



## MEMORANDUM

Date: July 1, 2020

To: Prospective Sexual Assault Services Program Applicants

From: Jolene Defiore-Hyrmer, Chief *Jolene Defiore-Hyrmer*  
Bureau of Health Improvement and Wellness  
Ohio Department of Health

Subject: Sexual Assault Services Program – SA21  
January 1 – December 31, 2021

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness announces the availability of grant funds to provide up to eight programs through the Sexual Assault Services Program. Funds will be available to provide direct services for survivors of sexual assault.

To obtain a grant application packet:

1. Go to the ODH website at <http://www.odh.ohio.gov/>
2. From the home page, go to “About Us”;
3. Then go to “Funding Opportunities”;
4. Next go to “ODH Grants”
5. Next go to “Grant Solicitations”
6. Select the Sexual Assault Services Program RFP; you will then be given the opportunity to download the document.

In the application packet you will find:

1. Request for Proposals (RFP) – This document outlines detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant.
2. *Notice of Intent to Apply for Funding (NOIAF)* form – The purpose of this document is to ascertain your intent to apply for available grant funds. Please note: The NOIAF must be submitted no later than **Tuesday, July 14, 2020**, which is the date to be eligible for these funds. NOIAF’s not received by the due date will not be accepted.

When you have accessed the application packet:

1. Review the RFP to determine your organization's ability to meet the requirements of the grant and your intent to apply.
2. If after reviewing the RFP you wish to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Fax or e-mail it to ODH, per the listed instructions and by the indicated due date of **Tuesday, July 14, 2020**. The *Notice of Intent to Apply for Funding* form is mandatory, if you intend to apply for the grant.

Upon receipt of your completed *Notice of Intent to Apply for Funding* form, ODH will:

1. Create a grant application project number for your organization. This project number will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet using GMIS 2.0.
2. ODH will assess your organization's GMIS 2.0 training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you regarding those needs. GMIS 2.0 training is mandatory if your organization has never been trained on GMIS 2.0.

Once ODH receives your completed *Notice of Intent to Apply for Funding* form, ODH creates the project number for your organization and finalizes all GMIS 2.0 training requirements, you may then proceed with the application process as outlined in the RFP.

All potential applicants are encouraged to participate in a Bidders Conference that will be held via webinar on Monday, July 13 from 9:30 am – 11:00 am. Information to access the call will be sent to anyone who has submitted an NOAIF. The Bidders Conference will provide an opportunity for interested parties to learn more about the RFP and to ask clarifying questions. Please contact Corina Klies by email at Corina.Klies@odh.ohio.gov to register.

All applications and attachments are due **by 4 pm on Friday, August 10, 2020**. Electronic applications received after Monday, August 10, 2020 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using GMIS 2.0. All organizations are required to attend GMIS 2.0 training. **If your organization has not been trained, complete and return the GMIS 2.0 training request form by Tuesday, July 14, 2020.**

If you have questions regarding this application, please contact Corina Klies by email at Corina.Klies@odh.ohio.gov



**ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET**

# **OHIO DEPARTMENT OF HEALTH**

## **BUREAU OF**

*Health Improvement and Wellness*

*Sexual Assault Services Program – SA21*

**SOLICITATION**

**FOR**

**FISCAL YEAR 2021**

**(01/01/21 – 12/31/21)**

**Local Public Applicant Agencies**

**Non-Profit Applicants**

**COMPETITIVE GRANT APPLICATION INFORMATION**

**100% Deliverable Funding**

Revised 12/02/2019  
For grant starts 10/1/2019 and thereafter

*Table of Contents*

**I. APPLICATION SUMMARY and GUIDANCE**

A. Policy and Procedure .....	2
B. Application Name .....	3
C. Purpose.....	3
D. Qualified Applicants .....	4
E. Service Area.....	5
F. Number of Grants and Funds Available .....	5
G. Due Date .....	5
H. Authorization .....	5
I. Goals .....	6
J. Program Period and Budget Period.....	6
K. Public Health Accreditation Board Standards... ..	6
L. Public Health Impact Statement.....	6
M. GMIS Health Equity Module.....	8
N. Human Trafficking.....	8
O. Appropriation Contingency .....	8
P. Programmatic, Technical Assistance and Authorization for Internet Submission ....	8
Q. Acknowledgment .....	8
R. Late Applications .....	8
S. Successful Applicants .....	9
T. Unsuccessful Applicants .....	9
U. Review Criteria .....	9
V. Freedom of Information Act .....	9
W. Ownership Copyright.....	10
X. Reporting Requirements .....	10
Y. Special Condition(s).....	11
Z. Unallowable Costs .....	12
AA1 Audit .....	12
AA2 Client Enablers .....	13
AB. Submission of Application.....	13

**II. APPLICATION REQUIREMENTS AND FORMAT**

A. Application Information.....	15
B. Budget.....	15
C. Assurances Certification .....	15
D. Project Narrative .....	16
E. Civil Rights Review Questionnaire – EEO Survey .....	22
F. Federal Funding Accountability and Transparency Act (FFATA) Requirement ....	22
G. Attachment(s).....	22

**III. APPENDICES**

A. Notice of Intent to Apply for Funding	
B. GMIS Access Request Form	
C1.Deliverable – Objective Descriptions	
C2.Deliverable – Objective Allocations	
D. Application Review Form ( <i>required</i> )	
E. Other Program Documents	
1. Program Cover Page E-1	
2. GUIDANCE DOCUMENT - Work Plan: Objectives and expected reporting documentation E-2	
3. GUIDANCE DOCUMENT - Work Plan – Excel instructions E-3	
4. GUIDANCE DOCUMENT - Work Plan - Objectives Definitions E-4	
5. Outreach Plan Template – E-5	
6. Excel Work Plan E-6	

## **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, Tuesday, July 14, 2020 so access to the application via the Internet website “ODH Application Gateway” can be established.

**NEW AGENCIES ONLY or if UPDATES are needed:** For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

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

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

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

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

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

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

## **Budget Justification Certification language**

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

### **B. Application Name:** *Sexual Assault Services Program* |

**C. Purpose:** | The Sexual Assault Services Program (SASP) was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005), 42 U.S.C. §14043g, and is the first federal funding stream solely dedicated to the provision of direct intervention and related assistance for victims of sexual assault. Overall, the purpose of SASP is to provide intervention, advocacy, accompaniment (e.g., accompanying victims to court, medical facilities, police departments, etc.), support services, and related assistance for adult, youth, and child victims of sexual assault, family and household members of victims, and those collaterally affected by the sexual assault. Funds provided through the SASP Formula Grant Program are designed to supplement other funding sources directed at addressing sexual assault on the state level.

Survivors of sexual assault from culturally specific communities confront unique and additional challenges, such as linguistic and cultural barriers, when seeking assistance. In order to provide the most appropriate services to such victims, these grants are available to support outreach and services specific to survivors of sexual assault from one or more of the following racial and ethnic communities: Asian American and/or Asian, African American and/or African/Black, and/or Latinx/Hispanic/Spanish Speaking.

SASP funds shall be used to provide grants to rape crisis centers and other non-profit, non-governmental organizations, including faith-based and other community organizations, including Tribal non-profit organizations, for programs and activities that provide direct intervention and related assistance. Intervention and related assistance may include:

- 24-hour hotline services providing crisis intervention services and referral;
- Accompaniment and advocacy through medical, criminal justice, and social support systems, including medical facilities, police and court proceedings;
- Crisis intervention, short-term individual and group support services, and comprehensive service coordination and supervision to assist sexual assault victims and family or household members;
- Information and referral to assist the sexual assault victim and family or household

members;

- Community-based, linguistically and culturally specific services and support mechanisms including outreach activities for underserved communities; and
- The development and distribution of materials on issues related to the services described in the previous bullets

**D. *Qualified Applicants:*** All applicants must be a local public or non-profit agency, either themselves a culturally specific community organization (CSCO) or submitting in partnership with one or more culturally specific community organizations (CSCO). The applicant or their partnership organizations must be agencies for which the primary purpose of the organization as a whole is to provide culturally specific services to one or more of the following racial and ethnic communities: Asian Americans and/or Asian, and/or African American and/or African/Black, and/or LatinX/Hispanics/Spanish-speaking.<sup>1</sup>

If the lead agency is not a CSCO, the applicant/lead agency must show a history of collaboration with the partner CSCO(s). Please note: You must have an established relationship with a community partner CSCO, represented through an attached letter of commitment from that community partner. Applications that indicate CSCO partnerships are To Be Determined (TBD) will not be considered for review.

Additionally, all applicants must either have experience in the area of sexual assault crisis intervention as an agency, or also partner with an organization having such experience.

To meet the criteria to be identified as a CSCO, whether as the lead agency or as a partner agency, agencies/partners must meet the following requirements:

- Have a board and staffing which is reflective of the culturally specific community to be served by the project. NOTE: For the review process, the identified CSCO must demonstrate that members of the board and staff include members with knowledge or experience relevant to the identified community. If federal funds are used for filling any of these positions, organizations may consider an applicant's knowledge or experience relevant to the identified community, as well as language skills needed to work with a particular population, but organizations may not consider a person's race and/or ethnicity as a basis for hiring decisions.
- Have the expertise in the development of community-based, linguistically and culturally specific outreach and intervention services relevant for the specific communities to which assistance would be provided or have the capacity to link to existing services in the community tailored to the needs of culturally specific populations. As defined in the Violence Against Women Act, 42 U.S.C. §13925(a)(7), "culturally specific services" means "community-based services that include culturally relevant and linguistically specific services and resources to culturally specific communities."

