



## Department of Health

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

### MEMORANDUM

**Date:** December 20, 2019

**To:** Prospective Applicants

**From:** Anna Starr, Assistant Bureau Chief  
Bureau of Maternal, Child and Family Health  
Ohio Department of Health

**Subject:** Notice of Availability of Funds – Competitive Solicitation for State Fiscal Year 2021  
(July 1, 2020 - June 30, 2021) Sickie Cell Services Program

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The Ohio Department of Health (ODH), Bureau of Maternal, Child and Family Health, announces the availability of grant funds to support activities of the **Sickie Cell Services Program – Sickie Cell Initiative**.

Qualified applicants for grant funds under this initiative are tertiary or community-based facilities with an identifiable, functional unit or program organized for and capable of ensuring the provision of regional comprehensive services to newborns, children and adults identified with or at risk for sickie cell disease, sickie cell trait and other hemoglobinopathies. Funding consideration will be given only those applicant agencies that demonstrate capability, experience and expertise in the provision of comprehensive services as described in the Solicitation. **Only one applicant agency will be funded in each of the six (6) ODH defined multi-county sickie cell service areas.**

This is a competitive solicitation. **A Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by Tuesday, January 07, 2020** so access to the application via the internet website “ODH Application Gateway” can be established.

To be eligible for funding, all applicant agency must be a local public or non-profit agency and have the capacity to accept electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (**Appendix B**).

Potential applicants are encouraged to participate in an Information session to be held via conference call on **Friday, January 3, 2020 from 2:00 to 3:30 p.m. EST**. The conference call is being offered to allow potential applicants the opportunity to discuss the solicitation and learn about the elements of a successful application. Refer to the solicitation for more information regarding accessing the Information Session.

All applications, including any required attachments, must be completed and received by ODH electronically via GMIS by **4:00 p.m. on Monday, February 3, 2020**. Applications received after the due date will not be considered for review.

Should you have any questions, please contact Cheryl Jones, Sickie Cell Services Program Coordinator by e-mail at [cheryl.jones@odh.ohio.gov](mailto:cheryl.jones@odh.ohio.gov).

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Columbus, Ohio 43215 U.S.A.

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[www.odh.ohio.gov](http://www.odh.ohio.gov)



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

## **OHIO DEPARTMENT OF HEALTH**

**BUREAU OF**  
***Maternal, Child and Family Health***

**SICKLE CELL SERVICES PROGRAM**  
***SICKLE CELL INITIATIVE***  
**SOLICITATION**  
**FOR**  
**FISCAL YEAR 2021**  
**(07/01/2020 – 06/30/2021)**

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

**COMPETITIVE GRANT APPLICATION INFORMATION**  
**100% Deliverable Funding**

**Revised 02/11/2019**  
**For grant starts 10/1/2019 and thereafter**

## *Table of Contents*

### **I. APPLICATION SUMMARY and GUIDANCE**

A.	Policy and Procedure .....	3
B.	Application Name .....	4
C.	Purpose.....	4
D.	Qualified Applicants .....	4
E.	Service Area.....	6
F.	Number of Grants and Funds Available .....	6
G.	Due Date .....	7
H.	Authorization .....	7
I.	Goals .....	7
J.	Program Period and Budget Period.....	7
K.	Public Health Accreditation Board Standards.....	7
L.	Public Health Impact Statement.....	8
M.	GMIS Health Equity Module.....	10
N.	Human Trafficking.....	10
O.	Appropriation Contingency .....	10
P.	Programmatic, Technical Assistance and Authorization for Internet Submission ..	10
Q.	Acknowledgment .....	11
R.	Late Applications .....	11
S.	Successful Applicants .....	11
T.	Unsuccessful Applicants .....	11
U.	Review Criteria .....	11
V.	Freedom of Information Act .....	12
W.	Ownership Copyright.....	12
X.	Reporting Requirements .....	12
Y.	Special Condition(s).....	15
Z.	Unallowable Costs .....	15
AA.	Audit .....	16
AB.	Submission of Application.....	17

### **II. APPLICATION REQUIREMENTS AND FORMAT**

A.	Application Information.....	19
B.	Budget .....	19
C.	Assurances Certification .....	19
D.	Project Narrative .....	20
E.	Civil Rights Review Questionnaire – EEO Survey .....	22
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement ....	22
G.	Attachment(s).....	23

### **III. APPENDICES**

A.	Notice of Intent to Apply for Funding
B.	GMIS Access Request Form
C1.	Deliverable – Objective Descriptions
C2.	Deliverable – Objective Allocations
D.	Application Review Form ( <i>required</i> )
E.	Position Description Template – Project Director
F.	Position Description Template – Newborn Screening Coordinator
G.	Position Description Template – Regional Outreach Educator
H.	Role of the Medical Director/Medical Advisor

I. Other Program Documents:

- Attachment #1 – Public Health Impact Statement Summary
- Attachment #2 – Public Health Impact Statement of Support from Local Health Districts
- Attachment #3 – Biographical Sketch
- Attachment #4 – Position Descriptions
- Attachment #5 – Deliverable-Objectives and Work Plan
- Attachment #6 – Letter of Documentation

## **I. APPLICATION SUMMARY and GUIDANCE**

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

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – **Appendix A**) must be submitted by **January 07, 2020** so access to the application via the Internet website “ODH Application Gateway” can be established.

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

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

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

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

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

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

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

## **Budget Justification Certification language**

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

### **B. Application Name: Sickle Cell Initiative**

- C. Purpose:** To fund a network of Regional Sickle Cell Projects (RSCPs), who in partnership with the ODH Sickle Cell Services Program, work to (1) ensure and enhance the availability and accessibility of quality, comprehensive sickle cell services for newborns, children and adults and (2) promote public and professional education and awareness about hemoglobinopathies.

For the purposes of this grant initiative, comprehensive services may include, but are not limited to:

1. Tracking and follow-up of abnormal hemoglobin disease and hemoglobin trait results, including newborn and non-newborn test results;
2. Hemoglobinopathy counseling and disease education for patients/consumers/families;
3. Education and resource materials, training, outreach and awareness activities for professionals and the public related to hemoglobinopathies; and
4. Referral to specialized medical teams and/or resources for diagnostic, preventive, transition and evaluative management of sickling hemoglobinopathies.

**Support of clinical services is not a funding priority for this grant initiative.**

- D. Qualified Applicants:** All applicants must be a local public or non-profit agency. Qualified applicants are tertiary or community-based facilities with an identifiable, functional (staffed) unit or program organized for and capable of ensuring the provision of **regional**, comprehensive services for children, newborns and adults identified with or at risk for sickle cell disease, sickle cell trait and other hemoglobinopathies. Funding consideration will be given only to those applicant agencies that demonstrate capability, experience and expertise in the provision of comprehensive services as described in the Solicitation and whose programmatic activities address the Goals of the Sickle Cell Initiative. **Only six (6) applicant agencies will be funded in the state (one applicant per region).**

All applicants 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**).

**Sickle Cell Program Application Guidance:** *The Project Director (see below) for the Sickle Cell Initiative must have GMIS access and be listed as a “User” on the Project Contacts page in GMIS.*

Applicants must also meet the additional programmatic requirements listed below to qualify for funding:

1. Must be able to provide required services across county lines within their identified service region (refer to Service Area under this section for a listing of counties by region);
2. Must be able to provide required services across institutional boundaries within a variety of health systems;
3. Must have a history of effective collaboration and cooperation within their communities. Shared or cooperative projects involving more than one agency/organization which enhances the ability to cut across geographic or service system boundaries are encouraged; and
4. Must have the necessary administrative, professional and technical staff in place for the effective operation of the project. The **core team staff** must have experience and/or expertise in the provision of sickle cell services and, at a minimum , include:
  - **Project Director** – This person is responsible for overall organization, implementation and administration of the RSCP which provides and/or coordinates newborn hemoglobin screening follow-up, hemoglobinopathy counseling and regional outreach education in a multi-county service area as defined by ODH. Depending on funding resources, this position may be combined with other core team staff functions.
  - **Newborn Screening Coordinator** – This person is responsible for the planning, coordination and implementation of newborn hemoglobin screening follow-up and hemoglobinopathy counseling services.
  - **Regional Outreach Educator** – This person is responsible for the overall planning, coordination, implementation and evaluation of public and professional hemoglobinopathy education services. Depending on the funding resources, this position may be combined with other core team staff functions.
  - **Medical Director/Medical Advisor**: This person is responsible for providing guidance and leadership to the core team staff regarding implementation of project services/activities/programs. The position of Medical Director is associated with hospital-based applicants. The Medical Advisor position is associated with community-based applicants.

The following entities are **ineligible** for funding consideration:

- Individuals;
- National organizations;

- Facilities with a post office box as their only address and/or office phone number;
- Facilities applying for the sole purpose of acquiring funds to supplement existing programs without any plan for enlarging their scope of work;
- Facilities requesting funds to replicate activities currently funded by ODH or other funding sources;
- Facilities requesting funds under this initiative to pay for medical services and/or personnel that can be covered by 3<sup>rd</sup> party payers or other resources; and
- Facilities that concurrently apply for funds under the ODH Sickle Cell Initiative and the Statewide Family Support Initiative.

