



Department
of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Lance D. Himes, Interim Director

MEMORANDUM

Date: September 24, 2020

To: Subrecipient agencies

From: Sietske de Fijter *Self*
State Epidemiologist |
Chief, Bureau of Infectious Diseases |
Ohio Department of Health

Subject: Subrecipient | Quality Innovations in the Continuum of HIV Care QI21 (April 1, 2021 – March 31, 2022 |

The Ohio Department of Health (ODH), Bureau of Infectious Diseases announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., 11/30/2020. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website (<https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/qi-19-quality-innovations-in-the-continuum-of-hiv-care>). 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 Susan DiCocco, Ryan White Part B Data & Quality Improvement Supervisor at susan.dicocco@odh.ohio.gov |



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CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

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

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [04/01/2021 to 03/31/2022] of the total project period, [04/01/2019 to 3/31/2022]. Reference the competitive Solicitation for more information.

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

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- 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. Number of Grants and Funds Available: [Subgrant Quality Innovations in the Continuum of HIV Care supported by Ryan White Pharmaceutical Rebates funding. Up to 3 grants will be awarded for a total amount of \$602,400 to existing subgrantees.

Only the currently funded agencies listed below are qualified to apply for the QI continuation funding in 2021:

Agency	Total \$
Community AIDS Network	\$133,358
Caracole, Inc.	\$169,042
Equitas Health, Inc.	\$300,000
Total:	\$602,400

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

C. Formatting Requirements for Attachments

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

D. Qualified Applicants

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not 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, November 30, 2020.**

II. PROGRAM UPDATES:

A. Program Progress Report: 1) **Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** Quarterly data and narrative reports along with toolkits will be due during the grant period. Competitive RFP link on the cover page has report templates.

B. Program Narrative: Complete and submit a narrative statement (do not exceed 10 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding.

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. A workplan template has been included as Attachment 1.

D. Documentation & Progress on Health Disparity/Inequity Activities: Please provide

detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations must also use the *Place Matters Documentation Spreadsheet* to document where (i.e., addresses, census tracts, census block groups or zip codes) health equity activities occurred during the previous funding period. Please use the census tracks from most recent quarterly report.

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

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

For your convenience, a budget justification narrative example is available at GMIS/Bulletin Board/[Budget Justification Deliverable Example Effective March 13 2020.doc](#) (Scenario # 3). Posted Date is 03/13/2020.

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

- 2. 2021 Budget via GMIS:** Complete requested budget information as follows:

- Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 04/01/2021 to 03/31/2022.

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

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

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

- To advance political or religious points of view or for fund raising or lobbying;
- To disseminate factually incorrect or deceitful information;
- Consulting fees for salaried program personnel to perform activities related to grant objectives;
- Bad debts of any kind;
- Contributions to a contingency fund;
- Entertainment;
- Fines and penalties;
- Membership fees -- unless related to the program and approved by ODH;
- Interest or other financial payments (including but not limited to bank fees);
- Contributions made by program personnel;
- Costs to rent equipment or space owned by the funded agency;
- Inpatient services;
- 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. Client incentives that exceed \$60 per client per budget period or cash payments are prohibited.
- 17. Any expense not included as an allowable use of Part B funds for the provision of Part B eligible services, particularly the Outreach and Health Education/Risk Reduction Service Categories and activities not allowed under the legislation and defined in referenced Policy Notices.

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

F. Other Application Requirements:

Program Specific Attachments:

Subgrantee Program Reports must be completed and submitted via GMIS, as required by the subgrant program for the following attachments:

- 1. Attachment 1:** Innovations in HIV Care Program Revised Workplan
- 2. Attachment 2:** Program Procedures for Incentives
- 3. Attachment 3:** Program Assurances/Budget Methodology and HRSA RW Fiscal breakdown

a. Other Required Documentation:

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

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

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

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This

questionnaire is submitted automatically with each application via the Internet.

- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All 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.)

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

G. Human Trafficking:

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.

☐ ☒ Not Applicable to (Quality Innovations in Continuum of HIV Care Grant)

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

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

Reports shall be submitted as follows:

- a. **Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS** by the following dates. **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>April 1, 2021 to June 30, 2021</i>	<i>July 15, 2021</i>
<i>July 1, 2021 to September 30, 2021</i>	<i>October 15, 2021</i>
<i>October 1, 2021 to December 31, 2021</i>	<i>January 15, 2022</i>
<i>January 1, 2022 to March 1, 2022</i>	<i>March 1, 2022</i>
<i>April 1, 2021 to February 28, 2022</i>	

*For informational purposes only: Reports due on 7-15-21, 10-15-21 & 1-15-22 are quarterly data & narrative reports. Reports due 3-1-22 are annual data & narrative reports along with the final program best practices toolkit.

