



MEMORANDUM

Date: July 24, 2024

To: Competitive Applicants

From: Sara Morman, Section Chief **SM 7-19-24**
Violence and Injury Prevention Section
Bureau of Health Improvement and Wellness
Ohio Department of Health

Subject: Sexual Violence Prevention Program Applications (VW25)
Feb. 1, 2025 – Jan. 31, 2026

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness (BHIW), Violence and Injury Prevention Section (VIPS) announces the availability of grant funds. All electronic applications and attachments are due by **4 p.m., Monday, Sept. 9, 2024**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All potential applicants are encouraged to attend a **Bidder's Conference** that will be held via webinar on **Thursday, August 1, 2024 at 10 a.m.** Microsoft Teams meeting

Join on your computer, mobile app or room device

[Join the meeting now](#)

Meeting ID: 286 991 065 080

Passcode: 8mAbVQ

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To join the meeting, please click on "Join Microsoft Teams Meeting" above. If your agency does not have Microsoft Teams, you will be given the option to "Join on the web instead." There is also a call-in number above if you do not plan to use your device's audio. Please note, this program works best in Google Chrome. A copy of the presented content will be available upon request.

This is a competitive solicitation. All interested parties must submit a **Notice of Intent to Apply for Funding (NOIAF)** form (Appendix A), no later than **4 p.m. July 31, 2024**, to be eligible to apply for funding. NOIAF forms should be emailed to Tina.Krempasky@odh.ohio.gov. The NOIAF allows ODH Grants Administration Unit (GAU) to create a grant application account for your organization using the Grants Management Information System (GMIS). All grant applications must be submitted via the Internet using GMIS. Applicants must attend or must document in writing, prior attendance at GMIS 2.0 training to receive authorization for Internet submission. Please complete and submit the **ODH GMIS 2.0 Form. (Appendix B)** no later than **4 p.m. on July 31, 2024**, to the GAU Grants System Administrator, Maria Kapenda, maria.kapenda@odh.ohio.gov

ODH Encourages the immediate submission of the NOIAF form. Workplan and additional application templates will be sent via email to all applicants after submitting their NOIAF. If you have questions, please contact Debra Seltzer at Debra.Seltzer@odh.ohio.gov.

ALL APPLICATIONS MUST BE SUBMITTED THRU THE GRANT MANAGEMENT SYSTEMS

OHIO DEPARTMENT OF HEALTH

OFFICE OF MEDICAL DIRECTOR
BUREAU OF HEALTH IMPROVEMENT AND
WELLNESS
VIOLENCE AND INJURY PREVENTION
SECTION
SEXUAL ASSAULT/DOMESTIC VIOLENCE
PREVENTION

Sexual Assault/Domestic Violence Prevention Program (SADVPP)
SOLICITATION FOR FISCAL YEAR 2025 VW25
(02/01/25 – 01/31/26)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 9/29/2023
For grant starts 4/1/2024 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of several required components including an electronic portion submitted via online 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 Q, 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 **July 31, 2024** so access to the online application 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 in the following website: <http://supplier.ohio.gov/>

Note: Subrecipients future payments will be held for any subrecipient that currently receives a paper check if the EFT information is not updated in the supplier portal.

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

- A. Policy and Procedures:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and any 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 the preparation of all subrecipient applications. The OGAPP manual is available on the ODH website (click 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-ogapp-manual>).

Updates to policies and procedures can be 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 templates 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 the agency's policy with 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 Violence Prevention Program

- C. Purpose:** The purpose of the Sexual Violence Prevention Program is to reduce the incidence of rape and other forms of sexual violence through primary prevention and education. Priority program activities must address risk and protective factors for perpetration and prevention strategies that are comprehensive and community-based. The Ohio Department of Health's Rape Prevention Education (RPE) Prioritized Risk and Protective Factors are as follows:

Risk Factors	Protective Factors
Lack of non-violent problem solving skills.	Association with pro-social peers.
Cultural norms supporting aggression.	Connection/commitment to school.
Harmful norms around masculinity and femininity.	Connection with a caring adult.
Societal norms that support sexual violence.	Community support and connectedness.
Weak health, educational, economic and social policies/laws.	Coordination of resources and services among community agencies.

The goal of this funding is for awardees to implement primary prevention strategies across the social ecological model (SEM) (<https://www.cdc.gov/violence-prevention/about/index.html>), with the majority of the strategies implemented at the community or at the societal level. Primary prevention is defined as population based, using environmental and system-level strategies, policies, and actions that prevent sexual violence from initially occurring. For more information about Sexual Violence Prevention as intended by the Centers for Disease Control and Prevention (CDC), refer to the document "Sexual Violence Prevention: Beginning the Dialogue" available online at <http://www.cdc.gov/ncipc/dvp/SVPrevention.htm> and to the CDC website [VetoViolence](http://www.cdc.gov/ncipc/dvp/SVPrevention.htm).

- D. Qualified Applicants:** All applicants must be a local public or non-profit agency, able to show through their response to this application that they are able to implement strategies as required. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B). Applicants will be either local or statewide. Only one statewide applicant and up to 12 local applicants will be funded.

- Sexual Violence Prevention (local applicants) – for sexual violence prevention programming that supports and expands primary prevention efforts to reduce or stop sexual violence within communities. Primary prevention projects are designed to stop sexual violence before it occurs.

OR

- Sexual Violence Prevention (statewide applicant) – for statewide sexual violence prevention training and technical assistance activities. Applicant must have the mission to serve as a statewide coalition of sexual assault, allied organizations, and individuals throughout Ohio working to eliminate all forms of sexual violence.

NOTE: Hotlines and crisis intervention services **will not be funded**. Additionally, victim response training **will not be funded** (i.e. hospital advocacy, law enforcement training, SANE training, or judicial response).

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

1. The applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. The applicant has not been certified to the Attorney General's (AG's) office.
3. The applicant submitted an application and required attachments by **4 p.m. on Monday, Sept. 9, 2024**.

E. Service Area: No more than one (1) project will be funded per county. Projects may serve more than one county. Where more than one county is to be served, applicants will need to show sustained partnerships in all counties to be served. One (1) statewide project will be funded; the location of the statewide project will not affect other applications from that county. If more applicants are approved for funding then there are funds available, priority will be given to those applicants proposing work/population of focus in the Ohio Health Improvement Zones - <https://odh.ohio.gov/know-our-programs/health-equity/health-improvement-zones> click on the "View County Dashboard" button to see your specific county data and Social Vulnerability Index (SVI) scores.

F. Number of Grants and Funds Available: Approximately \$1,200,000 in federal funds are expected for funding for up to fourteen agencies. Eligible agencies may apply for no more than \$84,000. For the statewide project, one comprehensive application should be submitted; the activities and funding level for the statewide project will be based on the statewide planning process with input from the SADVPP staff.

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 by **4 p.m. by Monday, Sept. 9, 2024**. Applications and required attachments received after this deadline will not be considered for review.

Contact Debra Seltzer at Debra.Seltzer@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 93.136 and 93.991.

I. Goals: The overall goal of this opportunity is to prevent sexual violence in Ohio through funding of strategies that decrease sexual violence prevention risk factors and increase sexual violence prevention protective factors, selecting strategies based on the best available evidence with a focus on primary prevention strategies at the community and societal levels of the social ecological model.

Funded agencies will be required to both participate in statewide planning and to convene a local planning and implementation process with community participation throughout the entire funding period. It is expected that at the start of the funding period the focus will be on review and assessment of strategies and partners prior to beginning strategy implementation.

This application is a competitive application and is intended to be a reset for all previously funded programs as well as an opportunity for new programs to come in through an intentional local planning process. There is also an increased expectation that awardees will participate in a statewide planning and implementation process, including monthly required statewide meetings and/or required participation in state or national training opportunities. Individual level strategies, including provision of curriculum for students such as “Safe Dates” or similar curriculum **will not** be supported though such curriculum may be used in a school either to recruit youth or train participants after forming a youth council or leadership team which works to implement one of the following three focus areas for this award: 1) creating protective environments, 2) changing social norms, and/or 3) strengthening economic supports.

J. Program Period and Budget Period: The program period will begin Feb. 1, 2025 and end on Jan. 31, 2030. The budget period for this application is Feb. 1, 2025 through Jan. 31, 2026.

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

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— Applicants 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,

note this when submitting the program summary with the grant application. If an applicant 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 achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation (See Ohio's State Health Assessment for Ohio's health data) at <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/>.
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused. <https://odh.ohio.gov/know-our-programs/health-equity/health-improvement-zones>
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review 2030 Target Setting Methodologies for Objectives in Healthy People 2030. <https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to be used.

- 1) Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in the [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments.
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up and downstream approaches to address social determinants of health and reduce disparities.

Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.

- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, community organizations, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunities to collaborate across sectors and may serve as a new source of support for the program.

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, those living in rural communities, 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 diseases, death, or disability is 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, learn, work, play, and age. 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 and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH is a 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**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

M. Human Trafficking: Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals. 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:

- Victims of human trafficking are included in your agency's target population.
 - At-risk population.
 - Mental health population.
 - Homeless population.
 - Agencies that promote the expansion of services to identify and serve those affected by human trafficking.
- ☒ X Applicable ☐ Not Applicable Sexual Violence Prevention Program

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Debra Seltzer at Debra.Seltzer@odh.ohio.gov.
- P. Acknowledgment:** An application submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms must be uploaded into GMIS by **Monday, Sept. 9, 2024 at 4 p.m.**
- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of the funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, a written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant via GMIS.
- T. Review Criteria:** All proposals will be scored on the quality, clarity, and completeness of the application. Applications will be scored according to the extent to which the proposal:
1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
 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 can attain program objectives.
 4. Describe [SMARTIE](#) (Strategic, Measurable, Achievable, Relevant, Time-Bound, Inclusive and Equitable) objectives, activities, (SMARTIE) milestones and outcomes with respect to timelines and resources.
 5. Estimate reasonable cost to the ODH, considering the anticipated results.
 6. Show 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 to reflect the communities served through grant funds.
 7. Have an evaluation plan, including a design for determining program success and demonstrate that the community being served will be meaningfully engaged in formative and outcome evaluations.
 8. Respond to the special concerns and program priorities specified in the Solicitation.
 9. Have acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
 10. Are compliant with OGAPP.
 11. Explicitly identify 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.

12. Describe activities which support the requirements outlined in Sections I. through M. of this Solicitation Program. It is recommended that the applicant refer to the Application Review Form, Appendix D, when reviewing your application BEFORE submission in GMIS. Successful applications will be ones that contain all the information found in Appendix D and will likely be scored higher than those applications that do not have all the information contained in Appendix D.

ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given solicitations. **There will be no appeal of the Department's decision.**

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

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

ODH must approve, in advance, the content of any work produced under this grant. All 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 United States Department of Health and Human Services, Centers for Disease Control and Prevention under the Rape Prevention and Education-Ohio grant, grant award number 2 NUF2CE002583-01-00 and CFDA number 93.136.”

