




## MEMORANDUM

Date: September 15, 2021

To: Subrecipient Applicants

From: Kristen Dickerson, PhD, MSN, MPH, RN, MLT (ASCP)  
Chief, Bureau of Infectious Diseases 

Subject: Quality Innovations in the Continuum of HIV Care (QI) Subgrant

The Ohio Department of Health (ODH), Bureau of Infectious Diseases announces the availability of QI competitive subgrant funds to improve the HIV continuum of care for Ohioans living with HIV/AIDS and who are 1) 18-24 years of age; 2) Black/African American MSM; 3) Transgender- identified; 4) Black/African American and Latino Women and/or 5) have a mental health/substance use diagnosis.

All electronic applications and attachments are due by 4:00 p.m., Monday, November 29, 2021. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

A bidders' meeting for entities interested in applying will be held on Thursday, October 28, 2021 from 1:00pm – 3:00pm EST. The meeting will be held via MS Teams. [Click here to join the meeting](#) or join by calling 1-614-721-2972 and using phone conference ID: 620 885 974#.

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

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

Submission of the competitive application constitutes acknowledgment and acceptance of ODH's Administration Policies and Procedures (OGAPP) Manual rules and any other program-specific requirements as outlined in the competitive Request for Proposal (RFP). Reference the competitive solicitation for more information. The competitive solicitation for this subgrant program can be found on the ODH website <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>.

If you have questions, please contact Susan DiCocco at 614-832-9313 or e-mail at [susan.dicocco@odh.ohio.gov](mailto:susan.dicocco@odh.ohio.gov).

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF Infectious Diseases

Quality Innovations in the Continuum  
of HIV Care

SOLICITATION FOR FISCAL YEAR 2022  
(04/01/22 – 03/31/23)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION  
100% Deliverable Funding

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

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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 portions submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, 11/02/2021 so access to the application via the Internet website “ODH Application Gateway” can be established.

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

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

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

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

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

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

### **Budget Justification Certification language**

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

consistent with those policies.

- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

**B. Application Name:** Quality Innovations in the Continuum of HIV Care

**C. Purpose:** This program is authorized by the PHS Act, Sections 2611-23 [42 U.S.C. 300ff- 21], as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87). The U.S. Department of Health and Human Services (DHHS) administers the Ryan White Part B Program through the Health Resources and Services Administration (HRSA), the HIV/AIDS Bureau (HAB), Division of State HIV/AIDS Programs (DSHAP). The purpose of the proposed grants is to fund innovative quality improvement strategies designed to improve the HIV continuum of care for Ohioans living with HIV/AIDS and who are 1) 18-24 years of age; 2) Black/African American MSM; 3) Transgender-identified; 4) Black/African American and Latino Women and/or 5) have a mental health/ substance use diagnosis. Innovative strategies must be focused on one or more of the following HIV Care Continuum categories: 1) increase the percentage of priority population who are linked to HIV medical care; 2) increasing the percentage of priority population who are retained in regular HIV medical care; 3) increasing the percentage of priority population who are prescribed antiretroviral medication therapy or 4) increasing the percentage of priority population who are virally suppressed. Strategies must also fall within the HRSA Service Categories of Outreach, Health Education/Risk Reduction, and/or Housing (see Appendix H: HRSA Service Category Definitions). Grant recipients must track and report client-level data using CAREWare to document the outcomes of their quality improvement project(s) to show the effectiveness and replicability of the grant objectives.

**D. Qualified Applicants:** All applicants must be a local public or non-profit agency, who have experience serving Ohioans living with HIV/AIDS. Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access 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, 11/29/2021**.

**E. Service Area:** Applicants must indicate their service area(s) in their application. Service areas must be within Ohio and can range from a single county to statewide. If considering a region, it is preferred that the HIV Planning Regions be used ([click here for map on Ryan White Part B ODH website](#)).

**F. Number of Grants and Funds Available:** Up to 8 grants may be awarded for a total amount of \$1,000,000. Eligible agencies may apply for a maximum of \$300,000 for Section One (Innovative Ideas) and/or Section Two (Promising Practices). Section Three (Technical Assistance) is only open to Equitas Health for the purposes of providing technical assistance for any entities funded through Section Two. Section Three (Technical Assistance) is capped at \$50,000 and does not count towards the agency maximum amount for this grant. Funding is through Ryan White Part B Rebate Funds.

Any award made through this program is contingent upon the availability of funds for Ryan White Part B services and activities. The subgrantee agency must be prepared to cover the costs of operating the program in the event of delay in grant payments. Authorization of funds for this purpose is contained in Amended Substitute House Bill 1 and Catalog of Federal Domestic Assistance (CFDA) number 93.917.

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

- G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery to Ohio Department of Health, Attn: Susan DiCocco, HIV Ryan White Part B Program, 35 E. Chestnut Street, Columbus, OH 43215 by **4:00 p.m. by Monday, 11/29/2021**. Applications and required attachments received after this deadline will not be considered for review.

For questions, please contact Susan DiCocco, HIV Ryan White Part B Clinical Quality Management Program Supervisor @ 614-644-5686 or [susan.dicocco@odh.ohio.gov](mailto:susan.dicocco@odh.ohio.gov).

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill [1] and/or the Catalog of Federal Domestic Assistance (CFDA) Number [93.917].
- I. Goals:** The Ohio Department of Health's purpose in releasing funds for the Quality Innovations in the Continuum of HIV Care grants is to fund innovative quality improvement strategies designed to improve the HIV continuum of care for Ohioans living with HIV/AIDS who are 1) 18-24 years of age; 2) Black/African American MSM; 3) Transgender-identified; 4) Black/African American and Latina Women and/or 5) have a mental health/ substance use diagnosis. Current research shows that viral load suppression among people living with HIV/AIDS not only improves individual health outcomes but also reduces HIV transmission within communities. People living with HIV/AIDS (PLWHA) move back and forth through several stages of care including linkage to care, retention in care, being prescribed anti-retroviral therapy and viral load suppression. By increasing the number of PLWHA who achieve viral suppression, it is possible to improve the health of Ohioans living with HIV/AIDS and reduce the number of new HIV infections in our state.

The most recent data from the Centers for Disease Control and Prevention (CDC) show that, nationally, 78% of PLWHA who know their status are linked to medical care; 64% of PLWHA are engaged in care; 49% are retained in care; and 53% are virally suppressed. The quality improvement (QI) process offers an ideal framework for developing and testing strategies that may prove to be effective in moving individuals living with HIV in a positive direction, using elements of the continuum model as measurement points. By applying the QI process Plan-Do-Study-Act (PDSA), applicants will be able to plan strategies to affect the four targeted outcomes, to implement strategies and to study the outcomes. Strategies that prove effective will become best practices for other Ohio entities serving people living with HIV/AIDS.

Quality Innovations in the Continuum of HIV Care grant dollars may be used to implement a quality improvement strategy in one or more of the following four (4) categories:

- **Linked to Care:** Ohioans living with HIV/AIDS who know their HIV status but have not had an HIV medical visit;
- **Retained in Care:** Ohioans living with HIV/AIDS who were previously in care but have not had an HIV medical visit in over 12-months;
- **On Anti-Retroviral Therapy (ART):** Ohioans living with HIV/AIDS who are not on anti-retroviral therapy (ART) to treat HIV;
- **Virally Suppressed:** Ohioans living with HIV/AIDS who are not virally suppressed.

