



OHIO DEPARTMENT OF HEALTH

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John R. Kasich/Governor

Lance Himes/Director of Health

Date: December 14, 2018

To: Subrecipient agencies

From: Shancie Jenkins, Chief
Office of Health Improvement and Wellness
Ohio Department of Health

Subject: Subrecipient: Epi-Aid Response Competitive Solicitation

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

All electronic applications and attachments are due by 4:00 p.m., **Monday, January 28, 2019**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

Submission of the **competitive application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Zach Reau at 614-644-1852 or e-mail at zach.reau@odh.ohio.gov



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF

Office of Health Improvement and Wellness

Epi-Aid Crisis Response Grant

SOLICITATION

FOR

FISCAL YEAR 2019

(04/01/19 – 3/31/20)

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

☒ **Base Only Funding** ☐ **Base and Deliverable Funding** ☐ **100% Deliverable Funding**

Revised 09/11/2017

For grant starts 4/1/2018 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.**

This is a competitive Solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by January 4, 2019 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. Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

The above-mentioned forms are located on the Ohio Department of Administrative Services website at: <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

or directly at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9),
<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf
- Supplier Information Form
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf

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: <http://www.odh.ohio.gov>. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser:
<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/funding%20opportunities/OGAPP%20Manual%20V100-2%20Rev%2010-1-2014.ashx>

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).
- 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.

B. Application Name: Epi-Aid Response (EAR)

- C. Purpose:** The Ohio Department of Health (ODH), Hamilton County (OH) Public Health (HCPH), Kentucky Department for Public Health (KDPH), and Northern Kentucky Health Department (N KY) have been investigating an increase in HIV diagnoses among people who inject drugs (PWID) in Northern Kentucky and the Cincinnati metro area, on both the OH and KY sides of the Ohio River, the state border. In Hamilton County, Ohio, injection drug use was reported for 16 (11%) of 142 new HIV diagnoses in 2016; 43 (23%) of 191 HIV diagnoses in 2017; and 52 (34%) of 154 new HIV diagnoses to date in 2018. The Centers for Disease Control and Prevention (CDC) had been providing remote technical assistance throughout 2018. However, given the continued increase in HIV diagnoses, an Epi-Aid was requested to rapidly collect additional data to inform ongoing investigation and prevention interventions. This Epi-Aid Crisis Response solicitation was created to be responsive to the recommendations that resulted from the Epi-Aid Response conducted by the CDC.

In accordance with the Health Resources and Services Administration (HRSA), the National HIV/AIDS Strategy (NHAS), the Centers for Disease Control and Prevention (CDC), and the HIV Integrated HIV Care & Prevention Plan for Ohio, the purpose of this funding opportunity is to support Region 8 in developing and/or enhancing access to a comprehensive continuum of high quality HIV care and treatment for low-income people living with HIV (PLWH) and persons who inject drugs (PWID) who are at higher risk of HIV transmission, and linking high-risk individuals to the statewide PrEP program. As such, the funding supports the NHAS goals of reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities. In addition, the CDC supports the implementation of comprehensive syringe service programs (SSPs) as an effective public health approach to reduce the spread of infectious diseases. SSPs have been associated with a reduced risk of infection with bloodborne diseases such as HIV and viral hepatitis. Thus, this solicitation may be used to direct funding towards supporting SSPs in order to be responsive to the recommendations that resulted from the Epi-Aid.

- D. Qualified Applicants:** All applicants must be either a local public health agency or a 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 ODH has a CDC-approved determination of need (DON) on file. The DON was a requirement of utilizing federal funding to support syringe service programs (SSPs). SSPs that are a local public health agency, or a non-profit are considered qualified applicants.

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, January 28, 2019.**

E. Service Area: Region 8 is the area of the state that has been most impacted by the increase of PWID with HIV transmission. Applicants requesting funding will be responsible for implementing services in the following counties:

- Region 8: Clermont, Highland, Brown, Butler, Clinton, Hamilton, and Warren

F. Number of Grants and Funds Available: Up to three (3) applicants will be awarded for an amount up to \$300,000 for Early Intervention Services EIS, Outreach Services and Risk Reduction/Education.

*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 or via ground delivery-by **4:00 p.m. by Monday, January 28, 2019**. Applications and required attachments received after this deadline will not be considered for review.

Programmatic, Technical Assistance and Authorization for Internet Submission inquiries can be submitted to Zach Reau, HIV Prevention Manager via e-mail at zach.reau@odh.ohio.gov

A bidder's conference call will be held on Wednesday, January 2, 2019 between 1:00-3:00pm. Please use conference line: 1-855-405-1648; participant code 45319#.

H. Authorization: Authorization of funds for this purpose is contained in Amended Substitute House Bill 1 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 93.917.*

I. Goals: The Ohio Department of Health's purposes in releasing funds for Early Intervention Services are to:

1. Increase the amount of people living with HIV who know their status by orienting testing toward priority populations.

2. Increase access by linking, re-linking, and retaining HIV-infected Ohioans in medical care.
3. Refer high-risk individuals to services to improve HIV care and treatment at key points of entry.
4. Provide outreach services and health education/risk reduction related to HIV diagnosis.
5. Provide referral for biomedical prevention for people at-risk for HIV, including enrolling individuals into statewide PrEP program.
6. Address population health disparities, including health literacy, stigma, and discrimination, particularly with respect to Black and Hispanic/Latino individuals; men who have sex with men (MSM), inclusive of young MSM; persons who inject drugs (PWID) inclusive of young PWID; non-US born individuals, inclusive of heterosexual women; and transgender women and men.
7. Support the implementation and continued development of the State Integrated Prevention/Care Plan.

