



OHIO DEPARTMENT OF HEALTH

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Columbus, Ohio 43215

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John R. Kasich/Governor

Lance Himes/Director of Health

MEMORANDUM

Date: November 28, 2018

To: Prospective Injury Prevention Program, Drug Overdose Prevention Statewide Supplemental PDAAG Coordination Applicants

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

Subject: Notice of Availability of Funds – State Fiscal Year 2019
February 1, 2019 – September 30, 2019 Program Period

The Ohio Department of Health (ODH), Office of Health Improvement and Wellness (OHIW), Violence and Injury Prevention Section (VIPS) announces the availability of grant funds to address prevention of drug overdose through statewide coordination and implementation of the Ohio Injury Prevention Partnership (OIPP), Prescription Drug Abuse Action Group (PDAAG). These funds are only available to agencies currently funded for drug overdose prevention including the GMIS codes PD and ID.

To obtain a grant application packet:

1. Go to the ODH website at <http://www.odh.ohio.gov/>
2. From the home pages, click on “Funding Opportunities”
3. From the next page, click on “ODH Grants”
4. Next click “Grant Request for Proposals,” this will give you a pull down menu with current RFPs by name; and
5. Select and highlight the ODH Injury Prevention Program RFP and click “Submit.” This process invokes Adobe Acrobat and displays the entire RFP. You can either read and/or print the document as desired.

Please note that all interested parties must submit a Notice of Intent to Apply for Funding (Appendix A) no later than Wednesday, December 12, 2018. All potential applicants are encouraged to participate in a Bidders Conference Tuesday, December 11, from 1 p.m. to 2 p.m. Call-in information is Dial: 1-855-405-1648; Meeting ID: 93434# The Bidders Conference will provide an opportunity for interested parties to learn more about the RFP and to ask clarifying questions. Please contact Sara Morman to register (see contact information below).

All applications and attachments are due Monday, January 7, 2019. Electronic applications received after Monday, January 7, 2019 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted. All grant applications must be submitted via the Internet, using GMIS 2.0. If new staff members need GMIS access, please complete and return the GMIS 2.0 training form by Wednesday, December 12, 2018.

If you have questions regarding this application, please contact Sara Morman at (614) 995-1428 or email at Sara.Morman@odh.ohio.gov.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF

Health Improvement and Wellness

Injury Prevention Section, Drug Overdose Prevention, Statewide Supplemental

SOLICITATION

FOR

FISCAL YEAR 2019

(02/01/19 – 09/30/19)

**Local Public Applicant Agencies
Non-Profit Applicants**

COMPETITIVE GRANT APPLICATION INFORMATION

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

Revised 09/11/2017
For grant starts 4/1/2018 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive Solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by December 12, 2018 | so access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

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

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

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: <http://www.odh.ohio.gov>. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser: <http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/funding%20opportunities/OGAPP%20Manual%20V100-2%20Rev%2010-1-2014.ashx>

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

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

Budget Justification Certification language

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

B. Application Name: *Injury Prevention Program, Drug Overdose Prevention, Statewide Supplemental* |

C. Purpose: *The purpose of this funding is to advance and evaluate comprehensive state-level interventions for preventing drug overuse, misuse, abuse, and overdose. Interventions of priority address drivers of the drug overdose epidemic, including improving safe responsible pain management practices; improving dissemination and utilization of surveillance data; promoting harm reduction practices and policies; and promoting use of evidence-informed policies. The goal of this funding is for awardees to facilitate the statewide implementation of prevention strategies by coordinating action group meetings, speakers, conference calls to implement the PDAAG Strategic Plan.* |

D. Qualified Applicants: *All applicants must be a local public or non-profit agency in good standing that is currently receiving Prescription Drug Overdose funding through the Violence and Injury Prevention Section (VIPS), including those funded under the PD And ID GMIS codes. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B).* |

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, January 7, 2019.** |

E. Number of Grants and Funds Available: *The source of funding is the Preventative Health and Health Services Block Grant. The entire project period is January 1, 2019- September 30, 2023. This Supplemental Funding Opportunity is available for one **awardee** to coordinate and administer the Ohio Injury Prevention Partnership - Prescription Drug Abuse Action Group. The awardee will be eligible for up to \$60,000. This will be added to the applicant's award. Supplemental funding will continue after program year 1 on an annual basis pending*

approvable, documented, required progress each year toward the intended Annual Work Plan initiatives. Eligible agencies may apply for up to \$60,000.