Applicants must also clearly identify the section(s) for which they are applying, the priority group(s) for their strategy (i.e., youth up to 24 years of age; Black/African American MSM; Transgender-identified; Black/African American and Latino Women and/or have a mental health/substance use diagnosis,) they are targeting, and the HRSA-approved service category(ies) (i.e. Outreach, Health Education/Risk Reduction and/or Housing) that comprise the methodology of their approach.

Applicants must report client-level data relevant to the category(ies) selected such as HIV-related medical visits and viral load results on a quarterly basis. Additionally, client-level data related to the innovation strategy must be

reported. Data will be reported using CAREWare, a web-based data system available to Ryan White subgrantees. Access and training will be provided to funded subgrantees in the first quarter of the grant period. A summary of clients served and services provided must be reported in quarterly progress reports and upon request from ODH.

- J. Program Period and Budget Period:** The program period will begin 04/01/2022 and end on 3/31/2025. The budget period for this application is 04/01/2022 through 03/31/2023. This grant includes funding for a 3-year project (see program period), however the budget period is for only the first year of the project.
- K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. [(An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.)]The PHAB standards are available at the following website: [http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf)
- L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.
1. Public Health Impact Statement Summary — Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:  
  
Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:
    - **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
    - **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
    - **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
    - **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
    - **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
    - **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.
  2. Public Health Impact Statement of Support — Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.



### 3. Evidence of Health Equity Strategies

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

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

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

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

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



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

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

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

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

X Applicable \_\_\_\_\_ Not Applicable to Quality Innovations in the Continuum of HIV Care

**O. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

**P. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Susan DiCocco, HIV Ryan White Part B Clinical Quality Management Program Supervisor, at 614-644-5686 or [susan.dicocco@odh.ohio.gov](mailto:susan.dicocco@odh.ohio.gov) for questions regarding this Solicitation.

**Q. Acknowledgment:** An "Application Submitted" status will appear in GMIS that acknowledges ODH system receipt of the application submission.

**R. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, November 29, 2021 at 4:00 p.m.**

**Notices of Intent to Apply for Funding are required** if you are considering applying and are due no later than **Tuesday, November 2, 2021**. There will be a bidders' meeting for entities interested in applying on **Thursday, October 28, 2021 from 1:00pm – 3:00pm EST**. The meeting will be held via MS Teams. [Click here to join the meeting](#) or join by calling [+1 614-721-2972](tel:614-721-2972) and using phone conference ID: 620 885 974#.

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

- S. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- T. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- U. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans living with HIV;
  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 timelines and resources;
  5. Estimates reasonable cost to the ODH, considering the anticipated results;
  6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
  7. Provides an evaluation plan, including a design for determining program success;
  8. Is responsive to the special concerns and program priorities specified in the Solicitation;
  9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
  10. Has demonstrated compliance to OGAPP;
  11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
  12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation
  13. Provides quality innovative outreach, health education/risk reduction or housing services to identified priority populations disproportionately impacted by HIV;
  14. Focuses on the identified priority populations;
  15. Impacts priority areas based on identified need;
  16. Does not duplicate existing state and local resources;
  17. Develops resources and linkages to provide culturally competent care.
  18. Responds to additional items in RFP as listed in Application Review Form (Appendix D).

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

- V. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The

intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture.

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

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

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Infectious Diseases, Ryan White Part B Program and as a sub-award of a grant issued by Health Resources and Services Administration under the Ryan White HIV/AIDS Part B grant, grant award number XO7HA00016, and CFDA number 93/917.”

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

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

Reports shall be submitted as follows:

- a. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates:
  - 1) Recipients receiving funding under this RFP will need to complete QI tracking sheet (Appendix K) with their monthly or quarterly expenditure reports (see paragraph Xb on page 12).
  - 2) Quarterly narrative progress report, including data updates (Appendix F for template): due July 15, 2022; October 15, 2022; January 15, 2023;
  - 3) Annual narrative progress report, including data updates (Appendix G for template): due March 15, 2023
  - 4) Midpoint Toolkit: due March 15, 2023. This should include:
    - Forms and brochures developed to date
    - Lessons Learned to date
    - Progress on projected mid project goals (Use data to support)
    - Keys to success to date
    - Whether the projected personal and budget on track or over/under expectations
  - 5) Final Program Best Practices Toolkit: (end of three-year RFP) due March 1, 2025. Toolkit should include an outline of the strategy and include quality improvement tools used, project goals and objectives, process for carrying out activities completed, barriers faced, the process used to make program adjustments as well as final outcomes data.

**Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required

☐ No Program Reports Required

Period	Report Due Date
April 1 – June 30, 2022	July 15, 2022
July 1 – September 30, 2022	October 15, 2022
October 1 – December 31, 2022	January 15, 2023
January 1 – March 31, 2023	March 15, 2023 (annual report)
April 1, 2022-February 2023	

\*For informational purposes only: Reports due on 7-15-22, 10-15-22, & 1-15-23 are quarterly narrative reports, including data updates. The report due 3-15-23 is an annual narrative report which also must include 4<sup>th</sup> quarter information to date along with data updates and program best practices toolkit.

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOI AF). 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
<i>April 1 – 30, 2022</i>	<i>May 10, 2022</i>
<i>May 1 – 31, 2022</i>	<i>June 10, 2022</i>
<i>June 1 – 30, 2022</i>	<i>July 10, 2022</i>
<i>July 1 – 31, 2022</i>	<i>August 10, 2022</i>
<i>August 1 – 31, 2022</i>	<i>September 10, 2022</i>
<i>September 1 – 30, 2022</i>	<i>October 10, 2022</i>
<i>October 1 – 31, 2022</i>	<i>November 10, 2022</i>
<i>November 1 – 30, 2022</i>	<i>December 10, 2022</i>
<i>December 1 – 31, 2022</i>	<i>January 10, 2023</i>
<i>January 1 – 31, 2023</i>	<i>February 10, 2023</i>
<i>February 1 – 28, 2023</i>	<i>March 10, 2023</i>
<i>March 1 – 31, 2023</i>	<i>April 10, 2023</i>

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

Period	Report Due Date
April 1 – June 30, 2022	July 10, 2022
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023
January 1 – March 31, 2023	April 10, 2023

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

- c. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before May 5, 2023. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

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

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

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
16. Client incentives that exceed \$100 per client per budget period or cash payments are prohibited;
17. Any expense not included as an allowable use of Part B funds for the provision of Part B eligible services, particularly the Outreach and Health Education/Risk Reduction Service or Housing Categories and activities not allowed under the legislation and defined in referenced Policy Notices: and
18. Rent, mortgage, or utilities payments are not allowable under the housing category.