J. Program Period and Budget Period: The program period will begin April 1, 2019 and end on March 31, 2023. The budget period for this application is April 1, 2019 through March 31, 2020.

K. Public Health Accreditation Board (PHAB) Standard(s):

This grant program will address the following PHAB standards:

Standard 1.2: Collect and Maintain Reliable, Comparable, and Valid Data that Provide Information on Conditions of Public Health Importance and on the Health Status of the Populations.

Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems Through Collaborative Processes.

Standard 4.2: Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health.

Standard 7.1: Assess Health Care Capacity and Access to Health Care Services

Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services.

Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions,

Standard 11.1.4: Implementing policies, processes, programs, and interventions that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes.

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:

The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:

- A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, disability status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups);
- A summary of the services to be provided or activities to be conducted; and,
- A plan to coordinate and share information with appropriate local health districts.

The applicant must submit the above summary as part of 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.

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents experience health inequities do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., Program Narrative, Objectives) applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).
- 2) Describe how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.
- 3) Specify how proposed program interventions and/or grant deliverables will address this problem.
- 4) Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module. These four items should be incorporated into the grant language in specific areas of the application and not left to the applicant to decide where to insert this information. Also, care should be taken to avoid repetition to keep the responses focused and specific.

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

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

Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents, people with disabilities, and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors.

*Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

GMIS Health Equity Module:

The GMIS Health Equity Module links health equity initiatives in grant proposals to national health equity strategies such as those found in **Healthy People 2020** or the **National Stakeholder Strategy for Achieving Health Equity**. 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. For more resources on health equity, please visit the ODH website at:

<http://www.healthy.ohio.gov/healthequity/equity.aspx>.

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]

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 Zach Reau, HIV Prevention Manager, at 614-644-1852 or at zach.reau@odh.ohio.gov for questions regarding this Solicitation)

Applicant must attend or must document in the NOIAF prior attendance at GMIS training to receive authorization for internet submission.

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

Q. Late Applications: 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, January 28, 2019 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. In the event there is no successful applicant for a region, ODH may negotiate with successful applicants to provide services to additional area(s) and negotiate funding allocation adjustments.

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, Measurable, 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 M. of this Solicitation. *Application Review Form (Appendix C) provides further details of scoring.*

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.
- 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 EIS work must clearly state:

"This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Office of Health Improvement and Wellness, HIV Client Services and as a sub-award of a grant issued by U.S. Department of Health and Human Services under the Ryan White Part B grant, grant award number X07HA00017, and CFDA number 97.913."

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.

- 1. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates:

Early Intervention Service Projects:

| Due Date | Report | Submitted Via |
|---|---------------------------------|---------------|
| September 30, 2019 | Interim Progress Report | GMIS |
| March 31, 2020 | Annual Progress Report | GMIS |
| March 31, 2020 | Targeted Evaluation Plan Report | GMIS |
| Reporting provided directly to program | | |
| Monthly ($\leq 15^{\text{th}}$) | *Positivity Reports | Email |

Any paper non-Internet compatible report attachments must be submitted to GSU Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

***Positivity Reports**

Positivity reports must be submitted to the ODH HIV Prevention Monitoring and Evaluation Program by the 15th of each month for the testing performed in the previous month. Positivity reports must be submitted on the most recent version of the ODH-approved spreadsheet and should include the total number of tests and the number of positive tests performed each month at each site in the region.

The ODH HIV Prevention Monitoring and Evaluation team will evaluate positivity reports and provide each region with a report at least quarterly that details any discrepancies between the positivity reports submitted by the grantee and positivity reports generated by ODH from Evaluation Web. These quarterly reports will also include information regarding partner services and linkage and re-engagement in care. Each region must review the information from the quarterly report and respond to ODH with requests for information and revisions to the positivity report within two weeks unless an extended timeframe is agreed upon by the grantee and ODH.

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

- 2. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOI AF). 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>April 1 – 30, 2019</i> | <i>May 10, 2019</i> |
| <i>May 1 – 31, 2019</i> | <i>June 10, 2019</i> |
| <i>June 1 – 30, 2019</i> | <i>July 10, 2019</i> |
| <i>July 1 – 31, 2019</i> | <i>August 10, 2019</i> |
| <i>August 1 – 31, 2019</i> | <i>September 10, 2019</i> |
| <i>September 1 – 30, 2019</i> | <i>October 10, 2019</i> |
| <i>October 1 – 31, 2019</i> | <i>November 10, 2019</i> |
| <i>November 1 – 30, 2019</i> | <i>December 10, 2019</i> |
| <i>December 1 – 31, 2019</i> | <i>January 10, 2020</i> |
| <i>January 1-31, 2020</i> | <i>February 10, 2020</i> |
| <i>February 1-29, 2020</i> | <i>March 10, 2020</i> |
| <i>March 1-31, 2020</i> | <i>April 10, 2020</i> |

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**

| <i>Period</i> | <i>Report Due Date</i> |
|--------------------------------------|-------------------------|
| <i>April 1 – June 30, 2019</i> | <i>July 10, 2019</i> |
| <i>July 1 – September 30, 2019</i> | <i>October 10, 2019</i> |
| <i>October 1 – December 31, 2019</i> | <i>January 10, 2020</i> |
| <i>January 1-March 31, 2020</i> | <i>April 10, 2020</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.