---

<sup>1</sup>The Violence Against Women Reauthorization Act of 2013 defines "culturally specific" as "primarily directed toward racial and ethnic minority groups (as defined in section 1707 (g) of the Public Health Service Act (42 U.S.C. 13925(a)(6)). Section 300u-6(g)(1) defines the term "racial and ethnic minority group" to mean "American Indians (including Alaska Natives, Eskimo, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders, Blacks; and Hispanics." Based on census data in Ohio these groups were further narrowed to the three groups most represented in the Ohio population.

Note: A culturally specific program which is one division within a larger organization with other focuses (for example, a division within a health department that focuses on LatinX/Spanish-speaking/Hispanic victims) cannot count as a CSCO organization; however such a program can be an additional component in an application along with one or more CSCO(s)

*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, August 10, 2020**

**E. Service Area:** There is no defined service area requirement for this application. The service area should be defined in the application, specifying the geographic area to be served and the approximate number of members of the specific communities to be served living within that area. The potential size and diversity of the population to be reached will be a consideration in prioritizing approved applications for funding

**F. Number of Grants and Funds Available:** *Approximately \$550,000 federal funds are available for funding. Funding maximum is capped at \$100,000, or \$150,000 if two distinct communities are to be served. Selection will be based on recommendations of the review panel, quality of each applicant, justification for the funding request and adherence to the goals and objectives outlined in this Solicitation. If you believe your project will not be successful without a higher cap.*

Projects to reach two completely distinct population (for example, you are creating a workplan for the LatinX and the African American populations) may request up to \$150,000. Please note that in this case, all requirements requested must be fully provided for each population, so that either proposal could stand on its own. You will need to be explicit in the project narrative about the problem/need for both communities, provide statistical data to support your plan, and offer parallel services to each community

*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 **(by 4:00 p.m. by Monday, August 10, 2020)**. Applications and required attachments received after this deadline will not be considered for review.

Contact [Corina Klies at 614-466-0230 or corina.klies@odh.ohio.gov](mailto:corina.klies@odh.ohio.gov) with any questions.

**H. Authorization:** Authorization of funds for this purpose is contained in the *Catalog of Federal Domestic Assistance (CFDA) Number 16.017*



- I. **Goals:** To expand culturally specific intervention and related assistance for victims of sexual assault in Ohio.
- J. **Program Period and Budget Period:** The program period will begin January 1, 2021 and end on December 31, 2022. The budget period for this application is January 1, 2021 through December 31, 2021.
- K. **Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. (An example is: 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.) The PHAB standards are available at the following website:

[http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](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.

XX Applicable to Sexual Assault Services Program - SA)

**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:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact (Corina Klies at 614-466-0230 or Corina.Klies@odh.ohio.gov)

**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, August 10, 2020 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, 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. See Application Review Form (Appendix D).

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, Sexual Assault and Domestic Violence Prevention Program and as a sub-award of a grant issued by the United States Department of Justice under the under the [Sexual Assault Services Program Formula grant, grant award number [Check with ODH for award number], and CFDA number 16.017].”

**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, *And should include at least one success story highlighting a service provided through these funds by December 31, 2021.* 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.

**XX** Program Reports Required       No Program Reports Required

<i>Period</i>	<i>Report Due Date - Quarterly</i>
January 1, 2021 to March 31, 2021	April 15, 2021
April 1, 2021 to June 30, 2021	July 15, 2021
July 1, 2021 to September 30, 2021	October 15, 2021
October 1, 2021 to December 31, 2021	January 15, 2022

- 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>January 1 – 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 28 or 29, 2021</i>	<i>March 10, 2021</i>
<i>March 1 – 31, 2021</i>	<i>April 10, 2021</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>

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>January 1 – March 31, 2021</i>	<i>April 10, 2021</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>

*Note: Obligations not reported on the final monthly or 4<sup>th</sup> 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 *(February 5, 2022)*. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

- 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. 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. Sexual Assault Forensic Examiner projects;
24. Activities focused on prevention efforts (e.g., bystander intervention, social norm campaigns, presentations on healthy relationships, etc.);
25. Promotional Items
26. Criminal justice-related projects, including law enforcement, prosecution, courts and forensic interviews; and
27. Providing domestic violence services that do not relate to sexual violence.

**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.1 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:**

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

**AA.2** Client Enablers are *an allowable cost*. The following client enablers are allowed: bus tokens, pre-paid gas cards, taxi vouchers; under specific circumstances some limited housing and health care costs may be allowable. Agency specific policies must be in place prior to the use of funds for client enablers.

## **AB. Submission of Application**

### **Formatting Requirements:**

1. Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
2. Each section should use 1.5 spacing with one-inch margins.
3. Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
4. Number all pages (print on one side only).
5. Program Narrative should not exceed 30 pages (**excludes** appendices, attachments, budget and budget narrative).
6. Use a 12-point font.
7. 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. Attachments as required by Program ||
  - a. Project Narrative – includes Executive Summary, Description of agency, Problem/Need, Methodology, and Cultural Competency Plan
  - b. Table of Organization
  - c. Position Descriptions
  - d. Resumes
  - e. Letters of Support
  - f. Confidentiality Policy
  - g. Previously funded projects should include current Memorandums of Understanding between the agency and its outreach partners
  - h. Proposed Outreach Plan that outlines outreach activities over the course of the project budget period with a listing of outreach partners – Please use template provided.

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, 4<sup>th</sup> Floor  
35 E. Chestnut Street  
Columbus, Ohio 43215**

**II. APPLICATION REQUIREMENTS AND FORMAT**

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

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 12 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 (January 1, 2021) to (December 31, 2021).

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

- 3. Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*
- C. Assurances Certification:** Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

**D. Project Narrative:**

- 1. Executive Summary:** Identify the lead agency. Where the lead agency is a CSCO, identify the source for sexual assault crisis intervention expertise. Where the lead agency is a rape crisis center, identify the CSCO partner or partners you will be working with. Identify who the program will be serving, and what agency or agencies will provide those services. Discuss the demographics of the area to be served and how this project will address health disparities and health inequities. This includes a description of how program efforts will address the disproportionate impact of sexual assault and intimate partner violence on survivors who are impoverished and/or survivors from racial and ethnic minority communities. Describe the project goals and where the activities will be held. Describe communication collaborations to support this project. State total funds requested and summarize how those funds will be used
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

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

Describe how you will ensure that all activities will be held in locations that are accessible to community members and physically accessible to people with disabilities.

Sexual Assault Service Provision Expertise

Applicants must document either

1. The applicant agency provides rape crisis services which meet the criteria found in the [Core Standards for Rape Crisis Programs in Ohio](#)

OR

2. The applicant agency has established a partnership with a sexual assault victim services organization which provides such services. A letter of commitment from the partner agency is included with this application.

In either case, the rape crisis services must meet the criteria found in the Core Standards for Rape Crisis Programs in Ohio.

Applicants must also include plans for collaboration with local and state coalitions such as the Ohio Alliance to End Sexual Violence (OAESV) and local sexual assault response team partners. (Such collaboration is expected even if the applicant agency also has expertise in the provision of sexual assault crisis intervention services).

Culturally Specific Community Organization Participation

Applicants must document either:

1. Applicant is an agency with experience in providing culturally specific services to one or more of the following racial and ethnic communities: Asian Americans and/or Asian, and/or African American and/or African/Black, and/or Latinx/Hispanic/Spanish Speaking.

Include information about development of community-based, linguistically and culturally specific outreach and intervention services relevant for the specific communities to which assistance would be provided or have the capacity to link to existing services in the community tailored to the needs of the identified culturally specific population. Provide confirmation that the board and staffing is reflective of the culturally specific community to be served by the project.

OR

2. Applicant Agencies that are not Culturally Specific Community Organization (CSCO) must have an established partnership with a CSCO. A letter of commitment from the partner agency is included with this application. Include detailed information about the culturally specific qualifications of the partner agency. Include all work to be completed by partners in the narrative. Describe previous collaborations between the participating organizations.

For all applicants:

Describe your agency's history in providing services to the culturally specific community to be served by the project, and previous collaboration with the partner CSCO(s) and/or rape crisis center, and other organizations that work with that community.

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.