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

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

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

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

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

**Subrecipient audit reports** (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

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

#### **AB. Submission of Application:**

##### **Formatting Requirements:**

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed [20] 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
  1. Primary Reason
  2. Funding

3. Justification
4. Personnel
5. Other Direct Costs
6. Equipment
7. Contracts
8. Compliance Section
9. Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program:
  1. Program Workplan
  2. Driver Diagram
  3. Letters of Collaboration (if applicable)
  4. Position Descriptions and Roles
  5. Table of Organization
  6. Incentives and Enablers Procedures (if applicable)
  7. Program Assurance and RFI

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

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

Current Independent Audit  
(latest completed organizational fiscal period; **only if not previously submitted**)  
Ohio Department of Health Grants Services Unit  
Central Master Files, 4<sup>th</sup> Floor35  
E. Chestnut Street Columbus,  
Ohio 43215



## II. APPLICATION REQUIREMENTS AND FORMAT

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

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

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

**B. Budget:** Prior to completion of the budget section, please review page [11] of the Solicitation for unallowable costs.

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

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how deliverables will be met. (A budget justification example can be found on GMIS).
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period of 04/01/2022 to 3/31/2023.

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

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

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

### D. Project Narrative:

- 1. Executive Summary:** Identify the priority population(s), the HIV care continuum category(ies), and the HRSA-approved service category(ies) to be addressed. Identify the innovation strategy to be tested, what agency or agencies will provide the services and the burden of health disparities and health inequities. Describe the public health problem(s) that the program will address. Complete these questions for each of the Sections for which you apply (i.e. Section One, Two and/or Three - Reference "who can apply" on Appendix I: Quality Innovations Section Guide).
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it

will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood and embraced by diverse audiences. This includes persons of limited English proficiency, low literacy skills, and individuals with disabilities, as well as individuals with diverse lived experiences. List personnel & positions who will be directly involved in QI Grant activities.

Describes plans for hiring and training personnel to assure clients will receive culturally appropriate care. Describes all personnel who will be directly involved in program activities. Describe the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program; describes short-term and long-term plans to sustain the proposed strategy should funding no longer be available in the future.

If applicable, describe how victims of human trafficking are included in your agency's priority population and how agency promotes the expansion of services to identify and serve individuals affected by human trafficking.

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

Explicitly describe segments of the priority population(s) 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. Include how your agency has gathered feedback from individuals in your priority population(s) and the concerns and needs they have expressed.

Include a description of other agencies/organizations, in your area, also addressing this problem/need. Include how this innovative idea is not a duplication of service. If your innovative strategy requires the support of others in the service area, provide relevant letters of support.

Include a completed Driver Diagram (see Attachment 2: Driver Diagram) to illustrate the problem/need being addressed with the innovation strategy.

4. **Methodology:** In narrative form, provide an overview of the proposed Quality Innovation strategy. Specify the innovation strategy (either the new strategy if applying in Section One; the replicated strategy if applying for Section Two, and/or the peer technical assistance strategy if applying for Section Three. See Appendix I: Quality Innovations Section Guide). Include how individuals from your priority population(s) will be involved in implementing, evaluating, and adjusting the strategy as needed.

In the workplan (Attachment 1: Program Workplan Template), identify the SMARTIE program goals, process, impact/outcome, objectives, and activities. SMARTIE goals and objectives are Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive and Equitable. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

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

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

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

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

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

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word, or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before Monday November 29, 2021.**

- Attachment 1: Program Workplan Template
- Attachment 2: Driver Diagram
- Attachment 3: Letters of Collaboration (if applicable)
- Attachment 4: Position Descriptions and Roles within the Grant
- Attachment 5: Table of Organization
- Attachment 6: Incentives and Enablers Program Procedures (if incentives or enablers are used)
- Attachment 7: Program Assurances and HRSA Fiscal Breakdown

### III APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Training Form
- C. C1 Deliverable – Objective Descriptions (if applicable)  
C3 Deliverable – Objective Allocations (if applicable)
- D. Application Review Form
- E. Required Data Reporting
- F. Quarterly Program Narrative Report Template
- G. Annual Progress Report Template
- H. HRSA Service Category Definitions
- I. Quality Innovations Section Guide
- J. Section Two – Promising Practices Strategy
- K. QI Tracking Sheet
- L. Acknowledgement of Additional Requirements

## Appendix A

Reimbursement  
Type  
Select one of the  
options below:

☐ Monthly  
OR  
☐ Quarterly

### NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Bureau of Infectious Diseases

*ODH Program Title:*

Quality Innovations in the Continuum of HIV Care

### Submission Required

See due date below.

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

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency \_\_\_\_\_ Federal Tax Identification Number \_\_\_\_\_

Geographic Area Applying to Cover \_\_\_\_\_

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

Type of Applicant Agency  
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_  
\_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Agency Head (Print Name)

\_\_\_\_\_  
Agency Head (Signature)

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

Does your agency have at least two staff members who currently have access to the ODHGMIS system? ☐ YES ☐ NO

**If yes, no further action is needed. If no,** ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOI AF 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 NOI AF AND REQUIRED FORMS MUST BE EMAILED TO [Susan.Dicocco@odh.ohio.gov](mailto:Susan.Dicocco@odh.ohio.gov) by **Tuesday November 2, 2021**.

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

## Appendix B

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

### GMIS Training, User Access, Access Change or Deactivation Request

**One request per person.** Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *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 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](mailto:karen.tinsley@odh.ohio.gov)

## Appendix C1

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

**Budget Period: 04/01/2022 to 03/31/2023**

**# of Deliverables: 12**

**Use Budget Justification Scenario #: C3**

  X   Deliverables Only

**This Appendix is not required for the application.**

Complete budget justification scenario #3, deliverable based GMIS budget and Attachment 7 (HRSA Requirement).

## BUDGET JUSTIFICATION SCENARIO #3 EXAMPLE

### NOTES:

1. Budget justification line items **MUST** be in the same order as in the GMIS budget. Only include the deliverables for the Section(s) being requested.

### OTHER DIRECT COSTS

#### Deliverable – Objectives

(Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against deliverables as a separate line item; it is to be included in the total cost.)

#### Scenario 3

- Section One: Deliverable 1 (PLAN)

Objective A	\$00,000
Objective B	\$00,000
Objective C	\$00,000

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.

- Section One: Deliverable 2 (DO)

Objective A	\$00,000
Objective B	\$00,000
Objective C	\$00,000

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.

- Section One: Deliverable 3 (STUDY)

Objective A	\$00,000
Objective B	\$00,000
Objective C	\$00,000



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.

- Section One: Deliverable 4 (ACT)

Objective A	\$00,000
Objective B	\$00,000
Objective C	\$00,000

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.

- Section Two: Deliverable 5 (PLAN)

Objective A	\$00,000
Objective B	\$00,000
Objective C	\$00,000

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.

- Section Two: Deliverable 6 (DO)

Objective A	\$00,000
Objective B	\$00,000
Objective C	\$00,000

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.

- Section Two: Deliverable 7 (STUDY)

Objective A	\$00,000
Objective B	\$00,000
Objective C	\$00,000

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.

- Section Two: Deliverable 8 (ACT)

Objective A	\$00,000
Objective B	\$00,000
Objective C	\$00,000

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.

- Section Three: Deliverable 9 (PLAN)

Objective A	\$00,000
Objective B	\$00,000
Objective C	\$00,000

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.

- Section Three: Deliverable 10 (DO)

Objective A	\$00,000
Objective B	\$00,000
Objective C	\$00,000

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.

- Section Three: Deliverable 11 (STUDY)

Objective A	\$00,000
Objective B	\$00,000
Objective C	\$00,000

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.