*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, February 3, 2020.**

**E. Service Area:** Ohio is divided into six (6) regions. Each applicant will be **required** to provided regional services within one of the ODH defined multi-county sickle cell service areas listed below:

- Region I – Adams, Brown Butler, Clermont, Clinton, Hamilton, Highland and Warren
- Region II – Allen, Auglaize, Champaign, Clark, Darke, Greene, Hancock, Hardin, Logan, Mercer, Miami, Montgomery, Paulding, Preble, Putnam, Shelby and Van Wert
- Region III – Defiance, Erie, Fulton, Henry, Huron, Lucas, Ottawa, Sandusky, Seneca, Williams and Wood
- Region IV – Athens, Belmont, Coshocton, Delaware, Fairfield, Fayette, Franklin, Gallia, Guernsey, Harrison, Hocking, Jackson, Jefferson, Knox, Lawrence, Licking, Madison, Marion, Meigs, Monroe, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Ross, Scioto, Union, Vinton, Washington and Wyandot
- Region V – Cuyahoga, Geauga, Lake, Lorain and Medina
- Region VI – Ashland, Ashtabula, Carroll, Columbiana, Crawford, Holmes, Mahoning, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas and Wayne

**F. Number of Grants and Funds Available:** The ODH Sickle Cell Services Program grants are comprised of funds generated from a portion of the state Newborn Screening Fee. Up to six (6) grants (**one applicant per region**) may be awarded funding for the SFY 2021 competitive cycle for a total award of \$710,000.00. Initial awards, which range from \$54,713.00 to \$176,494.00, are calculated to provide follow-up newborn and non-newborn hemoglobin test results and educational and awareness outreach activities for each region.

**Qualified applicants for each region may apply for initial awards as follows:**

- Region I – \$133,668.00
- Region II - \$75,705.00
- Region III - \$54,713.00
- Region IV - \$170,881.00
- Region V - \$176,494.00
- Region IV – \$98,539.00



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

- G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery at Cheryl Jones, ODH Sickle Cell Services Program, 246 N. High St., Columbus, Ohio 43215 by **4:00 p.m. by Monday, February 3, 2020.** Applications and required attachments received after this deadline will not be considered for review.

Contact Cheryl Jones, Sickle Cell Services Program Coordinator by e-mail at [cheryl.jones@odh.ohio.gov](mailto:cheryl.jones@odh.ohio.gov) or (614) 728-6787 with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 166.

- I. Goals:** In releasing funds for this initiative, the goals of the ODH Sickle Cell Services Program are to:

- A. Promote the early identification of newborns, children and adults identified with or at risk for sickle cell disease, sickle cell trait and other hemoglobinopathies and facilitate their integration into systems of comprehensive service and care (which include treatment interventions, if applicable) that are available, accessible (including individuals with disabilities) and culturally and linguistically appropriate;
- B. Increase the awareness, knowledge and skill level of Ohio professionals about the special health care needs and services related to hemoglobinopathies through the promoted use of education, training and outreach;
- C. Expand public and community education and awareness of hemoglobinopathies and related programs and services; and
- D. Integrate cultural, linguistic, health literacy and other health communication elements into RSCP policies, guidelines, contracts and trainings.

- J. Program Period and Budget Period:** The program period will begin 07/01/2020 and end on 06/30/2024. The budget period for this application is 07/01/2020 through 06/30/2021.

- K. Public Health Accreditation Board (PHAB) Standard(s):** This grant program will address the following PHAB Standards:

- **Standard 3.2:** Provide information on public health issues and public health functions through multiple methods to a variety of audiences
  - **Measure 3.2.1 A** – Information on public health mission, roles, processes, programs and interventions to improve the public’s health provided to the public.
  - **Measure 3.2.5 A** – Information available to the public through a variety of methods.

- **Measure 3.2.6 A** – Accessible, accurate, actionable and current information provided in culturally sensitive and linguistically appropriate formats for target populations served by the health department.
- **Standard 4.1:** Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.
  - **Measure 4.1.1 A** – Establishment and/or engagement and active participation in a comprehensive community health partnership and/or coalition; or active participation in several partnership or coalitions to address specific public health issues or populations.

Guidance regarding the PHAB standards is 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:
  - The PHAB Standard(s) to be addressed by grant activities;
  - A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographic area in which they live (e.g., census tracts, census blocks, block groups);
  - A summary of the services to be provided or activities to be conducted; and
  - A plan to coordinate and share information with appropriate local health districts.

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 (**Attachment #1**).

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 (**Attachment #2**).

A listing of health districts is available at the following website:  
<https://odh.ohio.gov/wps/portal/gov/odh/find-local-health-districts>

**Sickle Cell Program Application Guidance:** Please use Google Chrome to access the listing of local health districts to ensure proper functionality.

### 3. Evidence of Health Equity Strategies

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

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

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

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

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

to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

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

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

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

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

☐ Applicable ☒ **Not Applicable to the Sickle Cell Initiative**

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

**P. Programmatic, Technical Assistance and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOI AF. Please contact Cheryl Jones, Sickle Cell Services Program Coordinator at [cheryl.jones@odh.ohio.gov](mailto:cheryl.jones@odh.ohio.gov) or (614) 728-6787 for questions regarding the Solicitation.

**Information Session**

An Information Session is being offered to allow potential applicants the opportunity to discuss the ODH Sickle Cell Initiative Competitive Solicitation and learn the elements of a successful application. Attendance is recommended, but not required for submitting an application.

The Information Session will be held via conference call on **Friday, January 3, 2020 from 2:00 to 3:30 p.m. EST**. The conference call toll free number is 1-855-405-1648 and the meeting ID is 29564#.

**Sickle Cell Program Application Guidance:** *Please note Sickle Cell Program staff are unable to assist with the actual writing of applications or critiques of application drafts during the Competitive cycle.*

- 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, February 3, 2020 at 4:00 p.m.**

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio 43215; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- S. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- T. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- U. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
  2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
  3. Is well executed and is capable of attaining program objectives;
  4. Describe Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
  5. Estimates reasonable cost to the ODH, considering the anticipated results;
  6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
  7. Provides an evaluation plan, including a design for determining program success;
  8. Is responsive to the special concerns and program priorities specified in the Solicitation;
  9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
  10. Has demonstrated compliance to OGAPP;

11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation.

**Program-Specific Review Criteria**

In addition to the criteria listed above, applications will be reviewed based on the degree to which they specifically address the requirements of the Sickle Cell Initiative. Responses to the Solicitation, which are determined to be complete and in compliance with these requirements, will be reviewed in accordance with the Point Values on the 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 Maternal ,Child and Family Health, Sickle Cell Services Program.”*

**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:

1. **Program Reports:** Subrecipient Program Performance Reports **must** be completed and submitted **via GMIS** by the following dates:

**Monthly Program Performance Report**

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – 31, 2020</i>	<i>August 10, 2020</i>
<i>August 1 – 31, 2020</i>	<i>September 10, 2020</i>
<i>September 1 – 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – 31, 2020</i>	<i>November 10, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 10, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1- 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 28, 2021</i>	<i>March 10, 2021</i>
<i>March 1- 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – 30, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 2021</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>

**Quarterly Program Performance Report**

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 - September 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – December 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – March 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – June 30, 2021</i>	<i>July 10, 2021</i>

2. Subrecipient Annual Minimum Data Set and Annual Report Worksheet **must** be completed and submitted via GMIS by the following date:

<i>Period</i>	<i>Report Due Date</i>
<i>July 1, 2019 – June 30, 2020</i>	<i>April 10, 2021</i>

3. Subrecipient Monthly Combined Education Event Reporting **must** be completed and submitted in the format specified by ODH (e.g., Survey Monkey) by the following dates:

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – 31, 2020</i>	<i>August 10, 2020</i>
<i>August 1 – 31, 2020</i>	<i>September 10, 2020</i>
<i>September 1 – 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – 31, 2020</i>	<i>November 10, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 10, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1- 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 28, 2021</i>	<i>March 10, 2021</i>

<i>March 1- 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – 30, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 2021</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>

4. Subrecipient Quarterly Combined Education Event Reporting **must** be completed and submitted in the format specified by ODH (e.g., Survey Monkey) by the following dates |

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 - September 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – December 31, 2020</i>	<i>January 10, 2020</i>
<i>January 1 – March 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – June 30, 2021</i>	<i>July 10, 2021</i>

**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.

**Sickle Cell Program Application Guidance:** *The formats for submission of the SFY 2021 Program Performance Report (and any required attachments), Combined Education Event Reporting, Minimum Data Set and Annual Report Worksheet will be provided to successful applicants subsequent to official award notification from ODH.*

|In addition to submission of the above-listed reports, subrecipient staff (*applicable core team staff as defined by this Solicitation*) are **required** to participate in the following ODH Sickle Cell Services Program meetings or conference calls:

<b><i>Subrecipient Communication with ODHs</i></b>	<b><i>Meeting Date</i></b>
<i>Project Directors</i>	<i>September 2020</i>
<i>Applicable Core Team Staff</i>	<i>December 2020</i>
	<i>March 2021</i>
	<i>June, 2021</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – 31, 2020</i>	<i>August 10, 2020</i>
<i>August 1 – 31, 2020</i>	<i>September 10, 2020</i>
<i>September 1 – 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – 31, 2020</i>	<i>November 10, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 10, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1- 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 28, 2021</i>	<i>March 10, 2021</i>



<i>March 1- 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – 30, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 2021</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 - September 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – December 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – March 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – June 30, 2021</i>	<i>July 10, 2021</i>

**Sickle Cell Program Application Guidance:** *The format for submission of the Expenditure Report “Deliverables Reimbursement Form” will be provided to successful applicants subsequent to official award notification from ODH*

*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 **August 5, 2021**. 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.