W. Reporting Requirements: Successful applicants are required to submit subrecipient program and expenditure reports. The reports must be received in accordance with the requirements of the OGAPP manual and this solicitation before the department releases 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:

- **Program Reports:** Subrecipients program reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. Quarterly reporting will be based on the Work Plan and guidance on how to report will be provided at the beginning of the grant year. **Program reports that do not include required attachments will not be approved.**

All program report attachments must clearly identify the authorized program name and grant number.

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

Period	Report Due Date
• February 1 – April 31, 2025	• May 10, 2025
• May 1 – July 31, 2025	• August 10, 2025
• August 1 – October 31, 2025	• November 10, 2025
• November 1 – January 31, 2026	• February 10, 2026

- Submission of subrecipient program reports via GMIS indicates acceptance of the OGAPP.
 - A success story is to be submitted as a part of the fourth quarter program report.
 - Programs are required to participate in the statewide evaluation project as requested by ODH.
 - Programs are required to work with ODH as needed to make strategy changes based on CDC requirements and guidance.
 - Programs are expected to respond to reasonable requests from ODH for input necessary to complete the annual CDC application, strategic plan and annual report, including submission of annual or mid-year reporting as required by CDC for the federal cooperative agreement under which Ohio receives these funds.
 - Annual ODH program consultant site visit.
- **Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursements (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:

Period	Report Due Date
February 1 – 28, 2025	March 10, 2025
March 1 – 31, 2025	April 10, 2025
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025
June 1 – 30, 2025	July 10, 2025
July 1 – 31, 2025	August 10, 2025
August 1 – 31, 2025	September 10, 2025
September 1 – 30, 2025	October 10, 2025
October 1 – 31, 2025	November 10, 2025
November 1 – 30, 2025	December 10, 2025
December 1 – 31, 2025	January 10, 2026
January 1-31, 2025	February 10, 2026

Subrecipient quarterly reimbursement expenditure reports **must** be completed and submitted **via GMIS** by the following dates: (**please see example below**).

Period	Report Due Date
February 1 – April 31, 2025	May 10, 2025
May 1 – July 31, 2025	August 10, 2025
August 1 – October 31, 2025	November 10, 2025
November 1 – January 31, 2025	February 10, 2026

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

- **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 March 5, 2026. 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, which 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 constitutes an authorization of the submission the agency official and serves as an electronic acknowledgment and acceptance of OGAPP rules and regulations.

X. Special Condition(s): A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time-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 to GMIS.

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

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building; unless allowable by the grant.
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. Funds may not be used to provide direct counseling, treatment, or advocacy services to victims or perpetrators of sexual violence.
17. Funds may not be used for media or awareness campaigns that exclusively promote awareness of where to receive victim services.

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

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

Subrecipients that spend \$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 material findings, must include a cover letter which:**

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

AB. Application Submission: Formatting Requirements: Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).

- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation on 8 ½ by 11-inch paper.
- Number all pages (print on one side only).
- Program narrative should not exceed 30 pages (**excludes** appendices, attachments, budget, and budget narrative).
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
submit
online.**

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. Must have an active SAM.gov registration.
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. If not previously submitted, if all federal funding expensed equals or exceeds \$750,000, upload the current audit to <https://harvester.census.gov/facweb/> or if less than \$750,000, email audit to audits@odh.ohio.gov.
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
 - Leadership Commitment Letter
 - Work Plan (Local Template provided in Appendix G; Statewide Template in Appendix H)
 - Expenditure Cost Report (Excel template provided to applicants upon receipt of NOAIF)
 - Staff Qualifications Documentation (for strategies beginning before Sept. 1, 2025)

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding (NOIAF) 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 constitutes an authorization by the agency official and serves as an 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 ODH.
- B. Budget:** Prior to completion of the budget section, please review page 19 of the Solicitation for unallowable costs. A 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:** For deliverable subgrants - provide a budget justification narrative outlining how the deliverable will be met.
 - 2. Personnel, Other Direct Costs, Equipment and Contracts:** For deliverable subgrants submit a budget for this section and the necessary form(s) to support costs for the period Feb. 1, 2025 to Jan. 31, 2026.

Funds may be used to support personnel, their training, travel (see OBM website) <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement.

All subrecipient personnel paid using any portion of this subgrant must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.

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

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

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 submitting the application, the subrecipient agency acknowledges the financial standards of conduct as stated herein.

D. Project Narrative:

1. Executive Summary: Identify the population of focus, services, and programs to be offered and what agency or agencies will provide those services and describe the burden of health disparities and health inequities related to this grant funding. Describe the public health problem(s) that the program will address. Quote the total funds requested and how they will be primarily 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.

Experience and Capacity to Address Sexual Violence Primary Prevention:

- Clarify how primary prevention of sexual violence fits with the agency's mission and strategic plan.
 - Is agency leadership knowledgeable about primary prevention of sexual violence at the outer (community and society) levels of the social ecological level.
- Summarize any existing sexual violence prevention and/or violence prevention (e.g., rape, intimate partner violence, dating violence, sexual harassment, sex trafficking, and bullying) efforts managed by your agency, including information on any other sources of funding for this work. Describe how this funding will be used to expand upon or address other areas, and not supplant current funding sources.
- 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.
- Include a letter on your agency letterhead, signed by agency director and/or board president, affirming that both agency leadership and agency board are aware and support the following priorities of this award: (title the letter "**Leadership Commitment Letter**" and upload in GMIS in the Project Narrative section).
 - This funding opportunity is specific to primary prevention of sexual violence at the community and/or society levels, and therefore individual programming such as providing classroom curriculum in schools **will not** be the focus of strategies.
 - In the first year of the award, a focus for agency staff will be on building community engagement and developing a Community Action Plan (CAP), and the agency will follow the guidance of community partners in prioritizing strategies.
 - Agency staff will participate in the development and implementation of a statewide sexual violence prevention action plan, including related training, meetings, and work group sessions.

Existing partnerships:

- For **local applicants**, to what extent are there community groups in the area:
 - with a history of successful collaboration on sexual violence prevention and/or in other areas of prevention. Describe ways your agency has partnered with these community groups.
 - with a history of successful collaboration on health equity. Describe ways your agency has partnered with these community groups.
- For **applicants applying for the statewide funding**, provide a description of how statewide representation of local rape crisis centers and other sexual violence prevention partners in statewide planning and programming will be developed and maintained.
- For all applicants, in what ways have sexual violence prevention and health equity efforts been implemented with attention to intersectionality. See pages 10 – 11 in this Solicitation for further guidance as well as: https://www.cdc.gov/healthcommunication/Health_Equity_Lens.html.

Staff training expectations:

- Confirm that all program, contracted, and administrative staff responsible for supporting and implementing Sexual Violence Prevention (SVP) must complete training available through the CDC based VetoViolence: Principles of Prevention <https://vetoviolence.cdc.gov/apps/pop/prevention-intro.html> within four weeks of starting work under this funding agreement.
- Confirm that all sexual violence prevention program staff involved with this project either already have or will upon hiring establish a training plan aligned with the [National Intimate Partner and Sexual Violence Prevention Specialist Core Competencies](#). This includes three-month, one year, and ongoing competencies. Guidance on resources to meet the competencies is available from the Ohio Alliance to End Sexual Violence (OAESV). As part of their orientation, new staff should attend the Ohio Alliance to End Sexual Violence's *Ready, Set Go* introduction to primary prevention at the first opportunity after starting work.
- Confirm that personnel will participate in ongoing training activities as appropriate (e.g., scheduled relevant statewide trainings, PreventConnect.org webinars, VetoViolence, and etc.).
- Confirm that all program and administrative staff responsible for supporting and implementing SVP have completed an approved health equity training such as <https://www.cdc.gov/health-equity/what-is/video.html> or will complete such training within four weeks of starting work:
- Out-of-state travel must be submitted as part of the original grant, via a budget revision, or receive approval in writing from ODH program consultants in cases where no budget revision is necessary.

Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with Disabilities Act (ADA) Standards for Effective Communication in a manner and method 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. (see standards below)

- National CLAS Standards <https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,culturally%20and%20linguistically%20appropriate%20services>.
- ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>

- **Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only provide 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 disparity (e.g., population, location) health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable to serve as baseline data upon which evaluation will be based. Describe any primary (self-collected, community needs assessment, Community Health Assessment etc.) and secondary (existing) data that describes the problem (e.g., local school report card, PRIDE Survey, OYES, etc.).
 - Describe available county/local sources of data on related violence and risk and protective factors for violence/violence prevention (e.g., bullying rates, community tolerance of sexual violence, domestic violence rates, alcohol-related offenses, institutional support from the community to prosecute perpetrators, dating violence, sexual harassment, and bullying). For information about risk and protective factors, refer to CDC's Connecting the Dots. Only restate national and state data if local data is not available.
 - Identify and describe how the problem affects your community.

Population of Focus:

(This will be further identified through community partner involvement in the initial stages of Community Action Planning development.)

Clearly identify the population of focus. Explicitly describe segments of the target/priority 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.

- Conduct a data scan of state and local resources that include disaggregated data by demographics to determine highest burden of health disparities by geographic and/or demographic boundaries. Refer to pages 10 – 11 of this Solicitation for further guidance.
 - Identify data sources used to inform identification and selection of strategies for populations and communities most impacted by health disparities. Refer to pages 10 - 11 of this Solicitation for further guidance.
 - Briefly describe how you determined your priority population of focus. What is your rationale? How did your data sources lead you to your chosen priority population? Refer to pages 10 - 11 of this Solicitation for further guidance.
 - Specify geographic and demographic profile of population of focus, and relevant descriptors of barriers and motivations to behavior change.
- Research and statistics show that certain groups experience a disproportionate burden of sexual assault and intimate partner violence. These include members of racial and ethnic minority groups, people with disabilities, and those from the Lesbian, Bisexual, Gay, and Transgender communities. Social determinants such as low income, poverty, racism and discrimination, or a combination of these issues, complicate efforts to identify and provide services for these communities. Explicitly describe the burden of sexual violence for these groups in your jurisdiction or service area including its impact on the groups mentioned above.
 - Identify whether your service area is within one of Ohio's Health Improvement Zones (OHIZ) <https://data.ohio.gov/wps/portal/gov/data/view/ohio-health-improvement-zone-> and when possible, focus

on those areas with the highest Social Vulnerability Index (SVI) rankings (the SVI can be found by clicking on the “Visualize” tab on the OHIZ link above).

- Explicitly describe segments of the intended population who experience a disproportionate burden of the local health status concern in your selected settings (e.g. workplace, schools, community). This information must correspond with the Statement of Intent to Pursue Health Equity Strategies. (See NSVRC Risk and Protective Factors & Social Determinants of Health)

Community Areas of Need

- Describe potential gaps in sexual violence primary prevention programs and services in the community. How will the proposed sexual violence primary prevention project help fill these gaps?
- Describe any community barriers/anticipated barriers implementing sexual violence primary prevention activities and strategies for overcoming these issues (including any social marketing opportunities). These should include both real and perceived barriers.