- Section Three: Deliverable 12 (ACT)

Objective A	\$00,000
Objective B	\$00,000
Objective C	\$00,000

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.

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]

**APPENDIX D**  
**QUALITY INNOVATIONS WITHIN THE CONTINUUM OF HIV CARE**  
**GRANT APPLICATION REVIEW-RATING FORM**  
PROGRAM PERIOD: APRIL 1, 2022 TO MARCH 31, 2025  
BUDGET PERIOD: APRIL 1, 2022 TO MARCH 31, 2023

Agency: \_\_\_\_\_ Region: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Total Score: \_\_\_\_\_

Recommended Funding Level: \_\_\_\_\_

**SCORE TABLE:**

Use the following table as a guide in completing the review sheet.

Point Value	Criterion Unmet	Criterion Partially Met	Criterion met
1	0		1
2	0	1	2
3	0	1,2	3
4	0	2	4
5	0, 1	2,3	4,5

**Criterion Unmet** – Does not answer the question nor address any of the required issues.

**Criterion Partially Met** - Attempts to answer the question but does not offer specific information. Answers the question and offers some concrete information.

**Criterion Met** - Offers substantive information; a complete answer in a clear manner. An exemplary answer uses quantitative measure for example; is concise and to the point.

**NOTE:** The maximum point value is shown in each section. Please score each section using the score table as a guide. Your comments are important and provide clarification when necessary.

TOTAL MAXIMUM SCORE: 100 points

MINIMUM SCORE TO BE ELIGIBLE FOR FUNDING: 70 points

## GRANT APPLICATION CHECKLIST

Reviewer checklist regarding responsibilities	Yes ✓	Due Date
Absence of Conflict of Interest for each application submitted		
Two to three grant applications received		
Reviewer scores and recommended action submitted to Susan DiCocco		
Attend External Panel Review, if needed		
Applications, attachments and score sheets returned to Susan DiCocco		

Reviewer checklist regarding application requirements	Yes ✓	Comments
Applicant is local public or non-profit agency.		
Applicant request meets minimum (\$30,000) allocation.		
Applicant request is less than maximum allocation of \$300,000 per year		
Attachment 1: Program Workplan submitted		
Attachment 2: Driver Diagram submitted		
Attachment 3: Letters of Collaboration submitted (if applicable)		
Attachment 4: Position Descriptions and Roles within the Grant submitted		
Attachment 5: Table of Organization submitted		
Attachment 6: Incentives and Enablers Program Procedures submitted (if applicable)		
Attachment 7: Program Assurance and HRSA Fiscal Breakdown		
Public Health Impact Statement of Support submitted	Will be reviewed by program team	
Public Health Impact Statement Summary submitted (only if Statement of Support above not submitted)	Will be reviewed by program team	
Statement of Intent to Pursue Health Equity Strategies submitted	Will be reviewed by program team	

COMPONENT OF PROPOSAL	Max points possible	SCORE	STRENGTHS / WEAKNESS
<b>PROJECT NARRATIVE</b>			
<b>1. Executive Summary (2 pages maximum):</b> <i>Identifies the priority population(s), the HIV Care Continuum category(ies) and HRSA-approved service categories to be addressed for each section which you apply</i>	1		
<i>Identifies the innovation strategy to be tested, what agency or agencies will provide the services for each section which you apply</i>	2		
<i>Describes the burden of health disparities and health inequities and the public health problem(s) that the program will address</i>	1		
<b>Total</b>	<b>4</b>		
<b>2. Description of Applicant Agency/ Documentation of Eligibility (10 pages maximum):</b> <i>Demonstrates the applicant agency's eligibility to apply</i>	2		
<i>Summarizes the agency's structure as it relates to this program and, as the lead agency, how it will manage the program</i>	2		
<i>Describes 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, people are not literate, have low literacy skills, and individuals with disabilities)</i>	2		
<i>Includes how victims of human trafficking are included in the agency's priority population and how the agency promotes the expansion of services to identify and serve individuals affected by human trafficking</i>	2		
<i>Describes all personnel who will be directly involved in program activities</i>	2		
<i>Describes plans for hiring and training personnel to assure clients will receive culturally appropriate care</i>	2		
<i>Includes the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program; describes short-term and long-term plans to sustain the proposed strategy should funding no longer be available in the future.</i>	2		
<b>Total</b>	<b>14</b>		

<b>3. Problem/Need (10 pages maximum):</b> <i>Identifies and describes the local health status concern(s) of people living with HIV that will be addressed by the project. The specific health status concerns that the project intends to address may be stated in terms of health status (morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. The focus population is clearly identified</i>	3		
<i>Explicitly describes segments of the focus population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem being addressed by this funding opportunity.</i>	2		
<i>Includes a description of other agencies/organizations in the area who are also addressing this problem/need. Include how this is not a duplication of services. Any letters of support from other agencies in the area relevant to innovative strategy are included. Describes how individuals from priority population(s) needs and concerns were gathered.</i>	7		
<b>Total</b>	<b>12</b>		



<p><b>4. Methodology</b>  Methodology Narrative includes:</p> <p>1) The innovation strategy is clearly and fully described. A clear strategy is present for each of the Sections they are applying for. The description includes:</p> <ul style="list-style-type: none"> <li>a. <i>The Section(s) and specific priority population(s) the innovations strategy will focus on;</i></li> <li>b. <i>The HRSA service category(ies) selected;</i></li> <li>c. <i>The HIV Care Continuum category(ies) selected;</i></li> <li>d. <i>The mid and long-term goals for chosen priority population</i></li> <li>e. <i>Strategy start date, where, when and how the objectives within the strategy will be conducted;</i></li> <li>f. <i>How was strategy was selected and the number of people expected to receive services;</i></li> <li>g. <i>How individuals from your priority population(s) were involved in the selection of the strategy, and will continue to be involved, in implementing, evaluating, and adjusting the strategy as needed;</i></li> <li>h. <i>How it is not a duplication of services;</i></li> <li>i. <i>A list of deliverables and documents (if applicable) that will be produced as part of the strategy under the PDSA model. These deliverables/objectives are to be carried through to the budget justification and PDSA model workplan</i></li> <li>j. <i>The quality improvement tools used or expected to be used;</i></li> <li>k. <i>The known barriers for meeting the stated goal along with the process to overcome these;</i></li> <li>l. <i>A description of the process for reviewing the effectiveness of the strategy and objectives; how the strategy modifications will be developed and implemented if needed; and</i></li> <li>m. <i>Description of how program activities will address any additional health disparities and/or health inequalities that have been identified.</i></li> </ul>	15		
---	----	--	--