The first program year will span 9 months from 1/1/2019 – 9/30/19. Funding for the first program year will not exceed \$60,000.

*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.*

Allotments will be established in GMIS by ODH

- F. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery-by **4:00 p.m. by Monday, January 7, 2019**. Applications and required attachments received after this deadline will not be considered for review.

Contact Sara Morman, 614-995-1428, or Sara.Morman@odh.ohio.gov with any questions.

- G. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 3 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number* **93.758**

- H. Goals:** *\$60,000 is available for one (1) funded project to oversee the Prescription Drug Abuse Action Group (PDAAG) to coordinate and administer statewide activities as described in Appendix H as an extension of the Ohio Injury Prevention Partnership (OIPP).*

Coordinate the statewide PDAAG and its subgroups composed of key state and local stakeholders and decision-makers who have the ability to impact programs and policies related to drug overdose and abuse within their communities.

- I. Program Period and Budget Period:** The **program period** will begin *February 1, 2019* and end on *September 30, 2019*. The **budget period** for this application is *February 1, 2019* through *September 30, 2023*.

- J. 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.**

- K. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Sara Morman, 614-995-1428, or Sara.Morman@odh.ohio.gov with questions regarding this solicitation.

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

- L. Acknowledgment:** An Application Submitted Status will appear in GMIS that acknowledges ODH system receipt of the application submission.

M. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, January 7, 2019 at 4:00 p.m.**

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

N. Successful Applicant: Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.

O. Unsuccessful Applicants: Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.

P. Review Criteria: All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in this Solicitation.

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

Q. 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.

- R. 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, Office of Health Improvement and Wellness, Violence and Injury Prevention Section and as a sub-award of a grant issued by *Preventative Health and Health Services Block Grant* under the *Injury Prevention Section* grant, grant award number 6NBO1OT009137-01-03, and CFDA number 93.758.

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

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

Reports shall be submitted as follows:

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

Quarter	Time Period	Program Report Due Date
1	February 1-March 31, 2019	April 15, 2019
2	April 1-June 30, 2019	July 15, 2019
3*	July 1-September 30, 2019	October 15, 2019

Annual components of the reporting form due October 15, 2019.

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

the authorized program name and grant number.

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

Required Funding Statement and Acknowledgement: *Funded applicants must acknowledge the Ohio Department of Health, Violence and Injury Prevention Section when publicly referencing the activities contained within this agreement. During all presentations and meetings with partners outside of their local coalition, funded applicants must acknowledge funding and technical support from the ODH Violence and Injury Prevention Section. Additionally, funded applicant must utilize a funding statement provided by ODH on all printed materials.*

Participation in Site Visit: *Funded applicants are required to participate in a site visit on a timeframe to be determined by the Ohio Department of Health, Violence and Injury Prevention Section*

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

<i>Period</i>	<i>Report Due Date</i>
<i>February 1 – 28, 2019</i>	<i>March 10, 2019</i>
<i>March 1 – 31, 2019</i>	<i>April 10, 2019</i>
<i>April 1 – 30, 2019</i>	<i>May 10, 2019</i>
<i>May 1 – 31, 2019</i>	<i>June 10, 2019</i>
<i>June 1 – 30, 2019</i>	<i>July 10, 2019</i>
<i>July 1 – 31, 2019</i>	<i>August 10, 2019</i>
<i>August 1 – 31, 2019</i>	<i>September 10, 2019</i>
<i>September 1 – 30, 2019: End of first year</i>	<i>October 10, 2019</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>February 1 – March 31, 2019</i>	<i>April 10, 2019</i>
<i>April 1 – June 30, 2019</i>	<i>July 10, 2019</i>
<i>July 1 – September 30, 2019</i>	<i>October 10, 2019</i>

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

- 3. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before November 5, 2019. The information contained in this report must reflect the

program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

- 4. Inventory Report:** A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subrecipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Subrecipient. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

T. Special Condition(s): A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

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

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees -- unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;

20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Promotional Items;
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;
23. Food and refreshments
24. Medications
25. Treatment 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.

