2021**. Applications received after the due date will not be considered for review.

If you have questions, please contact Danielle Michael at 614-226-1873 or e-mail at Danielle.michael@odh.ohio.gov.

246 North High Street
Columbus, Ohio 43215 U.S.A.

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

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF

Maternal Child and Family Health

Sexual Risk Avoidance

SOLICITATION

FOR

FISCAL YEAR 2022

(10/01/2021 – 09/30/22)

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

100% Deliverable Funding

Revised 12/02/2019

For grant starts 10/1/2019 and thereafter

Table of Contents

I. APPLICATION SUMMARY and GUIDANCE

A.	Policy and Procedure	2
B.	Application Name	3
C.	Purpose.....	3
D.	Qualified Applicants.....	4
E.	Service Area.....	5
F.	Number of Grants Available	5
G.	Due Date	6
H.	Authorization	6
I.	Program Period and Budget Period.....	7
J.	Public Health Accreditation Board Standards.....	7
K.	Public Health Impact Statement.....	7
L.	GMIS Health Equity Module.....	9
M.	Human Trafficking.....	9
N.	Appropriation Contingency	9
O.	Programmatic, Technical Assistance and Authorization for Internet Submission....	9
P.	Acknowledgment	10
Q.	Late Applications	10
R.	Successful Applicants	10
S.	Unsuccessful Applicants	10
T.	Review Criteria	10
U.	Freedom of Information Act	11
V.	Ownership Copyright.....	11
W.	Reporting Requirements	11
X.	Special Condition(s).....	13
Y.	Unallowable Costs.....	13
Z.	Audit.....	13
AA.	Submission of Application.....	14

II. APPLICATION REQUIREMENTS AND FORMAT

A.	Application Information.....	15
B.	Budget.....	15
C.	Assurances Certification	16
D.	Project Narrative	16
E.	Civil Rights Review Questionnaire – EEO Survey	18
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement....	18
G.	Attachment(s).....	18

III. APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Access Form
- C. C1 Deliverable – Objective Descriptions (if applicable)
C2 Deliverable – Objective Allocations (if applicable)
- D. Application Review Form
- E. Program Overview
- F. Target Counties
- G. SRA Program Resources
- H. Characteristics of an Effective Program
- I. Work Plan
- J. Assurances
- K. Curricula Form
- L. CLAS Strategic Plan

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.**

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by May 10, 2021 so access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES 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 Procedure:** 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: <https://odh.ohio.gov/wps/portal/gov/odh/home>. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) 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-manual>

Please refer to Policy and Procedure updates 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 examples 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 in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Application Name: *Sexual Risk Avoidance Program*

C. Purpose: *Teenage pregnancy is a complex social issue that has far-reaching consequences in the lives of teen parents, their children and the entire State of Ohio. The goal of Ohio's Sexual Risk Avoidance Program is to increase the number of youth who abstain from sexual activity and other related risky behaviors to reduce out-of-wedlock births and sexually transmitted infections. The cultural and economic differences that vary from county to county present a challenge in developing a statewide prevention program. The inclusion of a Sexual Risk Avoidance message is a critical component of Ohio's comprehensive prevention efforts that is respectful and responsive to the diverse populations, regions, and values across the state.*

Ohio's program intends to build upon the strategy of local control, community collaboration and evidence supported program design within the guidelines established by the Title V Sexual Risk Avoidance Grant Program. To maximize healthy outcomes Ohio's program will focus prevention education on youth ages 10-14 years, ensuring a prevention education message that promotes good decision-making and positive healthy behaviors that reaches youth early in their lives. Applicants are required to include strengths-based, positive youth development (PYD) strategies to help youth build protective factors that mitigate the impact of past and future negative experiences. Programming must also include service linkages to local community partners that support the safety and wellbeing of the youth. In addition, applicants are encouraged to include efforts to address the impact of trauma on youth and incorporate a trauma-informed approach.