2) <i>Methodology Program Workplan (Attachment 1) SMARTIE goals, objectives, outcomes and activities includes:</i> a. <i>Program Deliverable/Goal</i> b. <i>Program objectives under each deliverable</i> c. <i>Staff responsible for completion of the objectives</i> d. <i>Activity start dates</i> e. <i>Measurable outputs including how the objectives will be evaluated</i>	15		
<b>Total</b>	<b>30</b>		
<b>BUDGET</b>			
<b>Budget Narrative</b> <i>A budget justification using scenario #3 which included a brief description of as outlined in the RFP. The proposed costs appear to be reasonable.</i>	4		
<i>Budget narrative matches the budget submitted in GMIS 2.0.</i>	3		
<b>Total</b>	<b>7</b>		
<b>ATTACHMENTS</b>			
1. <i>Initial Program Workplan</i>	10		
2. <i>Driver Diagram</i>	4		
3. <i>Letters of Collaboration (if applicable; if not applicable, total possible score will be reduced by 4)</i>	4		
4. <i>Position Descriptions and Resumes (and, if applicable, licenses)</i>	1		
5. <i>Table of Organization</i>	1		
6. <i>Incentives and Enablers Program Procedures (if applicable; if not applicable, total possible score will be reduced by 1)</i>	1		
7. <i>Program Assurance and HRSA Fiscal breakdown</i>	6		
<b>Total</b>	<b>27</b>		
<b>OVERALL QUALITY</b>			
<i>Clarity/completeness</i>	2		
<i>Adherence to all RFP guidelines</i>	2		

<i>Formatting requirements met</i> <ul style="list-style-type: none"> <li>• Properly labeled</li> <li>• 1.5 spacing with 1-inch margins</li> <li>• Budget and Project Narratives in portrait orientation on 8 ½ by 11 inch paper</li> <li>• All pages numbered</li> <li>• Project Narrative meets page limit requirement</li> <li>• 12-point font</li> </ul>	2		
<b>Total</b>	<b>6</b>		
<b>Total Score</b>	<b>100 Points Total</b>		

Recommendation of Reviewer:

☐ Approval (funding) of proposal as submitted (no conditions)

☐ Approval (funding) of proposal with conditions (please list conditions below)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

☐ Disapproval of project. State reason(s) below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date

## **Appendix E**

### **Required Data Reporting**

Funded grant recipients will be required to report client-level data in CAREWare, a web-based data system created by Health Resources and Services Administration (HRSA) for Ryan White programs.

The below data elements are the minimum data required by HRSA. In addition to the HRSA-required elements, data specific to your innovative strategy will be required. CAREWare training, account set up and determination of custom data fields will occur during the first 60 days of the grant period.

HRSA-required data to be reported via CAREWare:

- Client First and Last Name
- Client Zip Code
- Client Vital Status
- Client Date of Birth
- Client Ethnicity
- Client Race
- Client Sex at Birth
- Client Gender
- Client Poverty Level
- Client HIV Status (all clients must be HIV positive)
- Client Housing Status (required for Housing service category only)
- Client HIV Diagnosis Year (new clients)
- Date(s) of service(s) received related to innovation strategy

Other required data to be reported via CAREWare:

- Data will be customized to each innovation strategy in coordination with ODH Ryan White Part B Quality Innovations program consultant

# APPENDIX F

## Quality Innovations with the Continuum of HIV Care

### Quarterly Program Narrative Report

### TEMPLATE

**Submit a cover page with the following information (in GMIS 2.0):**

To: Ryan White Part B Program Administrator  
 Ohio Department of Health  
 QI Innovations in HIV Care  
 Grant Project Number: \_\_\_\_\_  
 Quarterly Narrative Report

From: Agency/Organization Name: \_\_\_\_\_  
 Person(s) Completing Report: \_\_\_\_\_  
 Reporting Period Start Date: \_\_\_\_\_ / Reporting Period End Date: \_\_\_\_\_

The Quarterly Program Narrative needs to include the following;

- Describe projected goals for each funded section(s) of the RFP
- Percentage completed for each projected goal
- Percentage completed for each Deliverable.
- List of each objective under each deliverable reporting on status (not on target, on target, or exceeding target).
- Percentage completed for each objective as of submission date.
- Summary of CAREWare data for reporting quarter
- Describe: lessons learned (what has been working/not working and what adjustments are needed)
- Provide supporting documentation for your observations.

#### I. Projected Goal Progress (What are you trying to accomplish the first goal listed on the work plan)

Section One	Yes/No	(Must report out on deliverables 1-4 and underlying objectives)			
Section Two	Yes/No	(Must report out on deliverables 5-8 and underlying objectives)			
Section Three	Yes/No	(Must report out on deliverables 9-12 and underlying objectives)			
Projected Goal		% of goal completed		Status	

Provide a general explanation of Projected Goal listed in workplan and the most recent data as well as general data trends along with a status update on progress on this goal.

#### II. Progress on Deliverables and Objectives

For each deliverable and objectives identified in your grant proposal workplan, complete the items below;

Deliverable		% of Deliverable completed		Status	
Objective		% of Objective completed		Status	
Objective		% of Objective completed		Status	
(Add objectives and needed to match the number of objectives under each deliverable)					
(Repeat this pattern for all deliverables and objectives for that section)					

(If funded for several sections report them out separately)
Describe:

- A. Evaluation of the progress made, deliverables or documents produced to date, data review and accomplishments achieved for this objective. Include quantifiable information such as number of clients served, etc. as related to this particular deliverable/objective. For example, include how many activities have been complete, how many activities have not been complete, explain any documents or outputs produced and how many clients have been served to date (this should explain the client-level data in Appendix F: Quarterly Program Data Report). Also describe how the activities in this objective are impacting the overall project goal.
- B. Difficulties/Barriers experienced while accomplishing this projected goal, deliverable and objectives:
- C. Description of upcoming work and/or adjustments if listed above as not on target:

**[REPEAT THE ABOVE IN SECTION II FOR EACH SECTION NOTED IN THE PROJECT WORKPLAN]**

### **III. Additional Activities**

Items to include:

- Quality Improvement Tools used through this point of the project (make copies of all QI Tools that have been produced/used to share with your ODH program coordinator);
- Dates of Quality Innovation meetings with a summary of the meeting content, attendance, outcomes, and next steps;
- Items produced or documented that will be included in the end-of-project toolkit
- Any special activities that occurred during this period which you would like to report on;
- Aspects of your program which are different from those which were originally proposed;
- Evolving needs of your target population which have not previously been discussed.

### **IV. Technical Assistance Requests**

List any concern or issues needing assistance from the Ohio Department of Health's HIV Care Services section.

### **V. Required Program Report Attachments as specified in the Request for Proposal must be received by ODH on the quarterly program report's due date:**

Due July 15, 2022; October 15, 2022; January 15, 2023

**APPENDIX G**  
**Quality Innovations in the Continuum of HIV Care**  
**Annual Progress Report**  
**TEMPLATE**

**Submit a cover page with the following information (in GMIS 2.0):**

To: Ryan White Part B Program Administrator  
Ohio Department of Health  
Quality Innovations in the Continuum of HIV Care  
Grant Project Number: \_\_\_\_\_  
Annual Progress Report

From: Agency/Organization Name: \_\_\_\_\_  
Person(s) Completing Report: \_\_\_\_\_  
Reporting Period: Year Start Date: \_\_\_\_\_ / Year End Date: \_\_\_\_\_

*Due March 15, 2023*

The Annual Progress Report needs to include the following;

- Describe projected goals for each funded section(s) of the RFP
- Percentage completed for each projected goal
- Percentage completed for each Deliverable.
- List of each objective under each deliverable reporting on status (not on target, on target, or exceeding target).
- Percentage completed for each objective as of submission date.
- Summary of CAREWare data
- Describe: lessons learned (what has been working/not working and what adjustments are needed)
- Provide supporting documentation for your observations.