- 3. 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 May 5, 2020. 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.

- 4. Inventory Report:** A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part

of the subrecipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Subrecipient. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

- X. Special Condition(s):** 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. 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. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
 16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
 17. Training longer than one week in duration, unless otherwise approved by ODH;
 18. Contracts for compensation with advisory board members;
 19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
 20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
 21. Promotional Items;
 22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;
 23. Syringes for Syringe Service Programs (Determination of Need).

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.

Z. Client Incentives and Client Enablers:

Client incentives are *an allowable cost*. The following client incentives are allowed: Indirect incentives may be used to encourage community engagement and testing. No direct incentives may be provided, including, but not limited to, exchanging money, goods, or services for HIV testing.

Client Enablers are *an allowable cost*. The following client enablers are allowed: **Medical Transportation. The line item for client transportation is defined as:**

Reimbursement of public transportation involving the movement of people from one location to another for linkage to care purposes. Modes of transport include taxi, bus, or any other public transportation excluding reimbursement of a private individual to transport a client in their personal vehicle.

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

- AA. Audit:** 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.

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 30 pages (**Excludes:** methodology/workplan, appendices, attachments, budget, budget narrative and supplemental application).
- 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:

| |
|--|
| <p>Complete & Submit Via Internet</p> |
|--|

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
 - 2019 Epi-Aid Response (EAR) Workplan

- Position Descriptions for Funded Personnel
- Letters of Collaboration (3)

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

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the Solicitation is posted to the ODH website.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of 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 11 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 detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on the GMIS bulletin board).
- 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period April 1, 2019 to March 31, 2020.

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

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. **CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.**

Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

The applicant shall itemize all equipment (**minimum \$1,000, unit cost value**) to be purchased with grant funds in the Equipment Section.

Recommended Funding Levels:

HIV Client Services Section supports quality early intervention efforts and is committed to recruitment and retention of experienced public health workers and personnel funded by the grant. Therefore, it is recommended that the minimum salary range be no less than \$40,000 + fringe for the Early Intervention Specialist positions. If the agency is unable to meet the recommended funding levels, please provide justification for proposing a reduced salary for each specified position(s) in the budget narrative.

3. **Indirect (Facilities and Administration): Note to Applicant- please select one of the 3 options that apply.**

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. Base the budget solely upon direct costs.

For further information please see section B2.10 of OGAPP.

4. **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 (one page):** Identify the priority populations, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel (5-15 pages):** 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. Describe how your agency will ensure clients will receive culturally appropriate care. Provide information about the hours of operation of your organization, including accommodations made for clients who cannot schedule appointments during “normal” business hours.

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

- 3. Problem/Need (5-15 pages):** 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 populations.

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. It was identified during the Epi-Aid that many of

the HIV infections have been diagnosed in a correctional facility or clinical care settings, with few diagnosed in community settings. Homelessness, incarceration, and Hepatitis C Virus (HCV) infection are *also* common *factors* among PWID with newly diagnosed HIV infection. Describe how the agency would engage the correctional facilities and clinical care sites to reach, test and link individuals who are at highest risk of HIV transmission. Additionally, the majority of new infections are still in men who have sex with men. Describe how the agency would engage, test, and link the most at-risk populations of gay and bisexual men. Outline efforts of your agency to recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are reflective of the population in the service area, especially those disproportionately impacted by HIV.

Include a description of other agencies/organizations, in your area, also working in HIV/STD prevention and care. Describe how services will be coordinated with other relevant service providers who provide key points of access to screening, health and support services, and how duplication of services will be avoided. In addition, describe how the program has addressed gaps in services. Describe any changes in the service delivery system that have or will reduce barriers to care. Describe how the agency will collaborate with local HIV service organizations (care and prevention) to minimize the gap between an HIV+ test and the initiation of HIV Care. Additionally, describe how your organization coordinates with local syringe service programs for referrals and linkages to care.

4. **Methodology:** The Epi-Aid Response (EAR) funding requires the submission of a workplan in addition to the narrative description of the SMART process.

In a brief narrative form, identify the program goals, the Specific, Measurable, Attainable, Realistic & Time-Phased (**SMART**) process, impact, or outcome objectives and activities. Objectives and SMART goals should reflect and complement the SMART goals of the Integrated Prevention/Care Plan. Indicate how they will be evaluated to determine the level of success of the program and identify the data sources utilized to evaluate each objective. For 2019, EIS will be measured as a baseline. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues.

The EAR Workplan will incorporate the following HRSA service categories: Early Intervention Services, Outreach Services and Health Education/Risk Reduction. To fully implement services between prevention and care, personnel funded on the grant will be expected to attend community planning meetings, combined care/prevention meetings and integrated plan workgroups. |

Early Intervention Services (EIS) is described as: a combination of essential services (testing, outreach, and education) that are coordinated with the regional HIV prevention and Care programs. EIS includes the identification of individuals at points of entry (e.g., emergency rooms, syringe service programs, substance abuse & mental health treatment programs, sexually transmitted disease clinics, homeless shelters, counseling, testing and referral sites, or federally qualified health centers) and referrals to access the provision

of services: HIV testing and targeted counseling, linkage to care, linkage to PrEP, health education, and literacy training.