**Include as separate attachments in the GMIS Section "Project Narrative:**

- **Table of organization** showing project staff; (Title attachment "Table of Organization)
- **Position descriptions** for all staff affiliated with the grant including qualification standards; (Title attachment "Position Descriptions")
- **Resumes** for all staff positions that are affiliated with the grant; (Title attachment "Resumes")
  1. Resumes should be up to date. If the staff person is currently employed by your agency, be sure that the resume reflects that employment. REMOVE PERSONAL INFORMATION SUCH AS HOME ADDRESS, HOME PHONE, AND IDENTIFICATION NUMBER FROM RESUME.
  2. Education, skills and experiences should match those required in the job description. If education, skills and experiences don't meet this expectation, a training plan **must** be included, and training must be completed prior to providing direct service. Job descriptions for crisis intervention staff to be paid by these funds must include a requirement of paid or volunteer experience or training in the field of sexual assault services.
- **Letters of Commitment/Support** (Title attachment "Letters of Support")

Letters of commitment from partner organizations should be on agency letterhead,

signed by the agency director, confirming the partnership. Be as specific as possible about how the agencies will work together.

- If the lead agency is not a rape crisis center, submit a letter of commitment from a rape crisis center if one exists in your area. If there is no local rape crisis center, include a letter from another agency with expertise in working with survivors of sexual assault who will support your application and provide support for program development (such as the Ohio Alliance to End Sexual Violence or a rape crisis center not in your service area.)
- If the lead agency is not a culturally specific community organization, submit a letter of commitment from one or more CSCO serving the community to be reached, confirming that they will be a partner for this programming.
- In addition to the letters of commitment, include at least three current letters of support and collaboration from local agencies in the communities to be served, showing support of this project in their community. For each specific population to be served include a minimum of three letters; more are preferred.

**Confidentiality Policy** (Title attachment “confidentiality policy”)

Provide a description of the agency's confidentiality policy that addresses the following. Either summarize the policy, or if it is two pages or less, include the actual policy.

- All services are provided in a confidential manner;
  - No information regarding a client may be disclosed without an individual's consent, except as required by law;
  - No information regarding a patient's case is released to the media;
  - All agency staff/student interns/volunteers are given confidentiality training and sign a confidentiality statement;
  - Precaution is taken to ensure and maintain confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones, cell phones, telephone answering machines and other electronic or computer technology; and
  - Clients records will be maintained in accordance with accepted medical standards
- Approved sub-grants will be required to sign an additional affidavit of ability to maintain confidentiality of the information in compliance with federal requirements.

**Quality Assurance (QA)** should include professional and community input and consumer participation.

- Quarterly QA should include a committee of three or more persons who:
  - a) Review any unusual incidences for patterns and trends (including denial of services and complaints);
  - b) Review cultural and linguistic competency of services and agency;
  - c) Review agency records (e.g., client records, confidentiality, evaluation forms);
  - d) Evaluate the project's performance in meeting goals and objectives of the project.
  - e) Review of compliance with the Ohio Core Rape Crisis Standards issued by

## OAESV

- Annual QA should include:
  - a) Review of agency's policies and procedures;
  - b) A scheduled review of materials (e.g., brochures, handouts and posters);
  - c) Employee, student interns and volunteer annual performance review
  - d) Review of compliance with Ohio Core Rape Crisis Standards issued by OAESV

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

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

Provide information about the demographics of the culturally specific population to be reached within the planned service area utilizing the most current data available, including anticipated numbers to be reached and any available additional information about sexual assault victimization within that service area. Applications with the potential to reach the largest number of survivors of sexual assault will be a consideration for prioritization in final funding decisions of approved applications

Include a description of other agencies/organizations, in your area, also addressing this problem/need. Describe how the funded agency will work with others serving the same population. Describe existing agency networking, coordination, and collaboration within the proposed community. Demonstrates the ability to reach the population to be served through establishing partnerships with other service providers to reach the same audience. Discuss on-going assessment to identify awareness of sexual assault services and areas of unmet need.

Specify how selected activities will address the needs of groups who are disproportionately impacted by sexual assault. Refer to OAESV's SASP recommendations and standards update as appropriate. For example, "Best Practices For Engaging Survivors of Sexual Assault from Culturally Specific Communities & Limited English Proficient Speakers, <https://www.oaesv.org/site/assets/files/1324/oaesv-engaging-survivors-of-sexual-assault-from-culturally-specific-communities-and-lep-speakers.pdf>

**Methodology:** 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. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

All deliverables **must** be selected from those listed in Appendix E-2 and E-4 of this “Request for Proposals” document.

Agencies currently providing services through previous funding of this grant award should specify if these funds are still needed to maintain services established in the previous funding cycle.

Be sure to reflect the following points: Briefly describe the selected activities and why they were selected. They should follow logically from the gaps and barriers described above.

- Responsibilities for all program staff listed on the budget should be reflected in the described activities, and no staff should be listed in the activities but not represented in the budget.
- Outline a plan for community awareness/publicity to reach the identified community to be reached. For previously funded organizations, describe what you have done in the past and how you will build on that work in the new year.
- Include a plan for evaluation of all activities. Utilize the OAESV Core Standards which includes ideas for evaluation strategies related to different activities.
- Survivors of sexual violence may have experienced sexual assault within the context of sex trafficking, and survivors of labor trafficking may also have been sexually assaulted. Provide information about ways in which you collaborate with local, state and national human trafficking providers, including training and outreach efforts, or include plans to start doing such collaboration. Provide information regarding staff training on human trafficking and its intersections with sexual violence or include plans to start doing such training as a part of your methodology. Include outreach efforts to reach current or former victims of trafficking to increase their awareness of and access to your sexual assault services.

**Work Plan, Appendix E-5.** Title this “Work Plan” and attach the completed Excel document in your GMIS submission as an attachment in the GMIS section “project narrative”.

Appendix E-2 and E-4 provides the allowable deliverables (Training, Outreach and Direct Services) and the guidance for how to list and budget planned activities for each deliverable. Applicants will receive the Excel document upon receipt of your NOAIF. Be sure to reflect the following points:

- You must select from the deliverables listed in Appendix E-2 and/or culturally specific/holistic approaches in Appendix E-4.
- For each specific population to be served, ***applicants must include Deliverable 2 activities related to outreach to the population*** and how services will be more accessible to that population as a result of this grant implementation.

**Cultural Competency Plan** (*Double space; maximum of three pages*) Title attachment “Cultural Competency Plan”.

Every community contains diversity. Some communities may have more or less cultural/ethnic diversity than others, but all have diversity related to geography, age, religion, sexual orientation, socio-economic status, disability status, and other factors. Communities with less clearly visible diversity still need to be prepared to respond to cultural/ethnic diversity as it exists to some extent everywhere. Achieving cultural competency is an on-going process. Applicants are encouraged to allocate grant funds to support activities that

help to ensure individuals with disabilities and Deaf individuals and persons with limited English proficiency have meaningful and full access to their programs. For example, grant funds can be used to support American Sign Language Interpreter services, language interpretation and translation services, or the purchase of adaptive equipment.

In this narrative, provide information about how your agency ensures accessibility and cultural responsiveness to all members of the community.

*As you are writing this section of the application, consider consulting The National Center on Domestic Violence, Trauma & Mental Health publication, Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations:*

[http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2018/04/NCDVTMH\\_2018\\_ToolsforTransformation\\_WarshawTinnonCave.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2018/04/NCDVTMH_2018_ToolsforTransformation_WarshawTinnonCave.pdf)

*and*

*United for Sight, Free Online Cultural Competency Course:*

<http://www.uniteforsight.org/cultural-competency/>

Topics to address include:

- Are the hours of service, location of services and physical accessibility to services adequate for the needs of the community to be served; what have you done to increase accessibility; describe pending accessibility plans.
- Are policies and resources in place for the advertisement of and provision of translation and interpretation services and limited English proficiency and/or non-literate populations at no cost to service recipients? Does the policy include the method used for choosing interpreters and bilingual staff? What areas of need remain; what plans do you have in this area.
- Describe how your agency will respond to the needs of those who need interpretation services, including on your hotline, and how related training is provided to staff and volunteers.
- Do the agency board members reflect a broad representation of the agency service area that includes representatives from organizations serving diverse communities? If not, include a plan for achieving this representation;
- Are agency staff, college interns, and volunteers reflective of the agency service area? If not, include a plan for achieving representation;
- Is there on-going professional development and in-service training for staff, student interns, volunteers and board members related to culturally competent provision of service? Describe past programs and future plans.
- Are all agency materials and curriculums reviewed by representatives reflecting the community to be served? Explain how this review was accomplished or include such review in your methodology for this year.
- A statement of affirmation that all staff who have programmatic, supervisory and/or fiscal oversight of the grant has taken one of these courses:  
<http://kirwaninstitute.osu.edu/implicit-bias-training/>,  
<http://rootsofhealthinequity.org/about-course.php>  
<https://www.colorado.gov/pacific/cdphe/suite-of-tools>,



<http://www.racialequitytools.org/act/communicating/implicit-bias>

- 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](http://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](http://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 Monday, August 10, 2020**).

