



MEMORANDUM

Date: Tuesday, October 29, 2019

To: Prospective Subrecipient Agencies

From: Shane Ford, Program Administrator, State Office of Rural Health
Bureau of Health Improvement and Wellness
Ohio Department of Health

Subject: Competitive Solicitation - Community Paramedicine Rural Pilot Program
2/1/2020 – 8/31/2022

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

All electronic applications and attachments are due by 4:00 p.m., Monday, December 16, 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 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.

A Bidders Information Call will be held Wednesday, November 6, 11:00 a.m. – 12:00 p.m. Conference line: 1-855-405-1648, Meeting ID: 54329#. The Notice of Intent to Apply for Funding is due Thursday, November 14, 2019. If you have questions, please contact Daniel Prokop at 614-728-0519 or e-mail at daniel.prokop@odh.ohio.gov, email is preferred.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

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BUREAU OF

Health Improvement and Wellness

Community Paramedicine Rural Pilot Program

SOLICITATION

FOR

FISCAL YEAR 2020

(02/01/2020 – 08/31/2020)

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

100% Deliverable Funding

Revised 02/11/2019

For grant starts 10/1/2019 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 11/14/2019 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. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

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

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

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

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

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

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

Budget Justification Certification language

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

B. Application Name: *Community Paramedicine Rural Pilot Program*

C. Purpose: *The purpose of the program is to promote rural community paramedicine programs in Ohio.*

D. Qualified Applicants: *All applicants must be a non-profit agency, they must either be a hospital in partnership with an EMS agency or an EMS agency in partnership with a hospital. The Community Paramedicine Program must be overseen by a Medical Director. Community paramedicine must be within the scope of practice of the EMT(s).*

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). Any hospital or EMS agency may apply.

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, December 16, 2019.**

E. Service Area: *The service area is required to be in rural Ohio. The following urban counties are not eligible: Clark, Clermont, Cuyahoga, Delaware, Franklin, Hamilton, Jefferson, Lake, Licking, Lucas, Medina, Montgomery, Portage, Summit, Trumbull, and Warren. As long as the service area does not include the previously listed counties, the applicant can choose how large or small of an area they serve.*

F. Number of Grants and Funds Available: *This is a HRSA funded EMS Supplemental Grant through the Medicare Rural Flexibility Grant Program. Up to 3 grants may be awarded for a total amount of \$225,000. Eligible agencies may apply for up to \$75,000 per year.*

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 at (Daniel Prokop, 246 N High St., Columbus, OH 43215) by **4:00 p.m. by Monday, December 16, 2019.** Applications and required attachments received after this deadline will not be considered for review.

Contact Daniel Prokop, 614-728-0519, Daniel.prokop@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill and/or the *Catalog of Federal Domestic Assistance (CFDA) Number* 93.241.

- I. Goals:** *The goals of ODH in releasing funds for the Community Paramedicine (CP) Rural Pilot Program is to identify sustainable models that other agencies/providers can use to start their own CP programs.*

- J. Program Period and Budget Period:** The program period will begin February 1, 2020 and end on August 31, 2022. The budget period for this application is February 1, 2020 through August 31, 2020.

- K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness. It will also address PHAB standard 7.2: Identify and implement strategies to improve access to health care services. The PHAB standards are available at the following website:

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

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

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

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

- Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards.

- Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- Standard 10.2: Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

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

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

3. Evidence of Health Equity Strategies

The ODH is committed to the elimination of health disparities and health inequities. All applicants are required to:

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

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

The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are the root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

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

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

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

- a. Victims of human trafficking are included in your agency's target population;
 1. At-risk population
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

Applicable Not Applicable to (Community Paramedicine Rural Pilot Program)

- O. 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.**
- P. 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 (Daniel Prokop, Daniel.prokop@odh.ohio.gov, 614-728-0519. |

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

- Q. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- R. 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, December, 16, 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.**

- S. 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.
- T. 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.
- U. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describe Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
 5. Estimates reasonable cost to the ODH, considering the anticipated results;
 6. Indicates that program personnel are well qualified by training and/or experience for their

- roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
 8. Is responsive to the special concerns and program priorities specified in the Solicitation;
 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
 10. Has demonstrated compliance to OGAPP;
 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
 12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation.