**I. Summary of Project**

Include selected section(s), HRSA and care continuum categories, along with priority population(s). Explain the strategy implemented and outcomes for this reporting period. (The final APR will encompass the entire two-year grant cycle.)

**II. Projected Goal Progress (What are you trying to accomplish the first goal listed on the work plan)**

Section One	Yes/ No	(Must report out on deliverables 1-4 and underlying objectives)			
Section Two	Yes/ No	(Must report out on deliverables 5-8 and underlying objectives)			
Section Three	Yes/ No	(Must report out on deliverables 9-12 and underlying objectives)			
Projected Goal		% of goal completed		Status	



Provide a general explanation of Projected Goal listed in workplan, annual data and the general data trends for baseline and current (where applicable) along with a status update on progress on this goal.

### III. Progress on Deliverables and Objectives

For each deliverable and objectives identified in your grant proposal workplan, complete items below;

Deliverable		% of Deliverable completed		Status	
Objective		% of Objective completed		Status	
Objective		% of Objective completed		Status	
(Add objectives and needed to match the number of objectives under each deliverable)					
(Repeat this pattern for all deliverables and objectives for that section)					
(If funded for several sections report them out separately)					
Describe:					

- A. Evaluation of the progress made, deliverables or documents produced to date, data review and accomplishments achieved for this objective. Include quantifiable information such as number of clients served, etc. as related to this particular deliverable/objective. For example, include how many activities have been complete, how many activities have not been complete, explain any documents or outputs produced and how many clients have been served to date (this should explain the client-level data in Appendix F: Quarterly Program Data Report). Also describe how the activities in this objective are impacting the overall project goal.
- B. Difficulties/Barriers experienced while accomplishing this projected goal, deliverable and objectives:
- C. Description of adjustments made during course of the project:

[REPEAT THE ABOVE IN SECTION II FOR EACH SECTION NOTED IN THE PROJECT WORKPLAN]

### IV. Additional Activities

Items to include:

- Completed Quality Improvement Tools used through in the project;
- Items produced or documented that will be included in the end-of-project toolkit;

- Any special activities that occurred which you would like to report on;
- Aspects of your final program structure which are different from those which were originally proposed;
- Evolving needs of your target population which were not previously discussed.

#### **V. Lessons Learned**

Discuss lessons learned in implementing the grant activities overall and recommendations for future work in this area.

**Toolkit:** Midpoint Toolkit should include:

- Forms and brochures developed to date
- Lessons Learned to date
- Reach projected mid project goals (Use data to support)
- Keys to success
- Is the projected personal and budget on track, over/under expectations?

Program Best Practices Toolkit: due March 15, 2023. Toolkit should include an outline of the strategy to include quality improvement tools used to date, project goals and objectives, process for carrying out activities completed to date, barriers faced to date, the process used to make program adjustments as well as final outcomes data for year 1.

#### **VI. Next Steps (Sustainability)**

Discuss the project's next steps and sustainability options (if applicable to project).

#### **VII. Due Date**

Required Annual Program Report (APR) and midpoint Toolkit must be received by ODH by March 15, 2023. A copy of the Program Workplan, with the "Accomplishments" column and final benchmarks must be submitted along with the APR.

Final Program Best Practices Toolkit: due March 1, 2025

## Appendix H

### HRSA Service Category Definitions

#### Outreach Services

*Description:* The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

#### Outreach Services must:

- 1) use data to target populations and places that have a high probability of reaching PLWH who
  - a. have never been tested and are undiagnosed,
  - b. have been tested, diagnosed as HIV positive, but have not received their test results, or
  - c. have been tested, know their HIV positive status, but are not in medical care;
- 2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
- 3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

*Program Guidance:* Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

#### Health Education/Risk Reduction

*Description:* Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status.

Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)

- Health literacy
- Treatment adherence education

*Program Guidance:* Health Education/Risk Reduction services cannot be delivered anonymously.

## **Housing\***

*Description:* Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

*Program Guidance:* HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments, utilities, or rental deposits, although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

*\*Please note for the purposes of the QI Innovations grant, payments for rent, mortgage or utilities are an unallowable cost.*

### Appendix I: Quality Innovations Section Guide

	Who Can Apply:	What Are You Planning To Do?	Limitations
<b>Section One:</b> Incubator/First Time Ideas	1. Any eligible entity can apply. 2. Entities must test a new/first time intervention. 3. Entities may apply up to 2x for the same innovation idea. 4. Entities must explain how the intervention is NOT a duplication of services. (Provide letters of collaboration, if necessary.)	1. Specify the innovation idea. 2. Describe the strategy. (Provide information on the data used to determine it is a sound solution for your selected population.) 3. Provide baseline data for your selected target population. Use relevant HIV Care Continuum category performance measures. Be sure to explain any data limitations and include sources.	1. Only <u>one</u> innovation strategy is allowed 2. Strategies are limited to two grant cycles; at the end of two cycles they are assessed for moving into Section Two: Promising Practices
<b>Section Two:</b> Promising Practices	1. Any eligible entity can apply. 2. Entities may choose Section Two if they wish to pilot test the Promising Practice at their agency and/or in their region. 3. Entities who apply must demonstrate the capacity to complete the core components of this innovation.	1. The strategy selected must follow the criteria in Appendix J: Section Two Promising Practices Strategy 2. Describe the population for the strategy. 3. Provide baseline data for your selected target population. Use relevant HIV Care Continuum category performance measures.	Must include all the components included in Appendix J: Section Two Promising Practices Strategy
<b>Section Three:</b> Technical Assistance	Only Equitas Health may apply.	1. Provide technical assistance for approved applicants in Section Two if/when requested by applicants and/or ODH.	This Section is limited to entities who developed and tested the strategy(ies) included as Promising Practices.

All applicants must:

- Specify which Section of the RFP you are applying;
- Specify the target population(s) your innovations strategy will focus on;
- Specify the HRSA service category(ies) your strategy falls under;
- Specify the HIV Care Continuum category(ies) your strategy targets (e.g. Linkage to Care, Viral Suppression, etc.);
- Must demonstrate the ability to serve identified priority population(s);
- List deliverables in the PDSA format: Using (PDSA) model: Plan (What is the focus of your improvement idea?)-Do (Execute plan)-Study (what is the impact of intervention?)-Act (What adjustments or changes need to be made?);
- Ensure deliverables/objectives are carried through to the budget justification, work plan and described in quarterly reporting;
- Include known barriers or challenges in implementing the innovation strategy and potential solutions for overcoming them;

## Appendix I

- Entities must provide local data supporting the need to serve identified priority population(s) including estimate of potential clients served;
- Describe how the innovation strategy was selected. If applying for Section Two; explain using supporting data as to how this promising practice fits your clients' needs;
- Describe how individuals from the priority population(s) were involved in selecting the innovation strategy and how they will continue to be involved during the full project;
- Clearly describe how your stated innovation is not a duplication of services;
- If needed, include letters of collaboration to support coordination of services;
- Describe how program activities will address any additional health disparities and/or health inequalities that have been identified
- Outline efforts of your agency to recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are reflective of the population in the service area, especially those disproportionately impacted by HIV;
- Document any service agreements with local LGBTQ organizations, and organizations/service providers which have expertise on specific social services, minority health and/or substance use services;
- Provide the mid-term and long-term goals for chosen priority population(s) (i.e., increase baseline data to xx% and estimated number of individuals served, include how you are defining served) and the data sources to be used to monitor performance measures and ongoing program evaluation.