*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.*

### III. **APPENDICES**

- A. Notice of Intent to Apply for Funding
- B. GMIS Access Form
- C. C1 Deliverable – Objective Descriptions (if applicable)  
C2 Deliverable – Objective Allocations (if applicable)
- D. Application Review Form
- E. Other Program Documents
  - 1. Program Cover Page E-1
  - 2. Guidance Document Work Plan E-2  
Objectives and expected reporting documentation
  - 3. Guidance Document Work Plan – Excel Document Instructions E-3

4. Guidance Document Work Plan – Objectives Definitions E-4
5. SASP 2021 Outreach Plan Template E-5
6. Excel Work Plan E-6
7. Sexual Assault Services Holistic Providers Training, Cross Training and Coordination Form E-7 |

Submission Required

See Due Date Below

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

NOTICE OF INTENT TO APPLY FOR FUNDING

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

ODH Program Title:
Sexual Assault Services Program

Reimbursement Type
Select one of the options below:
[ ] Monthly OR [ ] Quarterly

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency Federal Tax Identification Number

Geographic Area Applying to Cover

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

Type of Applicant Agency (Check One)
[ ] County Agency [ ] Hospital [ ] Local Schools
[ ] City Agency [ ] Higher Education [ ] Not-for Profit

Applicant Agency/Organization

Applicant Agency Address

Agency Contact Person Name and Title

Telephone Number E-mail Address

Agency Head (Print Name)

Agency Head (Signature)

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

Does your agency have at least two staff members who currently have access to the ODH GMIS system?

YES [ ] NO [ ]

If yes, no further action is needed.

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

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO corina.klies@odh.ohio.gov BY July 14, 2020

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 User Access, Access Change or Deactivation Request**

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

Date: \_\_\_\_\_

Check the type of access and complete the information requested:  New Agency – Needs GMIS Access

New Employee - needs GMIS Access. Effective Date of Activation: \_\_\_\_\_

Existing Employee - New GMIS User or GMIS User Access Change. Effective/Change Date: \_\_\_\_\_

Deactivation – User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:

Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): \_\_\_\_\_

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

Agency Name & Address: \_\_\_\_\_

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

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

Email Notifications:  Yes  No

GMIS Project Number(s) user needs access to: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Authorization Signature for User Access/Change/Deactivation:

\_\_\_\_\_  
 Signature of Agency Head or Agency Financial Head

\_\_\_\_\_  
 Printed Name of Agency Head or Agency Financial Head

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

Date Processed:

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

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

Scan & Email: [karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)

**Name of Subgrant Program: Sexual Assault Services Program - SA**

**Budget Period: January 1, 2021 through December 31, 2021**

**# of Deliverables: 3**

**Use Budget Justification Scenario#:**

**X Deliverables Only**

Deliverable – Objective 1: Training

Objective 1-A: **Basic Training:** Special training for staff or volunteer's representative of the local CSC, to be held in a location most familiar to the volunteers to be trained (*this should be different from training that would have taken place regardless of this grant, but may include staff or volunteers who will do direct services*).

Objective 1-B: **Advanced Training:** Advanced training for agency staff who will have primary responsibility to provide crisis intervention services to identified culturally specific survivors of sexual violence (could include rape crisis center staff who need advanced training for the specific audience to be reached, or could include staff at a partner agency who will be providing crisis intervention direct services - beyond screening).

Objective 2-A: ODH funded project will provide (x number of) **staff trainings for a CSCO to train their staff** to recognize, respond and refer clients who are survivors of sexual violence.

Objective 2-B: ODH funded project will provide (x number of) **staff trainings for staff of other local agencies that have a client base that is primarily the culturally specific community to be reached** to recognize, respond and refer clients who are survivors of sexual violence to the ODH funded project.

Deliverable – Objective 2: Outreach

**Objective 1-A:** ODH funded project will:

**Activity 1.** Sign an interagency agreement with a partner CSCO agency for planned. staff training and screening of clients of the partner agency

**Activity 2.** Hold monthly meetings to establish or maintain these partnerships.

**Objective 1-B:** ODH funded project will:

**Activity 1.** Develop a CSC outreach plan (best methods for outreach and review of content e.g. social media messaging, adverting content, billboards, etc.) for the CSC to be reached

**Activity 2.** Hold X or more meetings with representatives of the CSC to be reached to develop and review, and approve outreach plan

**Objective 1-C:** ODH funded project will:

**Activity 1.** Attend day long outreach events (e.g. day at the fair, Sexual Assault Awareness Month Day event, etc.)

**Activity 2.** Implement short community or neighborhood events (e.g. two hour class or program, may be on variety of topics, at which information about sexual violence is also shared

**Activity 3.** Create and post social media messages

**Activity 4.** Place ads in CSCO-specific newspapers

Deliverable – Objective 3: Direct Services for Survivors of Sexual Violence

**Objective 1-A:**

Culturally specific organization staff (previously trained) will screen at least X% of new clients/month (quarter) for sexual violence victimization (trained agency staff will recognize, respond, and refer appropriately)

**Objective 1-B:**

ODH funded agency will respond to (x number of) requests for medical advocacy from culturally specific survivors of sexual violence.

**Objective 1-C:**

ODH funded agency will provide (x number of) unsolicited letters/phone calls/visits to be made to culturally specific survivors of sexual violence.

**Objective 1-D:**

ODH funded agency will respond to requests (either made to RCC or CSCO) for civil/legal advocacy and/or court-accompaniment from culturally specific survivors of sexual violence.

**Objective 1-E:**

ODH funded agency will provide (x number of) culturally specific individual support/support groups for culturally specific survivors of sexual violence

**Objective 1-F:** ODH funded agency will respond to requests for assistance with transportation, housing, health care for survivors of sexual violence (agency must have written policy for providing such assistance)

**Appendix C2**

**Name of Subgrant Program: Sexual Assault Services Program - SA**

**Budget Period: January 1, 2021 - December 31, 2021**

**# of Deliverables: 3**

**Use Budget Justification Scenario #: 3**

Base Only

Base and Deliverables

Deliverables Only

	<b>Deliverable - Objective 1 TRAINING</b>	<b>Deliverable - Objective 2 OUTREACH</b>	<b>Deliverable - Objective 3 Direct Services</b>	<b>Total</b>
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	

Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
Name of Subrecipient or County or Region	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	Subrecipient will enter into GMIS	
<b>Total</b>				



**Ohio Department of Health  
Grant Application Review Form  
Sexual Assault Services Act Program (SASP - SA) 2021**

**Applicant agency** \_\_\_\_\_

<b>Mandatory requirements:</b>	<b>Accept</b>	<b>Reject</b>
Applicant has demonstrated that at least one of the following has been met: <ul style="list-style-type: none"> <li>• The primary purpose of the organization as a whole is to provide culturally specific services to one or more of the following racial and ethnic communities: Asian Americans, African American and/or Black, and/or Hispanics.</li> <li>• The applicant plans to partner/sub-contract with one or more such agencies</li> <li>• Applicant is a rape crisis center offering the full range of rape crisis services as established in the Ohio Core Rape Crisis Standards</li> </ul>		
Applicant has documented organizational experience in the area of sexual assault intervention or has entered into a partnership with an organization having such experience.		
Activities appropriately address victim safety and recovery and are within the scope of work as described in the RFP.		

**NOTE:** If any items result in a checkmark in the Reject Column, you do not need to finish your review since the applicant did not submit or include the mandatory requirements. Please contact Corina at [corina.klies@odh.ohio.gov](mailto:corina.klies@odh.ohio.gov) before taking this step to ensure that you have a complete application as submitted in the GMIS system.

<b>CRITERIA</b>	<b>SCORE</b>
1. Executive Summary (10 possible)	
2. Description of Applicant Agency/Documentation of Eligibility (45 possible)	
3. Problem/Need (15 possible)	
4. Methodology (42 possible)	
5. Cultural Competency (9 possible)	
6. Financial Management (9 possible)	
<b>TOTAL</b>	<b>130</b>

**Recommendation of Reviewer:**

- Approval (funding) of proposal as submitted (no conditions)**
- Approval (funding) of proposal with conditions. List condition(s)**
- Disapproval of project. State reason(s)**

**Recommended funding level:** \$ \_\_\_\_\_

**Scoring Instructions:** As you review the applicant’s solicitation submission, please note any areas that are implied rather than explicit in your written comments. As a reviewer, you are not expected to guess at an applicant’s intentions. If the applicant is not clear, your scoring should reflect the lack of details.  
**Scoring Range**

NONE 0	POOR 1	GOOD 2
-----------	-----------	-----------

**Executive Summary**

Component	Comments	Score
Identifies the lead agency, who the project will be serving, and what agencies will provide those services. (2 points)		
Discusses the demographics of the area to be served and how this project will address health disparities and health inequities, including a description of how program efforts will address disproportionate impact of sexual assault on survivors who are from the specific community to be reached. (2 points)		
Describes the project goals and where the activities will be held. (2 points)		
Describes community collaborations to support this project, including the names of partner agencies. Where sexual assault services are not a core function of the applicant agency, describe how this expertise will be provided. (2 points)		
States total funds requested and summarizes how these funds will be used. (2 points)		
<b>Total points received (out of ten (10) possible points)</b>		

## Description of Applicant Agency

<p>NONE - 0</p> <p>Details are lacking, insufficient, or do not align with solicitation goals.</p>	<p>POOR 1-2</p> <p>Very little detail is given, and the goals as outlined, are implied rather than explicit. More information is needed to support the component.</p>	<p>GOOD 3-4</p> <p>The application is acceptable. Though more details would have been preferred, the application is clear, coherent, and align with solicitation goals</p>	<p>EXCELLENT 5</p> <p>Details are thorough, clear, coherent and align well with solicitation goals,</p>
--	---	--	---