Ohio's Sexual Risk Avoidance Program will encompass three components to ensure sustainability and community coordination. The required components are: 1. Youth education; 2. Sustainability efforts and community involvement; and 3. Evaluation. The youth education component includes any services provided to youth to enhance their education (i.e. in class education, after-school programming, camps/ retreat, assemblies, etc.). Sustainability efforts can include program staff trainings, teacher trainings, collaborative efforts with stakeholders or partners, etc. The community involvement component should utilize community partners to identify needs of individual communities, identify any health risk behaviors that should be addressed, and tailor programming to best fit the community need. This should also include involving youth voice in programming, through surveys, focus groups, feedback, etc. The evaluation component should include a plan to evaluate the program as a whole for the region.

Ohio has identified 59 priority counties with teen birth rates higher than the state average to be the focus of this grant program. Counties are composed of eight urban, 32 Appalachian and 19 additional counties with high teen birth rates (See Appendix F for full list of target counties). In an effort to distribute the work statewide, while keeping administrative costs to a minimum, ODH has divided the state into four regions. Each region contains 14 or 15 of the high priority counties included in the geographic area. Ohio seeks to fund up to four grant awards to provide Sexual Risk Avoidance Programming to students in those regions. It is expected that the work will be localized and that the successful applicant(s) will demonstrate the ability to reach the target population by direct programming or through contractual relationships with local providers to deliver Sexual Risk Avoidance Programs to Ohio's high-risk populations within the four regions of the state. The work conducted by the sub-recipients will occur under the purview of the Ohio Department of Health.

D. Qualified Applicants: *All applicants must be a local public or non-profit agency. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B).*

The successful applicant must be able to do the following:

- Meet the criteria established in the solicitation to be eligible to receive funding.
- Develop a plan that demonstrates ability to provide training and technical support to areas throughout the state with priorities given to the counties identified in Appendix F.
- Demonstrates capacity through subcontracts to provide Sexual Risk Avoidance to targeted areas of the state.
- Demonstrate experience in providing successful community and school-based prevention programs for youth that are developmentally appropriate and culturally sensitive. If prevention programs have not included Sexual Risk Avoidance, the applicant must outline a plan to achieve expertise in Sexual Risk Avoidance through experienced staff acquisition, consultants, and/or formal collaboration with abstinence provider(s).
- Demonstrate support for school-based programs by providing letters of support from local school superintendents.
- Demonstrates community support and coordination efforts by letters of support from key stakeholders such as: local health departments, local Family and Children First Committees, and/or other youth serving agencies as appropriate.
- Submit a detailed plan with one-year goals and one-year objectives and activities. Continuation funding will be based upon compliance with program requirements and submission of continuation application each year.
- Follow all assurances established in the RFP.

In addition, the successful applicant must be able to.

- Ensure that all educational materials that are developed for use in the program are medically accurate (any new curricula must be submitted with the application).
- Ensure that all school-based prevention programs are offered to students who have a disability, including those who may not be in homeroom classes.
- Ensure that all educational materials are accessible to students with disabilities.
- Be responsible for quarterly or monthly program reports and annual program evaluation with unduplicated counts of numbers of youth and staff served.

- Ensure that programs funded meet the federal guidelines established.
- Utilize the available prevalence data to identify high needs areas throughout the state and fund programs accordingly.
- Focus efforts on ODH's targeted population consistent with federal application.
- Ensure compliance with Federal requirements for collection of performance measures data.
- Conduct process and outcome evaluation activities as required by state and federal guidelines.
- Ensure programs support US Code regarding Sexual Risk Avoidance A-F guidelines.
- Ensure curricula are evidence-based or evidence supported.

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, May 10, 2021**

E. Service Area: Each region is made up of a group of non-targeted and higher risk target counties, established by the Ohio Department of Health. The applicant must be able to reach students in all counties, with at least a 60% focus on higher risk targeted counties. The applicant will need to outline how the Ohio prevalence data for estimated teen pregnancies, teen pregnancy rate, and STI/STD rates will be utilized to target the most at risk regions. The eight urban, 32 Appalachian and 19 additional counties are the highest priority. If other counties/ regions are included in the response to the RFP, the applicant must provide justification for the inclusion of other targeted areas. (See Appendix F for list of priority counties)

F. Number of Grants and Funds Available: Federal funds from the Health and Human Services, Administration on Children, Youth and Families, Family and Youth Services Bureau will be supporting the Sexual Risk Avoidance Program. Up to four applicants will be funded; one applicant will be funded for each region. The grant award will be based upon the application, work plan (including number of subcontracts to be awarded), and budget justification.