3. **Methodology:** In narrative form, identify the program goals, **SMARTIE (Strategic, Measurable, Achievable, Relevant, Time-Bound, Inclusive and Equitable)** process, impact, or outcome objectives and activities. You can find more information regarding SMARTIE goals here: <https://www.managementcenter.org/resources/smartie-goals-worksheet/#:~:text=SMARTIE%20stands%20for%20Strategic%2C%20Measurable,by%20tangible%20and%20actionable%20steps.> 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.

The following Goals and Objectives are pre-set and listed below; see Appendices G/H for Local/State applicant work plan templates. Review and adapt the work plan to align with your community. The initial work plan will be a first draft, with an expectation for community review and revisions in the first part of the grant year.

Include as part of the work plan the activities timeline for program objectives and activities with the start and end dates for each.

DELIVERABLE 1 Objectives:

Goal 1: **Build infrastructure for Sexual Violence Prevention**

- **Objective #1A:** Build internal program capacity to facilitate and monitor the implementation of prevention programs/policies by acquiring, training and retaining staff. Agency staff must have basic and ongoing training in prevention core competencies, participate in statewide and local learning collaboratives and trainings, and work within their own agencies on agency infrastructure for sexual violence prevention. This will include a requirement for agencies that do not have staff who have completed the social marketing learning series (either because newly funded or due to staff turnover) to complete that training series (minimum of six sessions). All agencies will be required to attend three or more social marketing special topics sessions which will be offered at least quarterly and provide an opportunity for extended learning and sharing of their experiences among funded programs. Describe in your narrative who will be responsible for this work. See Appendices I/J for Local/State applicant budget and Expenditure Cost Report (ECR) guidance for this objective.
- **Objective #1B:** Conduct/promote training to build capacity of partner organizations (may include youth leadership teams) to promote sexual violence prevention and health equity. For local applicants, trainings within this objective will take place within the context of local action planning meetings. Budgeting for this objective will be connected with the meetings held as part of Goal

2, with reporting to include information about training content. Only the statewide applicant will include this objective as a stand-alone paid deliverable. See Appendices I/J for Local/State applicant budget and Expenditure Cost Report (ECR) guidance for this objective and Appendices E & F for the Meeting and Training Templates for further guidance on reporting.

- **Objective #1C:** Participate in State Action Planning.

All funded agencies must participate in the planned state action planning process. This will include meetings and work groups. Describe in your narrative who will be responsible for this work.

See Appendices I/J for Local/State applicant budget and Expenditure Cost Report (ECR) guidance for this objective.

Goal 2: Develop Community Action Plan (in conjunction with Goal 4 below) – State applicant see Appendix J for State Action Plan language to insert here.

- **Objective #2A:** Develop or enhance an existing community action plan (in collaboration with other local prevention partners and representatives from underserved communities) to support community-level implementation and sustainability of SV prevention.

A requirement of this new funding opportunity is that funded programs work with existing partners as well as new partners (see objective #2B) to review and affirm your population of focus and your initial strategy planning to establish an agreed local action plan for implementation going forward. Describe in your narrative application existing partners you expect to continue to work with. This can include youth. Describe in your narrative who will be responsible for this work. See Appendices I/J for Local/State applicant budget and Expenditure Cost Report (ECR) guidance for this objective.

Objective #2B: Leverage multi-sector partners and resources and with representatives from underserved communities in working toward SV prevention.

Describe in your narrative application potential new partners you anticipate working with. Meeting with potential new partners either individually or in groups is expected as a focus of the first three months of this award. Describe in your narrative who will be responsible for this work. See Appendices I/J for Local/Statewide applicant Budget and Expenditure Cost Report (ECR) guidance for this objective.

Goal 4*: **Use data to inform Community Action Planning(CAP) with involved partners** – State applicants insert State Action Plan language here. (see Work Plan for further guidance)

- **Objective # 4A:** Gather and synthesize publicly available community-level data to inform SV prevention, track disparities in targeted SDOH and rate of SV in priority populations and use this data to select communities and populations for intervention and to improve programmatic activities. Include data from the Community Wellbeing: Social Determinants of Health Dashboard for this goal. There will not be a paid deliverable associated with this objective, it is work that will take place related to the community action plan and/or state action plan.

- **Objective # 4B:** Use program monitoring and evaluation data and other available data to improve SV prevention strategy implementation.

This is work that will be completed either within the community action planning process (CAP) or as a part of strategy implementation. It is not paid for separately. Describe in your narrative who will be responsible for this work. There will not be a paid deliverable associated with this objective, it is work that will take place related to the community action plan and/or state action plan.

DELIVERABLE 2:

Goal 3*: **Implement at least one prevention strategy(s) in at least one of three focus areas.**

NOTE: The statewide applicant is not expected to do work for this goal during Year 1.

Focus areas are 1) creating protective environments, 2) promoting social norms that protect against violence or 3) strengthening economic supports. For the purposes of the application, select one of the three focus areas and describe a potential implementation plan. This plan will be reviewed and confirmed through the community

action planning process.

Strategies must be informed through community engagement and mobilization efforts to ensure they align with the needs of the identified populations and settings, and social marketing techniques must be used to inform activities.

- **Objective # 3A:** Identify, implement and adapt SV prevention strategies that increase health equity through reduced disparities in targeted Social Determinants of Health (SDOH), with a focus on implementation at the community- and societal- levels. Utilize data from the [Community Wellbeing: Social Determinants of Health Dashboard](#) in identification of this goal.

NOTE: See additional guidance from CDC in Appendix K on the focus areas. Further guidance can also be found here: Sexual Violence Prevention Resource for Action https://www.cdc.gov/violenceprevention/pdf/sv-prevention-resource_508.pdf and examples of appropriate deliverables for this goal can be found in Appendix I - Local applicant Budget and Expenditure Cost Report (ECR) guidance.

*** The CDC defined goals are out of sequence to fit within the RFP Deliverables for this Project. They are in numeric order in the Work Plan and are listed this way in the Solicitation for definition purposes only.**

Applicants should propose in their application a strategy or strategies to address one of the three focus areas, with the understanding that this strategy will also be reviewed by the community action planning team and may be adapted or changed based on the results of that effort. It is a requirement of this grant that the applicant also implement social marketing within the strategy or strategies chosen.

“Social Marketing seeks to develop and integrate marketing concepts with other approaches to influence behavior that benefit individuals and communities for the greater social good. Social Marketing practice is guided by ethical principles. It seeks to integrate research, best practice, theory, audience and partnership insight, to inform the delivery of competition sensitive and segmented social change programs that are effective, efficient, equitable and sustainable.” *The International Social Marketing Association and the North American Social Marketing Association*

When applying a Social Marketing Approach to grant activities, all funded programs must include steps and/or work in such a way that reflects the following core principles. Additional guidance and support will be provided during the grant year.

- Customer Orientation: Any decisions must be based on full engagement with your priority population through various forms of listening (e.g., focused conversations, surveys, listening circles, Photovoice, etc.). This is the key.
- Behavioral Goal. Know what it is that you want your priority population to DO. It is not enough to focus on only raising awareness or simply providing new information. You must be clear on the action they will take because of your social marketing program.
- Segmentation: Divide your priority population by identifying subgroups within your priority population that are more like each other when responding to tactics and strategies.
- Barrier/Benefit (Asset): A careful analysis of what prevents your priority population from doing the desired behavior and what motivates them to do so.
- Competition Analysis: Identification of what your priority population could be doing instead of the desired behavior. Understanding that which competes against your desired behavior will help you better situate it in the minds of those in your priority community.

- Develop a marketing-mix indicating what you are offering your priority communities (i.e., Product), what they must overcome or give up to successfully adopt your desired behavior (i.e., Price), how to best reach them through the right channels of communication (i.e., Place); and how to best reach them with the right messaging (i.e., Promotion).
- Informed by theory: What theories can you reference to help develop your prevention strategy such as exchange theory, social norms, stages of behavior change or diffusion of innovations, etc.?

For previously funded applicants and applicants able to show they have existing staff who meet the core prevention competencies and are familiar with social marketing learning concepts, they can include strategy implementation in the first six months of the project – you are required to attach documentation showing appropriate staff qualifications (i.e. job descriptions, training records, social marketing class completion, etc). Entitle this documentation “Staff Qualifications” and upload it to the Program Narrative section in GMIS. For all applicants, strategies starting in September 2025 must be approved as part of the required community action planning process. In this application for the second half of the year, some funds will be budgeted to be held until after that final decision-making process. See Appendix I Budget and ECR guidance for details on allowable budgeting for this deliverable. **The statewide applicant is not expected to do work for this goal during Year 1.**

In the project narrative section, applicants must clearly describe how they will identify, implement, and adapt SV prevention strategies that increase health equity through reduced disparities in targeted SDOH, with a focus on implementation at the community- and societal-levels. Applicants should describe plans for implementing at least one program/policy effort in at least one of the three focus areas and describe how any new program/policy efforts not listed as examples in the VetoViolence approach search tools meet the required criteria for new program/policy efforts listed in the NOFO. In addition, applicants should describe how they will make their programs accessible and available to participants regardless of age, race/ethnicity, sexual orientation, gender identity, sex, ability, or socioeconomic status. Applicants should also describe how the proposed programs or policy efforts will address inequities in social and structural determinants of health to advance health equity and prevent SV before it starts (primary prevention). Refer to pages 10 - 11 of this Solicitation for further guidance.

For applicants applying for the Statewide Coalition/Statewide Training and Technical Assistance funds/award – The work plan should focus on Goal 1, with additional focus on provision of technical assistance to local programs throughout the state, on supporting the state evaluation team for statewide assessments, data collection and review, and the implementation of the state action plan.

Staff from the agency applying for the statewide coalition/statewide training and technical assistance funds/award will be expected to participate in state action planning, including providing support for partner participation, involvement in state work groups, and to provide training and technical assistance including onboarding training for new prevention providers, training for local communities as identified as needed through the state action planning process, and provision of technical assistance to both funded and unfunded local programs. Training provided must be informed by members of the state action planning team. Describe in your narrative who will be responsible for this work. See Appendix J for Budget and ECR guidance.

Describe evaluation measures that will be used to determine the overall success of the program. Describe impacted measures as well as process/activity level measures. Provide assurance that the project will work with the ODH evaluator.

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 online automatically with each application online.

F. Federal Funding Accountability and Transparency Act (FFATA): All applicants applying for ODH grants are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, 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 new applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to <https://sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed 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 in 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 must be uploaded in GMIS by **4 p.m. on or before Monday, Sept. 9, 2024.**

III. APPENDICES

- A. Notice of Intent to Apply for Funding (NOIAF)
- B. GMIS Training, User Access, Access Change or Deactivation
- C. C1 Deliverable – Objective Descriptions
- D. Application Review Form
- E. VW25 Grant Meeting Template
- F. VW25 Grant Training Template
- G. Work Plan Template – Local applicants
- H. Work Plan Template – Statewide applicant
- I. Budget and Expenditure Cost Report (ECR) Guidance – Local Applicants
- J. Budget and Expenditure Cost Report (ECR) Guidance – Statewide Applicant
- K. CDC Guidance on Focus Areas and ODH Guidance on Adaptations to Programs and Policies

Appendix A

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health Office of

Medical Director

Bureau of Health Improvement and

Wellness

Sexual Assault and Domestic Violence Prevention

Program

Submission Required

See due date below.