Component	Comments	Score
<p>1. Describes agency's eligibility to apply.</p> <ul style="list-style-type: none"> <li>• If applying as a CSCO, or as a partnership opportunity with one or more CSCO, demonstrates that the agency is a non-profit agency for which for the applicant or at least one or more partner organizations, the primary purpose of the organization as a whole is to provide culturally specific services to one or more of the following racial and ethnic communities: Asian American, African American and/or Black, and/or Hispanic;</li> <li>• If applying as a rape crisis center, demonstrates that the agency is currently providing a full range of rape crisis services and has the capacity to extend those existing services as proposed.</li> </ul> <p>Summarizes agency structure as it relates to this program and how the lead agency will manage the program. (5 points)</p>		
<p>2 Describes the capacity of the 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. (5 points)</p>		
<p>3. For specific populations to be reached, describes how the funded agency will work with others serving the same population.</p> <ul style="list-style-type: none"> <li>• Describes existing agency networking, coordination and collaboration within the proposed new communities. Describe how community members are/will be involved in the planning, implementation, and evaluation of the project.</li> <li>• Where the application includes partnership/subcontracts with partner organizations, includes detailed information about the qualifications of the partner agency. Includes all work to be completed through contracts in the narrative. Describes previous collaborations between the participating organizations. (5 points)</li> </ul>		
<p>4. Describes the expertise of the applicant agency related to provision of sexual assault crisis intervention services, or, where the applicant agency does not have such expertise, describes plans to partner with a sexual assault victim services</p>		

<p>organization. Includes plans for collaboration with local and state coalitions such as OAESV and local sexual assault response team partners. (5 points)</p>		
<p>5. Notes any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describes plans for hiring and training, as necessary. Delineates all personnel who will be directly involved in program activities. Includes the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. (5 points)</p>		
<p>6. Provide training information including a description of the training and orientation provided for all project staff, student interns, and volunteers. The Ohio Core Rape Crisis Standards require a minimum of forty hours of basic training plus additional training specific to job responsibilities. Include plans for <b>on-going training</b> based on identified needs and priorities. (5 points)</p>		
<p>7. Attachments include:</p> <ul style="list-style-type: none"> <li>• Table of Organization</li> <li>• Position descriptions for staff affiliated with grant and appropriate staff are included in the budget.</li> <li>• Resumes for all staff positions that are affiliated with the grant. Education, skills and experiences should match those required in the job description and are found in the budget.</li> <li>• Letters of support/commitment as detailed in the RFP, including statements of commitment where appropriate and provide evidence that the applicant agency will be able to meet the needs of the new counties and, where included, specific communities. (5 points)</li> </ul>		
<p>8. <i>Agency Policies and Confidentiality</i>  Proposal describes agency's confidentiality policy that addresses the items listed in the RFP. (5 points)</p>		
<p><i>9. Quality Assurance</i>  Proposal provides a description of the QA plan including review of the agency's services and prevention programs, mechanism for reporting results and procedures for corrective action plan. The plan should include professional and community input and consumer participation. The agency has a quality assurance committee of three or more persons who meet quarterly and annually. Agency's QA committee's quarterly and annual meetings review the tasks described in the RFP. (5 points)</p>		
<p><b>Total points received (out of forty-five (45) possible points)</b></p>		

**Problem/Need**

<p>NONE - 0</p> <p>Details are lacking, insufficient, or do not align with solicitation goals.</p>	<p>POOR 1-2</p> <p>Very little detail is given, and the goals as outlined, are implied rather than explicit. More information is needed to support the component.</p>	<p>GOOD 3-4</p> <p>The application is acceptable. Though more details would have been preferred, the application is clear, coherent, and align with solicitation goals</p>	<p>EXCELLENT 5</p> <p>Details are thorough, clear, coherent and align well with solicitation goals,</p>
--	---	--	---

Component	Comments	Score
<p>Identifies and describes the local health status concern that will be addressed by the program. Provides information about the demographics of the culturally specific population to be reached within the planned service area. (5 points)</p>		
<p>Describes how the funded agency will work with others serving the same population. Describes existing agency networking, coordination, and collaboration within the proposed community. Demonstrates the ability to reach the population to be served through establishing partnerships with other service providers to reach the same audience. (5 points)</p>		
<p>Identifies the local gaps and barriers that will be addressed by the activities of this grant. Discusses on-going assessment to identify awareness of sexual assault services and areas of unmet need. (5 points)</p>		
<p><b>Total points received (out of fifteen (15) possible points)</b></p>		

## Methodology

<p><b>None (0)</b> Details are lacking, insufficient, or do not align with solicitation goals.</p>	<p><b>Poor (1-2)</b> Very little detail is given, and the goals outlined are implied rather than explicit. More information is needed to support this component.</p>	<p><b>Good (3-5)</b> The application though clear, coherent, and aligns with solicitation goals, there is some room for improvement.</p>	<p><b>Excellent (6-7)</b> Details are thorough, clear, and coherent and aligns very well with solicitation goals</p>
--	--	--	--

Component	Comments	Score
<p>Narrative: All goals and deliverables were selected from those listed in the RFP. Narrative describes the selected activities and why they were selected, and activities follow logically from the gaps and barriers described in the problem statement. All activities listed in this section are reflected on the work plan. Where any activities of the grant are to be implemented through a contract, that work is included in the program narrative and in the work plan. (7 points)</p>		
<p>Narrative: Outlines a plan for community awareness/publicity which informs residents in the new communities to be served of the availability of services and promotes community understanding of rape crisis intervention services. Provides appropriate information about human trafficking training, networking and outreach. (7 points)</p>		
<p>Narrative: Includes a plan for evaluation of all activities. The plan should include how the applicant will implement evaluation of activities such as pre-post tests, satisfaction surveys, focus groups, photovoice (<a href="https://photovoice.org/">https://photovoice.org/</a>), social media analytics, and/or key informant interviews (The following website is a guide. It is not expected that your evaluation plan be as detailed the linked document) <a href="https://healthpolicy.ucla.edu/programs/health-data/trainings/Documents/tw_cba23.pdf">https://healthpolicy.ucla.edu/programs/health-data/trainings/Documents/tw_cba23.pdf</a>) (7 points)</p>		
<p>Work Plan Form: Activities for specific community to be reached are clearly identified and meet the requirements of the RFP. (7 points)</p>		
<p>Work Plan Form: For each specific community to be served, includes activities related to outreach to the population and how services will be more accessible to that population as a result of this grant implementation. Includes strategy for strengthening relationships with leaders, agencies, and community members in extended service areas. (7 points)</p>		
<p>Work Plan form includes the following:</p> <ul style="list-style-type: none"> <li>• Represents realistic activities and time frame with sufficient staffing and resource allocation.</li> <li>• Evaluation is included appropriately and reflects what is described in the online narrative description.</li> <li>• Program staff are appropriately designated and can be found in the budget. (7 points)</li> </ul>		

<b>Total points received (out of forty-two (42) possible points)</b>		
--	--	--

### Cultural Competency Plan

<b>NONE – 0</b>	<b>POOR - 1</b> Very little detail is given, and the goals as outlined, are implied rather than explicit. More information is needed to support the component.	<b>GOOD - 2</b> The application is acceptable. Though more details would have been preferred, the application is clear, coherent, and aligns with solicitation goals.	<b>EXCELLENT - 3</b> Details are thorough, clear, coherent and align well with solicitation goals,
-----------------	---	--	---

Component	Comments	Score
<p>Proposal identifies agency’s strengths, gaps and areas of outreach/expansion in reference to:            Access for the community to be served.            Identifies how the community will know about program activities.            Proposal identifies resources in place for requests from communities with limited English proficiency and/or non-literate populations. Proposal describes procedure for choosing interpreters and bilingual staff. (3 points)</p>		
<p>Cultural competency in staffing – for both lead agency and any partner CSCO agencies, application describes:</p> <ul style="list-style-type: none"> <li>• Agency Board members reflect a broad representation of the community to be served that includes representatives from organizations serving diverse communities. If not, include a plan for achieving this representation.</li> <li>• Agency staff, college interns and volunteers reflective of the community to be served. If not, include a plan for achieving representation.</li> <li>• Proposal discusses ongoing professional development and quarterly in-service training for staff, student interns, volunteers and board members related to culturally competent provision of service. Describe past programs and future plans. (3 points)</li> </ul>		
<p>Describes how community members are/will be involved in the planning, implementation and evaluation of the project.</p> <p>All materials and curricula are reviewed by representatives reflecting the community to be served. Proposal explains how this review is accomplished. (6 points)</p> <p><b>Reviewers:</b> The involvement of community members in the planning of activities is an important component of this solicitation. Applicants are expected to outline how they will meaningfully include community feedback. To receive the maximum</p>		

points for this element, It is expected that applicants will have outlined a comprehensive plan that describes the measures they will take to ensure that the people the are intending to reach with SASP funds are included in the solicitation planning process and throughout the life of the grant. The plan must include lay members of the community and may also include organization leaders.		
<b>Total points received (out of nine (9) possible points)</b>		