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.**

V. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture.

W. Ownership Copyright: Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

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

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, [Bureau of Health Improvement and Wellness], [Rural Health Program] and as a sub-award of a grant issued by [HRSA] under the [[Medicare Rural Hospital Flexibility]]grant, grant award number [3 U2WRH332980101], and CFDA number [93.241].”

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

Note: Failure to ensure the quality of reporting by submitting incomplete and/or late

program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

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

Program Reports Required No Program Reports Required

<i>Period</i>	<i>Report Due Date</i>
2/1/2020 - 4/30/2020	5/31/2020
5/1/2020 - 7/31/2020	8/31/2020

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

<i>Period</i>	<i>Report Due Date</i>
<i>February 1 – 29, 2020</i>	<i>March 10, 2020</i>
<i>March 1 – 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – 30, 2020</i>	<i>May 10, 2020</i>
<i>May 1 – 31, 2020</i>	<i>June 10, 2020</i>
<i>June 1 – 30, 2020</i>	<i>July 10, 2020</i>
<i>July 1 – 31, 2020</i>	<i>August 10, 2020</i>
<i>August 1 – 31, 2020</i>	<i>September 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>February 1 – February 29, 2020</i>	<i>March 10, 2020</i>
<i>March 1 – May 31, 2020</i>	<i>June 10, 2020</i>
<i>June 1 – August 21, 2020</i>	<i>September 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.

- 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 October 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.

Y. 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.

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

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees -- unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
16. *Direct patient care.*

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.

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

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

The GMIS application submission must consist of the following:

**Complete
& Submit
Via Internet**

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

- Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
 6. Assurances Certification
 7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
 8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
 9. Health Equity Module
 10. Public Health Impact Statement Summary (non-health department only)
 11. Statement of Support from the Local Health Districts (non-health department only)
 12. Statement of Support from the partnering organization (either EMS agency or hospital)
 13. Staffing Plan (Attachment 1)
 14. Work Plan (Attachment 2)
 15. Organizational Chart (Attachment 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:

<p>Complete Copy & E-mail or Mail to ODH</p>

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 Notice of Intent to Apply for Funding for is submitted to ODH.

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

A. Application Information: Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.

B. Budget: Prior to completion of the budget section, please review page 10 of the

Solicitation for unallowable costs.

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

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period February 1, 2020 to August 31, 2020.

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

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

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

D. Project Narrative:

- 1. Executive Summary:** The community paramedicine program must target a rural population. A partnership between the local EMS agency and the local rural hospital should be developed, if not already in place. It should provide necessary services to reduce hospital readmissions, Emergency Department (ED) visits and ambulance runs. The program should target health disparities in their local area. All reports, including demographics, quality, and financial metrics, will be made publicly available at the end of the grant.

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

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.

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. Delineate 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 for these staff.

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

Explicitly describe the demographic characteristics of 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. Examples may include Racial and ethnic minorities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents. It is important to recognize that these factors are not mutually exclusive and may overlap, influencing the health concerns of the community.

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

Methodology: The programs goals are to reduce hospital readmissions, ED visits and ambulance runs. Identify census geographies (census tracts or census block groups) where hospital readmissions, ED visits or ambulance runs are high to focus program activities. These three metrics should be included in your work plan along with other quality and financial measures. In narrative form, identify the program goals, **SMART** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. Identify health disparities and/or health inequities of the target population and describe how program activities are designed to address these issues. Identify social determinants with associated with poor health outcomes. Identify partnerships with local organizations or agencies that can help address the root causes of hospital readmissions, ED visits or ambulance runs. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

- E. **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

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

information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

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

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before December 16, 2019**.