Each regional award will be awarded \$561,054. Applicants may apply for up to 4 regional awards. Due to the 100% reimbursement model, applicants must demonstrate the financial capacity of the agency to incur costs for up to 6-8 weeks before receiving a payment from ODH.

The grant will follow a "Pay for Performance" funding structure. Each regional sub-grantee for the Sexual Risk Avoidance Program will be reimbursed after receipt of an expenditure report. Sub grantee will be able to receive monthly reimbursement based on completion of objectives 1-4. Objective 1: sub-grantee can receive a monthly reimbursement for percentage of students served in target counties. Objective 2: sub-grantee can receive a monthly reimbursement for sustainability activities. Objective 3: Sub-grantee will receive a monthly reimbursement for conducting at least one community involvement activity. Objective 4: At least five percent of each sub-grantee's award must be allocated for evaluation. Additional information about funding can be found in Appendix C2.

No grant award will be issued for less than \$30,000. 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 or via ground delivery by **4:00 p.m. on Monday, May 10, 2021**. Applications and required attachments received after this deadline will not be considered for review.

Contact (Danielle Michael, 614-226-1873 or Danielle.michael@odh.ohio.gov) with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 110 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number* 93.235.

Goals:

Goal 1: To develop a Sexual Risk Avoidance Program statewide that builds upon local efforts and is designed to meet the unique needs of families, youth, and schools in each community where the programs are implemented.

Goal 2: To provide a Sexual Risk Avoidance message through programs with curricula that are evidence-supported, culturally sensitive, inclusive, non-stigmatizing, and developmentally appropriate.

Goal 3: To increase sustainability over time of the abstinence message for participants; and sustain the provision of Sexual Risk Avoidance Programs in the future.

Performance Goals: These goals are designed to ensure the applicant is able to meet the four main components of the program.

Performance Goal 1: To provide direct service of Sexual Risk Avoidance to youth, with 60% of those served in the target counties. (See Appendix F for a list of target counties)

Performance Goal 2: To conduct sustainability activities in at least 50% of the target counties during year 1. (See Appendix F for a list of target counties)

Performance Goal 3: To conduct community development activities in at least 50% of the target counties during year 1. (See Appendix F for a list of target counties)

Performance Goal 4: Develop an evaluation plan that measures program effectiveness through attitude/ belief change in youth.

The Office of Adolescent Health, located in U.S. Department of Health and Human Services has identified three evidence-based Sexual Risk Avoidance Programs. Each evidence-based program was identified by the U.S. Department of Health and Human Services (HHS) TPP Evidence Review that used a systematic process for reviewing evaluation studies against a rigorous standard. Proposed curricula should either be selected from the list/link found in Appendix G or be self-evaluated using the *Characteristics of Effective Programs* (Appendix H) to ensure they are based on a sound theoretical framework. The applicant will be required

to include in the response to the RFP, the plan for engaging local school personnel, obtaining letters of local support, target population participation in the planning and implementation, and inclusion of parents in the program activities.

I. Program Period and Budget Period: The program period will begin 10/1/2021 and end on 09/30/2026. The budget period for this application is 10/1/2021 through 09/30/2022).

J. Public Health Accreditation Board (PHAB) Standard(s): Identify the PHAB Standard(s) that will be addressed by grant activities (The Sexual Risk Avoidance Program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness and 4.1 Engage with the Public Health Systems and Community in Identifying and Addressing Health Problems Through Collaborative Processes. The PHAB standards are available at the following website:
The PHAB standards are available at the following website:

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

K. 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 health inequities. All applicants are required to:

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
- 2) Identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities. This must be based on data and include geographic reference points (i.e., census tracts, census block groups) to specify where program activities are focused.
- 3) Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.
- 4) Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.
- 5) Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but not limited to, current Healthy People goals and objectives; local Community Health Assessments; State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; The Health Opportunity and Equity (HOPE) Initiative.
- 6) The above items should be explicitly incorporated into key components of the application (i.e., Goals, Program Narrative, Objectives, Deliverables and Review Criteria). The applicant cannot decide where to insert this information. Care should be taken to avoid repetition to keep the responses focused and specific.