**Scoring Range**

NONE 0	POOR 1	GOOD 2	EXCELLENT 3
-----------	-----------	-----------	----------------

**Financial Management**

Component	Comments	Score
The budget is reasonable and adequate to meet the goals and objectives of the project. The budget narrative explains the proposed line items, including only where applicable in-kind contributions essential to the success of the project. Includes discussion justifying unusual or high cost items. (3 points)		
The cost of the project compared to the potential impact/numbers to be reached as a result of the funds requested is appropriate and reasonable. (3 points)		
The budget demonstrated a staffing pattern that is realistic, appropriate and adequate to carry out the goals and objectives of the project. (3 points)		
<b>Total points received (out of nine (9) possible points)</b>		



**PROGRAM COVER PAGE**

Ohio Department of Health  
*Sexual Assault and Domestic Violence Prevention Program*  
**Please complete and attach this and all attachment forms in GMIS 2.0.**  
 Budget Period: **January 1, 2021** to **December 31, 2021**

Project Title: Sexual Assault Services Act Program - SA

GMIS Number: \_\_\_\_\_

Applicant Agency (Fiscal Agent): \_\_\_\_\_

Address: \_\_\_\_\_

Project Director: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

County: \_\_\_\_\_

**Project Goal:** To increase the number of sexual assault survivors receiving rape crisis support services from the following culturally specific community(ies):

- African American and/or African/Black
- Asian American and/or Asian
- Lantinx/Hispanic and/or Spanish Speaking

**List geographic service area to be reached:** \_\_\_\_\_

**BUDGET REOUEST:**

Amount	
\$	Deliverable - Objective 1 (Training)
\$	Deliverable – Objective 2 (Outreach)
\$	Deliverable – Objective 3 (Direct services)
\$	Total Request

**GUIDANCE DOCUMENT - Work Plan:**  
**Objectives and expected reporting documentation**

Included in this document you will find a list of allowable deliverables for your review. These are identical to the deliverables you will select from in the work plan you will submit to ODH.

The actual work plan will be submitted to ODH as an Excel file. The Excel document will be forwarded to you upon receipt of your Notice of Intent to Apply for Fund (NOAIF). If you wish to receive the Excel document prior to submitting your NOAIF, email Corina Klies at [corina.klies@odh.ohio.gov](mailto:corina.klies@odh.ohio.gov)

The second column provides information about the documentation that agencies will need to provide along with monthly or quarterly expenditure reports for payment to be made for that deliverable. This information is also in a checklist format.

Refer to Appendix E-3 for additional directions regarding completion of the Excel Document.

<b>Deliverable 1: Training (Provide training to service providers)</b>	
<b>Deliverable:</b>	<b>Reporting documentation:</b>
<b>Objective 1: TRAINING TO PROVIDE RAPE CRISIS DIRECT SERVICES</b>	
<u>These trainings must be specific to sexual violence crisis services, and those being trained must be agency staff or staff at partner agencies who will have primary responsibility to serve survivors of sexual violence through the activities of this grant funding.</u>	
<b>Objective 1-A:</b> <b>Basic Training:</b> Special training for staff or volunteer’s representative of the local CSC, to be held in a location most familiar to the volunteers to be trained ( <i>this should be different from training that would have taken place regardless of this grant, but may include staff or volunteers who will do direct services</i> ).	Report to include agenda, # hours training provided, # of people trained, summary of evaluation results.
<b>Objective 1-B:</b> <b>Advanced Training:</b> Advanced training for agency staff who will have primary responsibility to provide crisis intervention services to identified culturally specific survivors of sexual violence (could include rape crisis center staff who need advanced training for the specific audience to be reached, or could include staff at a partner agency who will be providing crisis	Report to include agenda, # hours training provided, # of people trained, summary of evaluation results.

intervention direct services - beyond screening).	
<b>Objective 2: TRAINING TO RECOGNIZE, RESPOND AND REFER</b>	
<u>Provide training to CSCO or to staff of other local agencies – goal is to have sufficiently trained staff at CSCS or other agency to recognize, respond, and refer.</u>	
<b>Objective 2-A:</b> ODH funded project will provide (x number of) <b>staff trainings for a CSCO to train their staff</b> to recognize, respond and refer clients who are survivors of sexual violence.	Report to include agenda, # hours training provided, # of people trained, summary of evaluation results.
<b>Objective 2-B:</b> ODH funded project will provide (x number of) <b>staff trainings for staff of other local agencies that have a client base that is primarily the culturally specific community to be reached</b> to recognize, respond and refer clients who are survivors of sexual violence to the ODH funded project.	Report to include agenda, # hours training provided, # of people trained, summary of evaluation results.

<b>Deliverable 2: Outreach</b>	
Efforts you will make to the identified community in partnership with that community.	
<i>For outreach efforts, community plans, outreach events, advertising and social media messaging <b><u>must ALL be reviewed by representatives of the community to be reached</u></b> (not agency staff from those communities) <b><u>prior to program implantation.</u></b></i>	
<b>Objective 1-A:</b> ODH funded project will: <b>Activity 1.</b> Sign an interagency agreement with a partner CSCO agency for planned. staff training and screening of clients of the partner agency <b>Activity 2.</b> Hold monthly meetings to establish or maintain these partnerships.	Documentation may include agenda for planning meetings, signed inter-agency agreement upon completion; meeting dates and/or other outcomes of on-going inter-agency collaboration as indicated in the plan.
<b>Objective 1-B:</b> ODH funded project will: <b>Activity 1.</b> Develop a CSC outreach plan (best methods for outreach and review of content e.g. social media messaging, adverting content, billboards, etc.) for the CSC to be reached <b>Activity 2.</b> Hold X or more meetings with representatives of the CSC to be reached to develop and review, and approve outreach plan	Documentation may include interim and final outreach plan; agenda from meetings to convene representatives of the community to review individual outreach strategies prior to implementation; report to include summary of review.

<p><b>Objective 1-C:</b> ODH funded project will:</p> <p><b>Activity 1.</b> Attend day long outreach events (e.g. day at the fair, Sexual Assault Awareness Month Day event, etc.)</p> <p><b>Activity 2.</b> Implement short community or neighborhood events (e.g. two hour class or program, may be on variety of topics, at which information about sexual violence is also shared</p> <p><b>Activity 3.</b> Create and post social media messages</p> <p><b>Activity 4.</b> Place ads in CSCO-specific newspapers</p>	<p>Per outreach activity cost – may include staff time to do outreach and/or cost for materials; report to include # of outreach activities completed; evaluation results.</p>
---	--

<p><b>Deliverable 3: Direct Services for survivors of sexual violence</b></p> <p>While the work plan has been populated with prescribed activities, we understand that there are cultural practices not listed in Deliverable 3 – Direct Services, but that could be supported by SASP funds.</p>	
<p><b>Objective 1-A:</b> Culturally specific organization staff (previously trained) will screen at least X% of new clients/month (quarter) for sexual violence victimization (trained agency staff will recognize, respond, and refer appropriately)</p>	<p>Unit cost for monthly report showing #clients eligible for screening and % of screenings conducted; payment to be proportionate to percentage of eligible clients actually screened. Report to include numbers screened, agency assessment of impact, and, when available, referral data</p>
<p><b>Objective 1-B:</b> ODH funded agency will respond to (x number of) requests for medical advocacy from culturally specific survivors of sexual violence.</p>	<p>Cost per letter/phone call/visit</p>
<p><b>Objective 1-C:</b> ODH funded agency will provide (x number of) unsolicited letters/phone calls/visits to be made to culturally specific survivors of sexual violence.</p>	<p>Per visit rate (average) – report to include #new requests for this service/# new requests met</p>
<p><b>Objective 1-D:</b> ODH funded agency will respond to requests (either made to RCC or CSCO) for civil/legal advocacy and/or court-accompaniment from culturally specific survivors of sexual violence.</p>	<p>Hourly rate; report to include # new requests for this service, #new requests met; # additional appointments provided</p>
<p><b>Objective 1-E:</b> ODH funded agency will provide (x number of) culturally specific individual support/support groups for culturally specific survivors of</p>	<p>Hourly rate; report to include # new requests for this service, #new requests met; # additional appointments provided</p>

sexual violence	
<b>Objective 1-F:</b> ODH funded agency will respond to requests for assistance with transportation, housing, health care for survivors of sexual violence (agency must have written policy for providing such assistance)	Actual cost of assistance provided; report to include # new requests for this service, #new requests met; # additional requests provided

**GUIDANCE DOCUMENT - Work Plan (This document is your work plan and it will be used as your Cost Expenditure Report when reporting) – Excel instructions**

The work plan should be filled out according to your preliminary planning for implementing SASP funding. If awarded, you will have opportunities to modify your work plan based on your workflow and/or changing community needs. Changes need to be approved by the ODH Program Consultant and may require submission of a budget revision.

To fill out your work plan (Excel Spreadsheet), you will need to do the following:

**1. Determine your needs for each Deliverable according to the work you want to do:**

- Deliverable 1 – Training;
- Deliverable 2 – Outreach;
- Deliverable 3 – Direct Services.