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

Reimbursement

Type

Select one of the options below:

☐ Monthly

☐ OR

Quarterly

ALL THE 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)

<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> 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 for a new agency, NOIAF's will not be accepted if the name doesn't match what is listed in GMIS. If the agency head needs to be updated in GMIS, please include a letter on the 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 not, 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 Tina.Krempasky@odh.ohio.gov BY July 31, 2024.

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

Appendix B

This form must be submitted with the Notice of Intent to Apply for Funding Form for all new ODH applicants.

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that the 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:

☐ Employee —needs GMIS Training

☐ New Employee —needs GMIS Access. Effective Date of Activation: _____

☐ Existing Employee —New GMIS User or GMIS User Access Change.

Effective/Change Date: _____

☐ Deactivation —User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only: Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

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

Agency Name & Address: _____

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that applies and enter requested information: Email Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to:

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

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

Deliver Requests to Maria Kapenda, Data System Administrator, 614-620-5184

Scan & Email: Maria.Kapenda@odh.ohio.gov

Appendix C1 – LOCAL APPLICANTS

Name of Subgrant Program:

Budget Period: 2/1/24 – 1/31/25

of Deliverables: 2

2 Deliverables Only.

Deliverable 1 – State and Community Action Plans (\$60,500 – \$70,500).

- **Objective #1A** - Build internal program capacity to facilitate and monitor the implementation of prevention programs/policies by acquiring training and retaining staff. **\$25,500 - \$35,500.**
- **Objective #1B: there is no Objective 1B** for local applicants- it is for the statewide applicants only.
- **Objective #1C:** Participate in State Action Planning. **\$20,000.**
- **Objective #2A** - Develop or enhance an existing community action plan (in collaboration with other local prevention partners and representatives from underserved communities) to support community-level implementation and sustainability of SV prevention. **\$15,000.**
- **Objective #2B:** Leverage multi-sector partners and resources and with representatives from underserved communities in working toward SV prevention. Activity #2B - 1: Individual or small group meetings to engage with potential new partners. Documentation – completion of meeting report form, Appendix E.
Unit cost per meeting definition: 10 units@\$500. - **\$5,000**

Deliverable 2 – Strategy Implementation (\$13,500 - \$23,500).

- **Objective #3A:** Applicants who have previously implemented related strategies should designate in their application one strategy for implementation between February 1 – August 30, with deliverables totaling not more than **\$10,000.**
- **Objective #3A :** All applicants should designate **\$13,500** to be spent following the guidance of the community action planning process. Proposed deliverables for these costs will be due to ODH by August 1st for approval for September 1 – January 31 of the grant year.

Appendix C1 – STATEWIDE APPLICANTS

Name of Subgrant Program:

Budget Period: 2/1/24 – 1/31/25

of Deliverables: 2

2 Deliverables Only.

Deliverable 1 – State and Community Action Plans (\$200,000).

- **Objective #1A:** Build internal program capacity to facilitate and monitor the implementation of prevention programs/policies by acquiring, training and retaining staff. **\$25,500 - \$35,500.**
- **Objective #1B:** Conduct/promote training to build capacity of state and local prevention partners to promote sexual violence prevention and health equity. (Cost to be determined by statewide applicant).
- **Objective #1C:** Participate in State Action Planning. **\$20,000.**
- **Objective #2A:** **There is no Objective #2A** for statewide applicants.
- **Objective #2B:** Leverage Multi-sector partners and resources and work with representatives from underserved communities to plan and implement SV prevention.

Deliverable 2 - Statewide applicants are not expected to do work for this goal during Year 1.

Appendix D

2025 Application Review Form Competitive Solicitation for VAWA Sexual Assault Prevention

Applicant Agency:	GMIS#:
<input type="checkbox"/> Local Proposal County(ies) to be served:	Requested Initial Budget \$
<input type="checkbox"/> State-wide Proposal	
<input type="checkbox"/> Previously Funded Applicant <input type="checkbox"/> New Applicant	
Is the identified service area in one of Ohio's Health Improvement Zones?	

ODH USE ONLY: External Reviewer Responsibilities	YES √
Grant Application Reviewer Packet Received.	
Conflict of Interest Form Submitted.	
Reviewer Score Sheet and Recommendations submitted.	
Attend External Panel Review DATE:	

Overall Scoring

Criteria	Maximum Score	Reviewers Score
Executive Summary	4	
Applicant Agency	30	
Problem/Need Statement	24	
Methodology/Deliverables	30	
Budget Review	12	
TOTAL	100	

Competitive Solicitation for 2025 VAWA Sexual Assault Prevention

Recommendation of Reviewer:

- ☐ Approval as submitted (no conditions).
- ☐ Approval with conditions. List condition(s) below.
- ☐ Disapproval of project. Reason(s) are stated below.

External Reviewer's Comments:

Proposal strengths:

Proposal weaknesses:

Recommended technical assistance or training needs:

Special Conditions:

Disapproval for the following reasons: The following criteria constitute grounds for disapproval of application:

1. Mandatory requirements were not fulfilled.
 2. Incompleteness of grant proposal or inconsistency with goals and/or purpose of the ODH program and competitive solicitation.
 3. Gross inappropriateness in the purpose, objectives, and activities of an application or its budget measured by review criteria.
 4. Fraudulent presentation.
 5. Determination that grant funds are to be used as a substitute for an existing project's current resources.
-
-
-

Scale	0 = Does NOT meet expectations	1 = Meets expectations
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Criteria: Executive Summary	Comments	Maximum Score	Reviewer Score
<input type="checkbox"/> Identifies the population of focus, services and programs to be offered.		1	0 - 1
<input type="checkbox"/> Describes the agency who will provide those services.		1	0 - 1
<input type="checkbox"/> Describes the burden of health disparities and health inequities related to this grant funding.		1	0 - 1
<input type="checkbox"/> Describes the public health problem(s) that the program will address.		1	0 - 1
<input type="checkbox"/> States the total funds that are being requested and how they will be primarily used.		No points	Y/N
Total Executive Summary		4	

Scale	0 = Does NOT meet expectations	1 = Partially meets expectations	2 = Meets expectations	3 = Exceeds expectation
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Criteria: Description of Applicant Agency	Comments	Maximum Score	Reviewer Score
<input type="checkbox"/> Describes agency eligibility to apply. Summarizes agency's structure as it relates to this project and, as the lead agency, how it will manage the program.		3	0 1 2 3
<input type="checkbox"/> Describes how primary prevention of sexual violence and the proposed project fits with the agency's mission and strategic plan. Addresses leadership knowledge about primary prevention of sexual violence at the outer (community and society) levels of the social ecological model.		3	0 1 2 3
<input type="checkbox"/> Summarizes any existing sexual violence prevention and/or violence prevention (e.g., rape, intimate partner violence, dating violence, sexual harassment, sex trafficking, and bullying) efforts managed by agency, including any other sources of funding for this work.		3	0 1 2 3
<input type="checkbox"/> Describes how this funding will expand upon but not supplant current funding source.		3	0 1 2 3
<input type="checkbox"/> 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.		3	0 1 2 3
<input type="checkbox"/> Includes a letter from leadership meeting the expectations as described in the RFP.		3	0 1 2 3

Criteria: Description of Applicant Agency	Comments	Maximum Score	Reviewer Score
Existing Partnerships <input type="checkbox"/> Local applicants - Describes prior experience with community partners in successful collaboration on sexual violence prevention efforts and on health equity initiatives. OR <input type="checkbox"/> Statewide applicant - Provide a description of how statewide representation of local rape crisis centers and other sexual violence prevention partners in statewide planning and programming will be developed and maintained.		3	0 1 2 3
<input type="checkbox"/> Describes ways in which past sexual violence prevention and health equity efforts have been implemented with attention to intersectionality.		3	0 1 2 3
Personnel <input type="checkbox"/> Confirmed all expectations for staff training will be met. <input type="checkbox"/> Included required documentation for previously funded and/or SV competencies if planning to start any strategies in the first six months of the grant year.		3	0 1 2 3
<input type="checkbox"/> Described capacity of organization, its personnel, and/or contractors to communicate effectively and convey information in accordance with the standards as outlined in the RFP.		3	0 1 2 3
		Maximum Score	Reviewer Score
Total Description of Applicant Agency.		30	

Scale	0 = Does NOT meet expectations	1 = Partially meets expectations	2 = Meets expectations	3 = Exceeds expectation
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Criteria: Problem/Need	Comments	Maximum Score	Reviewer Score
<input type="checkbox"/> Identifies and describes the local health status concern(s) that will be addressed by the program. Describes any primary and secondary data that describes the problem.		3	0 1 2 3
<input type="checkbox"/> Describes available county/local sources of data on related violence and risk and protective factors for violence/violence prevention.		3	0 1 2 3
<input type="checkbox"/> Describes how the problem affects the community to be reached.		3	0 1 2 3
<input type="checkbox"/> Describes results of data scan of state and local resources to determine highest burden of health disparities by geographic and/or demographic boundaries.		3	0 1 2 3
<input type="checkbox"/> Identifies data sources used to inform identification and selection of strategies for populations and communities most impacted by health disparities.		3	0 1 2 3
<input type="checkbox"/> Describes the priority population of focus and how it was determined.		3	0 1 2 3
<input type="checkbox"/> Specifies geographic and demographic profile of population of focus, and relevant descriptors of barriers and motivations to behavior change.		3	0 1 2 3
<input type="checkbox"/> Explicitly describe the burden of sexual violence for these groups in their jurisdiction or service area including its impact on the groups disproportionately impacted.		3	0 1 2 3

Criteria: Problem/Need	Comments	Maximum Score	Reviewer Score
<input type="checkbox"/> Explicitly describe segments of the intended population who experience a disproportionate burden of the local health status concern. This information must correspond with the Statement of Intent to Pursue Health Equity Strategies.		3	0 1 2 3
<input type="checkbox"/> Describes potential gaps in sexual violence prevention programs and services in the community, and addresses how the proposed project will help fill these gaps.		3	0 1 2 3
<input type="checkbox"/> Describes any community barriers/anticipated barriers implementing sexual violence primary prevention activities and strategies for overcoming these issues.		3	0 1 2 3
Total Problem/Need		24	

Scale	0 = Does Not meet expectation	1 – 2 = Partially meets expectation	3-4 = Meets expectation	5-6 = Exceeds expectation
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Criteria: Methodology/Deliverables	Comments	Maximum Score	Reviewer Score
<input type="checkbox"/> Narrative includes a summary of program goals, SMARTIE process, impact or outcome objectives and activities.		No points	Y/N
<input type="checkbox"/> Work Plan was adapted to align with the local community and submitted as an attachment, and clear, complete and appropriate.		6	0 1 2 3 4 5 6
Criteria: Methodology/Deliverables	Comments	Maximum Score	Reviewer Score
<input type="checkbox"/> For local programs, a strategy or strategies to address one of the three			