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, 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, work and play. 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, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are the 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**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

L. GMIS Health Equity Module (There are some functionality issues in GMIS and this module may not function properly. Applications can still be submitted without this being marked complete):

- 1) The GMIS Health Equity Module links important program interventions in grant proposals to health equity strategies identified in local, state or national strategies. These include, but are not limited to, the most current Healthy People goals and objectives; health equity targets in the State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; Ohio Health Opportunity Index and/or the Health Opportunity and Equity (HOPE) Initiative. Applicants are required to select the goals and strategies from the module that best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

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.

☒ X Applicable ☐ Not Applicable to Sexual Risk Avoidance

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: Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact *(Danielle Michael; 614-226-1873; Danielle.michael@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. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, (May 10, 2021 at 4:00 p.m.)**.

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued 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. Contributes to the advancement and/or improvement of the health of Ohioans.
 2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available.
 3. Is well executed and is capable of attaining program objectives.
 4. Describe Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
 5. Estimates reasonable cost to the ODH, considering the anticipated results.
 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel.
 7. Provides an evaluation plan, including a design for determining program success.
 8. Is responsive to the special concerns and program priorities specified in the 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. Describe activities which support the requirements outlined in sections I thru N of this Solicitation.

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, [Maternal, Child and Family], [Sexual Risk Avoidance Program] and as a sub-award of a grant issued by [HRSA Administration of Children and Families] under the [Sexual Risk Avoidance] grant, grant award number [2102OHSRAE], and CFDA number [93.235].”

- 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:

Semi Annual Program Reports: Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. |

Semi Annual Program reports that do not include required attachments (non-Internet submitted) will not be approved. All program report attachments must clearly identify the authorized program name and grant number.

☒ **Program Reports Required** ☐ **No Program Reports Required**

<i>Period</i>	<i>Report Due Date</i>
<i>10/1/21 – 3/31/22</i>	<i>April 22, 2022</i>

4/1/22 – 9/30/22	October 21, 2022
------------------	------------------

In addition, quarterly desk audits will be scheduled and if monthly reimbursement is chosen by applicant, monthly expenditure reports will be required, including numbers demonstrating progress made towards performance goals. These reports will be due on the same date as the monthly expenditure reports are due.

a. 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:

<i>Period</i>	<i>Report Due Date</i>
<i>October 1-31, 2021</i>	<i>November 10, 2021</i>
<i>November 1-30, 2021</i>	<i>December 10, 2021</i>
<i>December 1-31, 2021</i>	<i>January 10, 2022</i>
<i>January 1-31, 2022</i>	<i>February 10, 2022</i>
<i>February 1-28, 2022</i>	<i>March 10, 2022</i>
<i>March 1 – 31, 2022</i>	<i>April 10, 2022</i>
<i>April 1 – 30, 2022</i>	<i>May 10, 2022</i>
<i>May 1 – 31, 2022</i>	<i>June 10, 2022</i>
<i>June 1 – 30, 2022</i>	<i>July 10, 2022</i>
<i>July 1 – 31, 2022</i>	<i>August 10, 2022</i>
<i>August 1 – 31, 2022</i>	<i>September 10, 2022</i>
<i>September 1 – 30, 2022</i>	<i>October 10, 2022</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – December 31, 2021</i>	<i>January 10, 2022</i>
<i>January 1 – March 31, 2022</i>	<i>April 10, 2022</i>
<i>April 1 – June 30, 2022</i>	<i>July 10, 2022</i>
<i>July 1 – September 30, 2022</i>	<i>October 10, 2022</i>

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

b. 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, 2022). 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, 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. Membership fees -- unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building.
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. *Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications.*

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.

Y. 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.

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.

AA. 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 20 pages (**excludes** appendices, attachments, budget, and budget narrative).
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH

The GMIS application submission must consist of the following:

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs

Complete & Submit Via Internet

- 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
 - Assurances
 - Curricula Form
 - Work Plan

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 page 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.

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 10/01/2021 to 09/30/2022.