\*\*Please do not delete or renumber Deliverable Objectives or Activity Lines. If you are not planning to do one of the Deliverable Objectives, you may leave it blank. You are not expected to allocate funding or activities for each Deliverable Objective, or universe of options within the spaces for activities.

**2. Determine your Deliverable Unit Costs.** Unit costs should be calculated to incorporate all costs associated with being able to meet each Deliverable Objective Activity (for example, include costs for employee to plan, prepare, and implement activity, cost of travel involved (if any), the appropriate percentage of that employee's overhead costs – rent, phone, copying, IT, etc, and the administrative costs to the agency for supervision and fiscal management to allow that deliverable to be met).

**\*\*\*The unit measure should be clearly identified in the work plan.** The unit measure most often used is per hour. Applicants do not need to and should not provide details of how the unit rate was calculated but should be able to provide some explanation if unit costs are different. For example, if the cost for an hour of a support group is double the cost of the hour for individual crisis support, the obvious reason may be that the support group is facilitated by two staff at the same time while the individual support only requires the time of one staff person.

**3. The Excel Spreadsheet has been populated with formulas for you.** You will need to estimate how many units you want to do per Deliverable Objective given your funding request. You will fill in the unit cost and the number of units, and the Excel worksheet will give you a total. **Totals must match the totals you fill out in Appendix E-1 and in GMIS.**

## GUIDANCE DOCUMENT - Deliverable Expenditure Work Plan - Objectives Definitions

Refer to this document as you are completing your Budget and Work Plan.

**Training** – There are five (5) categories available for training in the 2019 Solicitation. Please review carefully. It is expected that applicants will allocate a portion of their budget to training staff (new and long-standing) to sharpen their sexual assault direct service and outreach skills, beyond awareness.

\*\*\*It is anticipated that there will be at least one (1) opportunity annually to attend a day-long “project meeting” convened by ODH Sexual Assault and Domestic Violence Prevention Program staff. This meeting is an allowable expense under the Deliverable Objective Training 1-B. Though it is not required, it is strongly encouraged that funded applicants attend. The meeting will be held in Columbus, and costs associated with attending should be “rolled into” your deliverable cost for this activity (including travel costs and staff time to attend).

For New Applicants Only:

Within Deliverable 1-A, it is allowable to budget for a one-time “start-up” training (within the Basic Training Deliverable Objective). This would include deliverable costs to recruit, hire, train, and setting up systems within your agency to be prepared to implement the grant.

- **Outreach** – A mobile strategy whereby agency staff meets with community members outside of the office setting to meet with the public, provide education, awareness and/or services to those who might not otherwise have knowledge about or access to your agency and its services.
- **Outreach Plans** are documents that define who will be served by the outreach strategies that are designed, what outreach strategies will be employed and when, and an evaluative component that helps the outreach partners determine maximum efficacy for reaching the intended population, and/or course correct if challenges arise. In the spirit of “Nothing about us without us”, widely popularized by Disabilities Rights groups, outreach plans should include a review period(s) by the population they are intended to benefit to get feedback and buy-in. This process should not be overlooked even if the makeup of the outreach partnership includes members who identify with or represent members of the intended population to be served. Review this document when considering how you will demonstrate and ensure meaningful participation by the community/communities you intend to reach: *Authentic Community Engagement to Advance Equity*  
<https://drive.google.com/file/d/1d9g0NUzoytiZdtSPDK7Y0DMQUIIHUpFA/view>
- To do good outreach, agencies should establish mutually beneficial relationships with diverse community agencies/partners. Many of these collaborations formalize their partnerships with a signed Memorandum of Understanding (MOU) that outlines each partner’s roles and responsibilities, including the duration the MOU will be in effect. The MOU holds each party accountable for the success of the outreach plan.

**Examples include the following:**

Community fairs, door-to-door campaigns, mobile clinics (health/food), staffing a booth at a community market/library/community center, etc. Examples of outreach activities appropriate to the SASP grant are: providing educational opportunities and/or information distribution about sexual violence at ESL or culturally specific activities; placing ads about your agency’s sexual

assault services on billboards, buses, benches, etc. or in newsletters/papers that the population you are trying to reach would most likely read them; posting on social media about your sexual assault-specific services; providing short community presentations, staffing a booth for sexual assault awareness month/human trafficking awareness month/Black History Month/Asian American festivals/Latino Heritage month/Minority Health month, Disability awareness month. The above list is not exhaustive, and applicants are encouraged to apply other strategies that are known to work for the population they are intending to reach. For instance, the community health worker model is well established as an effective outreach method (Levinson and Landers, 2016).

It is expected that previously funded agencies provide copies of MOUs from any ongoing partnerships they intend to continue in 2019

**Direct Services** – services provided to culturally specific sexual assault survivors including screening (by rape crisis center staff or trained CSCO staff); medical advocacy/hospital accompaniment; unsolicited letters/phone calls/visits; civil/legal advocacy and/or court-accompaniment; individual support (case management and/or crisis intervention) or support group sessions.

“While the work plan has been populated with prescribed activities, we understand that there are cultural practices not listed in Deliverable 3 – Direct Services, but that could be supported by SASP funds.

Examples of holistic and/or cultural practices may include the following:

yoga programs, drumming circles, Reiki, art/music healing practices, exercise, integrative medicine, mindfulness, meditation, breath work, writing/journaling, Tai Chi, etc.

**Note:** While licensed social workers and therapists may be providing counseling to culturally specific survivors of sexual assault, and those activities are reported as an activity for reimbursement on the Excel Work Plan, crisis services need not be provided by licensed social workers or therapists to be reimbursed.





## Work Plan Template (Excel file will be sent to you upon submission of NOIAF)

Ohio Department of Health			
SA21 Sexual Assault Grant			
Deliverable Expenditure WORK PLAN			
January 1, 2021 - December 31, 2021			
Agency Name:			
Contact Person:			
Contact Email:			
Contact Phone:			
ODH Project Number:			
Reporting Frequency: Monthly or Quarterly ( Please mark. Must match NOAIF)			
<b>Deliverable Name</b>	<b>Cost per Unit/ Activity</b>	<b>Annual/ Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>
<b>Training</b>			
<b>Objective 1-A: Basic Training: Special training for staff or volunteer's representative of the local CSC, to be held in a location most familiar to the volunteers to be trained (this should be different from training that would have taken place regardless of this grant, but may include staff or volunteers who will do direct services).</b>			
<i>Activity #1: to be entered by the agency</i>		\$0.00	
<i>Activity #2: to be entered by the agency</i>		\$0.00	
<i>Activity #3: to be entered by the agency</i>		\$0.00	
<i>Activity #4: NEW Programs Only. You can allot a one-time cost for starting up your program. Refer to RFP Solicitation Appendix E-4 under Training for further explanation. On this document you would put 1 unit and you would estimate the total cost you want to budget for this activity. When it is time to report, you will report actual cost only (not to go over original estimated costs).</i>		\$0.00	
<b>Objective total for this reporting period</b>	<b>N/A</b>	<b>\$0.00</b>	<b>0.00</b>
<b>Training</b>	<b>Cost per Unit/ Activity</b>	<b>Annual/ Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>

<b>Objective 1-B: Advanced Training for agency staff who will have primary responsibility to provide crisis intervention services to identified culturally specific survivors of sexual violence (could include rape crisis center staff who need advanced training for the specific audience to be reached, or could include staff at a partner agency who will be providing crisis intervention direct services - beyond screening).</b>			
<i>Activity #1: to be entered by the agency</i>		\$0.00	
<i>Activity #2: to be entered by the agency</i>		\$0.00	
<i>Activity #3: to be entered by the agency</i>		\$0.00	
<i>Activity #4: to be entered by the agency</i>		\$0.00	
<b>Objective total for this reporting period</b>	N/A	\$0.00	0.00
<b>Training</b>	<b>Cost per Unit/Activity</b>	<b>Annual/ Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>
<b>Training to Recognize, Respond, Refer</b>			
<b>Objective 2-A: ODH funded project will provide (x number of) staff trainings for a CSCO to train their staff to recognize, respond and refer clients who are survivors of sexual violence.</b>			
<i>Activity #1: to be entered by the agency</i>		\$0.00	
<i>Activity #2: to be entered by the agency</i>		\$0.00	
<i>Activity #3: to be entered by the agency</i>		\$0.00	
<i>Activity #4: to be entered by the agency</i>		\$0.00	
<b>Objective total for this reporting period</b>	N/A	\$0.00	0.00
<b>Training</b>	<b>Cost per Unit/Activity</b>	<b>Annual/ Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>
<b>Objective 2B: ODH funded project will provide (x number of) staff trainings for staff of other local agencies that have a client base that is primarily the culturally specific community to be reached to recognize, respond and refer clients who are survivors of sexual violence to the ODH funded project.</b>			
<i>Activity #1: to be entered by the agency</i>		\$0.00	
<i>Activity #2: to be entered by the agency</i>		\$0.00	
<i>Activity #3: to be entered by the agency</i>		\$0.00	
<i>Activity #4: to be entered by the agency</i>		\$0.00	
<b>Objective total for this reporting period</b>	N/A	\$0.00	0.00