Early Intervention Services may be provided in conjunction with syringe service programs (SSPs). SSPs have been associated with a reduced risk of infection with bloodborne pathogens such as HIV and viral hepatitis. In addition to improving access to sterile injection equipment, SSPs often provide other services important in supporting persons who inject drugs (PWID). SSPs offer risk reduction counseling and are an important venue for HIV, viral hepatitis, STD, and TB testing; hepatitis A and hepatitis B vaccination; linkage to care and treatment; the provision of naloxone; and referrals to substance use treatment. Funding may not be utilized to provide sterile needles, a restriction of the federal law.

EIS must incorporate the following key objectives:

1. Conduct targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services. Coordination of testing services with other HIV prevention and testing programs is essential to avoid duplication of efforts;
2. Provide referrals for people living with HIV (PLWH) to services that improve HIV care and treatment services at key points of entry;
3. Refer individuals who test positive to regional disease intervention specialists (DIS) to ensure appropriate prevention interventions are conducted, including partner services;
4. Enroll individuals who test HIV negative, but are considered “high-risk” into the Prevention Assistance Program Interventions (PAPI) database to access Pre-Exposure Prophylaxis (PrEP);
5. Enhance access and linkage for people considered to be at high-risk for HIV infection to PrEP/PEP/biomedical prevention providers;
6. Enhance access and linkage for PLWH to HIV care and treatment services such as: HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Treatment
7. Provide short-term health navigation for those with positive STI/HIV results:
 - a. Medical care coordination: health literacy services regarding HIV, HCV, STI, and TB transmission, symptoms, progression, and basic treatment; coordinating with pharmacists; helping individuals prepare for and remember medical appointments; reviewing information shared by medical providers; accompanying individuals to medical appointments upon request;
 - b. Benefits advocacy, including education about insurance access and options, assessment and coordination of access to health insurance;
 - c. Adherence support: adherence assessments; educating individuals about treatment regimens, dosing schedules, potential side effects and side effects management; medication reminders and reminder tools (e.g., pill boxes, calendars, cell phone apps);
 - d. Social services and housing coordination: coordinating transportation services to access relevant medical appointments, assistance accessing nutrition resources; providing housing referrals; coordinating referrals to volunteer

opportunities, job training, or employment programs; providing basic household budgeting assistance;

- e. Substance use risk assessment and risk reduction services (perform or refer): education related to substance use risk and harms, information about risk reduction options; coordination of access to bio-medical prevention and harm reduction tools and services including, but not limited to, overdose education and naloxone distribution services, syringe services; confirmed linkage to treatment/counseling, (e.g., first appointment for Medication Assisted Therapy, completion of detoxification, etc.);
- f. Sexual health risk assessment and risk reduction services: education related to sexual health risk and risk reduction options; education regarding risk reduction tools and how to access them if not provided directly; access to counseling regarding risk reduction strategies;
- g. Linkage to evidence-based biomedical prevention tools that emerge and that are endorsed by ODH during this grant period, e.g. novel vaccines, long-acting PrEP.

Outreach Services (OS) is described as: The provision of identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: identification of people who do not know their HIV status and/or linkage or re-engagement of PLWH who know their status into medical services. Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, radio announcements, etc.).

Outreach Services must incorporate the following key objectives:

1. Use data to target populations and places that have a high probability of reaching PLWH who; a. Have never been tested and are undiagnosed, b. Have been tested, diagnosed as HIV positive, but have not received their test results, or c. Have been tested, know their HIV positive status, but are not in medical care.
2. Conduct outreach at times and in places where there is a high probability that PLWH will be identified
3. Deliver in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.
4. Participate in the Ohio Community Planning Group, Combined Care and Prevention Meetings, and the Ohio Integrated Prevention/Care Plan Work Groups (as applicable).

Health Education/Risk Reduction (HERR) is described as: The provision of education to clients living with HIV about reducing the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Health education may include: Biomedical prevention strategies such as PrEP/PEP and treatment as prevention, health care coverage options, health literacy and treatment adherence.

Health Education/Risk Reduction must incorporate the following key objectives:

1. Provide education on risk reduction strategies to reduce transmission (e.g., PrEP for clients' partners and treatment as prevention)
2. Provide education on healthcare coverage options (Marketplace, Medicaid, Medicare)
3. Provide education about treatment adherence

Targeted Evaluation Projects: ODH expects all recipients to evaluate their work under this solicitation through targeted evaluation projects. The purpose of the targeted evaluation projects is to help applicants obtain new insights about their program activities and support program improvement. Applicants will determine the topic, methods, scale, scope, and duration of their targeted evaluation projects, based on their capacity and program needs, in consultation with ODH. The evaluation work could be formative, process, or outcome oriented; quality improvement projects also could meet this requirement. ODH expects all applicants to conduct evaluation throughout the duration of the award, with at least one targeted evaluation project active always, and at least two targeted evaluation projects implemented over the period of the project.

Applicants are required to provide a brief description of their first proposed targeted evaluation project (TEP) including:

- Topic, strategy, or intervention that the applicant intends to evaluate;
- Rationale for selecting that topic, strategy, or intervention;
- Key evaluation questions for the first targeted evaluation project (For example, evaluate the extent to which program activities improve the health status of groups disproportionately by HIV);
- Approximate duration and timeline for the first targeted evaluation project.

Note: The TEP components are to be included in the methodology narrative section of the application.

- 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 <http://fedgov.dnb.com/webform>. For information about System for Award Management (SAM) go to www.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 www.whitehouse.gov/omb/open.