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:** (2 page maximum)

- Describe the public health problem/ need this project will address
- Identify the demographic characteristics of the target populations to be served, including race, ethnicity, and disability status; specify groups disproportionately impacted by teen pregnancy and sexually transmitted infections in the identified regions, counties, and/or communities targeted based on Ohio prevalence data.
- Describe the plan for identifying, selecting, and contracting with Sexual Risk Avoidance providers.
- Describe the plan for obtaining local support from health departments, schools, and target populations.
- Identify any exceptions to ODH's priorities: middle school youth or 59 target counties.

2. **Description of Applicant Agency/Documentation of Eligibility/Personnel:**

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

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

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

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

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

- 4. Methodology:** In narrative form, the applicant must describe the overall plan for the Sexual Risk Avoidance project. The plan must address the goals, process objectives, and outcome objectives in ODH's application to ACYF/ FYSB as referenced in this RFP's Application summary and guidance under Section I/ Include goals and objectives for the five years of the grant period. Process and outcome goals should be written for a one year time period and must be in a SMART (Specific, Measurable, Attainable, Realistic and Time-phased) format that clearly states the expected results or benefits of the action proposed and the link to the goal statement. Each outcome objective should have at least one process and outcome objective and activities describing how the objective will be accomplished. Identify program objectives and activities and the start and completion dates for each. Identify census geographies (census tracts) where program activities will take place.

Plans must provide detail how all four components (direct service, sustainability, community involvement and evaluation) will be addressed and how performance goals, identified in Section I will be accomplished.

Plans must describe how the project will notify prospective subcontract providers of the funding opportunity; application requirements; selection criteria for subcontract providers; identification of target populations and regions; describe how program activities will reach populations who experience a disproportionate burden of sexually transmitted infections and teenage pregnancies; exceptions to ODH's stated target priorities; and oversight plan to ensure compliance with the federal and state guidelines and assurances. Particular attention should be given to selection of evidence-based programs or evidence-supported curricula using Kirby's criteria, clearly stated expectation that abstinence is the expected outcome of the programs, medical accuracy, and policies that ensure inclusion and non-stigmatizing to lesbian, gay, bisexual, transgender and questioning youth.

The narrative should address obtaining local support from participating schools, health departments, and other school-based providers; development of a referral network and referral process for youth with problems not addressed by the abstinence program; and engagement of teachers and parents in the program.

The plan should acknowledge the required state/federal assurances and describe the

procedure to ensure compliance of subcontractors.

- 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.

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 that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before (May 10, 2021)**.

III. APPENDICES

- A. Notice of Intent to Apply for Funding*
- B. GMIS Access Form*
- C. C1 Deliverable – Objective Descriptions (if applicable)*
C2 Deliverable – Objective Allocations (if applicable)
- D. Application Review Form
- E. Program Overview
- F. Target Counties
- G. SRA Program Resources
- H. Characteristics of an Effective Program
- I. Work Plan*
- J. Assurances*
- K. Curricula Form*
- L. CLAS Strategic Plan*

**These forms/templates will need to be completed and submitted with application or as directed.*

Reimbursement
Type
Select one of the
options below:

- ☐ Monthly
OR
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Bureau of Maternal Child, and Family Health

ODH Program Title:
Sexual Risk Avoidance - SR22

Submission Required

See Due Date Below

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

ALL INFORMATION REQUESTED MUST BE COMPLETE

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
☐ City Agency

- ☐ Hospital
☐ Higher Education

- ☐ Local Schools
☐ 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 [Danielle.Michael@odh.ohio.gov BY April 14, 2021]

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 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: ☐ New Agency - needs GMIS Access

☐ 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 Karen Tinsley, Grants System Officer, 614-644-7546

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

Scan & Email: karen.tinsley@odh.ohio.gov

Name of Subgrant Program: Budget Period:
of Deliverables: 3
Use Budget Justification Scenario#:
___ Deliverables Only