V. Client Incentives and Client Enablers:

Client incentives are [an unallowable cost.] []

Client Enablers are [an unallowable cost.] []

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

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

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any**

other serious findings, must include a cover letter which:

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

X. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed **15** pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH

The GMIS application submission must consist of the following:

Complete & Submit Via Internet

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
9. Narrative: named ***“agency name_supplemental-narrative_2019”***
10. Supplemental Work Plan: named ***“agency name_supplemental work plan_2019”***

11. Budget justification will be included in main budget justification.

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

**Complete
Copy &
E-mail or
Mail to
ODH**

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
35 E. Chestnut Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

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

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review pages **8-9** of the Solicitation for unallowable costs. Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources
- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found in Appendix G).
 - 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period February 1, 2019 to September 30, 2019.

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

announcement.

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

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

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

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

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

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

Base the budget solely upon direct costs.

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

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

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

D. Project Narrative:

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

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

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

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

2. Program Narrative/Methodology:

Narrative and Work Plan Guidance: Using the “Required Activities”, in Appendix D, describe plans to complete these activities. Please list each activity and provide details to include who, where, when and how your agency will complete these activities.

Methodology Work Plan – Use the work plan format in Appendix E. Outline specific activities and detail a timeline for the completion of activities.

Budget Narrative Justification – Include a detailed budget narrative justification outlining proposed costs in each of the following categories. Follow budget justification example Appendix G. Each deliverable will need a brief description as well.

Other Direct Costs -please use scenario 3 in Budget Justification example.

E. Civil Rights Review Questionnaire - EEO Survey: The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

F. Federal Funding Accountability and Transparency Act (FFATA): All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about System for Award Management (SAM) go to www.sam.gov.

Information on Federal Spending Transparency can be located at www.USAspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at www.whitehouse.gov/omb/open.

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

- G. Public Health Impact:** Applicants that are *not* local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).
- H. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before January 7, 2019.** |

III. APPENDICES:

- A. Notice of Intent to Apply for Funding (NOIAF)**
- B. GMIS Training Request Form**
- C1. Deliverable Objective Descriptions**
- C2. Deliverable Objective Allocations Application Review Form**
- D. Supplemental Funding Guidance and Work**
- E. Supplemental Work Plan**
- F. Application Review Form/Scoring Tool**
- G. Budget Justification Example – Deliverable Scenario 3**

NOTICE OF INTENT TO APPLY FOR FUNDING

Reimbursement
Type
Select one of the
options below:

- ☐ Monthly
OR
☐ Quarterly

Ohio Department of Health
Office of Health Improvement and Wellness

Submission
Required

See Due Date Below

ODH Program Title:

Injury Prevention Program, Drug Overdose Prevention |
ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

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

Type of Applicant Agency
(Check One)

- ☐ County Agency
☐ City Agency

- ☐ Hospital
☐ Higher Education

- ☐ Local Schools
☐ Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name) _____

Agency Head (Signature) _____

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

Does your agency have at least two staff members who have been trained in and currently have access to the ODH GMIS system? ☐ YES ☐ NO

If yes, no further action is needed.

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY December 12, 2018 |

Mail, E-mail: Sara Morman, Program Manager, 614-995-1428, sara.morman@odh.ohio.gov
Ohio Department of Health, Violence and Injury Prevention Section
246 North High Street |
Columbus, OH 43215
E-mail: sara.morman@odh.ohio.gov

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

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Please note: GMIS Training is only required for New Agencies to ODH. If you are new to your agency someone there should train you. Refresher guides can be found on the ODH web site: <http://www.odh.ohio.gov/en/about/grants/grants.aspx> ODH Grants Page - "GMIS Training Resource" Section.* Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH. Also use this form when user changes are needed.