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

G. Public Health Impact: Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).

H. 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** Monday, January 28, 2019.

A minimum of an original and the indicated number of copies of non-Internet attachments are required. If program requires more copies, then insert the appropriate number.

V. APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training Request Form
- C. 2019 HIV/Care Regional Map
- D. Workplan Guidance & Workplan Template

VI. PROGRAM ATTACHMENTS

- 1. Solicitation Checklist
- 2. Letters of Collaboration
- 3. Grant Application Review/Rating Form

Reimbursement
Type
Select one of the
options below:

- ☐ Monthly
OR
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Office of Health Improvement and Wellness
Bureau of Health Services

**Submission
Required by**

January 4, 2019

ODH Program Title: Epi-Aid Crisis Response Grant
ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

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

Type of Applicant Agency (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 have been trained in and currently have access to the ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed.

If no, at least two people from your agency are **REQUIRED** to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), Authorization Agreement for Direct Deposit of EFT Payments Form (EFT), (New Agency Only) Vendor Information Form. These forms are located on the Ohio Department of Administrative Services website at: <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>. You can also access these forms at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9), <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT) http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf
- Supplier Information Form http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY Friday, January 4, 2019

Mail, E-mail: Zach Reau, HIV Prevention Manager, 614-644-1852

Ohio Department of Health HIV Client Services

246 North High Street – 6th floor

Columbus, OH 43215

E-mail: zach.reau@odh.ohio.gov

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.



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. *Please note: GMIS Training is only required for New Agencies to ODH. If you are new to your agency someone there should train you. Refresher guides can be found on the ODH web site: <http://www.odh.ohio.gov/en/about/grants/grants.aspx> ODH Grants Page – "GMIS Training Resource" Section.* Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH. Also use this form when user changes are needed.

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:

Printed Name of Agency Head or Agency Financial Head

Signature of Agency Head or Agency Financial Head

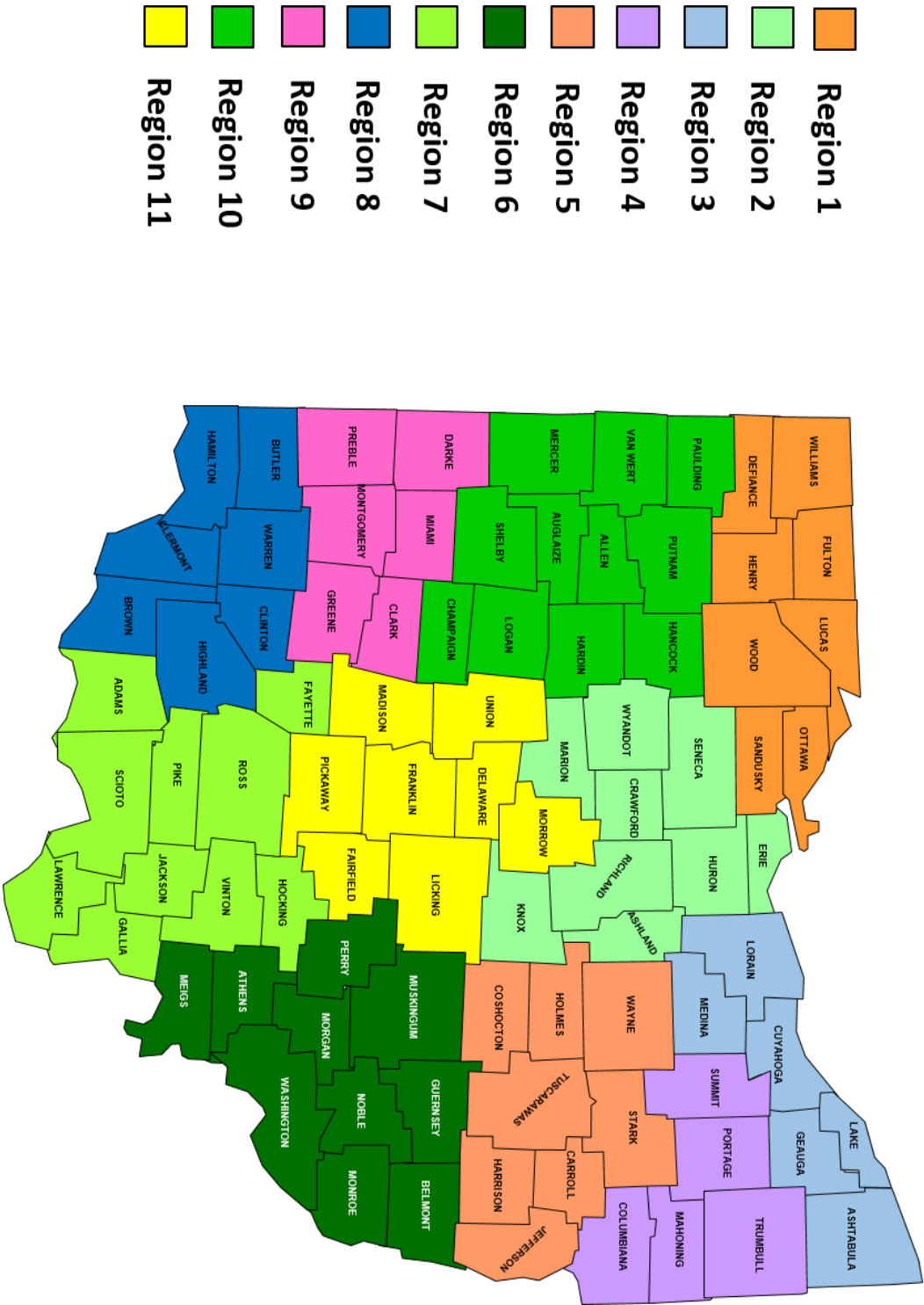
To be completed by Grants System Officer ONLY - Date Received: _____

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



Workplan Guidance

Instructions:

- Applicants must submit the workplan for Epi-Aid Response (EAR).
- All the required objectives noted in the solicitation must be represented in the table with at least one activity. (Provide up to 3 activities per required objective but avoid day-to-day operational details.)