<p>focus areas is discussed. Application shows an understanding of how social marketing concepts will be utilized to implement strategies.</p> <p>OR</p> <p><input type="checkbox"/> For statewide applicant, the work plan appropriately focuses on training and technical assistance within Goal 1 and discusses how this work will be implemented.</p>		6	0 1 2 3 4 5 6
<p><input type="checkbox"/> For local applicants, if they plan to implement a strategy in the first six months of the grant year, they show that they have the capacity to do so and clearly describe the intended program or policy effort. For all applicants, they confirm that strategies will be implemented with input from the community action planning group and that strategies for the second half of the year will be selected in partnership with the community action planning group.</p> <p>OR</p> <p><input type="checkbox"/> The statewide applicant identifies how input from local programs will be included in planning for training opportunities.</p>		6	0 1 2 3 4 5 6
<p><input type="checkbox"/> The deliverables as written in the ECR (Excel) budget document are clear, align with the narrative, and appear to represent a program that can be successfully implemented.</p>		6	0 1 2 3 4 5 6
<p><input type="checkbox"/> Describes the evaluation measures that will be used to determine the overall success of the program. Describes impact measures as well as process/activity-level measures. Provides assurance agency will work with ODH evaluator.</p>		6	0 1 2 3 4 5 6
Total Methodology/Deliverables		30	

Criteria: Budget Review from a program perspective (12 points)	Comments	Maximum Score	Reviewer Score
<input type="checkbox"/> Budget is reasonable, appropriate and adequate to meet the goals and objectives of the project. The budget includes a justification for unusual and high cost items.		6	0 1 2 3 4 5 6
<input type="checkbox"/> Deliverables in the Cost Expenditure Report (ECR) are clearly described, measurable, and relevant.		6	0 1 2 3 4 5 6
Total Budget Review		12	

Appendix E

VW25 Grant Meeting Documentation

Meeting Date: _____ **Agenda Attached:** ☐ Yes ☐ No **Organizer:** _____

In-Person Location: _____ **Travel Log:** ☐ Yes ☐ No

☐ **Virtual Platform:** (ZOOM, Microsoft Teams, etc) _____

Total # of Attendees: Adults: _____ Youth: _____

Focus of the Meeting:

☐ Building Relationships/Getting to Know Audience

☐ Training (*must submit the ODH Training Document*)

☐ Local Action Plan

Development/Implementation/Review

_____ SWOT Analysis

_____ Population Selection

_____ Setting Goals

_____ Determining Strategies

_____ Pretest/Pilot

_____ Finalize

_____ Launch

_____ Review of Progress/Evaluation

☐ Community Assessment Activities

☐ Other (*explain in minutes*)

☐ Social Marketing Plan

Development/Implementation/ Review

_____ SWOT Analysis

_____ Population Selection

_____ Setting Goals

_____ Determining Strategies

_____ Pretest/Pilot

_____ Finalize

_____ Launch

_____ Review of Progress/Evaluation

Meeting Minutes/Summary of the Meeting: (*include list of names/affiliations for all adults in attendance, use separate sheet if needed*)

Evaluation Activities: ☐ No ☐ Yes – provide summary of activities

Appendix F

VW25 Grant Training Documentation

Training Date: _____ **Name of Training:** _____

Training Dosage: *# of sessions* _____ *Length of Training Session:* _____

In-Person Location: _____ **Travel Log:** ☐ YES ☐ NO

☐ **Virtual Platform:** *(ZOOM, Teams Mtg, other)* : _____

Name of Trainer(s) and Affiliation(s): _____

Training Audience: ☐ Local Action Planning Team ☐ Component of a Strategy *(following the Social Marketing process)*

Describe the Audience: *(age, demographics being reached, etc)*

Who Created the Training: _____

Is the Training Evidence Based or Evidence Supported? ☐ No ☐ Yes – If yes, was the curriculum modified?

☐ No ☐ Yes - If yes, please describe:

Non-Evidence Based/Supported Training: *(provide a summary of how the curriculum was created/what theory base or resource was used to create the curriculum)*

Intended Outcomes: *(are the outcomes related to SV risk and protective factors, health equity, SDoH needs, other?)*

Total # of attendees: _____ Adults _____ Youth

Summary of Curriculum & Training: *(include names/affiliations of adults, content presented, outline or agenda, etc)*

Evaluation Activities: *(i.e. Pre/Post surveys or tests)* ☐ No ☐ Yes – provide summary of activities

Appendix G

Work Plan Template – Local applicants

Goal 1: Build Infrastructure for Sexual Violence Prevention

Objective #1A: Build internal program capacity to facilitate and monitor the implementation of prevention programs/policies by acquiring, training and retaining staff.			
Process Measures: Number & types of training provided/participated in, # & types of onboarding activities, # of policies that promote staff retention.		Outcome Measures: % of RPE funded prevention staff turnover; # of agency policies revised to reflect best practices for equitable and trauma informed organizations.	
Milestone Description (Provide a concise statement of the milestone.)	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.)	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)
Training and Technical Assistance calendar that includes opportunities for building new and existing staff primary prevention competencies.	Onboarding new staff – prevention core competencies with resources for training, guidance for external training opportunities, Ready, Set, Go primary prevention onboarding training and Ohio RPE specific trainings such as the CQI series.	2/1/25	4/30/25 and as needed for new staff.
	Participation in statewide and local learning collaboratives and trainings.	2/1/25	Ongoing
Agency policy revisions.	Policy review, recommendations and adoption of changes.	2/1/25	Ongoing
Social Marketing.	Participate in initial learning series and/or Ongoing quarterly special topics sessions.	2/1/25	Ongoing

Objective #1B: Conduct/promote training to build capacity of partner organizations (may include youth leadership teams) to promote sexual violence prevention and health equity.

Process Measures: # of Training & Technical Assistance (TA) specific to sexual violence prevention and health equity topics, # of Trainings and number of unique times technical assistance is provided specific to sexual violence prevention and health equity topics documented in Quarterly Reports.		Outcome Measures: Changes in community assessments that indicate an increase in capacity to promote sexual violence prevention and health equity.	
Milestone Description (Provide a concise statement of the milestone.)	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.)	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)
Training and Technical Assistance calendar that includes TTA & Learning Opportunities for building partner understanding of sexual violence prevention and health equity.	Ongoing training – Provide relevant annual virtual and in-person sexual violence prevention and health equity training opportunities for agency staff and with partner programs, agencies and councils. (For local programs this will be billed as a component of the community action plan meetings in Goal 2). Only the state coalition will bill for work related to this objective.	2/1/25	Ongoing
	Promote available appropriate state and national health equity training opportunities to partners.	2/1/25	Ongoing

Objective #1C: Participate in State Action Planning

Process Measures: # of statewide meetings participated in, # of state sponsored trainings attended, # of State TA sponsored programs & activities participated in.		Outcome Measures: Changes in capacity for implementing strategies and approaches based on an annual evaluation/PPCA self-assessment.	
Milestone Description (Provide a concise statement of the milestone.)	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.)	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)
State Action Plan progress report.	Attend state action planning meetings.	As scheduled	1/31/25
	Attend RPE events scheduled for the purposes of training, technical assistance and sharing lessons learned.	As scheduled	1/31/25

Goal 2: Community Action Plan

Objective #2A: Develop or enhance an existing community action plan (in collaboration with other local prevention partners and representatives from underserved communities) to support community-level implementation and sustainability of SV prevention.			
Process Measures: # of meetings & agendas that focus on action plans that support community level implementation, # of partners that represent underserved communities, % of shared resources & leadership representation.		Outcome Measures: Plan & program changes between implementation years that demonstrate shared power and decision making for prevention sustainability.	
Milestone Description (Provide a concise statement of the milestone.)	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.)	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)
Draft Community Sexual Violence Prevention Plan.	Work with identified community partners to review/revise identification of population of focus.	2/1/25	7/31/25
	Work with identified community partners to review/revise agency initial strategy planning to plan, prioritize and establish a portfolio of SV prevention strategies based on the best available evidence strategically and intentionally.	2/1/25	7/31/25
	Continue meetings with community partners to inform implementation of the plan as submitted.	8/1/25	1/31/26
Objective #2B: Leverage multi-sector partners and resources and work with representatives from underserved communities to plan and implement SV prevention.			
Process Measures Number of partnership meetings, # of sectors and partners represented, # of resources shared by partners, # of partners engaged in SV prevention and/or health equity activities/strategies, # of partners representing underserved communities, # of public/private partnerships established/maintained that include partners representing underserved communities.		Outcome Measures Increase in local community partnerships measured by the collaboration questionnaire; key informant interviews, annual needs & resource assessment to measure baseline on current and new partners and number and impact of coordinated prevention efforts. Expansion of partnerships by local programs that represent multi-sector collaborations to address SV & Health Equity.	
Milestone Description (Provide a concise statement of the milestone.)	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.)	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)

statement of the milestone.)			
Coordinated efforts to support sexual violence prevention and health equity work that engages diverse partnerships at state and local levels.	Focus recruitment of new partners as identified in the application for funding.	2/1/25	4/30/25
	Continue recruitment of new participants/partners to the community engagement efforts.	5/1/25	Ongoing

Goal 3: Implement one or more prevention strategies in one or more of three sexual violence prevention focus areas. Focus areas are 1) promoting social norms that protect against violence, 2) creating protective environments, or 3) strengthening economic supports. For the purposes of the application, select one of the three focus areas and describe a potential implementation plan. This plan will be reviewed and confirmed through the community action planning process. For further CDC guidance on strategies for creating protective environments and promoting social norms, see: Sexual Violence Prevention Resource for Action - https://www.cdc.gov/violenceprevention/pdf/sv-prevention-resource_508.pdf.