Date: _____

Check the type of access and complete the information requested: ☐ Employee - needs GMIS Training

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

☐ Existing Employee - New GMIS User or GMIS User Access Change. Effective/Change Date: _____

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

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

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

Agency Name & Address: _____

Employee Name (no nicknames): _____

Employee Job Title: _____

Employee Office Phone Number: _____

Employee Office Fax Number: _____

Employee Office Email Address: _____

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

Email Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

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

Date Processed:

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

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

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

Form# OFA-014

MEMBERSHIP

Description: Between February 1, 2019 and September 30, 2019, the subgrantee awarded the Supplemental Funding will increase membership into the statewide Prescription Drug Abuse Action Group (PDAAG) and its subgroups by doing the following:

- **Deliverable-Objective 1:** By September 30, 2019, subgrantee will submit documentation of recruitment attempts for PDAAG based on results of coalition assessment and/or recommendations, (this can include emails, mailing, etc.) and successes, to ODH Program Consultant via GMIS. ____2%
- **Deliverable-Objective 2:** By June 30, 2019 subgrantee will develop/review a well written, ongoing recruitment plan with coalition members and submit plan and review documentation to ODH Program Consultant via GMIS. ____3%
- **Deliverable-Objective 3:** By September 30, 2019 subgrantee will review recruitment plan with coalition members and submit updated plan and review documentation to ODH Program Consultant via GMIS. ____2%
- **Deliverable-Objective 4:** By September 30, 2019 subgrantee will submit multiple examples of providing support to group chairs, responding to information from members, and evaluating progress, to the ODH Program Consultant via GMIS. ____3%
- **Deliverable-Objective 5:** By February 28, 2019 subgrantee will submit a schedule with PDAAG Leadership names for New Member Orientation at OIPP Meeting to ODH Program Consultant via GMIS. ____1%
- **Deliverable-Objective 6:** By February 28, 2019 subgrantee will create/update orientation materials for new and potential members containing group mission/vision statement and goals, current list of members, background information on injury area, OIPP Member Agreement, recent meeting minutes in a hard-copy or e-copy and submit to ODH Program Consultant via GMIS. ____2%

COMMITTEES

Description: Between February 1, 2019 and September 30, 2019, the subgrantee awarded the Supplemental Funding will coordinate and ensure that the PDAAG committee and its subcommittees have quarterly scheduled meetings, include co-chairs, conduct scheduled meetings, and submit required written reports.

- **Deliverable-Objective 7:** March 31, 2019 subgrantee will provide ODH Program Consultant, via GMIS with the following for the February 2019 PDAAG -OIPP Meeting: agenda, written reports from each subcommittee, sign-in sheets, meeting minutes, documentation of subcommittee chairs/co-chairs, of which subgrantee must occupy two, and any other pertinent information related to said meeting. ____4%

- **Deliverable-Objective 8:** By June 30, 2019 subgrantee will provide ODH Program Consultant, via GMIS with the following for the May 2019 PDAAG -OIPP Meeting: agenda, written reports from each subcommittee, sign-in sheets, meeting minutes, documentation of subcommittee chairs/co-chairs, of which subgrantee must occupy two and any other pertinent information related to said meeting.
_____4%
- **Deliverable-Objective 9:** By September 30, 2019 subgrantee will provide ODH Program Consultant, via GMIS with the following for the August 2019 PDAAG -OIPP Meeting: agenda, written reports from each subcommittee, sign-in sheets, meeting minutes, documentation of subcommittee chairs/co-chairs, of which subgrantee must occupy two and any other pertinent information related to said meeting.
_____4%
- **Deliverable-Objective 10:** By February28, 2019, subgrantee will develop and submit an annual list of subcommittee meeting/conference calls dates and times to ODH Program Consultant via GMIS.
_____1%