Definitions:

- **Key Objective:** List the number of the required objective that each proposed activity/strategy relates to, using the numbered list at the top of each table. If it does not relate to a required objective, leave this blank.
- **Strategies or Activities:** These should be SMART (specific, measurable, achievable, relevant, and time-bound). Focus on the primary activities or strategies you need to accomplish each of the objectives and any recommended or other activities you propose.
- **Outputs & Outcomes:** what the activities will produce (reports, materials) or the difference they will make (results, impact).
- **Indicators:** List measures that your program will use to assess whether each activity was completed (process measures) or whether activities had the intended outcomes (outcome measures). When possible, these should reflect the indicators of the State Integrated Prevention/Care Plan.
- **Target Date:** Date by which you plan to meet your indicator or complete a key activity or strategy.

Relationship to the application narrative: Applicants should complete this and provide it as a separate attachment as part of their final application. The application narrative should refer to this work plan but should not repeat the information. They should be complementary.

2019 Epi-Aid Response (EAR) Workplan Template

The Epi-Aid Response Workplan will incorporate the following HRSA service categories: Early Intervention Services, Outreach Services and Health Education/Risk Reduction. To fully implement services between prevention and care, personnel funded on the grant will be expected to attend community planning meetings, combined care/prevention meetings and integrated plan workgroups.

Early Intervention Services (EIS) is described as: a combination of essential services (testing, outreach, and education) that are coordinated with the regional HIV prevention and Care programs. EIS includes the identification of individuals at points of entry (e.g., emergency rooms, syringe service programs, substance abuse & mental health treatment programs, sexually transmitted disease clinics, homeless shelters, counseling, testing and referral sites, or federally qualified health centers) and referrals to access the provision of services: HIV testing and targeted counseling, linkage to care, linkage to PrEP, health education, and literacy training.

EIS must incorporate the following key objectives:

1. Conduct targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services. Coordination of testing services with other HIV prevention and testing programs is essential to avoid duplication of efforts;
2. Provide referrals for people living with HIV (PLWH) to services that improve HIV care and treatment services at key points of entry;
3. Refer individuals who test positive to regional disease intervention specialists (DIS) to ensure appropriate prevention interventions are conducted, including partner services;
4. Enroll individuals who test HIV negative, but are considered “high-risk” into the Prevention Assistance Program Interventions (PAPI) database to access Pre-Exposure Prophylaxis (PrEP);
5. Enhance access and linkage for people considered to be at high-risk for HIV infection to PrEP/PEP/biomedical prevention providers;
6. Enhance access and linkage for PLWH to HIV care and treatment services such as: HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Treatment
7. Provide short-term health navigation for those with positive STI/HIV results:
 - a. Medical care coordination: health literacy services regarding HIV, HCV, STI, and TB transmission, symptoms, progression, and basic treatment; coordinating with pharmacists; helping individuals prepare for and remember medical appointments; reviewing information shared by medical providers; accompanying individuals to medical appointments upon request;
 - b. Benefits advocacy, including education about insurance access and options, assessment and coordination of access to health insurance;
 - c. Adherence support: adherence assessments; educating individuals about treatment regimens, dosing schedules, potential side effects and side effects management; medication reminders and reminder tools (e.g., pill boxes, calendars, cell phone apps);
 - d. Social services and housing coordination: coordinating transportation services to access relevant medical appointments, assistance accessing nutrition resources; providing housing referrals; coordinating referrals to volunteer opportunities, job training, or employment programs; providing basic household budgeting assistance;
 - e. Substance use risk assessment and risk reduction services (perform or refer): education related to substance use risk and harms, information about risk reduction options; coordination of access to bio-medical prevention and harm reduction tools and services

- including, but not limited to, overdose education and naloxone distribution services, syringe services; confirmed linkage to treatment/counseling, (e.g., first appointment for Medication Assisted Therapy, completion of detoxification, etc.);
- f. Sexual health risk assessment and risk reduction services: education related to sexual health risk and risk reduction options; education regarding risk reduction tools and how to access them if not provided directly; access to counseling regarding risk reduction strategies;
 - g. Linkage to evidence-based biomedical prevention tools that emerge and that are endorsed by ODH during this grant period, e.g. novel vaccines, long-acting PrEP.

Outreach Services (OS) is described as: The provision of identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: identification of people who do not know their HIV status and/or linkage or re-engagement of PLWH who know their status into medical services. Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, radio announcements, etc.).

Outreach Services must incorporate the following key objectives:

1. Use data to target populations and places that have a high probability of reaching PLWH who; a. Have never been tested and are undiagnosed, b. Have been tested, diagnosed as HIV positive, but have not received their test results, or c. Have been tested, know their HIV positive status, but are not in medical care.
2. Conduct outreach at times and in places where there is a high probability that PLWH will be identified
3. Deliver in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.
4. Participate in the Ohio Community Planning Group, Combined Care and Prevention Meetings, and the Ohio Integrated Prevention/Care Plan Work Groups (as applicable).