Objective # 3A: Identify, implement and adapt SV prevention strategies that increase health equity through reduced disparities in targeted SDOH, with a focus on implementation at the community- and societal- levels.			
Process Measures: Number of community & societal level strategies implemented, # of strategies that include a health equity component; # of individuals, organizations, communities reached.		Outcome Measures: Changes in collaboration questionnaire results that indicate increase in health equity and community societal level strategy strength, changes in PPCA Results-Community Engagement/Mobilization, changes in Health Equity Zone indicators, School Improvement Data-Comparisons from baseline to current implementation years, Success Stories including those that focus on Health Equity.	
Milestone Description (Provide a concise statement of the milestone.)	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.)	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)
	Strategies must be informed through community engagement and		

	mobilization efforts to ensure they align with the needs of the identified populations of focus and settings, and social marketing techniques must be used to inform activities.		
Possible Focus Area: Identify and implement strategies to create protective environments.	May include improving school climate and safety, improving organizational environments, reducing exposure to community level risks and modifying the physical and social environment. See CDC Resource to Action (Sexual Violence).	2/1/25	Ongoing
Possible Focus Area: Identify and implement strategies that promote social norms to protect against violence.	Promoting social norms that protect against violence, including addressing bystander approaches and men and boys as allies in prevention. See CDC Resource to Action (Sexual Violence).	2/1/25	Ongoing
Possible Focus Area: Identify and implement strategies to strengthen economic supports.	See Table XX for guidance on possible strategies. See CDC Resource to Action (Domestic Violence).	2/1/25	Ongoing

Goal 4 – Use Data to inform Community Action Planning with involved local partners

Objective # 4A Gather and synthesize publicly available community-level data to inform SV prevention, track disparities in targeted SDOH and rate of SV in priority populations and use this data to select communities and populations for strategy implementation and to improve programmatic activities.			
Process Measures: # & types of indicators being tracked, # of indicators added to dashboard, # of partnerships with data source organizations, data collection timelines, number and type of data use/share agreements with partners.		Outcome Measures: Change in disparities in the Health Improvement Zones, Change in rates of SV perpetration/victimization. Number and types of environmental and community changes.	
Milestone Description (Provide a concise statement of the milestone.)	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.)	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)

Identify locally available indicators for identified risk/protective factors, sexual violence and bullying rates, and health equity indicators that are in service to tracking disparities in targeted risk/protective factors and SV rates.	Review of data sources to identify indicators including alignment with health equity.	2/01/25	3/31/25
	Pilot dashboard with involved partners to determine needed changes—clarity in definitions/use/purpose.	7/1/25	Ongoing
	Collect most current indicator data and add to dashboard.	8/01/25	Ongoing
	Make updates to dashboard based on feedback.	As received	Ongoing
	Launch dashboard & share with other community partners so indicator data can be used to inform program implementation.	8/1/25	1/31/26

Objective # 4B: Use program monitoring and evaluation data and other available data to improve SV prevention strategy implementation.			
Process Measures: # of quarterly reports that include process & outcome evaluation TA, # of TA requests for evaluation support, % of grantees that use data to improve implementation, # of partnership meetings that include data sharing, # of implementation challenges identified and addressed through data sharing, # of data sources available to state and local partners to inform SV prevention implementation, % of state & local strategies implemented with fidelity, % of state & local strategies adapted using the Essential Elements Adaptation Guidance.		Outcome Measures: Changes in risk/protective factors; changes in health equity indicators, changes in implementation plans based on program monitoring & evaluation data use.	
Milestone Description (Provide a concise	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.)	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)

statement of the milestone.)			
Revised local plan based on data review results.	Review available implementation data sources for continuous program improvement.	4/01/25	1/31/25
	Share lessons learned.	5/01/25	1/31/25
Develop local logic model.	Work with community partners to build goals, objectives, strategies and outcomes and what resources are needed. Submit completed logic model to ODH by 7/31/25.	2/1/25	7/31/25

Appendix H

Work Plan Template – Statewide applicants

Goal 1: Build Infrastructure for Sexual Violence Prevention

Objective #1A: Build internal program capacity to facilitate and monitor the implementation of prevention programs/policies by acquiring, training and retaining staff.			
Process Measures: Number & types of training provided/participated in, # & types of onboarding activities, # of policies that promote staff retention.		Outcome Measures: % of RPE funded prevention staff turnover; # of agency policies revised to reflect best practices for equitable and trauma informed organizations.	
Milestone Description (Provide a concise statement of the milestone.)	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.)	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)
Training and Technical Assistance calendar that includes opportunities for building new and existing staff primary prevention competencies.	Onboarding new staff – prevention core competencies with resources for training, guidance for external training opportunities, Ready, Set, Go primary prevention onboarding training and Ohio RPE specific trainings such as the CQI series.	2/1/25	4/30/25 and as needed for new staff
	Participation in statewide and local learning collaboratives and trainings.	2/1/25	Ongoing
Agency policy revisions.	Policy review, recommendations and adoption of changes.	2/1/25	Ongoing
Social Marketing.	Participate in initial learning series and/or Ongoing quarterly special topics sessions.	2/1/25	Ongoing

Objective #1B: Conduct/promote training to build capacity of state and local prevention partners to promote sexual violence prevention and health equity.

Process Measures: # of Training & Technical Assistance (TA) specific to sexual violence prevention and health equity topics, # of Trainings and number of unique times technical assistance is provided specific to sexual violence prevention and health equity topics documented in Quarterly Reports.		Outcome Measures: Changes in community assessments that indicate an increase in capacity to promote sexual violence prevention and health equity.	
Milestone Description (Provide a concise statement of the milestone.)	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.)	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)
Training and Technical Assistance calendar that includes TTA & Learning Opportunities for building partner understanding of sexual violence prevention and health equity.	Ongoing training – Provide relevant annual virtual and in-person sexual violence prevention and health equity training opportunities for agency staff and with partner programs, agencies and councils.	2/1/25	Ongoing
	Promote available appropriate state and national health equity training opportunities to partners.	2/1/25	Ongoing

Objective #1C: Participate in State Action Planning

Process Measures: # of statewide meetings participated in, # of state sponsored trainings attended, # of State TA sponsored programs & activities participated in.		Outcome Measures: Changes in capacity for implementing strategies and approaches based on an annual evaluation/PPCA self-assessment.	
Milestone Description (Provide a concise statement of the milestone.)	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.)	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)
State Action Plan progress report	Attend state action planning meetings	As scheduled	1/31/25
	Attend RPE events scheduled for the purposes of training, technical assistance and sharing lessons learned.	As scheduled	1/31/25

Goal 2: State Action Plan

Objective #2A: Develop or enhance an existing state action plan (in collaboration with other state and local prevention partners and representatives from underserved communities) to support community-level implementation and sustainability of SV prevention.			
Process Measures: # of meetings & agendas that focus on action plans that support community level implementation, # of partners that represent underserved communities, % of shared resources & leadership representation.		Outcome Measures: Plan & program changes between implementation years that demonstrate shared power and decision making for prevention sustainability.	
Milestone Description (Provide a concise statement of the milestone.)	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.)	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)
Draft Community Sexual Violence Prevention Plan.	Work with identified state and local community partners to review/revise identification of population of focus.	2/1/25	7/31/25
	Work with identified state and local community partners to review/revise agency initial strategy planning to plan, prioritize and establish a portfolio of SV prevention strategies based on the best available evidence strategically and intentionally.	2/1/25	7/31/25
	Continue meetings with state and local community partners to inform implementation of the plan as submitted.	8/1/25	1/31/26
Objective #2B: Leverage multi-sector partners and resources and work with representatives from underserved communities to plan and implement SV prevention.			
Process Measures Number of partnership meetings, # of sectors and partners represented, # of resources shared by partners, # of partners engaged in SV prevention and/or health equity activities/strategies, # of partners representing underserved communities, # of public/private partnerships established/maintained that include partners representing underserved communities.		Outcome Measures Increase in state and local community partnerships measured by the collaboration questionnaire; key informant interviews, annual needs & resource assessment to measure baseline on current and new partners and number and impact of coordinated prevention efforts. Expansion of partnerships by local programs that represent multi-sector collaborations to address SV & Health Equity.	

Milestone Description (Provide a concise statement of the milestone.)	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.)	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)
Coordinated efforts to support sexual violence prevention and health equity work that engages diverse partnerships at state and local levels.	Focus recruitment of new partners as identified in the application for funding.	2/1/25	4/30/25
	Continue recruitment of new participants/partners to the community engagement efforts.	5/1/25	Ongoing

Goal 3: Implement one or more prevention strategies in one or more of three sexual violence prevention focus areas. Focus areas are 1) promoting social norms that protect against violence, 2) creating protective environments, or 3) strengthening economic supports. For the purposes of the application, select one of the three focus areas and describe a potential implementation plan. This plan will be reviewed and confirmed through the community action planning process. For further CDC guidance on strategies for creating protective environments and promoting social norms, see: Sexual Violence Prevention Resource for Action - https://www.cdc.gov/violenceprevention/pdf/sv-prevention-resource_508.pdf.

NOTE: The statewide applicant is not expected to do work for this goal during Year 1.

Objective # 3A: Identify, implement and adapt SV prevention strategies that increase health equity through reduced disparities in targeted SDOH, with a focus on implementation at the community- and societal- levels.

Process Measures: Number of community & societal level strategies implemented, # of strategies that include a health equity component; # of individuals, organizations, communities reached.

Outcome Measures: Changes in collaboration questionnaire results that indicate increase in health equity and community societal level strategy strength, changes in PPCA Results-Community Engagement/Mobilization, changes in Health Equity Zone indicators, School Improvement Data-Comparisons from baseline to current implementation years, Success Stories including those that focus on Health

		Equity.	
Milestone Description (Provide a concise statement of the milestone.)	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.) Strategies must be informed through community engagement and mobilization efforts to ensure they align with the needs of the identified populations of focus and settings, and social marketing techniques must be used to inform activities.	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)
Possible Focus Area: Identify and implement strategies to create protective environments.	May include improving school climate and safety, improving organizational environments, reducing exposure to community level risks and modifying the physical and social environment. See CDC Resource to Action (Sexual Violence).	2/1/25	Ongoing
Possible Focus Area: Identify and implement strategies that promote social norms to protect against violence.	Promoting social norms that protect against violence, including addressing bystander approaches and men and boys as allies in prevention. See CDC Resource to Action (Sexual Violence).	2/1/25	Ongoing
Possible Focus Area: Identify and implement strategies to strengthen economic supports.	See Table XX for guidance on possible strategies. See CDC Resource to Action (Domestic Violence).	2/1/25	Ongoing

Goal 4 – Use Data to inform State Action Planning with involved state and local partners

Objective # 4A Gather and synthesize publicly available state-level data to inform SV prevention, track disparities in targeted SDOH and rate of SV in priority populations and use this data to select communities and populations for strategy implementation and to improve programmatic activities.	
Process Measures: # & types of indicators being tracked, # of indicators added to dashboard, # of partnerships with data source organizations, data collection timelines, number and type of data use/share agreements with	Outcome Measures: Change in disparities in the Health Improvement Zones, Change in rates of SV perpetration/victimization. Number

partners.		and types of environmental and community changes.	
Milestone Description (Provide a concise statement of the milestone.)	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.)	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)
Identify locally available indicators for identified risk/protective factors, sexual violence and bullying rates, and health equity indicators that are in service to tracking disparities in targeted risk/protective factors and SV rates.	As a part of the state evaluation team, review of data sources to identify indicators including alignment with health equity.	2/01/25	3/31/25
	As a part of the state evaluation team, pilot dashboard with involved partners to determine needed changes—clarity in definitions/use/purpose.	7/1/25	Ongoing
	As a part of the state evaluation team, collect most current indicator data and add to dashboard.	8/01/25	Ongoing

Objective # 4B: Use program monitoring and evaluation data and other available data to improve SV prevention strategy implementation.

Process Measures: # of quarterly reports that include process & outcome evaluation TA, # of TA requests for evaluation support, % of grantees that use data to improve implementation, # of partnership meetings that include data sharing, # of implementation challenges identified and addressed through data sharing, # of data sources available to state and local partners to inform SV prevention implementation, % of state & local strategies implemented with fidelity, % of state & local strategies

Outcome Measures: Changes in risk/protective factors; changes in health equity indicators, changes in implementation plans based on program monitoring & evaluation data use.

adapted using the Essential Elements Adaptation Guidance.			
Milestone Description (Provide a concise statement of the milestone)	Key Activities (Provide a brief description of activities that will be conducted to complete the milestone.)	Start Date (Anticipated Milestone Start Date)	End Date (Anticipated Milestone End Date)
Revised state plan based on data review results.	As a part of the state evaluation team, review available implementation data sources for continuous program improvement.	4/01/25	1/31/25
Maintain state logic model.	Work with the state evaluation team to review goals, objectives, strategies and outcomes and what resources are needed.	2/1/25	7/31/25

Appendix I

LOCAL APPLICANTS ONLY: Budget and Expenditure Cost Report (ECR) Guidance.