- b. **Subrecipient Expenditure Reports:** Subrecipient Monthly 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, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 2021</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – 31, 2021</i>	<i>August 10, 2021</i>
<i>August 1 – 31, 2021</i>	<i>September 10, 2021</i>
<i>September 1 – 30, 2021</i>	<i>October 10, 2021</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>

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>April 1 – June 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – September 30, 2021</i>	<i>October 10, 2021</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>

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

- c. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before May 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 ALL Subrecipient Program and Expenditure Reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

APPENDICES

- A.** Continuation Solicitation Reimbursement Type Form
- B.** B1 Deliverable – Objective Descriptions
- C.** Place Matters Documentation Template
- D.** Innovations in HIV Care Program Workplan Template
- E.** Program Procedures for Incentives
- F.** Program Assurances/Budget Methodology and HRSA RW Fiscal breakdown



Mike DeWine, Governor
Jon Husted, Lt. Governor

Lance D. Himes, Interim Director

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

Submission
Required

Ohio Department of Health
Bureau of Infectious Diseases

See due date below

ODH Program Title:
Quality Innovations in the Continuum of HIV Care

Reimbursement Type (check one) Monthly ☐ OR Quarterly ☐

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

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail
Address _____

Agency Head (Print Name)

Agency Head (Signature)

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

Due to ODH by 11-03-2020

Please email completed form to Karen Tinsley (karen.tinsley@odh.ohio.gov) and
susan.dicocco@odh.ohio.gov

Name of Subgrant Program: Quality Innovations in the HIV Continuum of Care

Budget Period: 4/1/21 – 3/31/22

of Deliverables: 8

Use Budget Justification Scenario#: 3

100% Deliverables

Community AIDS Network:

Deliverable – Objective 1: PLAN - Establish mHealth program framework

Deliverable – Objective 2: DO - Engage 148 participants in mHealth program and begin collecting data via mobile application

Deliverable – Objective 3: STUDY - Analyze and evaluate data for mHealth program effectiveness

Deliverable – Objective 4: ACT - Modify strategies/approaches to improve mHealth program effectiveness

Equitas Health:

Deliverable – Objective 1: PLAN - Use organizational assessment data to identify training needs, create curricula, and identify patients who need peer retention specialist services

Deliverable – Objective 2: DO - Implement organization change processes and peer navigation services to improve rates of viral load suppression of African American men who have sex with men

Deliverable – Objective 3: STUDY - Analyze efficacy of interventions

Deliverable – Objective 4: ACT - Integrate and maintain health literacy improvements

Caracole, Inc.:

Deliverable – Objective 5: PLAN - Engage 165 (124 new referrals, 41 currently in program) HIV+ individuals who have fallen out of care in a client level intervention, and continue to engage HIV+ and HIV- community members in a group level intervention

Deliverable – Objective 6: DO – Engage 75% of 165 (124) new and previously referred clients with Medical Care Coordinators and support services, and a minimum of 8 Champions Group members will demonstrate active and consistent engagement with the group

Deliverable – Objective 7: STUDY - Review cases for correlation between reaching VLS and the amount of time/intervention spent for 100% of clients who reach VLS, and review the Champions Group's self-identified goals and progress toward reaching these goals

Deliverable – Objective 8: ACT – Share information obtained about the correlation between VLS and time/interventions with agency clinical leadership and direct services staff with a focus on enhancing all client services, and share the results of the “check in activities” with CBPR consultants to identify untapped opportunities to advance the CBPR model beyond the funded period.