Health Education/Risk Reduction (HERR) is described as: The provision of education to clients living with HIV about reducing the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Health education may include: Biomedical prevention strategies such as PrEP/PEP and treatment as prevention, health care coverage options, health literacy and treatment adherence.

Health Education/Risk Reduction must incorporate the following key objectives:

1. Provide education on risk reduction strategies to reduce transmission (e.g., PrEP for clients' partners and treatment as prevention)
2. Provide education on healthcare coverage options (Marketplace, Medicaid, Medicare)
3. Provide education about treatment adherence

| Key Objective | Strategies or Activities | Outputs & Outcomes | Indicators | Target Date |
|---------------|--------------------------|--------------------|------------|-------------|
| EIS 1 | | | | |
| EIS 2 | | | | |
| EIS 3 | | | | |
| EIS 4 | | | | |
| EIS 5 | | | | |
| EIS 6 | | | | |
| EIS 7 | | | | |
| OS 1 | | | | |
| OS 2 | | | | |
| OS 3 | | | | |
| OS 4 | | | | |
| HERR 1 | | | | |
| HERR 2 | | | | |
| HERR 3 | | | | |

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Solicitation Checklist

Documents to be submitted ASAP:

- ☐ Notice of Intent to Apply for Funding
- ☐ GMIS Training Form, if applicable

Requirements of all applicants eligible to receive awards from ODH (submitted via GMIS):

- Program Narrative
 - ☐ Executive Summary
 - ☐ Description of Applicant Agency
 - ☐ Problem Need
 - ☐ Brief Methodology Narrative
 - ☐ Target Evaluation Project (TEP) Description
 - ☐ Human Trafficking Statement
- Attachments required by Program:
 - ☐ Work Plan
 - ☐ Letters of Collaboration (3)
 - ☐ Position Descriptions for Funded Personnel
- Attachments required to by Grants Services Unit:
 - ☐ Civil Rights Review Questionnaire- EEO survey
 - ☐ Assurances certification
 - ☐ Federal Funding Accountability and Transparency Act (FFATA) reporting form
 - ☐ Electronic Funds Transfer Form (EFT)
 - ☐ IRS W-9
 - ☐ Current Independent Audit (latest completed organizational fiscal period)

Required of applicants that are not public health departments

- ☐ Public Health Impact Statement
- ☐ Statement of Support from the Local Health District
- ☐ Proof of non-profit status
- ☐ Proof of current liability coverage

Letters of Collaboration

Submit three (3) letters documenting service coordination and the process for making/receiving referrals to/from key points of entry. Letters must demonstrate a referral relationship that exists between applicant agency and key points of entry in the counties/regions covered/shared by the entities. Letters of collaboration must be specific to this program and the current application year.

If the applicant agency is a key point of entry (e.g., applicant agency is a Federally Qualified Health Center, Hospital, etc.), and the agency obtains a letter of collaboration from their own agency, then agency must get an additional letter.

Key points of entry are defined in legislation as:

- Emergency rooms
- Substance abuse and mental health treatment programs
- Detoxification centers
- Detention facilities
- Clinics regarding sexually transmitted disease
- Homeless shelters
- HIV disease counseling and testing sites
- Health care points of entry specified by eligible areas
- Federally Qualified Health Centers
- Entities such as Ryan White Parts A, C and D grantees

Letters of collaboration with clinical care settings, local LGBTQ organizations, and organizations that focus on minority health and outreach are strongly encouraged.

**Epi-Aid Crisis Response
Grant Application Review/Rating Form
Program Period: April 1, 2019 – March 31, 2023
Budget Period: April 1, 2019 – March 31, 2020**

Agency: _____ Region: _____

Reviewer: _____ Total Score: _____

SCORE TABLE:

Use the following table as a guide in completing the review sheet.

| Point Value | Criterion Unmet | Criterion Partially Met | Criterion met |
|-------------|-----------------|-------------------------|---------------|
| 1 | 0 | ---- | 1 |
| 2 | 0 | 1 | 2 |
| 3 | 0 | 1,2 | 3 |
| 4 | 0, 1 | 2, 3 | 4 |
| 5 | 0, 1 | 2,3 | 4,5 |

Criterion Unmet – Does not answer the question nor address any of the required issues.

Criterion Partially Met - Attempts to answer the question but does not offer specific information. Answers the question and offers some concrete information.

Criterion Met - Offers substantive information; a complete answer in a clear manner. An exemplary answer, uses quantitative measure for example; is concise and to the point.

NOTE: The maximum point value is shown in each section. Please score each section using the score table as a guide. Your comments are important and provide clarification when necessary.