## Appendix J

### Promising Practices Strategy

#### Section Two: Promising Practices

Below are the core elements of an innovation that has been tested the past few years as part of Section One and that appear to be a promising practice. Entities can apply to replicate the practice in their agency and/or region to continue testing the strategy.

If applying for Section Two: Promising Practices, applicants will need to:

- Specify in methodology section of RFP and work plan how each of the core elements below will be implemented. Applicants will not be funded for a Section Two request if any of the elements are missing.
- Agree to receive technical assistance from Equitas Health (or other as identified by ODH) as they have been implementing the practice as an innovative idea the past few years.

#### Required Core Elements:

- 1) Complete an organizational assessment for health literacy at the beginning of the project and each subsequent year to assess your agency on the attributes of health literate health care organizations identified by the Institute of Medicine (IOM). The annual assessment tool used as part of the strategy will be provided to entities that are funded under Section Two.
- 2) Use Health Literacy navigator(s) to guide, model, educate, and coach clients as they learn to navigate the health care system. Goal: client will be able to navigate on their own. Health Literacy navigators must have a process for also working with the client's medical provider and case manager; this creates a care team who together support the client.
- 3) Implement a training component that must include:
  - a. Organization-wide trainings for staff/personnel/etc. based on the health literacy workplace assessment results
  - b. Skills training for the Health Literacy Navigators to ensure minimum competencies for assisting client (specifically, Ask Me 3, Always use teach back, in it together, & plain language)
- 4) Identify an evaluator to help design, implement, and spread the project and required trainings
- 5) Applicant agrees to consult with Equitas Health and utilize their specific tools and adapt Health Literacy trainings as needed for their agency.

## Appendix K

### QI Tracking Sheet (EXAMPLE)

The below is a template of the program form required when submitting expenditure reports. The template allows progress on deliverable costs to be monitored. Technical assistance in completing the tracking sheet will be provided to funded applicants before the first one is due.

Agency Name				Reporting Month:		Deliverable Funds Requested
<b>Total Deliverable</b>		<b>\$54,824.90</b>	<b>Balance after monthly expense</b>		\$51,033.92	\$0.00
	<b>Total Funds Requested</b>	<b>YTD spent</b>	<b>Progress on activities</b>		<b>Funds Remaining</b>	<b>Objective Funds Requested</b>
1A	\$32,508.01	\$1,417.75			\$31,090.26	\$0.00
1B	\$22,316.89	\$2,373.23			\$19,943.66	\$0.00
		\$3,790.98			\$51,033.92	
<b>Total Deliverable</b>		<b>\$15,808.53</b>	<b>Balance after monthly expense</b>		\$14,343.42	\$0.00
	<b>Total Funds Requested</b>	<b>YTD spent</b>	<b>Progress on activities</b>		<b>Funds Remaining</b>	<b>Objective Funds Requested</b>
2A	\$14,813.04	\$644.41			\$14,168.63	\$0.00
2B	\$995.49	\$820.70			\$174.79	\$0.00
		\$1,465.11			\$14,343.42	
<b>Total Deliverable</b>		<b>\$27,887.28</b>	<b>Balance after monthly expense</b>		\$26,454.99	\$0.00
	<b>Total Funds Requested</b>	<b>YTD spent</b>	<b>Progress on activities</b>		<b>Funds Remaining</b>	<b>Objective Funds Requested</b>
3A	\$11,675.76	\$605.65			\$11,070.11	\$0.00
3B	\$8,105.76	\$826.64			\$7,279.12	\$0.00
3C	\$8,105.76	\$0.00			\$8,105.76	\$0.00
		\$1,432.29			\$26,454.99	
<b>Total Deliverable</b>		<b>\$34,837.29</b>	<b>Balance after monthly expense</b>		\$33,879.81	\$0.00
	<b>Total Funds Requested</b>	<b>YTD spent</b>	<b>Progress on activities</b>		<b>Funds Remaining</b>	<b>Objective Funds Requested</b>
4A	\$32,563.20	\$684.59			\$31,878.61	\$0.00
4B	\$2,274.09	\$272.89			\$2,001.20	\$0.00
		\$957.48			\$33,879.81	
Comments:						



## **Appendix L**

### **Acknowledgment of Additional Requirements**

Applicants who are funded agree to:

- Meet with HIV Quality Innovations Grant Public Health Consultant within the first month to:
  - Complete specific QI-related tools and determine data reporting fields that are specific to the funded innovation.
  - Arrange for CAREWare training with the Ryan White Part B data team and to set up CAREWare accounts. CAREWare will be used for required data collection.
- Agree to participate in meetings with ODH and other QI grant subrecipients as scheduled by ODH.

**ATTACHMENT 1**  
**Innovations in HIV Care Program Workplan**

Entity Name: \_\_\_\_\_ GMIS # \_\_\_\_\_ Date: \_\_\_\_\_

Applying for: (Select all that apply) Refer to *Appendix I: Quality Innovations Section Guide* for information about each Section

☐ Section One (Incubator/First Time) ☐ Section Two (Promising Practices) ☐ Section Three (Technical Assistance)

HRSA service category(ies) for innovation strategy: (select all that apply) If applying for Section Two, select Health Education/Risk Reduction

☐ Outreach Services ☐ Health Education/Risk Reduction ☐ Housing

HIV care continuum category(ies) for innovation strategy: (select only one) If applying for Section Two, select Viral Suppression

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

Priority population(s) for innovation strategy: (select all that apply)