III. APPENDICES

- A.** Notice of Intent to Apply for Funding
- B.** GMIS Training Form
- C.** C1 Deliverable – Objective Descriptions (if applicable)
C2 Deliverable – Objective Allocations (if applicable)
- D.** Application Review Form

Submission Required

See Due Date Below

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

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Bureau of Health Improvement and Wellness

ODH Program Title:

Community Paramedicine Rural Pilot Program

ALL INFORMATION REQUESTED MUST BE COMPLETED.

Reimbursement Type
Select one of the options below:

Monthly
OR
 Quarterly

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency (Check One)

County Agency Hospital Local Schools
 City Agency Higher Education Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name) _____ Agency Head (Signature) _____

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who 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) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website: <http://supplier.ohio.gov/>

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO daniel.prokop@odh.ohio.gov BY November 14, 2019.

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.

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

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *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: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. 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:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

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

Date Processed:

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

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

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

Name of Subgrant Program: Community Paramedicine Rural Pilot Program

Budget Period: 9/1/19-8/31/20

of Deliverables: 6

Use Budget Justification Scenario#:

X Deliverables Only

Deliverable – Objective 1: Work Plan

A revised work plan must be approved by the State Office of Rural Health. The work plan needs to include measurable SMART objectives, goals, the timeline of activities, and list the staff member responsible for each activity.

Deliverable – Objective 2: List of Metrics

Metrics that will be monitored over the course of the project need to be developed in tandem with the State Office of Rural Health and the other two CP sites. The metrics must include 30-day readmission, demographic characteristics of the population served, census tracts or census block groups where program activities/services are rendered rate, patients enrolled in the program, patients graduated from the program, and some quality & financial metrics.

Deliverable – Objective 3: Staffing Plan

All staff must be approved by the State Office of Rural Health. It must include a licensed paramedic and EMS Medical Director. The hospital's quality director should also be included.

Deliverable – Objective 4: CP Model Breakdown

The applicant must submit a detailed proposal of the model that they plan to implement. This model must be approved by the State Office of Rural Health and will be publicly posted at the end of the grant. This will allow other entities to implement a similar model. The model will breakdown in detail the targeted population, census geographies where program activities take place, potential costs, revenue streams, proposed interventions, and quality metrics.

Deliverable – Objective 5: 1st Quarterly Report

The quarterly report must include a summary of all activities conducted in the previous quarter. This report will also include all the metric data evaluating the program. Some of the metrics may not be applicable for the first report. The report will be due within 30 days of the end of the quarter. Quarter 1 is expected to be 2/1/20-4/30/20. The report will be due 5/31/20.

Deliverable – Objective 6: 2nd Quarterly Report

The quarterly report must include a summary of all activities conducted in the previous quarter. This report will also include all the metric data evaluating the program. Quarter 1 is expected to be 5/1/20-7/31/20. The report will be due 8/31/20.

Appendix C2

Form# OFA-012

Name of Subgrant Program: Community Paramedicine (CP) Rural Pilot Program

Budget Period: 2/1/20-8/31/20

of Deliverables: 6

Use Budget Justification Scenario #:

Base Only

Base and Deliverables

Deliverables Only

	Base	Deliverable - Objective 1 (Work Plan)	Deliverable - Objective 2 (List of Metrics)	Deliverable - Objective 3 (Staffing Plan)	Deliverable - Objective 4 (CP Model Breakdown)	Deliverable - Objective 5 (1st Quarterly Report)	Deliverable - Objective 6 (2nd Quarterly Report)	Total
Applicant 1	N/A	\$ 9,375.00	\$ 9,375.00	\$ 9,375.00	\$ 9,375.00	\$ 18,750.00	\$ 18,750.00	\$ 75,000.00
Applicant 2	N/A	\$ 9,375.00	\$ 9,375.00	\$ 9,375.00	\$ 9,375.00	\$ 18,750.00	\$ 18,750.00	\$ 75,000.00
Applicant 3	N/A	\$ 9,375.00	\$ 9,375.00	\$ 9,375.00	\$ 9,375.00	\$ 18,750.00	\$ 18,750.00	\$ 75,000.00
Total	\$ -	\$ 28,125.00	\$ 28,125.00	\$ 28,125.00	\$ 28,125.00	\$ 56,250.00	\$ 56,250.00	\$ 225,000.00