TOTAL MAXIMUM SCORE: 100 points

MINIMUM SCORE TO BE ELIGIBLE FOR FUNDING: 70 points

- ☐ Approval (funding) of proposal as submitted (no conditions)
- ☐ Approval (funding) of proposal with conditions (special conditions applied in GMIS)
- ☐ Disapproval of proposal

| COMPONENT OF PROPOSAL | Max points possible | SCORE | STRENGTHS / WEAKNESS |
|---|---------------------|-------|----------------------|
| PROJECT NARRATIVE | | | |
| 1. Executive Summary: <i>A one-page summary of the proposal-should include target population, services and programs to be offered and what agency(ies) will provide those services.</i> | 2 | | |
| <i>A description of the public health problems that the project will address.</i> | 2 | | |
| Total | 4 | | |
| 2. Description of Applicant Agency/ Documentation of Eligibility (5-15 pages): <i>Demonstrate the applicant agency's eligibility to apply.</i> | 2 | | |
| <i>Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.</i> | 2 | | |
| <i>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</i> | 2 | | |
| <i>Describe plans for hiring and training personnel to assure clients will receive culturally appropriate care.</i> | 2 | | |
| <i>Describe all personnel who will be directly involved in program activities.</i> | 2 | | |
| <i>Provide information about the hours of operation of your organization, including accommodations made for clients who cannot schedule appointments during "normal" business hours.</i> | 2 | | |
| <i>Note any personnel or equipment deficiencies that will need to be addressed to carry out this grant.</i> | 2 | | |
| <i>Describe the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program.</i> | 2 | | |
| Total | 16 | | |

| | | | |
|---|-----------|--|--|
| <p>3. Problem/Need (5-15 pages): Identify and describe the local (don't restate national and state data) health status concern of people living with HIV that will be addressed by the project. The specific health status concerns that the project intends to address may be stated in terms of health status (morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable to serve as baseline data upon which the evaluation will be based.</p> | 4 | | |
| Describe segments of the target population who experience a disproportionate burden for the health concern; or who are at an increased risk for the problem addressed by this funding opportunity. | 2 | | |
| Describe how the agency would engage the correctional facilities and clinical care sites to reach, test and link individuals who are at highest risk of HIV transmission. | 2 | | |
| Describe how the agency would engage, test, and link the most at-risk populations of gay and bisexual men. | 2 | | |
| Outline efforts to recruit, promote and support a culturally and linguistically diverse workforce that is reflective of the population in the service area. | 2 | | |
| Demonstrate the highest risk populations in the service region and devise strategies and describe services that will meet the needs of these populations. | 2 | | |
| Describe how services will be coordinated with other relevant service providers who provide key points of access to health and support services HIV/STD prevention and care, and how duplication of services will be avoided. | 2 | | |
| Describe how the program will address gaps in service. | 2 | | |
| Describe any changes in the service delivery system that have or will reduce barriers to care. Describe how the agency will collaborate with local HIV testing and counseling sites to minimize the gap between an HIV+ test and the initiation of HIV Care. | 2 | | |
| Describe how your organization coordinates with local syringe service programs for referrals and linkages to care. | 2 | | |
| Total | 22 | | |

| | | | |
|--|-----------------------|--|--|
| 4. Methodology <i>Narrative refers to the workplan but does not repeat the information.</i> | 4 | | |
| <i>All required objectives noted in the solicitation must be represented in the table with at least one activity.</i> | 4 | | |
| <i>Outputs/outcomes are provided for each required objective and correlates to the activity. Outcomes demonstrate desired impact and align with grant goals.</i> | 4 | | |
| <i>Strategies or activities are SMART (specific, measurable, achievable, relevant, and time-bound).</i> | 4 | | |
| Total | 16 | | |
| 5. Targeted Evaluation Project | 5 Points Total | | |
| Provide a brief description of their first proposed targeted evaluation project (TEP) including: <ul style="list-style-type: none"> • Topic, strategy, or intervention that the applicant intends to evaluate; • Rationale for selecting that topic, strategy, or intervention; • Key evaluation questions for the first targeted evaluation project. | 5 | | |
| Total | 5 | | |

| | | | |
|---|------------------------|--|--|
| 6. Budget | 16 Points Total | | |
| Budget Narrative <i>A detailed narrative budget justification which describes how the categorical costs are derived should be provided. This should discuss the necessity, reasonableness and ability to allocate the proposed costs.</i> | 4 | | |
| <i>Budget narrative matches the budget submitted in GMIS 2.0.</i> | 4 | | |
| <i>Specific roles of personnel, consultants and contractors are explained and justified.</i> | 4 | | |
| <i>Equipment, travel, supplies and training costs are explained and justified.</i> | 4 | | |
| Total | 16 | | |

| | | | |
|---|-------------------------|--|--|
| 1. Additional Solicitation Requirements | 8 Points Total | | |
| <i>Public Health Impact Statement includes Public Health Accreditation Board (PHAB) Standards that will be addressed by grant activities</i> | 2 | | Only applicable to community-based organizations, if a local health district score is N/A. |
| <i>Public Health Impact Statement of Support</i> | 2 | | Only applicable to community-based organizations, if a local health district score is N/A. |
| Human Trafficking --Victims of human trafficking are included in agency's target population, and agency promotes the expansion of services to identify and serve those affected by human trafficking. | 4 | | |
| Total | 8 | | |
| 2. Attachments | 7 Points total | | |
| <i>Position descriptions for all staff members who are funded under the grant.</i> | 4 | | |
| <i>Letters of collaboration</i> | 3 | | |
| Total | 7 | | |
| 9. Overall Quality | 6 Points Total | | |
| <i>Clarity / completeness</i> | 2 | | |
| <i>Adherence to all RFP guidelines</i> | 2 | | |
| <i>Formatting requirements met</i> <ul style="list-style-type: none"> • Properly labeled • 1.5 spacing with 1 inch margins • Budget and Project Narratives in portrait orientation on 8 ½ by 11 paper • All pages numbered • Project Narrative meets page limit requirement • 12-point font | 2 | | |
| Total | 6 | | |
| Total Score of Review | 100 Points Total | | |