#### **Program-Specific Unallowable Costs**

16. Alcoholic beverages;
17. Client Incentives (gas card/vouchers) and Client Enablers;
18. Costs associated with any work produced under this grant, including documents, data, photographs and negatives, electronic reports, records, software, source code, or other media that is not pre-approved in advance by ODH;
19. Costs associated with clinical services (with the exception of instructional supplies);
20. First class travel;
21. Food, refreshments and beverages;
22. Funds requested to reduce, replace or supplant existing applicant agency funds for sickle cell and other hemoglobinopathy services;
23. Grant-related equipment costs greater than \$1,000.00 unless justified and approved by ODH;
24. Lodging, travel and meals over the current state rates (See Ohio Shared Services website for hotel rates and meals per diem at: <http://ohiosharedservices.ohio.gov/TravelExpense/>);
25. Office furniture (Refer to OGAPP Manual);
26. Out-of-state travel, unless prior approved by ODH (restrictions apply);
27. Promotional items (Refer to OGAPP Manual); |
28. Staff development and/or training longer than one week in duration, unless prior approved by ODH; and
29. Unapproved educational or training activities.

**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 17 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:

<b>Complete &amp; Submit Via Internet</b>
---

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

- Equipment
  - Contracts
  - Compliance Section
  - Summary
5. Civil Rights Review Questionnaire
  6. Assurances Certification
  7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
  8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
  9. Health Equity Module
  10. Public Health Impact Statement Summary (non-health department only)
  11. Statement of Support from the Local Health Districts (non-health department only)
  12. Attachments as required by Program
    - Attachment #1 – Public Health Impact Statement Summary
    - Attachment #2 – Public Health Impact Statement of Support from Local Health Districts
    - Attachment #3 – Biographical Sketch
    - Attachment #4 – Position Descriptions
    - Attachment #5 – Deliverable-Objectives and Work Plan
    - Attachment #6 – Letter of Documentation

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

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

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

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

## **II. APPLICATION REQUIREMENTS AND FORMAT**

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding 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 15-16 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.

**The funded applicant must also adhere to the following budgetary restrictions:**

- No funds may be reimbursed for clinical services (with the exception of instructional supplies).
- 1. **Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met (A budget justification example can be found on the GMIS on the Bulletin Board).

*Deliverable funds may be used to support personnel, their training, travel (see OBM website) and supplies directly related to planning, organizing and conducting the initiative described in this Solicitation.*

Submit as an upload in GMIS, the following documents:

- Biographical Sketch for core team staff working on project deliverables. Each biographical sketch must include job information and responsibilities as they relate to the application position (**Attachment #3**).
- Position Descriptions for all core team staff in which a biographical sketch is submitted (**Attachment #5**).

Refer to the Appendix section of the Solicitation for core team staff position description templates for the Project Director (**Appendix E**), the Newborn Screening Coordinator (**Appendix F**) and the Regional Outreach Educator (**Appendix G**). A description of the role of the Medical Director/Medical Advisor is attached as **Appendix H**.

2. **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period July 1, 2020 to June 30, 2021.

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

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

- C. Assurances Certification:** Each subrecipient must submit the Assurances (Federal and State

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

## **D. Project Narrative:**

### **1. Executive Summary**

- Identify the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities.
- Describe the public health problem(s) that the program will address.

**Sickle Cell Program Application Guidance:** *The Executive Summary should be no longer than two (2) pages, using the grant formatting requirements described on page 17. Each response should be referenced by the bullet point to which they correspond.*

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

- Briefly discuss the applicant agency's eligibility to apply.
- Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.
- Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.
- Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary.
- Delineate **all** personnel who will be directly involved in project 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.

**Sickle Cell Program Application Guidance:** *The Description of Applicant Agency/Documentation of Eligibility/Personnel should be no longer than five (5) pages, using the grant formatting requirements described on page 17. Each response should be referenced by the bullet point to which they correspond.*

### **3. Problem/Need:**

- Identify and describe the local health status concern(s) that will be addressed by the

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

- Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.
- Include a description of other agencies/organizations, in your area, also addressing this problem/need.

**Sickle Cell Program Application Guidance:** *The Problem/Need should be no longer than five (5) pages, using the grant formatting requirements described on page 17. Each response should be referenced by the bullet point to which they correspond.*

#### 4. **Methodology:**

- In narrative form, identify the program goals, **SMART** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program.
- If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues.
- Complete a program activities time line to identify program objectives and activities and the start and completion dates for each (see **Attachment #5**).

#### **Sickle Cell Program Application Guidance:**

- *The Methodology should be no longer than five (5) pages (excluding the Deliverable-Objectives and Work Plan), using the grant formatting requirements described on page 17.*
- *The activities designed to address health disparities and health inequities submitted under the Methodology Section must correlate with the Health Equity Goals and Strategies indicated by the applicant on the GMIS Health Equity Module.*

#### 5. **Additional Requirements:**

- **Letter of Documentation**  
Each applicant must identify and provide a signed letter of documentation from the Medical Director or Medical Advisor that will be responsible for providing guidance and leadership to the applicant agency regarding the implementation of the project activities/services/programs (**Attachment #6**).
- **Data Reporting Requirements**  
Each applicant will be required to submit data reporting forms as required by ODH.

These forms *include but are not limited to* (1) Program Performance Reports, (2) Combined Education Event Reporting, Minimum Data Set and Annual Report Worksheet.

- 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 Narrative" 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, February 3, 2020.**

*A minimum of an original and the indicated number of copies of non-Internet attachments are required.*

### III. APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Access Request Form
- C. C1 Deliverable – Objective Descriptions (if applicable)  
C2 Deliverable – Objective Allocations (if applicable)
- D. Application Review Form
- E. Position Description Template – Project Director
- F. Position Description Template – Newborn Screening Coordinator
- G. Position Description Template – Regional Outreach Educator
- H. Role of the Medical Director/Medical Advisor



**I. Program-Specific Attachments:**

ATTACHMENT #1 – Public Health Impact Statement

ATTACHMENT #2 – Public Health Impact Statement from Local Health Districts

ATTACHMENT #3 – Biographical Sketch

ATTACHMENT #4 – Position Descriptions

ATTACHMENT #5 – Deliverable-Objectives and Work Plan

ATTACHMENT #6 – Letter of Documentation

## **APPENDICES**

Reimbursement  
Type  
Select one of the  
options below:

☐ Monthly  
OR  
☐ Quarterly

## NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health  
Bureau of Maternal, Child and Family Health

ODH Program Title:  
Sickle Cell Initiative

## Appendix A

### 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  
☐ City Agency

☐ Hospital  
☐ Higher Education

☐ Local Schools  
☐ Not-for Profit

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

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

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

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

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

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

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

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

If yes, no further action is needed.

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

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO [cheryl.jones@odh.ohio.gov](mailto:cheryl.jones@odh.ohio.gov) BY January 07, 2020.

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

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

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

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

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

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

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

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

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

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

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

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

**Employee Name (no nicknames):** \_\_\_\_\_

**Employee Job Title:** \_\_\_\_\_

**Employee Office Phone Number:** \_\_\_\_\_

**Employee Office Fax Number:** \_\_\_\_\_

**Employee Office Email Address:** \_\_\_\_\_

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

**Email Notifications:** ☐ Yes ☐ No

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

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

**Authorization Signature for User Access/Change/Deactivation:**

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

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

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

**Date Processed:**

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

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

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

**Name of Subgrant Program:** Sickle Cell Initiative

**Budget Period:** July 1, 2020 to June 30, 2021

**# of Deliverables:** 10

**Use Budget Justification Scenario#:** 3

       **Base and Deliverables**

  X   **Deliverables Only**

**Deliverable - Objective 1: Ensure sickle cell services are available to Ohioans**

Total Amount Available: Varies by subrecipient

- **Objective 1.1** - By June 30, 2021, each subrecipient shall have an identifiable, functional (staffed) unit or program organized for and capable of ensuring the provision of **regional** comprehensive services for newborns, children and adults identified with or at risk for sickle cell disease, sickle cell trait and other hemoglobinopathies. The subrecipient will also be expected to register with the information and resource agency in their region. Reimbursement for this deliverable is either **monthly or quarterly** (*based on reimbursement type*). Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Subrecipient	Maximum Reimbursement
Region I	\$8,189.00
Region II	\$4,228.00
Region III	\$2,796.00
Region IV	\$10,886.00
Region V	\$10,548.00
Region VI	\$5,492.00

**Deliverable - Objective 2: Newborn Bloodspot Screening Follow-Up**

Total Amount Available: Varies by Subrecipient

- **Objective 2.1** - By June 30, 2021, each subrecipient will provide newborn blood spot screening follow-up services (e.g., diagnostic testing, hemoglobinopathy counseling) to **newborns/infants** identified on Ohio's newborn bloodspot screening panel with an **abnormal hemoglobin disease or hemoglobin trait** result. Reimbursement for this deliverable is \$115.00 per unique newborn/infant (unduplicated). Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Subrecipient	Maximum Reimbursement
Region I	\$42,504.00
Region II	\$25,410.00
Region III	\$15,762.00
Region IV	\$53,250.00

Region V	\$55,380.00
Region VI	\$25,560.00

### **Deliverable - Objective 3: Follow-Up of Abnormal Hemoglobinopathy Results**

Total Amount Available: Varies by Subrecipient

- **Objective 3.1** - By June 30, 2021, each subrecipient will provide follow-up of abnormal hemoglobinopathy results (e.g., diagnostic testing, hemoglobinopathy counseling) to **non-newborns** identified with or at risk for an **abnormal hemoglobin disease or hemoglobin trait** result. Reimbursement for this deliverable is \$115.00 per unique non-newborn (unduplicated). Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Subrecipient	Maximum Reimbursement
Region I	\$26,125.00
Region II	\$15,617.00
Region III	\$10,505.00
Region IV	\$35,495.00
Region V	\$36,916.00
Region VI	\$17,037.00

### **Deliverable - Objective 4: Participation on External Groups, Programs or Organizations Representing Sick Cell**

Total Amount Available: \$500.00

- **Deliverable 4.1** - By June 30, 2021, subrecipient staff (*applicable core team staff*) will actively participate on a minimum of one (1) group, program or organization (*external to the subrecipient agency*) that serves to represent the needs of individuals with hemoglobinopathies and increase visibility of the subrecipient programs and services. Reimbursement for this deliverable is up to \$125.00 per quarter. Total reimbursement for this deliverable is not to exceed the annual amount of \$500.00 per subrecipient.