NOTE: Upon receipt of NOAIF, an excel template for submission following the below budget guidance will be provided to applicant agencies. Submission of a completed Excel ECR in GMIS following the below guidance is a requirement for funding. It should be entitled "VW25 ECR" and uploaded into the Program Narrative section in GMIS.

Deliverable 1: State and Community Action Plans (\$60,500 – \$70,500).

Goal 1: Build Infrastructure for Sexual Violence Prevention.

Objective #1A - Build internal program capacity to facilitate and monitor the implementation of prevention programs/policies by acquiring training and retaining staff. **\$25,500 - \$35,500.**

Activity #1A-1: (Only if needed) Onboarding for new prevention staff - training opportunities to acquire prevention core competencies, Ready, Set, Go primary prevention onboarding training and Ohio RPE specific trainings such as the SMLS or CQI series. **Each unit billed should represent 90 - 120 minutes** of training time. (Documentation to include date, training title, name of staff person attending, summary of how this training will benefit their prevention work; and travel log or note that training was virtual. Where available include training agenda, certificate of attendance).

Anticipate up to 40 hours total – **20 units @ \$500 x unit = \$10,000.**

Activity #1A-2: Participation in statewide and/or local learning collaboratives and trainings. Trainings will either be assigned as part of the state action planning process or must be approved by ODH program staff in advance of participation. **Each unit billed should represent 90 - 120 minutes** of training time. (Documentation to include date, training title, name of staff person attending, summary of how this training will benefit their prevention work; and travel log or note that training was virtual. Where available include training agenda, certificate of attendance).

Anticipate approximately 3 – 4 units per month for a total of **45 units @ \$500/unit = \$22,500.**

Activity #1A-3: Registration cost for pre-approved skill based intensive training - There will be some recommended virtual opportunities on topics including meeting facilitation, social marketing, and planning and evaluation; funded projects can also propose other trainings. This line is unique in that it will be approved at the actual cost of registration for the training. \$3,000 is a placeholder; the specific training must be pre-approved by ODH staff prior to registration, and ODH will work with the local program to adjust any differences between the budgeted amount and the actual training through ECR revisions if needed. Programs will also bill for the unit cost of staff to attend the training using the training units budgeted above in Objective #1A, Activity #2.

Budget for one unit at **\$3,000.**

Objective #1B: this activity is for the statewide applicants only, there is no activity for local applicants.

Objective #1C: Participate in State Action Planning. **\$20,000.**

Activity #1C - 1: Attend statewide action planning meetings. Each unit represents a meeting that may be between 60 - 150 hours; longer meetings will include a break. There will be an expectation to co-facilitate one or more meetings. Meetings may include some pre-work associated with the shorter meetings. Some of these will be large meetings and some will be smaller work groups with an assigned task. Some events may be a training rather than a meeting. Meetings will be virtual, except if agreed upon by the group that an in-person longer meeting is scheduled in which case programs will be directed to bill for two units. Documentation for participation in these meetings will be maintained by ODH.

Anticipated 20 units. \$1,000/unit - \$20,000.

Goal 2: Develop Community Action Plan.

Objective #2A - Develop or enhance an existing community action plan (in collaboration with other local prevention partners and representatives from underserved communities) to support community-level implementation and sustainability of SV prevention. **\$15,000.**

Activity #2A -1: Action planning meetings to create a local/community action plan, which will include a review of all work of the funded project. Application for funding should identify community/communities of focus – can be geographic or otherwise clearly defined by the applicant agency. May be adults or could be a youth leadership/action team. Training of members of this team is included as part of these meetings. A satisfactory report on completion of these activities will be expected as part of the application for year two funding.

Unit cost per meeting is \$1,000; **10 units @ \$1,000 = \$10,000.**

Objective #2B: Leverage multi-sector partners and resources and with representatives from underserved communities in working toward SV prevention.

Activity #2B - 1: Individual or small group meetings to engage with potential new partners. Documentation – completion of meeting report form, Appendix E.

Unit cost per meeting is \$500: **10 units @ \$500 = \$5,000.**

Deliverable 2: Strategy implementation \$13,500 - \$23,500.
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Applicants should propose in their application a strategy or strategies to address one of the three focus areas, with the understanding that this strategy will also be reviewed by the community action planning team and may be adapted or changed based on the results of that effort. See Appendix K for guidance on these from the CDC NOFO.

Applicants who have previously implemented related strategies should designate in their application one strategy for implementation between February 1 – August 30, with deliverables totaling not more than \$10,000 in cost. All applicants should designate \$13,500 to be spent following the guidance of the community action planning process. Proposed deliverables for these costs will be due to ODH by August 1st for approval for September 1 – January 31 of the grant year. All strategies must be informed through community engagement and mobilization efforts to ensure they align with the needs of the identified populations and settings, and social marketing techniques must be used to inform activities.

In the project narrative, applicants must clearly describe how they will identify, implement, and adapt SV prevention strategies that increase health equity through reduced disparities in targeted SDOH, with a focus on implementation at the community- and societal-levels. Applicants should describe plans for implementing at least one program/policy effort in at least one of the three focus areas and describe how any new program/policy efforts not listed as examples in the VetoViolence approach search tools meet the required criteria for new program/policy efforts listed in the NOFO.

In addition, applicants should describe how they will make their programs accessible and available to participants regardless of age, race/ethnicity, sexual orientation, gender identity, sex, ability, or socioeconomic status. Applicants should also describe how the proposed programs or policy efforts will address inequities in social and structural determinants of health to advance health equity and prevent SV before it starts (primary prevention).

Sample language for Deliverable 2: Strategy Implementation.

Creating Protective Environments:

Following the planning process completed by your community action planning team, meet with the appropriate representatives of the organization where the strategy will be implemented (may be school administrators, non-profit or workplace leadership staff) to:

- Present assessment results (assessments are implemented through Deliverable 1) and propose plan for addressing identified needs (such as policy or other environmental changes).
- Work with that audience to develop the social marketing plan – further ODH guidance will be provided.
- Follow up meetings moving forward with implementation of the proposed plan.

Documentation – Complete Meeting Worksheet (Appendix E) making sure to emphasize the summary of meeting and how it ties in with your grant strategies/activities. Summary should document forward momentum and/or note barriers and revisions to the plan based on such barriers.

Provide trainings in alignment with the social marketing plan in the setting in which assessment was completed and other steps toward other policy or environmental change is also taking place. (For trainings, use ODH provided documentation Appendix F – will include table showing date, location, number of sessions, number of participants, confirmation that evaluation was completed, and travel log for in-person sessions or name of presenter and confirmation of platform/date for virtual presentations).

Create/distribute toolkit or other materials/other steps in service of creating protective environments (Documentation – Creation and disbursement process – more specific content should be identified prior to the approval of this as a deliverable, including cost that align with the actual plan.

Changing Social Norms:

Develop messaging campaign (may be social media, posters, etc.) following the social marketing process. (documentation: outline of campaign strategy).

Implement a social media campaign as outlined in the plan (documentation: copy of plan, hyperlink or photo of actual message, platform, date, intended audience, if relevant - #message reach, #audience comments, #liked, #shared

Implement other messaging (may be posters, newsletter, email distribution materials, blogs, podcasts, school announcements, radio or TV PSA campaign as outlined in the plan (documentation: venue, intended audience, and anticipated reach).

Participate in events as outlined in the social marketing plan (documentation: date, location, pictures of events and number of participants).

Strengthening Economic Supports: - This is a new area of work for Ohio; we do not have examples but will work with programs as their community action plans consider strategies in this area.

Appendix J

STATEWIDE APPLIANTS ONLY: Budget and Expenditure Cost Report (ECR) Guidance.

NOTE: Upon receipt of NOAIF, an excel template for submission following the below budget guidance will be provided to applicant agencies. Submission of the completed Excel ECR in GMIS following the below guidance is a requirement for funding. It should be entitled “VW25 ECR” and uploaded into the Program Narrative section in GMIS.

Deliverable 1: State Action Plan, Training and Technical Assistance (\$200,000).

Goal 1: Build Infrastructure for Sexual Violence Prevention.

Objective #1A - Build internal program capacity to facilitate and monitor the implementation of prevention programs/policies by acquiring, training and retaining staff. **\$25,500 - \$35,500.**

Activity #1A - 1: (Only if needed) Onboarding for new prevention staff - training opportunities to acquire prevention core competencies, Ready, Set, Go primary prevention onboarding training and Ohio RPE specific trainings such as the SMLS or CQI series. Each unit billed should represent 90 - 120 minutes of training time. (Documentation to include date, training title, name of staff person attending, summary of how this training will benefit their prevention work; and travel log or note that training was virtual. Where available include training agenda, certificate of attendance).

Anticipated 40 hours total – **20 units; \$500/unit - \$10,000.**

Activity #1A - 2: Participation in statewide and/or local learning collaboratives and trainings.

Training will either be assigned as part of the state action planning process or must be approved by ODH program staff in advance of participation. Each unit billed should represent 90 - 120 minutes of training time. (Documentation to include date, training title, name of staff person attending, summary of how this training will benefit their prevention work; and travel log or note that training was virtual. Where available include training agenda and/or a certificate of attendance)

Anticipate approximately 3 – 4 units per month for a total of **45 units @ \$500/unit = \$22,500.**

Activity #1A-3: Registration cost for pre-approved skill based intensive training - there will be some recommended virtual opportunities on topics including meeting facilitation, social marketing, and planning and evaluation; funded project can also propose other trainings. This line is unique in that it will be approved at the actual cost of registration for the training. Programs will also bill for the unit cost of staff to attend the training using the training units budgeted above in Objective #1A, Activity #2.

Plan for **\$1,500.00 per staff person** to attend; allowable to schedule for up to two attendees = **\$3,000.**

Objective #1B - Conduct/promote trainings to build capacity of state and local prevention partners to promote sexual violence prevention and health equity.

Activity #1B - 1: Costs related to planning and implementing trainings offered by staff of the statewide applicant for state and local partner programs including primary prevention 101/Onboarding training for new staff, other in-person or virtual training opportunities selected through the work of the state action planning team. Trainings should be listed as separate numbered activities. Applicant can propose training content/providers in the initial application but all trainings must receive pre-approval from ODH and be informed by the state action planning team. For budgeting purposes, in the application the statewide applicant should establish unit costs as follows:

- Activity #1B - 1a: Cost to plan and schedule training. Documentation to be selected trainer, topic, training objectives, date, and promotional description for the training.
- Activity #1B -1b: Post-event attendance and evaluation summary. Documentation to be submission of this information.