Form# OFA-011

Use Budget Justification Scenario #: 3

 X Deliverables Only

[illegible]

Place Matters Documentation Template

County: Your County **Budget Period:**

GMISID:	Agency Name:	Subgrant Program:
----------------	---------------------	--------------------------

[illegible]

Innovations in HIV Care Program Workplan

Entity Name: _____ GMIS # _____ Date: _____

The HRSA service category your intervention falls within: (select only one)

- ☐
- Outreach Services
- ☐
- Health Education/Risk Reduction

The category of the HIV care continuum your intervention targets: (select only one)

- ☐
- Linking to HIV Medical Care
- ☐
- Retention in HIV Medical Care
- ☐
- On Antiretroviral Therapy
- ☐
- Viral Suppression

The people living with HIV/AIDS who you will be working with: (select all that apply)

- ☐
- Black/African American MSM
- ☐
- Young Adults (
- 18-24 years of age*
-)
- ☐
- Transgender-Identified
-
- ☐
- Persons with a mental health/ Substance use diagnosis
- ☐
- Black/African American and Latino Women

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

- ☐
- Initial Program Workplan
- ☐
- Revised Program Workplan
- ☐
- Annual Progress Report (APR)

Projected Goal	<i>(Enter number of participants and percentage to be served for the entire grant period; include baseline data 12 and 24-month benchmarks.)</i>
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(Deliverables must match those listed in methodology section and be written as SMART format. There is a total of four deliverables per section. Submit work plan for each section for which you apply.)

***Measurable output is documentation that will be submitted to ODH to demonstrate that the objective was met, therefore, allowing payment.**

SMART Deliverable #1	PLAN:			
Objectives	Responsible Staff	Activity Start Date	Measurable outputs*	Accomplishments (complete for Annual Progress Report only)
SMART Deliverable #2	DO:			
Objectives	Responsible Staff	Activity Start Date	Measurable outputs*	Accomplishments (complete for Annual Progress Report only)

SMART Deliverable #3	STUDY:			
Objectives	Responsible Staff	Activity Start Date	Measurable outputs*	Accomplishments (complete for Annual Progress Report only)
SMART Deliverable #4	ACT:			
Objectives	Responsible Staff	Activity Start Date	Measurable outputs*	Accomplishments (complete for Annual Progress Report only)

➤ Add rows as needed for additional objectives within the deliverables

Program Procedures for Incentives

Entity Name: _____

GMIS Program Code: _____

Project Period: _____

Incentives to be provided:

Enablers to be provided:

Entity Name:_____

GMIS Program Code:_____

Project Period: _____

Method for Monitoring Use and Distribution:

Signatures:

Program Administrator

Date

Agency Administrator

Date

Appendix F

Program Assurance and Budget Methodology

As a recipient of these grant funds; we acknowledge and will comply with the following:

1. We will maintain time and activity records for each staff member on each deliverable (at minimum quarterly).
2. We will ensure administrative cost per deliverable will not exceed 10%.
3. We will develop and maintain a current, complete, and accurate asset inventory list of any equipment purchased with program funds along with a depreciation schedule for this equipment.
4. We will comply with all provider/sub grantee requirements in HRSA Ryan White monitoring standards:
 - (UNIVERSAL MONITORING STANDARDS (PARTS A & B) -
<https://hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf>
 - PART B PROGRAM MONITORING STANDARDS -
<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>
 - PART B FISCAL MONITORING STANDARDS -
<https://hab.hrsa.gov/sites/default/files/hab/Global/fiscalmonitoringpartb.pdf>
5. All subgrantees receiving funding for the Quality Innovations Grants we will agree to meet with ODH program staff within one month of the grant cycle;
 - Create a high-level overview of their innovation idea and process
 - Establish the subgrantee specific data fields in Appendix E Quarterly data report
 - Discuss the purpose of the QI track sheet (See Appendix K), explain the process for using this sheet and then complete.

Signatures:

Program Administrator

Date

Agency Administrator

Date

HRSA RW Fiscal Breakdown

Show the methodology and breakdown of deliverable costs for **each objective** listed on Attachment #3 B1 Deliverable - Objective Descriptions.

For this example; Let's say we want to engage HIV+ individuals who have fallen out of care.

Deliverable 2: Engage HIV+ individuals who have fallen out of care.

Objective 2A (Example): Receive referrals for community/agency who have fallen out of care

This activity will be completed by agency staff. Cost Estimate (staff hours in parenthesis) per referral:

- Staff will retrieve referral (.5 hours);
- Confirm referral information (1 hour)
- Document referral in database (.5 hours)
- Travel time to referral location (1 hour)
- Travel mileage reimbursement for staff per referral (average 40 miles round trip at 42 cents per mile equals \$16.80)

Total staff time and travel costs per referral is \$81 (3 hours staff time at \$20/hr. salary and \$21 travel costs)

For this example, let's assume you anticipate 100 referrals. Your cost would look like this:

Cost \$ 81 per referral up to \$ 8,100

Repeat this for each objective within each deliverable listed in your Budget Narrative