### **Deliverable - Objective 5: Education/Awareness Events Targeting Professionals**

Total Amount Available: Varies by Subrecipient

- **Deliverable 5.1** - By June 30, 2021, each subrecipient will provide education and/or awareness events (in various methods and formats) **targeting** professionals in the region that service newborns/children/individuals/families identified with or at risk for hemoglobinopathies. *Twenty-five percent (25%) of the events must be external to the subrecipient agency.* Reimbursement for this deliverable is up to \$800.00 per event and includes, but is not limited to, staff preparation and participation time, staff travel, registration and/or booth rental costs (if applicable) and data reporting. Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Subrecipient	Maximum Reimbursement
Region I	\$16,000.00
Region II	\$5,600.00
Region III	\$4,800.00
Region IV	\$24,800.00
Region V	\$25,600.00
Region VI	\$13,600.00

**NOTE:** *Professional audiences under Deliverable 5.1 may include but are not limited to: allied health; community/social service; faith-based congregation/leaders; medical students, interns, residents and fellows; medical support; mixed disciplines; nurses; physicians and school personnel. School students may be included under this deliverable if they are part of the audience targeted to school personnel. Faith-based congregation/leaders may also be included under both Deliverable 5.1 and Deliverable 6.1 depending on the makeup of the audience.*

- **Deliverable 5.2** - By June 30, 2021, subrecipient staff (*applicable core team staff*) may request travel to a National Sickle Cell Conference (e.g., Sickle Cell Disease Association of America Inc. – SCDA National Convention) to present an **accepted abstract** for oral and/or poster presentation. **Abstract topic(s) for submission must be related to services/activities/programs that are currently funded by ODH.** For accepted abstracts (1) a copy of the final abstract must be submitted to the ODH Sickle Cell Program Coordinator prior to submission and (2) out-of-state travel expenditures for one (1) subrecipient core team staff member will include allowable travel and expense reimbursements as outlined in the OBM Travel Rules (<http://ohiosharedservices.ohio.gov/TravelExpense>). Total reimbursement for this deliverable is not to exceed \$2,000.00 per subrecipient.

**NOTE:** *This is a select deliverable (Deliverable 5.2). If an abstract for poster and/or oral presentation is not submitted or accepted, the subrecipient may request that the funds be adjusted between deliverable line items. Budget revisions to adjust funding between select deliverable line items must be pre-approved (in writing) by ODH prior to submission of the revised GMIS budget and budget justification narrative.*

**Deliverable - Objective 6: Education/Awareness Events Targeting Public and Community Audiences in the Counties with the Largest Estimated Number of Sickle Cell Trait Carriers**  
Total Amount Available: Varies by Subrecipient

- **Deliverable 6.1** - By June 30, 2021, each subrecipient will ensure that education and/or awareness events to raise public and community awareness of hemoglobinopathies are implemented in the **counties with the largest estimated number of sickle cell trait carriers**. This deliverable includes three (3) separate education/awareness events: (a) *education/awareness events implemented throughout the SFY*, (b) *education/awareness events implemented in September 2020 for Sickle Cell Awareness Month* and (c) *education/awareness events implemented during the state-designed Sickle Cell Sabbath*

*weekend.* Reimbursement for this deliverable is up to \$800.00 per event and includes, but is not limited to, staff preparation and participation time, staff travel, registration and/or booth rental costs (if applicable) and data reporting. Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Subrecipient	Maximum Reimbursement
Region I	\$27,200.00
Region II	\$11,200.00
Region III	\$7,200.00
Region IV	\$32,800.00
Region V	\$34,400.00
Region VI	\$23,200.00

**NOTE:** *Public and community audiences under Deliverable 6.1 may include but are not limited to: affected individuals/families; faith-based congregations/leaders; general public; and school students. School personnel may be included under this deliverable if they are part of the audience targeted to school students. Faith-based congregation/leaders may also be included under both Deliverable 5.1 and Deliverable 6.1 depending on the makeup of the audience.*

#### **Deliverable - Objective 7: Procurement of Medical Supplies, Instructional Supplies and Educational Materials**

Total Amount Available: \$3,500.00 per subrecipient

**Deliverable 7.1** – By June 30, 2021, each subrecipient will purchase and maintain (regional clearinghouse and resource center) hemoglobinopathy education materials for distribution to public/community, professional and patient/client audiences in the region. Education materials must be current, of professional quality, culturally, age, language and literacy appropriate and available upon request. This deliverable includes materials that are purchased through external vendors and internal departmental printing costs. The subrecipient will also be expected to develop and distribute an informative document (e.g., brochure) that outlines available hemoglobinopathy services/activities/programs. Total reimbursement for this deliverable is not to exceed the annual amount of \$2,000.00 per subrecipient.

**NOTE:** *All new and existing materials developed/revised by the subrecipient under Deliverable 7.1 must follow the requirements for ownership copyright as set forth in the Solicitation.*

- **Deliverable 7.2** - By June 30, 2021, each subrecipient may purchase medical and/or instructional supplies for operational maintenance and/or requirements. Limitations apply as follows: (1) Medical supplies are limited to those supplies required by a trained phlebotomist to perform hemoglobin testing at a designated location or at outreach education events and (2) Instructional supplies are limited to the purchase and distribution of thermometers and/or other items (e.g., pill organizers, pill crushers) to parents/guardians of patients confirmed with a hemoglobin disease. Medical and instructional supplies purchased under this deliverable must follow the OGAPP Manual for unallowable cost specifications for



promotional items (e.g., no items with slogans, logos, agency address/name, messaging). Total reimbursement for this deliverable is not to exceed the annual amount of \$1,500.00 per subrecipient.

**NOTE:** *This is a select deliverable (Deliverable 7.2). If the requirements for this deliverable have been met or are N/A, the subrecipient may request that the funds be adjusted between deliverable line items. Budget revisions to adjust funding between select deliverable line items must be pre-approved (in writing) by ODH prior to submission of the revised GMIS budget and budget justification narrative.*

#### **Deliverable - Objective 8: Staff Professional Development**

Total Amount Available: \$1,500.00

- **Deliverable 8.1** - By June 30, 2021, subrecipient staff (*applicable core team staff*) will complete a minimum of two (2) professional development and/or in-service trainings related specifically to cultural, linguistic, health literacy and/or health communication appropriate service delivery. Total reimbursement for this deliverable is not to exceed \$500.00 per subrecipient.

**NOTE:** *Includes online educational opportunities. Subrecipient agency mandated professional development and/or in-service trainings related **specifically to cultural, linguistic, health literacy and/or health communication appropriate service delivery** may also count as one (1) of the two (2) minimum requirements.*

- **Deliverable 8.2** - By June 30, 2021, subrecipient staff (*applicable core team staff*) will complete the Cincinnati Hemoglobinopathy Counselor Training Course. This deliverable requirement applies to subrecipient staff as follows: (a) NEW subrecipient staff within one (1) year of employment and (b) EXISTING subrecipient staff with prior attendance greater than six (6) years. Total reimbursement for this deliverable is not to exceed \$1,000.00 per subrecipient.

**NOTE:** *This is a select deliverable (Deliverable 8.2). If the requirements for this deliverable have been met or are N/A, the subrecipient may request that the funds be adjusted between deliverable line items. Budget revisions to adjust funding between select deliverable line items must be pre-approved (in writing) by ODH prior to submission of the revised GMIS budget and budget justification narrative.*

#### **Deliverable - Objective 9: Data Collection and Reporting**

Total Amount Available: \$3,350.00

- **Deliverable 9.1** – By June 30, 2021, each subrecipient will report progress on program performance measures utilizing the Program Performance Report (PPR). The PPR must be submitted electronically in GMIS, either monthly or quarterly (*based on reimbursement type*), in the format specified by ODH. Refer to the Solicitation for monthly or quarterly due dates. Reimbursement for this deliverable is \$50.00 per month or \$150.000 per quarter. Total reimbursement for this deliverable is not to exceed \$600.00 per subrecipient.

**NOTE:** *The format for submission of the PPR will be provided to the successful applicant subsequent to official award notification from ODH.*

- **Deliverable 9.2** – By April 10, 2021, each subrecipient will prepare and submit a Minimum Data Set Report (MDSR) and Annual Report Worksheet (ARW). The MDSR will report annual (*state fiscal year*) aggregate level data on newborns and non-newborns identified with a hemoglobin disease and hemoglobin trait. The ARW will report significant subrecipient accomplishments and/or achievements. Both the MDSR and ARW must be submitted electronically in GMIS in the format specified by ODH. Total reimbursement for this deliverable is not to exceed the annual amount of \$2,750.00 per subrecipient.

**NOTE:** *The format for submission of the MDSR and ARW will be provided to the successful applicant subsequent to official award notification from ODH.*

**Deliverable - Objective 10: Subrecipient Communication with ODH**

Total Amount Available: \$2,800.00

- **Deliverable 10.1** - By June 30, 2021, subrecipient staff (*applicable core team staff*) will participate in meeting formats as requested/required by ODH. The format of the meetings will include, but not limited to: conference calls, video conferences, and/or in-person meetings (e.g., Sick Cell Project Staff Meeting). Reimbursement for this deliverable is up to \$700.00 per quarter. Total reimbursement for this deliverable is not to exceed \$2,800.00 per subrecipient.