Reviewer Name: _____

Date: _____

**Community Paramedicine (CP) Rural Pilot Program
Reviewer Rating Form**

Applicant: _____ Total Requested Budget \$ _____

County(ies) to be Served: _____

Scoring Instructions

Does Not Meet	Weak	Weak to Meets	Meets	Meets to Strong	Strong
0	1	2	3	4	5

DOES NOT MEET (0): Response does not comply substantially with requirements or is not provided

WEAK (1): Response was poor related to meeting the objectives

WEAK TO MEETS (2): Response indicates the objectives will not be completely met or at a level that will be below average

MEETS (3): Response generally meets the objectives (or expectations)

MEETS TO STRONG (4): Response indicates the objectives will be exceeded

STRONG (5): Response significantly exceeds objectives or expectations

***Note: Certain subcategories cannot exceed a maximum of 3 points.**

Section	Maximum Pts	Score
Executive Summary	10	
Description of Applicant Agency	24	
Problem/Need	15	
Methodology	28	
Work Plan	21	
Budget	15	
Required Attachments	11	
Total Points	124	

General Comments on this Application: _____

Approval of Application as Submitted _____

Approval of Application with Special Conditions: (Please List) _____

Disapproval of Application: (Statement of Rationale) _____

Category	Max	Score	Comments: Strengths, Weaknesses
<i>Executive Summary</i>			
The identified target population must plan to serve a rural community in Ohio	5		
Provided a one-page summary of the CP program, including a brief overview of the impact objectives and a description of how activities will be evaluated	5		
Executive Summary Total	10		
<i>Description of Applicant Agency/ Documentation of Eligibility/Personnel</i>			
Adequately summarized the agency's structure as related to this program and how the agency will manage the program	5		
Described capacity to communicate in a manner easily understood by diverse audiences	5		
Noted personnel and/or equipment deficiencies	3		
Described plans for hiring and training	3		
Delineated all personnel who will be involved in the program activities	5		
A critical access hospital is either partnering with the EMS agency or applying directly	3		
Description of Applicant Agency Total	24		
<i>Problem/Need</i>			
Identified and clearly described need addressed with this program	5		
Clearly described segments of the target population who have disproportionate burden of health concern	5		

Clearly described how program activities will address health disparities	5		
Problem/Need Total	15		
<i>Methodology</i>			
Described the partnership between the hospital and the local EMS agency	5		
The hospital involved is a critical access hospital	3		
Described the interventions/activities the CP program will implement	5		
Described other agencies or organizations in your county or priority communities who also address the same risk factors and how the CP program will collaborate and not duplicate this work	5		
Described the agency's experience with program assessment and evaluation, and how this will be applied to CP programs goals and objectives	5		
Provided a brief summary of the current efforts and progress made in the past 3 years related to successful implementation of population health strategies, including outcomes and successes	5		
Methodology Total	25		
<i>Work Plan (Attachment 2)</i>			
Objectives, goals, activities, staffing, and outcomes are all clearly defined	3		
Presents a clear timeline for year one and identifies activities for years two and three	5		

Work Plan includes required long term objectives, required impact objectives and related strategies	5		
Includes appropriate process measures for chosen program areas with clear, time-bound targets that can be used to monitor project execution	5		
Adequately addresses what staff will be responsible for which activities	3		
Work Plan Total	21		
<i>Budget</i>			
Does not exceed the maximum award	3		
Personnel, Other Direct costs, Equipment, and Contracts are identified and appropriate to program scope of work	3		
Adequately explains and justifies equipment, travel, supplies, and training costs	3		
Budget does NOT include any direct patient care	3		
Budget is reasonable and adequate to meet the goals and objectives of the project	3		
Budget Total	15		
<i>Required Attachments</i>			
Staffing Plan (Attachment 1)	3		
Organizational Chart (Attachment 3)	3		
Letters of Support	5		
Required Attachment Total	11		