- Activity #1B - 1c: Cost of statewide applicant staff time to present the training. For the purposes of the application, the statewide applicant should include the cost for two of the Prevention 101/Ready, Set, Go introductory primary prevention trainings. Other trainings may be approved in this category from the funds budgeted in Activity #2, below, depending on the state action planning decisions on needed training.

Activity #1B - 2: Costs related to coordinating training by external providers for state and local partner programs based on topics selected through the work of the state action planning team. Applicant can propose training content/providers in the initial application but all trainings must receive pre-approval from ODH and be informed by the state action planning team. For budgeting purposes, in the application the statewide applicant should establish unit costs as follows:

- Activity #1B - 2a: Cost to identify, contact, and schedule external trainer. Documentation to be selected trainer, topic, trainer objectives, date, and promotional description for the training.
- Activity #1B - 2b: Post-event attendance and evaluation summary.
- Activity #1B - 2c: This line is unique in that it will be approved at the actual cost of contracting for the training. For the application, budget a total dollar amount which will not be eligible for payment until after pre-approval by ODH for a specific provider based on the state action planning process. These funds could potentially also be moved to Activity #1 if the training need identified is such that the statewide applicant staff might be the appropriate trainers.

Activity #1B - 3: Virtual Technical Assistance (emails, information gathering or resource sharing). Documentation: Name and affiliation of recipient of technical assistance, date, method (ie email, virtual meeting, etc), and summary of assistance provided.

Activity #1B - 4: Extended Technical Assistance (in-person meetings, resource report creation, onboarding meetings with new staff, virtual TA calls longer than 45 min). Name and affiliation of recipient of technical assistance, date and approximate length of contact, method (ie in-person, virtual meeting, etc), and summary of assistance provided.

Objective #1C: Participate in State Action Planning. \$20,000.

Activity #1C - 1: Attend statewide action planning meetings. Each unit represents a meeting that may be between 60 - 150 hours; longer meetings will include a break. There will be an expectation to co-facilitate one or more meetings. Meetings may include some pre-work associated with the shorter meetings. Some of these will be large meetings and some will be smaller work groups with an assigned task. Some events may be training rather than a meeting. Meetings will be virtual, except if agreed upon by the group that an in-person longer meeting is scheduled in which case programs will be directed to bill for two units. Documentation for participation in these meetings will be maintained by ODH. Anticipate up to **20 units. \$1,000/unit - \$20,000.**

Goal 2: State Action Plan.

Objective #2B: Leverage Multi-sector partners and resources and work with representatives from underserved communities to plan and implement SV prevention.

Activity #2B - 1: Individual or small group meetings to engage with potential new partners. Documentation – completion of meeting report form, Appendix E.

Activity #2B - 2: Provide support to enable members of the state action planning team who would not otherwise be able to participate in the state action planning process. May include contracting with new partners who otherwise do not have resources to participate, and/or reimbursement for all participants if there is an in-person meeting that incurs travel costs. For the purposes of the application, budget a total dollar amount which will not be eligible for payment until after further planning is complete regarding how these funds will be used and documented.

<p>Deliverable 2: The statewide applicant is not expected to do work for this goal during Year 1.</p>
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Appendix K

CDC Guidance on Focus Areas and ODH Guidance on Adaptations to Programs and Policies

The following strategy guidance is taken directly from the CDC guidance to states for the use of these funds:

Sexual Violence (SV) Prevention Strategy Focus Areas

The specific focus areas for the SV prevention strategies and approaches of interest are based on guidance from CDC's VetoViolence Violence Prevention in Practice tool (<https://vetoviolence.cdc.gov/apps/violence-prevention-practice/#/>). The Violence Prevention in Practice tool encompasses violence prevention strategies and approaches from all of CDC's Violence Prevention Resource for Action (previously referred to as Technical Packages). This includes the Sexual Violence Prevention Resource for Action (previously referred to as STOP SV). Violence Prevention in Practice provides information about selecting, implementing and evaluating strategies, approaches, and programs based on the best available evidence. Communities and states can use these resources to prioritize their efforts on activities with the greatest potential to reduce multiple forms of violence. While the focus of this NOFO is on prevention of Sexual Violence, we encourage applicants to utilize CDC's Connecting the Dots framework (<https://www.cdc.gov/violenceprevention/about/connectingthedots.html>) and other relevant research to understand the causes and connections between different forms of violence.

Recipients should identify, implement, and adapt prevention strategies that reduce SV and increase health equity through reduced disparities in targeted SDOH.

Recipients are required to select example program or policy efforts from the NOFO Focus Areas listed below OR continue/propose a program or policy area that is not included as an example below, but meets the following criteria:

- Fits within one of the Focus Areas of this NOFO.
- Has documented evidence of effectiveness, OR includes one or more of the following criteria:
 - Is grounded in theory of primary prevention of SV.
 - Has demonstrated evidence of preventive effects on SV or associated community or societal level risk and protective factors through a less rigorous evaluation for the population of focus.
 - Has been successfully implemented prior to the time of application.
 - Addresses risk and protective factors for SV.
 - Demonstrates a link between the theory of the program/policy effort and targeted outcomes addressing SV.
 - Is feasible to implement and evaluate.

Once funded, recipients can work with ODH for review of any proposed programs or policy areas that are not included as an example below.

Focus Area 1: Strengthen economic supports

Employment, stable housing, financial stability, and food security are important protective factors for women's risk of SV victimization. Policies and programs that work to improve financial stability can also reduce the risk factors associated with SV victimization. Two approaches with existing evidence are Strengthen Household Financial Security and Family-Friendly Policies. Strengthening household financial security addresses some violence risk factors, including poverty, unemployment, financial stress and hardship, childcare instability, parental stress, family conflict, depression, and gender inequality. Providing income supports (e.g., tax credits, childcare subsidies, livable wages), income-generating opportunities to empower and support women, and decreasing the gender pay gap directly target these risk factors. Family-friendly policies may change the context for households by improving the balance between work and family responsibilities, while helping ensure economic security. These supports help individuals and families increase

household income and buffer against risk for multiple forms of violence. Programs and policies that address this approach at the community- and societal-level have the potential to decrease gender inequality and economic instability, both risk factors for SV.

The list below includes the approaches and corresponding example programs, practices and policies under Focus Area 1:

- Strengthen household financial security.
- Family assistance programs such as TANF and SNAP.
- Tax Credits such as Earned Income Tax Credit (EITC) and Child Tax Credit.
- Subsidized/Affordable Child Care.
- Livable Wages.
- Microfinance programs.
- Comparable worth policies.
- Family-friendly policies.
- Paid leave policies.
- Workplace flexibility policies.

Focus Area 2: Create Protective Environments

In order to achieve population-level reductions in SV rates, SV prevention should include community- and societal-level strategies that change community characteristics, so they are safe, healthy, and protective. Community- and societal-level prevention strategies go beyond changing individual attitudes, beliefs, and behaviors, and focus on modifying community structures, social norms, environment, and policies. Approaches with existing evidence are Improve School Climate and Safety, Improve Organizational Environments, Reduce Exposure to Community-level Risks, and Modify the Physical and Social Environment. Improving safety and monitoring in schools includes modifying the school environment to reduce SV and to increase safety and support for students. Organizational policies establish and enforce standards of behavior in the work environment and create healthy organizational climates, which in turn can help prevent sexual harassment, child sexual abuse, and gender-based bullying. Community-level risks for SV include concentrated poverty, housing insecurity, economic and residential instability, violence exposure, high numbers of alcohol retailers in an area, and weak neighborhood support and cohesion (like a lack of mutual support among community members).

Implementing programs and policies that address these risks can reduce the risk for SV by changing the community environment and incentivizing behavioral expectations. Modifications to the physical and social environment can include increasing lighting, managing accessibility of buildings and public spaces, repairing or replacing abandoned buildings, creating green spaces, and organizing events and activities that bring together community members and provide them with opportunities for more community involvement.

The list below includes the approaches and corresponding example programs, practices and policies under Focus Area 2.

- Improve school climate and safety.
- Environmental approaches at the building level (e.g., Shifting Boundaries intervention program).
- School Restorative Justice Programs.
- Improve organizational environments.
- Proactive sexual harassment prevention policies and procedures Reduce exposure to community-level risks.
- Assisted Housing Mobility.
- Low Income Housing Tax Credits.
- Alcohol-related policies.
- Modify the physical and social environment.
- Greening activities.
- Business Improvement Districts (BIDs).
- Crime Prevention Through Environmental Design.
-

Focus Area 3: Promoting Social Norms That Protect Against Violence

Approaches that focus on changing the social norms (group-level beliefs and expectations of members behavior) related to the acceptance of violence and restrictive gender norms of priority groups have the potential to reduce rates of SV perpetration and victimization. The approaches with existing evidence for this strategy are Bystander Approaches and Men and Boys as Allies in Prevention. Bystander approaches are designed to build peer leadership for promoting social norms that protect against violence and that encourage safe intervention for all forms of SV. Approaches that mobilize men and boys as allies focus on promoting positive norms around masculinity, gender, and violence, which are then diffused through peer social networks. In order to be considered community-level, programs proposed within this focus area should focus on components which aim to change social norms (e.g., a social norms or social marketing campaign), thereby addressing social norms at the setting-level (school or community).

The list below includes the approaches and corresponding example programs, practices and policies for Focus Area 3:

- Bystander Approaches.
- Green Dot.
- Bringing in the Bystander.
- Men and Boys as Allies in Prevention.
- Coaching Boys Into Men.

For more information on each of the evidence informed approaches and example program/policy efforts listed below, please use the Approach search tool on VetoViolence: <https://vetoviolence.cdc.gov/apps/violence-prevention-practice/approach-search#!/>.

Adaptations to Programs and Policies

In Ohio there are programs that have a history of adapting programs. Applicants can submit programs that have been adapted but must respond to the below criteria for program adaption to explain the adaptation process. Programs can propose as part of their budget a time for review and revision of existing programs as a part of their timeline prior to implementation.

Recipients should consider and plan for future program and policy adaptations when possible. Adaptations may include additions, deletions, modifications to content and/or delivery methods such as changes to sequence or other adaptations that could impact program fidelity. Recipients are expected to utilize the Essential Elements Framework to assess whether those adaptations may affect a strategy's effectiveness and whether adaptations being considered are congruent with the underlying theory and intent of the strategy. Recipients can reference this resource: Select, Adapt, Evaluate | VetoViolence (<https://vetoviolence.cdc.gov/apps/adaptation-guidance/>) for more information on how to adapt programs while retaining the Essential Elements of the program.

Recipients may determine that one or more adaptations are necessary for the purposes of:

- Increasing implementation feasibility given limited time and resources.
- Improving the intended community's ability to understand and engage with the program content.
- Increasing the relevancy of the program given cultural characteristics of the intended population and delivery setting.

Recipients must indicate and track any planned adaptations in the implementation and evaluation plans for each impacted program or policy. Recipients should also track any additional adaptations made during implementation (i.e., field adaptations) and document the rationale to support the need for these changes. In addition, adaptations to implementation efforts will require consideration of the impact on evaluation of those efforts. Adaptations that change the essential elements of a program/policy may require a more rigorous evaluation.

ODH will provide guidance and tools for tracking and planning adaptations after the start of the period of performance.