Name of Subgrant Program: Sickle Cell Initiative

Budget Period: 07/01/2020 to 06/30/2021

# of Deliverables: 10

Use Budget Justification Scenario #: 3

Appendix C2

\_\_\_ Base and Deliverables

\_X\_ Deliverables Only

	Deliverable-Objective 1 Deliverable 1.1 Ensure sickle cell services are available to Ohioans	Deliverable-Objective 2 Deliverable 2.1 Newborn Bloodspot Screening Follow-Up	Deliverable-Objective 3 Deliverable 3.1 Follow-Up of Abnormal Hemoglobinopathy Results	Deliverable-Objective 4 Deliverable 4.1 Participation on External Groups, Programs or Organizations Representing Sickle Cell	Deliverable-Objective 5 Deliverable 5.1 Education/Awareness Events Targeting Professionals	Deliverable-Objective 5 Deliverable 5.2 Education/Awareness Events Targeting Professionals	Deliverable-Objective 6 Deliverable 6.1 Education/Awareness Events in the Counties with the Largest Estimated Number of Sickle Cell Trait Carriers	Deliverable-Objective 7 Deliverable 7.1 Procurement of Medical Supplies and Educational Materials
Region I	\$8,189.00	\$42,504.00	\$26,125.00	\$500.00	\$16,000.00	\$2,000.00	\$27,200.00	\$2,000.00
Region II	\$4,228.00	\$25,410.00	\$15,617.00	\$500.00	\$5,600.00	\$2,000.00	\$11,200.00	\$2,000.00
Region III	\$2,796.00	\$15,762.00	\$10,505.00	\$500.00	\$4,800.00	\$2,000.00	\$7,200.00	\$2,000.00
Region IV	\$10,886.00	\$53,250.00	\$35,495.00	\$500.00	\$24,800.00	\$2,000.00	\$32,800.00	\$2,000.00
Region V	\$10,548.00	\$55,380.00	\$36,916.00	\$500.00	\$25,600.00	\$2,000.00	\$34,400.00	\$2,000.00
Region VI	\$5,492.00	\$25,560.00	\$17,037.00	\$500.00	\$13,600.00	\$2,000.00	\$23,200.00	\$2,000.00
<b>TOTAL</b>	\$42,139.00	\$217,866.00	\$141,695.00	\$3,000.00	\$90,400.00	\$12,000.00	\$136,000.00	\$12,000.00

	Deliverable- Objective 7 Deliverable 7.2 Procurement of Medical Supplies, Instructional Supplies and Educational Materials	Deliverable- Objective 8 Deliverable 8.1 Staff Professional Development	Deliverable- Objective 8 Deliverable 8.2 Staff Professional Development	Deliverable- Objective 9 Deliverable 9.1 Data Collection and Reporting	Deliverable- Objective 9 Deliverable 9.2 Data Collection and Reporting	Deliverable- Objective 10 Deliverable 10.1 Subrecipient Communication with ODH	Total
Region I	\$1,500.00	\$500.00	\$1,000.00	\$600.00	\$2,750.00	\$2,800.00	\$125,957.00
Region II	\$1,500.00	\$500.00	\$1,000.00	\$600.00	\$2,750.00	\$2,800.00	\$72,932.00
Region III	\$1,500.00	\$500.00	\$1,000.00	\$600.00	\$2,750.00	\$2,800.00	\$54,743.00
Region IV	\$1,500.00	\$500.00	\$1,000.00	\$600.00	\$2,750.00	\$2,800.00	\$171,595.00
Region V	\$1,500.00	\$500.00	\$1,000.00	\$600.00	\$2,750.00	\$2,800.00	\$188,164.00
Region IV	\$1,500.00	\$500.00	\$1,000.00	\$600.00	\$2,750.00	\$2,800.00	\$96,609.00
<b>TOTAL</b>	\$9,000.00	\$3,000.00	\$6,000.00	\$3,600.00	\$16,500.00	\$16,800.00	\$710,000.00

**SFY 2021  
APPLICATION REVIEW FORM**

**APPLICANT AGENCY:** \_\_\_\_\_ **TOTAL PTS.:** \_\_\_\_\_

☐ Approval and funding of application as submitted (no program special conditions)

☐ Approval and funding of application with special conditions. Please list conditions below:

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(Attach additional page)

☐ Disapproval of application as submitted. Please state reason(s) below:

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(Attach additional page)

\_\_\_\_\_  
Print Name of Reviewer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPLICANT AGENCY: \_\_\_\_\_

PROJECT #: \_\_\_\_\_

REVIEWER NUMBER: \_\_\_\_\_

REVIEW DATE: \_\_\_\_\_

TOTAL AMOUNT OF FUNDS REQUESTED: \_\_\_\_\_

ODH FUNDING ALLOCATION: \_\_\_\_\_

**Instructions: Review the grant application carefully. For each of the sections (1-7) listed below, record the appropriate point value in the Reviewers Score Column. Individual section scores should not exceed the maximum points. Strengths/Weaknesses and Special Conditions should be recorded in the appropriate areas.**

	Max	Reviewer Score	Comments: Strengths/Weaknesses
<b>Section 1. <i>Public Health Impact Statement Summary</i> (not to exceed one page)</b>			
Applicant identifies the Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities.	1		
Applicant describes the demographic characteristics of the target population and the geographic area in which they live.	2		
Applicant includes a summary of the services to be provided or activities to be conducted.	1		
Applicant includes a plan to coordinate and share information with appropriate local health district(s).	1		
<b>Public Health Impact Statement Summary Total</b>	<b>5</b>		
Public Health Impact Statement Summary Special Condition(s):			

## Appendix D

	Max	Reviewer Score	Comments: Strengths, Weaknesses
<b>Section 2. <u>Formatting Requirements</u></b>			
Applicant properly labeled each item of the application packet ( <i>e.g. Budget Narrative, Program Narrative</i> ).	2		
Applicant uses 1.5 spacing with one-inch margins for each section.	2		
Applicant submits the program and budget narratives in portrait orientation on 8 ½ by 11 paper.	1		
Applicant numbers all pages (print on one side only).	1		
Applicant does not exceed the maximum seventeen (17) pages in the Program Narrative section ( <b>excludes</b> appendices, attachments, budget and budget narrative).	2		
Applicant uses a 12-point font.	1		
Applicant completes and submits forms in the format provided by ODH.	1		
<b>Formatting Requirements Total</b>	<b>10</b>		
Formatting Requirements Special Condition(s):			

## Appendix D

	Max	Reviewer Score	Comments: Strengths, Weaknesses
<b>Section 3. <u>Primary Reason and Justification Pages</u></b>			
Applicant provides a budget justification narrative outlining how the deliverable(s) will be met.	5		
Applicant provides a budget justification narrative that matches the budget in GMIS.	3		
Applicant includes the required certification language on the budget justification narrative. Budget justification narrative is also signed by the agency head.	2		
Applicant submits in GMIS a biographical sketch for all core team staff working on project deliverables. Program staff are well qualified by training and/or experience for their roles in the program. ( <b>Attachment #3</b> ).	5		
Applicant submits position descriptions for all core team staff in which a biographical sketch is submitted. ( <b>Attachment #4</b> ).	5		
<b>Primary Reason and Justification Pages Total</b>	<b>20</b>		
Primary Reason and Justification Pages Special Condition(s):			

## Appendix D

	Max	Reviewer Score	Comments: Strengths, Weaknesses
<b>Section 4. Project Narrative: <u>Executive Summary</u> (not to exceed 2 pages)</b>			
Applicant identifies the target population, services and programs to be offered.	4		
Applicant identifies what agency or agencies will provide those services.	2		
Applicant defines the burden of health disparities and health inequities.	2		
Applicant describes the public health problem(s) that the program will address.	2		
<b>Executive Summary Total</b>	<b>10</b>		
Executive Summary Special Condition(s):			



## Appendix D

	Max	Reviewer Score	Comments: Strengths, Weaknesses
<b>Section 5. <u>Description of Applicant Agency/Documentation of Eligibility/Personnel</u> (not to exceed 5 pages)</b>			
Applicant briefly discusses the applicant agency's eligibility to apply.	2		
Applicant summarizes the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.	3		
Applicant describes the capacity of the organization, its personnel and contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.	5		
Applicant notes any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describes plans for hiring and training, as necessary.	1		
Applicant delineates <b>all</b> personnel who will be directly involved in program activities.	2		
Applicant describes the relationship between program staff members, staff members of the applicant agency and other partners and agencies that will be working on this program.	2		
<b>Description of Applicant Agency/Documentation of Eligibility/Personnel Total</b>	<b>15</b>		
Description of Applicant of Agency/Documentation of Eligibility/Personnel Special Condition(s):			

## Appendix D

	Max	Reviewer Score	Comments: Strengths, Weaknesses
<b>Section 6. Project Narrative: <u>Problem/Need</u> (not to exceed 5 pages)</b>			
Applicant identifies and describes the local health status concern(s) that will be addressed by the program.	5		
Applicant only restates national and state data if local data is not available.	3		
Applicant discusses the specific health status concerns that the program intends to address in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators.	10		
Applicant explicitly describes segments of the target population who experience a <u>disproportionate</u> burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.	5		
Applicant includes a description of other agencies/organizations, in the state, also addressing this problem/need.	2		
<b>Problem/Need Total</b>	<b>25</b>		
Problem/Need Special Condition(s):			