ADMINISTRATIVE

Description: Between February 1, 2019 and September 30, 2019, the subgrantee awarded the Supplemental Funding will administer the PDAAG and its subgroups composed of key state and local stakeholders and decision-makers who have the ability to impact policies related child health and safety by completing the following:

- **Deliverable-Objective 11:** By March 31, 2019 subgrantee will submit quarterly report to ODH Program Consultant via GMIS with all required information. _____5%
- **Deliverable-Objective 12:** By June 30, 2019 subgrantee will submit quarterly report to ODH Program Consultant via GMIS with all required information. _____5%
- **Deliverable-Objective 13:** By September 30, 2019 subgrantee will submit quarterly report to ODH Program Consultant via GMIS with all required information. _____5%
- **Deliverable-Objective 14:** By March 31, 2019 subgrantee will submit website and newsletter updates related to the PDAAG to OIPP contact via email, and to ODH Program Consultant via GMIS. _____3%
- **Deliverable-Objective 15:** By June 30, 2019 subgrantee will submit website and newsletter updates related to the PDAAG to OIPP contact via email, and to ODH Program Consultant via GMIS. _____3%
- **Deliverable-Objective 16:** By September 30, 2019 subgrantee will submit website and newsletter updates related to the PDAAG to OIPP contact via email, and to ODH Program Consultant via GMIS. _____3%

- **Deliverable-Objective 17:** By June 30, 2019 subgrantee will deliver annual action plans, recommendations, and updates from each PDAAG respective groups to ODH Program Consultant via GMIS. ____5%
- **Deliverable-Objective 18:** By September 30, 2019 subgrantee will administer pilot projects and the contract process and submit to ODH Program Consultant all applicable documentation and summary via GMIS. ____20%
- **Deliverable-Objective 19:** By September 30, 2019 subgrantee will plan and coordinate one in-state training activity, as deemed necessary by ODH, that engages key partners and members implementing the state plan, and submit flyer advertising training, planning meeting minutes, agenda, and sign-in sheet to ODH Program Consultant via GMIS. ____10%
- **Deliverable-Objective 20:** By September 30, 2019 subgrantee will complete a program evaluation from PDAAG Members to submit a summary to ODH Program Consultant via GMIS. ____10%
- **Deliverable-Objective 21:** By September 30, 2019 subgrantee will submit to ODH Program Consultant documentation their participation in OIPP Leadership meetings/calls, assistance with ODH efforts to grow and improve OIPP and its efforts to educate new members about PDAAG. ____5%

Name of Subgrant Program:**Prescription Drug Overdose Prevention Supplemental PDAAG Coordination****Budget Period: 1 (February 1, 2019 – September 30, 2019)****# of Deliverables: 21****Use Budget Justification Scenario #: 3****Total Amount of Grant Award: \$60,000****XX Deliverables Only**

Deliverables:	% of award	Dollar Amounts
Deliverable Objective 1 - Membership	2%	\$1,200
Deliverable Objective 2 - Membership	3%	\$1,800
Deliverable Objective 3 – Membership	2%	\$1,200
Deliverable Objective 4 - Membership	3%	\$1,800
Deliverable Objective 5 - Membership	1%	\$600
Deliverable Objective 6 - Membership	2%	\$1,200
Deliverable Objective 7 - Committees	4%	\$2,400
Deliverable Objective 8 - Committees	4%	\$2,400
Deliverable Objective 9 - Committees	4%	\$2,400
Deliverable Objective 10 - Committees	1%	\$600
Deliverable Objective 11 - Administrative	5%	\$3,000
Deliverable Objective 12 - Administrative	5%	\$3,000
Deliverable Objective 13 - Administrative	5%	\$3,000
Deliverable Objective 14 - Administrative	3%	\$1,800
Deliverable Objective 15 - Administrative	3%	\$1,800
Deliverable Objective 16 - Administrative	3%	\$1,800
Deliverable Objective 17 - Administrative	5%	\$3,000
Deliverable Objective 18 - Administrative	20%	\$12,000
Deliverable Objective 19 - Administrative	10%	\$6,000
Deliverable Objective 20 - Administrative	10%	\$6,000
Deliverable Objective 21 - Administrative	5%	\$3,000
PDAAG Supplemental Total	100%	\$60,000