<b>Training</b>	<b>Cost per Unit/Activity</b>	<b>Annual/ Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>
<b>Deliverable #1: Reimbursable Training Totals for the reporting period</b>	<b>N/A</b>	<b>\$0.00</b>	<b>0.00</b>

<b>Ohio Department of Health</b>			
<b>SA21 Sexual Assault Grant</b>			
<b>Deliverable Expenditure WORK PLAN</b>			
<b>SFY: 2021</b>			
<b>Agency Name:</b>			
<b>Contact Person:</b>			
<b>Contact Email:</b>			
<b>Contact Phone:</b>			
<b>ODH Project Number:</b>			
<b>Reporting Period:</b>			
<b>Reporting Frequency: Monthly Quarterly (Must match NOAIF)</b>			
<b>Deliverable Name</b>	<b>Cost per Unit/Activity</b>	<b>Annual/ Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>
<b>Outreach</b>			
<b>Objective 1-A: Deliverable: ODH funded project will:</b> <b>1. Sign an interagency agreement with a partner CSCO agency for planned. staff training and screening of clients of the partner agency</b> <b>2. Hold monthly meetings to establish or maintain these partnerships.</b>			
<i>Activity #1: Signed Inter-agency Agreements</i>		<b>\$0.00</b>	
<i>Activity #2: Monthly Meetings to Establish/Maintain Partnerships</i>		<b>\$0.00</b>	
<i>Activity #3: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #4: to be entered by the agency</i>		<b>\$0.00</b>	
<b>Objective total for this reporting period</b>	<b>N/A</b>	<b>\$0.00</b>	<b>0.00</b>
<b>Outreach</b>	<b>Cost per Unit/ Activity</b>	<b>Annual/Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/</b>

			<b>Activities</b>
<b>Objective 1-B: Screening Tools</b>			
<i>Activity #1: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #2: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #3: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #4: to be entered by the agency</i>		<b>\$0.00</b>	
<b>Objective total for this reporting period</b>	N/A	<b>\$0.00</b>	<b>0.00</b>
<b>Outreach</b>	<b>Cost per Unit/ Activity</b>	<b>Annual/Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>
<b>Objective 1-C: ODH funded project will:</b> <b>1. Develop a CSC outreach plan (best methods for outreach and review of content e.g. social media messaging, adverting content, billboards, etc.) for the CSC to be reached</b> <b>2. Hold X or more meetings with representatives of the CSC to be reached to develop and review, and approve outreach plan</b>			
<i>Activity #1: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #2: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #3: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #4: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #5: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #6: to be entered by the agency</i>		<b>\$0.00</b>	
<b>Objective total for this reporting period</b>	N/A	<b>\$0.00</b>	<b>0</b>
<b>Outreach</b>	<b>Cost per Unit/ Activity</b>	<b>Annual/Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>
<b>Objective 1-D: ODH funded project will:</b> <b>1. Attend day long outreach events (e.g. day at the fair, Sexual Assault Awareness Month Day event, etc.)</b> <b>2. Implement short community or neighborhood events (e.g. two hour class or program, may be on variety of topics, at which information about sexual violence is also shared).</b> <b>3. create and post social media messages</b>			

<b>4. place ads in CSCO-specific newspapers</b>			
<i>Activity #1: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #2: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #3: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #4: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #5: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #6: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #7: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #8: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #9: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #10: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #11: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #12: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #13: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #14: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #15: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #16: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #17: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #18: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #19: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #20: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #21: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #22: to be entered by the agency</i>		<b>\$0.00</b>	
<b>Objective total for this reporting period</b>	<b>N/A</b>	<b>\$0.00</b>	<b>0.00</b>
<b>Outreach</b>	<b>Cost per Unit/ Activity</b>	<b>Annual/Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>
<b>Deliverable #2: Reimbursable Outreach Totals for the reporting period</b>	<b>N/A</b>	<b>\$0.00</b>	<b>0.00</b>

<b>Ohio Department of Health</b>			
<b>SA21 Sexual Assault Grant</b>			
<b>Deliverable Expenditure WORK PLAN</b>			
<b>SFY: 2021</b>			
<b>Agency Name:</b>			
<b>Contact Person:</b>			
<b>Contact Email:</b>			
<b>Contact Phone:</b>			
<b>ODH Project Number:</b>			
<b>Reporting Period:</b>			
<b>Reporting Frequency: Monthly Quarterly (Must match NOAIF)</b>			
<b>Deliverable Name</b>	<b>Cost per Unit/ Activity</b>	<b>Annual/ Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>
<b>Direct Service</b>			
<b>Objective 1-A: Culturally specific organization staff (previously trained) will screen at least X% of new clients/month (quarter) for sexual violence victimization (trained agency staff will recognize, respond, and refer appropriately)</b>			
<i>Activity #1: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #2: to be entered by the agency</i>		<b>\$0.00</b>	
<b>Objective total for this reporting period</b>	<b>N/A</b>	<b>\$0.00</b>	<b>0.00</b>
<b>Deliverable Name: Direct Service</b>	<b>Cost per Unit/ Activity</b>	<b>Annual/ Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>
<b>Objective 1-B: ODH funded agency will respond to (x number of) requests for medical advocacy from culturally specific survivors of sexual violence.</b>			
<i>Activity #1: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #2: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #3: to be entered by the agency</i>		<b>\$0.00</b>	
<b>Objective total for this reporting period</b>	<b>N/A</b>	<b>\$0.00</b>	<b>0.00</b>

<b>Deliverable Name</b>	<b>Cost per Unit/ Activity</b>	<b>Annual/ Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>
<b>Objective 1-C: ODH funded agency will provide (x number of) unsolicited letters/phone calls/visits (meaning that you are cold contacting them from newspaper or police reports) to be made to culturally specific survivors of sexual violence.</b>			
<i>Activity #1: to be entered by the agency</i>		<b>\$0.00</b>	
<b>Objective total for this reporting period</b>	<b>N/A</b>	<b>\$0.00</b>	<b>0</b>
<b>Deliverable Name: Direct Service</b>	<b>Cost per Unit/ Activity</b>	<b>Annual/ Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>
<b>Objective 1-D: ODH funded agency will respond to requests (either made to RCC or CSCO) for civil/legal advocacy and/or court-accompaniment from culturally specific survivors of sexual violence.</b>			
<i>Activity #1: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #2: to be entered by the agency</i>		<b>\$0.00</b>	
<b>Objective total for this reporting period</b>	<b>N/A</b>	<b>\$0.00</b>	<b>0.00</b>
<b>Deliverable Name: Direct Service</b>	<b>Cost per Unit/ Activity</b>	<b>Annual/ Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>
<b>Objective 1-E:</b> 1. ODH funded agency will provide (fill in number here) culturally specific individual support for culturally specific survivors of sexual violence;  2. ODH funded agency will provide (fill in number here) culturally specific support groups for culturally specific survivors of sexual violence			
<i>Activity #1: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #2: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #3: to be entered by the agency</i>		<b>\$0.00</b>	
<b>Objective total for this reporting period</b>	<b>N/A</b>	<b>\$0.00</b>	<b>0.00</b>
<b>Deliverable Name: Direct Service</b>	<b>Cost per Unit/ Activity</b>	<b>Annual/ Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>



<b>Objective 1-F: ODH funded agency will respond to requests for assistance with transportation, housing, health care for culturally specific survivors of sexual violence</b>			
<i>Activity #1: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Activity #2: to be entered by the agency</i>		<b>\$0.00</b>	
<i>Objective total for this reporting period</i>	<b>N/A</b>	<b>\$0.00</b>	<b>0.00</b>
<b>Deliverable Name: Direct Service</b>	<b>Cost per Unit/ Activity</b>	<b>Annual/ Total Budgeted for the year</b>	<b>Annual/ Total Number of Units/ Activities</b>
<b>Deliverable #3: Reimbursable Direct Service Totals for the reporting period</b>	<b>N/A</b>	<b>\$0.00</b>	<b>0.00</b>

**Deliverable 3: Sexual Assault Services – Holistic Service Provider Training and Coordination Form**

**NOTE:** You may not know all the holistic providers at the time of application submission. This form **does not count toward scoring** your application.

**Please make additional copies of this form for each new holistic service provider proposed in the application.**

**Organization Name:** \_\_\_\_\_

**Holistic Service:** \_\_\_\_\_

**Holistic Service Provider Name and Title:** \_\_\_\_\_

---

**Does the holistic service provider have training and/or experience working with survivors of sexual assault and/or victims of crime?**  Yes  No

*If yes, please briefly explain what types of training and/or experience they have working with survivors.*

*If not, what is the training plan?*

**Share some strategies the provider has to adapt services to meet the needs of this population. For example, how would a yoga practice be revised in response to someone who does not want to be touched?**

**What is the format of the holistic service? One-time event/workshop, short series, integration into existing group, new group, accompaniment to appointment?**

**How will advocacy and holistic services be complimentary?** *For example, advocates may need training/information so they can effectively discuss the holistic services provided; advocates may need to check in with survivors before/after to talk about how things are going; organizations may need special facilities or equipment; participants may need transportation or supplies; the holistic service provider may need to refer a client for additional services, etc.*

**Who will consult with the provider and coordinate advocacy and holistic services? What**

**will this look like?**

**How will the organization protect survivors' privacy and confidentiality?**