## Appendix D

	Max	Reviewer Score	Comments: Strengths, Weaknesses
<b>Section 7. Project Narrative: <u>Methodology Section</u> (not to exceed 5 pages, excluding Deliverable-Objectives and Work Plan)</b>			
In narrative form, applicant identifies the program goals, S.M.A.R.T. process, impact or outcome objectives and activities and indicates how they will be measured to determine the level of success of the program.	5		
Applicant describes how program activities are designed to address health disparities and/or health inequities issues, if they have been identified.	10		
Applicant completes a Deliverable - Objectives and Work Plan ( <b>Attachment #5</b> ) to identify program objectives, activities, person responsible for the implementation of <b>each</b> activity and the start/finish completion dates for each activity.	15		
Applicant correlates the health disparities and health inequities issues described in the application with the Health Equity Goals and Strategies indicated on the GMIS Health Equity Module.	Yes	No	Verified, not scored
<b>Methodology Total</b>	<b>30</b>		
Methodology Section Special Condition(s):			
<b>POINT VALUES (1-7)</b>	<b>115</b>	<b>/115</b>	
<b>TOTAL SCORES</b>	<b>115</b>	<b>/115</b>	

## Appendix D

	Max	Reviewer Score	Comments: Strengths, Weaknesses
<b>Section 8. Additional Requirements/Documentation <i>(To be completed by ODH Program Staff-No Point Value Assigned)</i></b>			
Applicant submits a Letter of Documentation from the Medical Director/Medical Advisor to be associated with the agency. <b>(Attachment #6)</b>	Yes	No	
Applicant lists Project Director as a “User” in GMIS on the Project Contacts page (must have completed GMIS training).	Yes	No	
Applicant completes and submits the Civil Rights Review Questionnaire – EEO Survey (a part of the Application Section in GMIS).	Yes	No	
Applicant completes and submits the Federal Funding Accountability and Transparency Act (FFATA) Form in GMIS.	Yes	No	
Applicant completes the GMIS Health Equity Module.	Yes	No	<b>Note:</b> There are some functionality issues in GMIS and this module may not function properly.
Applicant submits the Assurances (Federal and State Assurances) Form in GMIS.	Yes	No	
Applicant submits a current Independent Audit Report.	Yes	No	
Additional Requirements/Documentation Special Condition(s)			

**SFY 2021  
POSITION DESCRIPTION TEMPLATE**

**POSITION TITLE: Project Director**

**SUMMARY OF RESPONSIBILITY:**

Responsible for the overall organization, implementation and administration of a Regional Sickle Cell Project (RSCP) which provides and/or coordinates procedures of care (e.g. newborn hemoglobin screening follow-up and hemoglobinopathy counseling) and regional outreach education in a multi-county service area defined by the Ohio Department of Health (ODH), Bureau for Maternal, Child and Family Health, **Sickle Cell Services Program**. Components of this position include administration, regional outreach, professional development and research.

**PRINCIPAL DUTIES AND RESPONSIBILITIES:**

A. Administration

1. Administer day to-day internal operations and components of the RSCP in accordance and compliance with the ODH Grants Administration Policies and Procedures (OGAPP) Manual.
2. Keep ODH State Sickle Cell Services Program Coordinator apprised of activities in the administrative, regional outreach, professional development, and research components of the project.
3. Interact with ODH Grants Services Unit (GSU) Consultants and work in the Grant Management Information System (GMIS) on-line grant application environment.
4. Comply with all ODH programmatic and fiscal timelines and reporting requirements.
5. Administrate and monitor ODH grant deliverable funds and other revenues to ensure adherence to expenditure guidelines in the implementation of program activities.
6. Maintain records system and data/statistics on RSCP components for ODH data collection, program evaluation and other reporting requirements.
7. Participate as a member of ODH sponsored meetings and other relevant committees.
8. Prepare, write and submit RSCP grant applications, reports and other documents as required by ODH and/or other external funding resources.
9. Supervise and evaluate RSCP staff and conduct performance evaluations. Make recommendations regarding recruitment, hiring and termination of personnel.
10. Aid in planning and delivery of newborn hemoglobin screening follow-up, hemoglobinopathy counseling services and educational outreach programming as arranged by RSCP staff.

**Appendix E**  
**POSITION DESCRIPTION TEMPLATE**  
**PROJECT DIRECTOR**

**B. Regional Outreach**

1. Plan and execute outreach and educational activities and special events (if applicable) for patients, families, professionals and the community about hemoglobinopathies.
2. Act as a liaison and resource consultant regarding hemoglobinopathies and RSCP services with regional agencies and organizations, health and allied health professionals/providers, patients/clients and the public.
3. Participate in outreach strategies to increase patient/client referrals, compliance, and access to comprehensive sickle cell services in conjunction with pediatric and adult hematology and primary care service providers in the region.

**C. Professional Development**

1. Review professional literature and attend educational venues to continuously advance knowledge in the area of hemoglobinopathies, program management, supervision and culturally and linguistically appropriate service delivery.
2. Maintain involvement in regional, state and national groups and organizations related to academic field of study or professional interests.

**D. Research**

1. Support and participate in research and other activities to evaluate, monitor and modify RSCP services and programs.

**QUALIFICATIONS:**

**Education:**

Graduate from an accredited college or university with a B.A. /B.S. minimum, M.A. /M.S. preferred in a field of study commensurate with the duties and responsibilities of the position.

**Experience:**

A minimum of two (2) years of college intern or professional administrative or supervisory experience with a social agency, community-based program or health related institution.

**Knowledge and Skills:**

1. Strong leadership and organizational skills.
2. Working knowledge of hemoglobinopathies and/or chronic disease.

**Appendix E**  
**POSITION DESCRIPTION TEMPLATE**  
**PROJECT DIRECTOR**

3. Knowledge of grant proposal, contract writing and budget preparation highly desirable.
4. Familiarity with community planning and organization, program planning, and evaluation techniques.
5. Demonstrated oral and written communication skills.
6. Capable of functioning independently/self-motivated.
7. Proficiency with standard computer software programs.

Certification:

1. Certification documenting satisfactory completion of a Hemoglobinopathy Training Program required within *one year of employment*.

Additional Requirements:

1. Must be able to provide own transportation.
2. Must be able to travel and work flexible hours, including some evenings and weekends.
3. Must be able to work closely with diverse populations (various racial/ethnic, socioeconomic and educational backgrounds) and professionals from other disciplines.
4. Must be able to develop and maintain collaborative relationships with pediatric and adult hematology and primary care service providers in the region and work as part of an integrated team.
5. Must be able to lift in weight allowances specified by applicant agency.

**SFY 2021  
POSITION DESCRIPTION TEMPLATE**

**POSITION TITLE:** Newborn Screening Coordinator

**REPORT TO:** Project Director

**SUMMARY OF RESPONSIBILITY:**

Responsible for the planning, coordination and implementation of newborn hemoglobin screening follow-up and hemoglobinopathy counseling services in a multi-county service region defined by the Ohio Department of Health, Bureau of Maternal, Child and Family Health, **Sickle Cell Services Program**. Components of this grant-funded position include newborn hemoglobin screening follow-up, hemoglobinopathy counseling, regional outreach, professional development, administration and research.

**PRINCIPAL DUTIES AND RESPONSIBILITIES:**

A. Newborn Hemoglobin Screening Follow-up

1. Track and follow-up all newborns/infants identified with a positive or potentially positive **hemoglobin trait** result via the ODH Newborn Screening (NBS) Program and other referral sources to assure confirmation of results and hemoglobinopathy counseling services (see hemoglobinopathy counseling below).
2. Track and follow-up all newborns/infants identified with a positive or potentially positive **hemoglobin disease** result via the ODH NBS Program and other referral sources to assure confirmation of results, hemoglobinopathy counseling, disease education and/or referral to specialized medical teams and resources for diagnostic, preventive and evaluative management of sickling hemoglobinopathies.
3. Track and follow-up all non-newborns at risk or identified with a positive or potentially positive **hemoglobin disease** or **hemoglobin trait** result via the ODH NBS Program and other referral sources to assure confirmation of results, hemoglobinopathy counseling, disease education and/or referral to specialized medical teams and resources for diagnostic, preventive and evaluative management of sickling hemoglobinopathies (if applicable).
4. Report confirmatory/diagnostic test results and other case disposition information to ODH and the ODH NBS Program.

B. Hemoglobinopathy Counseling

1. Provide on and off site (if applicable) hemoglobinopathy counseling services to parents of newborns/infants and/or non-newborn individuals identified with an abnormal hemoglobin test result.



## Appendix F

### POSITION DESCRIPTION TEMPLATE NEWBORN SCREENING COORDINATOR

2. Coordinate and facilitate reciprocal referrals for hemoglobinopathy counseling services in conjunction with primary care providers, Regional Hematology-Oncology Centers and Regional Comprehensive Genetic Centers.
3. Participate as a team member in external and internal case conferences with regional partners.
4. Participate in regional outreach activities for the purpose of identification and referral of individuals for hemoglobinopathy counseling services.

#### C. Regional Outreach

1. Act as a liaison and resource consultant regarding hemoglobinopathies, NBS and hemoglobinopathy counseling services to regional agencies and organizations, health and allied health professionals/providers, patients/consumers and the public.
2. Participate in outreach strategies to increase patient referrals, compliance and access to comprehensive sickle cell services in conjunction with Regional Hematology-Oncology Centers.

#### D. Professional Development

1. Review professional literature and attend educational venues to continuously advance knowledge in the area of hemoglobinopathies, NBS, hemoglobinopathy counseling and culturally and linguistically appropriate service delivery.
2. Maintain involvement in regional, state and national groups and organizations related to academic field of study or professional interests.