SUPPLEMENTAL FUNDING GUIDANCE

Statewide Coalition Building for Injury Prevention

An additional \$60,000 is available for one (1) funded project for **Prescription Drug Abuse Action Group (PDAAG)** to coordinate and administer statewide activities as described below as an extension of the Ohio Injury Prevention Partnership (OIPP).

- **Coordinate the statewide PDAAG and its subgroups** composed of key state and local stakeholders and decision-makers who have the ability to impact policies related to drug overdose and abuse within their communities.

Required activities:

Membership:

- Continue to recruit appropriate new members for **PDAAG** based on the results of a coalition assessment recommendations and/or strategic planning:
- Develop a written, ongoing recruitment plan (e.g., will no less than twice per year, review membership changes with coalition leadership and identify new key stakeholders to approach, update recruitment information, contact stakeholder via phone, etc.)
- Contact members by phone and in writing (mail/email) to invite them to join
- Prepare written materials/invitations to explain the purpose of the initiatives.
- Create/update/maintain orientation materials for new and potential members containing group mission/vision statement and goals, current list of members, background information on injury area, OIPP Member Agreement, recent meeting minutes, etc. This may be a hard-copy or e-packet.
- Coordinate representation from **PDAAG** leadership for New Member Orientation at OIPP meetings
- Cooperate with ODH on updating membership list
- Communicate with members in between meetings to ensure adequate support to group chairs and progress is occurring. Respond to requests for information from members.

Committees:

- For **PDAAG**, will serve as coordinator, to include all activities described herein, and serve as interim coordinator when a co-chair vacancy exists.
- Coordinate annual action plan updates of **PDAAG** state plans as needed to respond to changing opportunities and accomplishments to date.
- Compile meeting minutes and send to ODH within 30 days after the meetings to include sign-in sheet.
- Coordinate to have written reports from each subcommittee at quarterly OIPP meetings.
- Coordinate and develop an annual list of each subcommittee meetings/conference calls to include dates and times within 30 days from start of grant period.

Administrative:

- Represent **PDAAG** at statewide meetings and serve on OIPP Leadership.
- Maintain regular communication with ODH VIP^S staff.
- Provide quarterly and annual reports of statewide coalition building activities containing information in format requested by ODH.
- Provide quarterly website content updates for the ODH **PDAAG** webpages. Meeting minutes, presentations, meeting schedule, etc. should be provided to the VIP^S website contact, and updates must be provided no less than quarterly.
- Deliver annual action plans, recommendations and updates from the respective group to ODH VIP^S.
- Coordinate implementation of updated state action plans with recommendations related to prescription drug overdose prevention injury prevention policy. Funded entities will be expected to be active participants in implementing state plans through a variety of strategies (e.g., developing and reviewing annual action plans for progress, offering funding for pilot projects, identifying members to be responsible for key components of plans, structuring coalition for success, recruiting and identifying committee chairs, planning conference calls as needed, cultivating coalition leadership, etc.).
- Plan and coordinate one in-state training activity, as deemed necessary by ODH, that engages key partners and members in implementing the state plan or some portion of the state plan. Training must include building capacity of group members related to state plan activities. A subgroup of the respective groups should be formed to assist in planning the training, setting objectives, choosing speaker(s)/topic area(s), etc.
 - For **PDAAG**, the training should include but not be limited to regional/statewide representatives of key governmental and non-governmental agencies; media outlets; HMOs/MCOs; hospital/trauma/medical centers; injury prevention and research, academia, public health, medical/professional organizations (e.g., pediatrics, family medicine); and other stakeholders (e.g., businesses, insurance companies, etc.).
- Participate as an active member of the OIPP Leadership team. Assist ODH in efforts to grow and improve the OIPP and in efforts to educate new members about the Prescription Drug Abuse Action Group (PDAAG) Coalition.
- Administer pilot project applications and contract process.
- Provide written update to be included in OIPP Newsletter, as requested.
- Provide evaluation of **PDAAG** to members by month 9 and provide a summary of results to ODH by end of grant period.