Appendix C1

Deliverable 1: Youth Education or Direct Services

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

Deliverable 2: Sustainability efforts and community involvement

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

Deliverable 3: Evaluation

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

Appendix C2

Deliverable- Objective Reimbursement Schedule

Objective 1 Reimbursement Requirements (Sep-May)				
<i>Amount</i>				<i>Deliverable benchmarks</i>
\$41,190				60% or more of students served are in target counties
\$35,000				50-59% of students served are in target counties
\$27,000				40-49% of students served are in target counties
\$20,000				30-39% of students served are in target counties
\$13,000				20% or fewer of students served are in target counties
Objective 1 Reimbursement Requirements (June-Aug)				
<i>Amount</i>				<i>Deliverable benchmarks</i>
Deliverable	Amount	Type	Requirements	60% or more of students served are in target counties
#1	Up to \$448,843.20 (approximately 80%)*	Monthly, deliverable	Objective 1 (direct service); upon receipt of expenditure and program reports	
#2	\$68,063.68 (15%)	Monthly, deliverable	Objective 2 (sustainability and community involvement); upon receipt of expenditure and program reports	
#3	\$44,147.12* (5%)	Monthly, deliverable	Objective 3 (Evaluation); upon receipt of expenditure and program reports	

Objective 3	\$39,382.57	As spent, deliverable	Objective 3 (evaluation); upon receipt of expenditure report and program report		
\$27,683					
\$23,000					50-59% of students served are in target counties
\$20,000					40-49% of students served are in target counties
\$15,000					30-39% of students served are in target counties
\$10,000					29% or fewer of students served are in target counties

**Annual Amount. These amounts are subject to change depending on the Sexual Risk Avoidance Notice of Award given by Title X.*

Region	Amount
Region 1	\$561,054
Region 2	\$561,054
Region 3	\$561,054
Region 4	\$561,054

Appendix D
2022 Sexual Risk Avoidance
APPLICATION REVIEW FORM

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

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

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

Applicant Agency: Click here to enter agency name Grant Number: Click here to enter grant number		Total Budget Request: Click here to enter total budget request Reviewer Name: Click here to enter your name	
Application Quality	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> Proposal is well organized and clearly written	2	Select one	Click here to enter strengths and weaknesses for this criterion.
<input type="checkbox"/> Proposal is complete with all required attachments, including: <ul style="list-style-type: none"> Attachment: Personnel/Position descriptions Attachment: Work Plan Attachment: Assurances Letters of support 	2	Select one	

<input type="checkbox"/> Proposal adheres to solicitation guidance regarding formatting requirements (properly labeled application packet, 1.5 spacing, one-inch margins, under 20 pages, 12-point font)	1	Select one	
Total Application Quality	5	Select one	
Project Narrative: Executive Summary	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> Describes the public health need this program will address	1	Select one	Click here to enter strengths and weaknesses for this criterion.
<input type="checkbox"/> Identify the demographic characteristics of the target population to be served	1	Select one	
<input type="checkbox"/> Describe the plan for identifying, selecting, and contracting with Sexual Risk Avoidance Providers	1	Select one	
<input type="checkbox"/> Describe the plan for obtaining local support	1	Select one	
<input type="checkbox"/> Identify any exceptions to ODH's priorities: middle school or youth in the target counties.	1	Select one	
Total Executive Summary	5	Select one	
Project Narrative: Description of Applicant Agency/ Documentation of Eligibility/Personnel	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> Summarizes agency's eligibility to apply and its structure as it relates to management of this grant program	5	Select one	Click here to enter strengths and weaknesses for this criterion.
<input type="checkbox"/> Describes capacity of organization to communicate effectively to diverse audiences.	5	Select one	

Total Applicant Agency/Documentation of Eligibility/Personnel	10	Select one	
Project Narrative: Problem/Need	Maximum Score		Strengths and Weaknesses
<input type="checkbox"/> Identifies and describes local health status concerns	4	Select one	Click here to enter strengths and weaknesses for this criterion.
<input type="checkbox"/> Describes the segments of the target population who experience a disproportional burden for health concern or issue.	3	Select one	
<input type="checkbox"/> Describes other agencies in the service area addressing the problem/need	3	Select one	
Total Problem/Need	10	Select one	
Project Narrative: Methodology	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> In narrative form, describes SMART objectives, for a 3-year period, including: <ul style="list-style-type: none"> • Goals • Process Objectives • Outcome Objectives 	5	Select one	Click here to enter strengths and weaknesses for this criterion.
<input type="checkbox"/> Provide detail on how the below components will be addressed and how performance goals will be accomplished: <ul style="list-style-type: none"> • Direct Services • Sustainability • Community Involvement • Evaluation 	5	Select one	