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

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

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

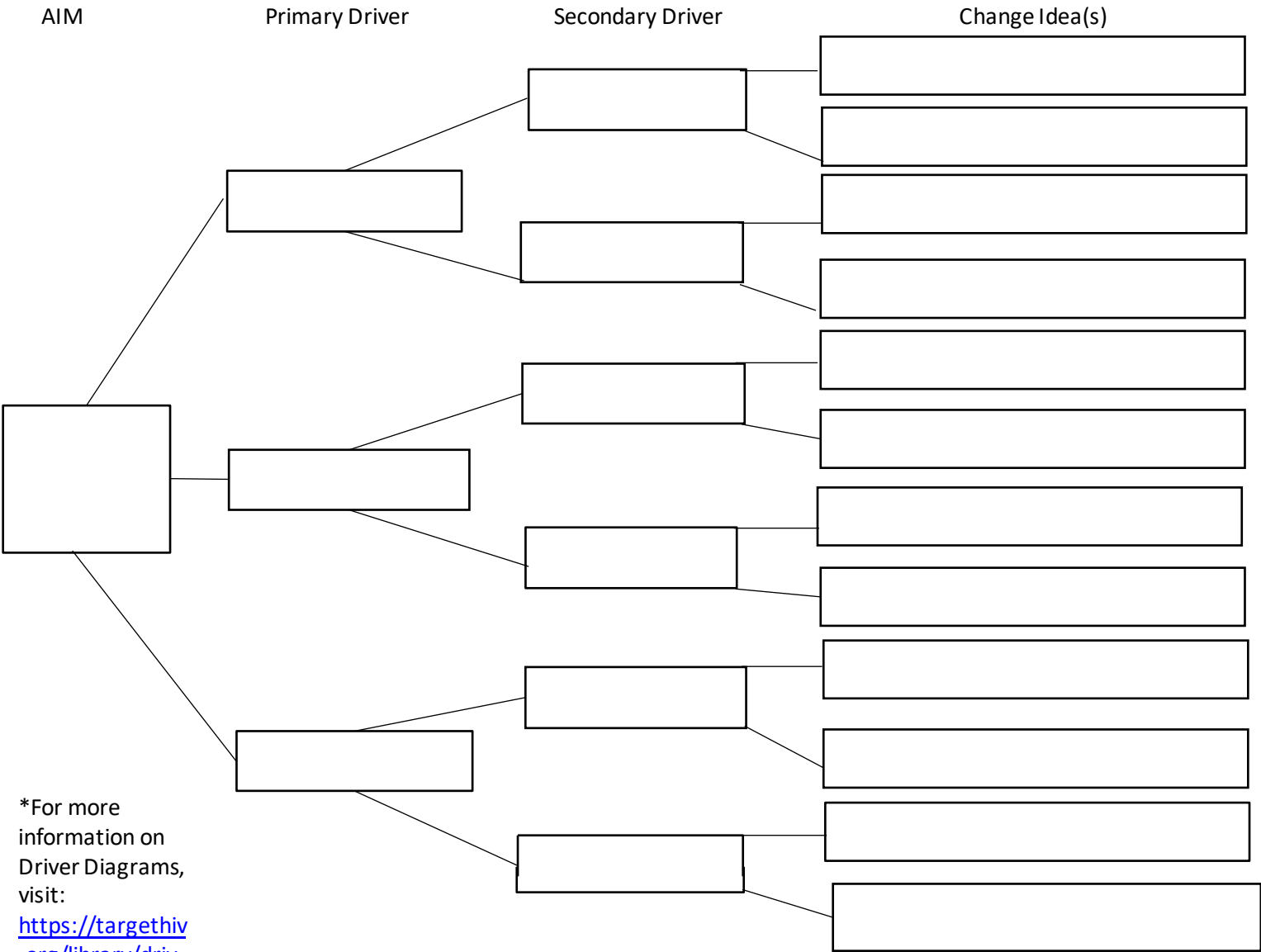
<b>Projected Goal</b>	<i>(Enter number of participants and percentage to be served for the entire grant period; include baseline data 12 and 24-month benchmarks.)</i>
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*(Deliverables must match those listed in methodology section and be written as SMARTIE format: Specific, Measurable, Attainable, Relevant, Timely, Inclusive and Equitable). There is a total of four deliverables per section. Submit work plan for each section for which you apply. Add more lines as necessary.)*

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

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

**Attachment 2  
Driver Diagram**



\*For more information on Driver Diagrams, visit: <https://targethiv.org/library/driver-diagrams-part-i>

## **ATTACHMENT 3**

### **Letters of Collaboration**

If your innovative strategy requires the support of or coordination with others in the service area, letters of collaboration are required. Letters must demonstrate the relationship between the agencies, and be specific to the QI grant and current application year. For example, if the strategy being tested includes medical visits being scheduled within a certain timeframe, letters of support from HIV medical professionals acknowledging their support in scheduling appointments within the timeframe would be required.

Examples of key collaborators are:

- HIV disease counseling and testing sites
- Health care points of entry specified by eligible areas
- Other community points of entry such as LGBTQ organizations
- Federally Qualified Health Centers (FQHCs)
- Entities such as Ryan White Parts A, C and D grantees
- Local Ryan White Part B-funded entities
- Community-based HIV service providers
- Emergency rooms
- Substance abuse and mental health treatment programs
- Detoxification centers
- Detention facilities
- Clinics regarding sexually transmitted disease
- Homeless shelters
- Halfway houses
- Jails
- Other non-HIV-specific service providers in the community

## **ATTACHMENT 4**

### **Position Descriptions, Licenses and Roles on Proposed Project**

Include all documents that apply to funding requested:

- ☐ Position descriptions, licenses (as applicable) and designed roles for positions that will be working on proposed project

## **ATTACHMENT 5**

### **Table of Organization**

Include all documents that apply to funding requested:

- ☐ Agency Table of Organization that includes location of and staff included in proposed project



## ATTACHMENT 6

### Program Procedures for Incentives

Entity Name: \_\_\_\_\_

GMIS Program Code: \_\_\_\_\_

Project Period: \_\_\_\_\_

Incentives to be provided:

Enablers to be provided:

Entity Name: \_\_\_\_\_

GMIS Program Code: \_\_\_\_\_

Project Period: \_\_\_\_\_

Method for Monitoring Use and Distribution:

Signatures:

\_\_\_\_\_  
Program Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Administrator

\_\_\_\_\_  
Date

## ATTACHMENT 7

### Program Assurance and Budget Methodology

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

1. Maintain time and activity for staff time on each deliverable (at minimum quarterly).
2. Administrative cost per deliverable will not exceed 10%.
3. Develop and maintain a current, complete, and accurate asset inventory list and a depreciation schedule.
4. Comply with all provider/sub grantee requirements in HRSA Ryan White monitoring standards:
  - UNIVERSAL MONITORING STANDARDS (PARTS A & B) -  
<https://hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf>
  - PART B PROGRAM MONITORING STANDARDS -  
<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>
  - PART B FISCAL MONITORING STANDARDS -  
<https://hab.hrsa.gov/sites/default/files/hab/Global/fiscalmonitoringpartb.pdf>
5. Report any changes to the HRSA RW Fiscal Breakdown (see next page) to the ODH QI grant program consultant;
6. Agree to meet with ODH program staff within one month of the grant cycle to:
  - Create a high-level overview of their innovation idea and process;
  - Establish the subgrantee additional strategy-specific data that will be entered into CAREWare in addition to the minimum data elements; and
  - Discuss the purpose of the QI tracking sheet (See Appendix K), explain the process for using this sheet and complete the primary elements for the sheet.

Signatures:

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Program Administrator

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Date

---

Agency Administrator

---

Date

## HRSA RW Fiscal Breakdown

Show the cost calculations and breakdowns for **each deliverable and objective** listed in Appendix C3\_Budget Justification #3

### **EXAMPLE:**

For this example; assume the goal for Deliverable 2 is to engage HIV+ individuals who have fallen out of care and Objective 2A under Deliverable 2 is to receive referrals from community agencies for individuals in the priority population who have fallen out of care, and that the total cost for Objective 2A was reported as \$8,100 in the budget justification.

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

**Objective 2A: Receive up to 100 referrals from community agencies for individuals in the priority population who have fallen out of care.**

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

- Staff will retrieve referral (.5 hours);
- Confirm referral information (1 hour)
- Document referral in database (.5 hours)
- Travel time to referral location (1 hour)
- Travel mileage reimbursement for staff per referral (average 40 miles round trip at 52 cents per mile equals \$20.80)

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

*Objective 2A Cost \$ 81 per referral up to \$ 8,100*

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