#### E. Administration

1. Participate in the preparative writing and submission of RSCP reports and grant proposals in conjunction with the Project Director.
2. Maintain records system and data/statistics on RSCP newborn screening and hemoglobinopathy counseling services for ODH data collection, program evaluation and other reporting requirements.
3. Participate in ODH sponsored meetings and other relevant committees.

#### F. Research

1. Support and participate in research and other activities to evaluate, monitor and modify RSCP services and programs.

POSITION DESCRIPTION TEMPLATE  
NEWBORN SCREENING COORDINATOR

**QUALIFICATIONS:**

Education:

Graduate from an accredited college or university with a B.A. /B.S. minimum, M.A. /M.S. preferred in a field of study commensurate with duties and responsibilities of the Position.

Experience:

A minimum of two (2) years of college intern or professional experience with a social service agency, community-based program or health related institution.

Skills and Knowledge:

1. Working knowledge of hemoglobinopathies and/or chronic disease.
2. Training or experience in counseling techniques essential.
3. Demonstrated proficiency in oral and written communication skills.
4. Capable of functioning independently/self-motivated.

Certification:

1. Certification documenting satisfactory completion of a Hemoglobinopathy Training Program within ***one year of employment.***

Additional Requirements:

1. Must be able to provide own transportation.
2. Must be able to travel and work flexible hours, including some evenings and weekends.
3. Must be able to work closely with diverse populations (various racial/ethnic, socioeconomic and educational backgrounds) and professionals from other disciplines.
4. Must be able to develop and maintain collaborative relationships with pediatric and adult hematology and primary care service providers in the region and work as part of an integrated team.
5. Must be able to lift within weight allowances specified by the applicant agency.

**SFY 2021  
POSITION DESCRIPTION TEMPLATE**

**POSITION TITLE:** Regional Outreach Educator

**REPORT TO:** Project Director

**SUMMARY OF RESPONSIBILITY:**

Responsible for the overall planning, coordination, implementation and evaluation of public and professional hemoglobinopathy education services in a multi-county service region defined by the Ohio Department of Health (ODH), Bureau for Maternal, Child and Family Health, **Sickle Cell Services Program**. Components of this grant-funded position include education/training, resource management, regional outreach, professional development, administration and research.

**PRINCIPAL DUTIES AND RESPONSIBILITIES:**

A. Education/Training

1. Plan, implement and evaluate educational programming and in-service training for patients/consumers, health care providers/professionals and other specified audiences in the regional service area.
2. Design, prepare and oversee exhibits and participatory activities for educational outreach activities. Coordinate and train volunteer assistants.
3. Develop and implement hemoglobinopathy education programs for school systems in the region; both in student and teacher curriculum.
4. Collaborate with Ohio Regional Sickle Cell Projects, Comprehensive Regional Genetics Centers, Regional Hematology-Oncology Centers and other regional resources to facilitate joint educational ventures.
5. Demonstrate leadership in hemoglobinopathy education through presentations at workshops, seminars, in-services, orientations, and continuing education programs at the regional, state and/or national levels.

B. Resource Management

1. Maintain a regional resource clearinghouse of educational materials for distribution to public, professional and consumer audiences. Materials must be current and of professional quality and culturally, age, language and literacy appropriate.

**POSITION DESCRIPTION TEMPLATE  
REGIONAL OUTREACH EDUCATOR**

**C. Regional Outreach**

1. Act as a liaison and resource consultant regarding hemoglobinopathies and education services to regional agencies and organizations, health and allied health professional/providers, the public and individuals identified with or at risk for sickle cell disease, sickle cell trait and related hemoglobin disorders.
2. Participate in outreach strategies to increase patient referrals, compliance and access to comprehensive sickle cell services in conjunction with Regional Hematology-Oncology Centers.

**D. Professional Development**

1. Review professional literature and attend educational venues to continuously advance knowledge in the area of hemoglobinopathies, educational programming and culturally and linguistically appropriate service delivery.
2. Maintain involvement in regional, state and national groups and organizations related to academic field of study or professional interests.

**E. Administration**

1. Participate in the preparative writing and submission of RSCP reports and grant proposals in conjunction with the Project Director.
2. Maintain records system and data/statistics on RSCP education activities for ODH data collection, program evaluation and other reporting requirements.
3. Participate as a member of ODH sponsored meetings and other relevant committees.

**F. Research**

1. Support and participate in research and other activities to evaluate, monitor and modify RSCP services and programs.

**QUALIFICATIONS:**

**Education:**

Graduate from an accredited college or university with a B.A. /B.S. minimum, M.A. /M.S. preferred in Education or a field of study commensurate with the duties and responsibilities of the position.

## Appendix G

### POSITION DESCRIPTION TEMPLATE REGIONAL OUTREACH EDUCATOR

#### Experience:

A minimum of two (2) years of college intern or professional experience with a social agency, community-based program or health related institution.

#### Skills and Knowledge:

1. Working knowledge of hemoglobinopathies and/or chronic disease.
2. Familiarity with community planning and organization preferred.
3. Demonstrated proficiency in oral and written communication skills including presentation skills for small and large groups.
4. Knowledge of educational, teaching and evaluation techniques desirable.
5. Skilled in use of information technology (IT) and various communications media (e.g. Power Point).
6. Capable of functioning independently/self-motivated.

#### Certification:

2. Certification documenting satisfactory completion of a Hemoglobinopathy Training Program within ***one year of employment.***
3. Health Education Specialist Certification (CHES) through the National Commission for Health Education Credentialing (NCHEC) highly desirable.

#### Additional Requirements:

1. Must be able to provide own transportation.
2. Must be able to travel and work flexible hours, including some evenings and weekends.
3. Must be able to work closely with diverse populations (various racial/ethnic, socioeconomic and educational backgrounds) and professionals from other disciplines.
4. Must be able to develop and maintain collaborative relationships with pediatric and adult hematology and primary care service providers in the region and work as part of an integrated team.
5. Must be able to lift within weight allowances specified by the applicant agency.

### SFY 2021 ROLE OF THE MEDICAL DIRECTOR/MEDICAL ADVISOR

#### **ROLE**

The role of the Medical Director/Medical Advisor is to provide guidance and leadership to the subrecipient core team staff regarding implementation of project activities/services/programs. The position of Medical Director is associated with hospital-based subrecipients. The Medical Advisor is associated with community-based subrecipients.

#### **RESPONSIBILITIES OF THE MEDICAL DIRECTOR/ADVISOR**

Pursuant to the purpose of the ODH Sickle Cell Services Program, the Medical Director/Medical Advisor functions directly or consultatively as follows:

- Facilitate the medical, referral and follow-up process for patients/consumers diagnosed with a hemoglobinopathy;
- Serve as a consultant to subrecipient staff regarding interpretation of laboratory test results for hemoglobinopathies;
- Provide medical expertise about hemoglobinopathies and represent the subrecipient, when appropriate, within the medical community;
- Review and approve (in accordance with ODH) educational presentations and materials;
- Provide education, upon request and as necessary, to statewide professionals/providers and the public on hemoglobinopathies;
- Attend ODH Medical Director/Medical Advisor meetings (as requested/required); and
- Serve as a liaison between the subrecipient and the community of individuals affected by hemoglobinopathies.

#### **QUALIFICATIONS:**

- Preferably, the Medical Director/Medical Advisor should be a board-certified hematologist with expertise in the management of persons with sickle cell disease/ and treatment-related complications.
- If the Medical Director/Medical Advisor is not a board-certified hematologist, at a minimum, he/she must be a licensed physician with experience/expertise in the management of persons with sickle cell disease.

#### **TERM**

The term of responsibility should be determined by the subrecipient project director and the medical advisor.

## **PROGRAM-SPECIFIC ATTACHMENTS**

**SFY 2021  
PUBLIC HEALTH IMPACT STATEMENT SUMMARY**

Include:

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:

- The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities;
- A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups);
- A summary of the services to be provided or activities to be conducted; and
- A plan to coordinate and share information with appropriate local health districts.

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.

**Sickle Cell Program Application Guidance:** *Each response on the Public Health Impact Statement Summary should be referenced by the bullet point to which they correspond.*

*Submit the Public Health Impact Statement Summary as an upload in GMIS under the Program Narrative Section.*

**Note:** All attachments must clearly identify the authorized program name and grant application number.



**SFY 2021  
PUBLIC HEALTH IMPACT STATEMENT OF SUPPORT  
FROM LOCAL HEALTH DISTRICTS**

**Include:**

A statement of support was obtained from the following local health districts (*list below*). **Statements of support must be signed, dated and on official letterhead.**

- 1.
- 2.
- 3.
- 4.
- 5.

**Include:**

A statement of support was not obtained from the following local health districts (*list below*).

- 1.
- 2.
- 3.
- 4.
- 5.

**Include:**

Number of local (city and county) health districts in the region: \_\_\_\_\_

*Submit the Public Health Impact Statement(s) of Support obtained and not obtained from the local health districts as an upload in GMIS under the Program Narrative Section.*

**Note: All attachments must clearly identify the authorized program name and grant application number.**

## SFY 2021

**BIOGRAPHICAL SKETCH**

Provide the following information for project deliverables core team staff.  
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME		POSITION TITLE	
EDUCATION/TRAINING ( <i>Begin with baccalaureate or other initial professional education, include postdoctoral training, if applicable</i> )			
INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY

**A. Personal Statement**

Briefly describe why your experience and qualifications make you particularly well-suited for your role in the project that is the subject of this application.