Supplemental Application Instructions:

Provide a separate methodology, work plan (**Appendix E**) and budget narrative justification for this section and include in GMIS 2.0.

Program Narrative/Methodology:

Narrative and Work Plan Guidance: Using the above listed “Required Activities”, describe plans to complete. Please list each activity and provide details to include who, where, when and how your agency will complete these activities.

Methodology Work Plan – Use the work plan format in **Appendix E**. Outline specific activities and detail a timeline for the completion of activities.

Budget Narrative Justification – Include a detailed budget narrative justification outlining proposed costs in each of the following categories. Follow budget justification example Appendix G.

- **Other Direct Costs** -please use scenario 3 in Budget Justification example

Include this budget justification in the same file as the main budget justification.

Attachments: Create new files for this section. Label the file attachments in GMIS 2.0 as follows:

1. **Narrative:** named “*agency name_supplemental-narrative_2019*”
2. **Supplemental Work Plan:** named “*agency name supplemental work plan_2019*”
3. **Budget justification** will be included in main budget justification.

**2019 Injury Prevention Program, Supplemental Funding
SUPPLEMENTAL WORK PLAN 2019**

County/Countries:		Agency:	
Grant#:		Contact Name:	
Project Title:			

SECTION I – SUPPLEMENTAL WORK PLAN (2019)

The purpose of the Annual Work Plan is to state your intended activities for each objective to demonstrate how the project intends to move the required activities forward. **Please enter the program objectives that you intend to work on in the appropriate section and complete the tables that follow.**

Membership							
Long Term Objective:							
Program Impact Objective:	Insert Membership Objective						
Impact Evaluation Indicator:							
Community or Location:							
Intended Outcome:							
Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:					
Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner

Committees

Revised from Year 1 Workplan: Yes or No			If yes, provide brief explanation:				
Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner
Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):							0%
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End				
Administrative							
Long Term Objective:							
Program Impact Objective:	Insert Administrative Objective						

Impact Evaluation Indicator:								
Community or Location:								
Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:						
Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner	
Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):							0%	
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year) Start End		Priority Population(s) Specify	Status Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)		Evaluation Measure (How do you know you are successful?)
Copy and paste lines below for additional objectives								

Ohio Department of Health, Violence and Injury Prevention Section, Drug Overdose Prevention SUPPLEMENTAL Project

Date: _____		Requested Budget: _____	
Applicant Agency: _____		Reviewer Name/Number: _____	
County Served: _____		Recommend Funding? Y/N	
Applicant Number: _____		Date: _____	
Overall Scoring Summary:			
Section	Maximum Score- 44	Reviewer Score	Notes
Membership	12		
Committees	10		
Administrative	22		
Total Score			
Membership: Narrative & Work Plan	Maximum Score - 12	Reviewer Score	Notes
<input type="checkbox"/> Describes recruitment efforts including development of a written, functional ongoing recruitment plan (e.g., will no less than twice per year, review membership changes with coalition leadership and identify new key stakeholders to approach, update recruitment information, contact stakeholder via phone, etc.)			
<input type="checkbox"/> Describes what is include in the recruitment plan including plans to contact new members and frequency of communication; and written materials/invitations to explain the purpose of the initiatives			
<input type="checkbox"/> Describes plans to Create/update/maintain orientation materials for new and potential members containing group mission/vision statement and goals, current list of members, background information on injury area, OIPP Member Agreement, recent meeting minutes, etc. This may be a hard-copy or e-packet.			
<input type="checkbox"/> Identifies staff member or coalition coordinator, and how the agency will provide presentation to the Coordinate representation from PDAAG leadership for New Member Orientation at OIPP meetings			