<input type="checkbox"/> Provide detail on how agency will <ul style="list-style-type: none"> reach populations experiencing a disproportionate burden of STI and teen pregnancy exceptions to ODH's stated target priorities. ensure inclusion and non-stigmatization to lesbian, gay, bisexual, transgender and questioning youth 	8	Select one	
<input type="checkbox"/> Demonstrate how the program: <ul style="list-style-type: none"> obtained or is obtaining local support engages teachers engages parents 	6	Select one	
<input type="checkbox"/> Narrative addresses <ul style="list-style-type: none"> developing a referral network developing a process for youth with problems not addressed by the SRA program 	6	Select one	
Total Methodology	30	Select one	
Project Narrative: SMART Objectives	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> SMART Objectives submitted	5	Select one	Click here to enter strengths and weaknesses for this criterion.
<input type="checkbox"/> Includes target numbers for all required goals and objectives as outlined in the Solicitation.	5	Select one	
Total Objectives/Work Plan	10	Select one	
Budget	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> The required Budget Planning Worksheets (see examples in GMIS) are <u>completed</u>	4	Select one	Click here to enter strengths and weaknesses for this criterion.

<input type="checkbox"/> Includes Primary Reason and Justification narrative that outlines how deliverables will be met	4	Select one	
<input type="checkbox"/> Addresses other direct costs for first project period	1	Select one	
<input type="checkbox"/> Program demonstrates that it has other funds available to cover costs because of deliverable model	1	Select one	
<input type="checkbox"/>		Select one	
<input type="checkbox"/>		Select one	
<input type="checkbox"/>		Select one	
Total Budget	10	Select one	
Assurances	Maximum Score	Reviewer Score	Strengths and Weaknesses
<input type="checkbox"/> Demonstrate how the chosen program curriculum: <ul style="list-style-type: none"> • is evidence based or evidence supported • used Kirby Tool to evaluate curriculum 	10	Select one	Click here to enter strengths and weaknesses for this criterion.
<input type="checkbox"/> Clearly states that abstinence is the expected outcome of the program per the required state/federal assurances and describes process to ensure compliance	10	Select one	
Total Provision of Uncompensated Care	20	Select one	
TOTAL POINTS	100	Select one	

BRIEF SUMMARY OF APPLICATION:

Click here to enter short narrative overview of application.

ANY SIGNIFICANT STRENGTH OR WEAKNESS OF APPLICATION:

Click here to enter overall strength/weakness of application statement.

Appendix E Program Overview

<u>Youth Education Direct Service (can include but not limited to:)</u>
• In class education
• After school education
• Assemblies
• Retreats/camps
• Other direct service
<u>Sustainability Efforts (can include but not limited to:)</u>
• Program staff trainings
• Teacher trainings
• Parent trainings
• Collaborative efforts with stakeholders
• Collaborative efforts with partner agencies
<u>Community Involvement (can include but not limited to:)</u>
• Activities to assess needs of community (i.e. review data, conduct focus groups, speak to community officials, etc.)
• Identify priority health risk behaviors (i.e. human trafficking, dating violence, drug and/or alcohol use, bullying, infant mortality) to address during programming
• Incorporate youth voice through focus groups, feedback, involvement with planning/development, etc.
<u>Evaluation</u>
• Utilize pre and post surveys to evaluate the program for effectiveness
• May involve hiring a contractor
• Submits data from evaluation as required by the HHS via the Ohio Department of Health

Appendix F
Target Counties by Region

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

Appendix G

Sexual Risk Avoidance Program Resources

The list of resource is available to assist grantees in verifying medical information or making recommendations for sub-awardees regarding the medical information in their program material. Suggested resources include fact sheets, publications, news releases, reports, and government agency websites

CDC Adolescent Health Related Information:

<http://cdc.gov/HealthyYouth/index.htm>

CDC on Sexual Risk Behaviors:

<http://cdc.gov/HealthyYouth/Sexualbehaviors/index.htm>

CDC on Youth Risk Behavior Surveillance System (YRBSS)

<http://cdc.gov/HealthyYouth/yrbs/index.htm>

CDC on Parents Matter:

<http://www.cdcpin.org/parentsmatter/index.asp>

Medical Accuracy:

<http://www.medicalaccuracy.org/internet-resources>

Choosing Curriculum:

To find curriculum that has been identified as evidence based Sexual Risk Avoidance programs by the U.S. Department of Health and Human Services, go to <http://tppevidencereview.aspe.hhs.gov/EvidencePrograms.aspx> Please note that not all programs listed here are Sexual Risk Avoidance curriculum. The Teen Pregnancy Prevention Evidence Review did not examine curriculum content to make assessments about whether a program was medically or scientifically accurate, or inclusive of populations that are diverse in terms of race, ethnicity, sexual orientation, and sexual identity. Meeting the Evidence Review criteria does not indicate HHS endorsement of a program model.

Appendix H

Characteristics of Effective Programs

Adapted from: *Tools to Assess the Characteristics of Effective Sex and STD/HIV Education Programs* (Kirby, Rollieri, and Wilson, 2007)

The Process of Developing the Curriculum	The Contents of the Curriculum Itself	The Implementation of the Curriculum
1. Involve multiple people with different backgrounds in theory, research, and sex STD/HIV education to develop the curriculum.	<p>Curriculum Goals and Objectives</p> <p>2. Focused on clear health goals- the prevention of STD, HIV and/or pregnancy</p> <p>3. Focused narrowly on specific behaviors leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these behaviors, and addressing situations that might lead to them and how to avoid them.</p> <p>4. Addressed multiple sexual psychological risk and protection factors, affecting sexual behaviors (e.g. knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy).</p> <p>Activities and Teaching Methodologies</p> <p>5. Created a safe social environment for the youth to participate. (Consider the needs of lesbian, gay, bisexual, transgender, and questioning youth and how the program is inclusive and non-stigmatizing toward such participants.</p> <p>6. Employed activities, instructional methods and behavioral messages that were appropriate to the youth's</p>	<p>7. Secured at least minimal support from appropriate authorities such as ministries of health, school districts or community organizations.</p> <p>8. Implemented virtually all activities with reasonable fidelity.</p>

	culture, developmental age, and sexual experience.	
--	--	--

To comply with SCYF/FYSB's guidelines that abstinence programs be based on sound theoretical frameworks, the Ohio Department of Health will require sub-contract providers to self-evaluate their proposed curriculum using these eight characteristics adapted from Kirby, et al's 17 common characteristics of programs found to be effective in changing behaviors that lead to STD, HIV and unintended pregnancy among young people.

For more information re: Tools to Assess Characteristics of Effective Sex and STD/HIV Education Programs visit <http://www.healthyteennetwork.org>

Appendix I

Ohio's Sexual Risk Avoidance Work Plan Work Plan

Overall Program Goal: To increase the number of youth who abstain from sexual activity and other related risky behaviors to reduce out-of-wedlock births and Sexually Transmitted Infections.

Objective 1: To provide direct service Sexual Risk Avoidance to youth, with 60% of those served in target counties.

Activities	Person Responsible	Completion Dates	Evaluation Measure

Objective 2: To conduct sustainability activities and community development monthly in participating counties.

Activities	Person Responsible	Completion Dates	Evaluation Measure

Objective 3: Conduct an evaluation using pre and post surveys to measure change in attitudes/ beliefs in youth.

Activities	Person Responsible	Completion Dates	Evaluation Measure

Appendix J

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

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

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

Appendix K

SUB-RECIPIENT MUST SUBMIT ONE FORM FOR EACH CURRICULUM PLANNED TO USE

Program Profile	
Agency	
Address	
Phone	
Email	
Program Name	
Curriculum Name*	
Area Served	
Target Population	
Program Components	
Brief Summary of Program Status/ Accomplishments**	

* New Curricula or curricula not yet submitted to ODH must be submitted along with information pertaining to medical accuracy.

**Include how program incorporates PYD and/or trauma-informed care

Appendix L CLAS Strategic Plan

FY2022 SRA Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

Subrecipient Agency Name: _____ GMIS # _____

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

☐ Initial Plan ☐ Annual Progress Report

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

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

- Based on what your agency learned from the CLAS self-assessment activities should be identified to improve Culturally Competency of services in FY2022.
- At the end of the grant cycle, you will submit this form to show what you have accomplished toward each objective