<input type="checkbox"/> Cooperate with ODH on updating membership list <input type="checkbox"/> Communicate with members in between meetings to ensure adequate support to group chairs and progress is occurring. Respond to requests for information from members.			
Membership Total Score:			
Committees: Narrative & Work Plan	Maximum Score- 10	Reviewer Score	Notes
<input type="checkbox"/> For PDAAG, will serve as coordinator, to include all activities described herein, and serve as interim coordinator when a co-chair vacancy exists <input type="checkbox"/> Coordinate annual action plan updates of PDAAG state plans as needed to respond to changing opportunities and accomplishments to date <input type="checkbox"/> Compile meeting minutes and send to ODH within 30 days after the meetings to include sign-in sheet. <input type="checkbox"/> Coordinate to have written reports from each subcommittee at quarterly OIPP meetings <input type="checkbox"/> Coordinate and develop an annual list of each subcommittee meetings/conference calls to include dates and times within 30 days from start of grant period			
<input type="checkbox"/> Committees Total Score:			
Administrative: Narrative & Work Plan	Maximum Score - 22	Reviewer Score	Notes
<input type="checkbox"/> Represent PDAAG at statewide meetings and serve on OIPP Leadership. <input type="checkbox"/> Maintain regular communication with ODH VIPs staff.			

<ul style="list-style-type: none"> <input type="checkbox"/> Provide quarterly and annual reports of statewide coalition building activities containing information in format requested by ODH. <input type="checkbox"/> Provide quarterly website content updates for the ODH PDAAG webpages. Meeting minutes, presentations, meeting schedule, etc. should be provided to the VIPS website contact, and updates must be provided no less than quarterly. <input type="checkbox"/> Deliver annual action plans, recommendations and updates from the respective group to ODH VIPS. <input type="checkbox"/> Coordinate implementation of updated state action plans with recommendations related to, drug overdose injury prevention policy. Funded entities will be expected to be active participants in implementing state plans through a variety of strategies (e.g., developing and reviewing annual action plans for progress, offering funding for pilot projects, identifying members to be responsible for key components of plans, structuring coalition for success, recruiting and identifying committee chairs, planning conference calls as needed, cultivating coalition leadership, etc.). <input type="checkbox"/> Plan and coordinate <u>one in-state training activity</u>, as deemed necessary by ODH, that engages key partners and members in implementing the state plan or some portion of the state plan. Training must include building capacity of group members related to state plan activities. A subgroup of the respective groups should be formed to assist in planning the training, setting objectives, choosing speaker(s)/topic area(s), etc. <input type="checkbox"/> Participate as an active member of the OIPP Leadership team. Assist ODH in efforts to grow and improve the OIPP and in efforts to educate new members about the PDAAG <input type="checkbox"/> Administer pilot project applications and contract process Provide written update to be included in OIPP Newsletter, as requested 			
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BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

NOTES:

1. Budget justification line items **MUST** be in the same order as in the GMIS budget.

OTHER DIRECT COSTS

Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO) (Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

Scenario 1 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1
\$10,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 2
\$45,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 3
\$75,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 2 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

Franklin County	\$40,000
Union County	\$11,000
Madison County	\$20,000
Licking County	\$15,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Franklin County	\$52,500
Union County	\$9,500
Madison County	\$12,500
Licking County	\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Franklin County	\$78,750
Union County	\$16,750
Madison County	\$8,750
Licking County	\$38,750

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 3 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

Objective A	\$10,000
Objective B	\$20,000
Objective C	\$30,000
Objective D	\$40,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Objective A	\$12,500
Objective B	\$2,500
Objective C	\$1,500
Objective D	\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Objective A	\$28,750
Objective B	\$8,750
Objective C	\$1,750
Objective D	\$38,050

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Total Other Direct Costs**\$Total****Notes:**

- 1. The budget justification must be signed by the agency head listed in GMIS.**
- 2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**
- 3. Authorized representative certification language must also be included with agency head signature.**

Subrecipient's authorized representative certifies the foregoing:

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

[Signature]

[Print Name & Title]

[Date]