**B. Positions and Honors**

Begin with current position, then list in reverse chronological order, relevant previous employment and experience. List any honors under a separate category.

**C. Professional Appointments and Membership**

Begin with current appointments/memberships, then list in reverse chronological order, relevant professional appointments and/or memberships

*Submit Biographical Sketches as an upload in GMIS under the Program Narrative Section.*

**Note: All attachments must clearly identify the authorized program name and grant application number.**

**SFY 2021  
POSITION DESCRIPTIONS**

**Include:**

The applicant must provide position descriptions for all core team staff in which a biographical sketch is submitted. A position description is not required for the Medical Director/Medical Advisor.

If a staff member has not been selected for a vacant position, a narrative description of the job information and responsibilities must be submitted in GMIS under the Program Narrative Section.

**Refer to the Appendix section of the Solicitation for information on the required position templates.**

*Submit Position Descriptions as an upload in GMIS under the Program Narrative Section.*

**Note: All attachments must clearly identify the authorized program name and grant application number.**

**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable – Objective 1: Ensure sickle cell services are available to Ohioans.**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverable	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<b>Deliverable 1.1</b> – By June 30, 2021, each subrecipient shall have an identifiable, functional (staffed) unit or program organized for and capable of ensuring the provision of <b>regional</b> comprehensive services for newborns, children and adults identified with or at risk for sickle cell disease, sickle cell trait and other hemoglobinopathies. The subrecipient will also be expected to register with the information and resource agency in their region.			1.1 (a) The identification of subrecipient staff who provide <b>regional</b> comprehensive services under this deliverable.  1.1 (b) The number of days per week/month/quarter that subrecipient staff are available to provide <b>regional</b> comprehensive services under this deliverable.  1.1 (c) Subrecipient is registered with the information and resource referral agency in the region (e.g. 2-1-1).	1.1 (a) Deliverables Reimbursement Form (DRF)  1.1 (b) DRF  1.1 (c) Documentation of registration with DRF (by October 10, 2020)

**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable – Objective 2: Newborn Bloodspot Screening Follow-Up – Hemoglobin Disease**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverable	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<b>Deliverable 2.1</b> - By June 30, 2021, each subrecipient will provide newborn blood spot screening follow-up services (e.g., diagnostic testing, hemoglobinopathy counseling) to <b>newborns/infants</b> identified on Ohio's newborn bloodspot screening panel with an <b>abnormal hemoglobin disease or hemoglobin trait</b> result.			2.1 (a) The number of unique newborns/infants (unduplicated) identified (on Ohio's newborn bloodspot screening panel) with an <b>abnormal hemoglobin disease</b> result who receive newborn bloodspot screening follow-up services during the reporting period ( <i>This number must match the number provided on Deliverables Reimbursement Form</i> ).	2.1 (a) Program Performance Report (PPR) and DRF
			2.1 (b) The number of newborns/infants with an <b>abnormal hemoglobin disease</b> result who are referred to a local health department/district for lost-to-follow-up (LTF) services.	2.1 (b) PPR
			2.1 (c) The number of newborns/infants with an <b>abnormal hemoglobin disease</b> result who expired.	2.1 (c) PPR

\*Ohio Administrative Code – Chapter 3701.55 can be found at: <http://www.odh.ohio.gov/en/rules/final/3701-50-59/f3701-55.aspx>

**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable – Objective 2: Newborn Bloodspot Screening Follow-Up – Hemoglobin Trait**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverable	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<b>Deliverable 2.1 – (continued)</b>			2.1 (d) The number of unique newborns/infants (unduplicated) identified (on Ohio's newborn bloodspot screening panel) with an <b>abnormal hemoglobin trait</b> result who receive newborn bloodspot screening follow-up services during the reporting period <i>(This number must match the number provided on Deliverables Reimbursement Form)</i> .	2.1 (d) PPR and DRF
			2.1 (e) The number of newborns/infants with an <b>abnormal hemoglobin trait</b> result who are determined to be LTF via case disposition.	2.1 (e) PPR
			2.1 (f) The number of newborns/infants with an <b>abnormal hemoglobin trait</b> result who expired.	2.1 (f) PPR

**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable – Objective 3: Follow-Up of Abnormal Hemoglobinopathy Results – Hemoglobin Disease**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverable	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<b>Deliverable 3.1</b> - By June 30, 2021, each subrecipient will provide follow-up of abnormal hemoglobinopathy results (e.g., diagnostic testing, hemoglobinopathy counseling) to <b>non-newborns</b> identified with or at risk for an <b>abnormal hemoglobin disease or hemoglobin trait</b> result.			3.1 (a) The number of non-newborns identified with or at risk for an <b>abnormal hemoglobin disease</b> result who receive follow-up services during the reporting period ( <i>This number must match the number provided on Deliverables Reimbursement Form</i> ).	3.1 (a) PPR and DRF
			3.1 (b) The number of non-newborns with an <b>abnormal hemoglobin disease</b> result who are LTF.	3.1 (b) PPR
			3.1 (c) The number of non-newborns with an <b>abnormal hemoglobin disease</b> result who expired.	3.1 (c) PPR

**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable – Objective 3: Follow-Up of Abnormal Hemoglobinopathy Results – Hemoglobin Trait**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverable	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<b>Deliverable 3.1 – (continued)</b>			3.1 (d) The number of non-newborns identified with or at risk for an <b>abnormal hemoglobin trait</b> result who receive follow-up services during the reporting period ( <i>This number must match the number provided on Deliverables Reimbursement Form</i> ).	3.1 (d) PPR and DRF
			3.1 (e) The number of non-newborns with an <b>abnormal hemoglobin trait</b> result who are determined to be LTF.	3.1 (e) PPR
			3.1 (f) The number of non-newborns with an <b>abnormal hemoglobin trait</b> result who expired.	3.1 (f) PPR



**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable- Objective 4: Participation on External Groups, Program or Organizations Representing Sickle Cell**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverable	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<b>Deliverable 4.1</b> - By June 30, 2021, subrecipient <i>staff (applicable for team staff)</i> will <u>actively participate</u> on a minimum of one (1) group, program or organization ( <i>external to the subrecipient agency</i> ) that serves to represent the needs of individuals with hemoglobinopathies and increase visibility of subrecipient program programs and services.			4.1 (a) The number of <b><i>external</i></b> groups, programs and/or organizations that subrecipient staff have <u>active participation</u> on during the reporting period.  4.1 (b) The number and percent of meetings attended by subrecipient staff.	4.1 (a) PPR and DRF  4.1 (b) PPR

**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable- Objective 5: Education/Awareness Events Targeting Professionals**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<b>Deliverable 5.1</b> - By June 30, 2021, each subrecipient will provide education/awareness events (in various methods and formats) <b>targeting</b> professionals in the region that service newborns/children/individuals/families identified with or at risk for hemoglobinopathies. <i>Twenty-five percent (25%) of the events must be external to the subrecipient agency.</i>			5.1 (a) The number of education/awareness events provided by subrecipient staff targeting <b>professionals</b> in the region. <i>Twenty-five percent (25%) of the events must be external to the subrecipient agency</i>  5.1 (b) The number of <b>professionals</b> who attend education/awareness events provided by subrecipient staff.	5.1 (a) Data Format specified by ODH (e.g., Survey Monkey)  5.1 (b) Data Format specified by ODH (e.g., Survey Monkey)

**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable- Objective 5: Education/Awareness Events Targeting Professionals**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<p><b>Deliverable 5.2</b> - By June 30, 2021, subrecipient staff (<i>applicable core team</i>) may request travel to a National Sickle Cell Conference (e.g., SCDA) to present an <b>accepted abstract</b> for oral and/or poster presentation. <b>Abstract topic(s) for submission must be related to services/activities/program currently funded by ODH.</b> For accepted abstracts (1) a copy of the final abstract must be submitted to the ODH Sickle Cell Program Coordinator prior to submission and (2) out-of-state travel expenditures for one (1) subrecipient core team staff member will include allowable travel and expense reimbursements as outlined in the <b>OBM Travel Rules</b>*.</p> <p><b>NOTE:</b> <i>This is a select deliverable (Deliverable 5.2).</i></p>			<p>5.2. (a) Abstract for poster and/or oral presentation accepted at National Conference.</p> <p>5.2 (b) Subrecipient staff present (oral and/or poster) at National Conference.</p>	<p>5.2 (a) DRF</p> <p>5.2 (b) DRF</p>

\*OBM Travel Rules can be found at: (<http://ohiosharedservices.ohio.gov/TravelExpense>).

**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable- Objective 6: Education/Awareness Events in the Counties with the Largest Estimated Number of Sickle Cell Trait Carriers**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<b>Deliverable 6.1:</b> By June 30, 2021, each subrecipient will ensure that education/awareness events to raise <u>public</u> and <u>community</u> awareness of hemoglobinopathies are implemented in the counties with the largest estimated number of sickle cell trait carriers. This deliverable includes three (3) separate education/awareness events: (a) <i>education/awareness events implemented throughout the SFY</i> , (b) <i>education/awareness events implemented in September 2020 for Sickle Cell Awareness Month</i> and (c) <i>education/awareness events implemented during the state-designated Sickle Cell Sabbath weekend</i> .			<p>6.1 (a) The number of education/awareness events implemented by subrecipient staff in the counties with the largest estimated number of sickle cell trait carriers.</p> <p>6.1 (b) The number of individuals who attend education/awareness events implemented by the subrecipient in the counties with the largest estimated number of sickle cell trait carriers.</p> <p>6.1 (c) The number of education/awareness events implemented by subrecipient staff during September 2020 Sickle Cell Awareness Month.</p>	<p>6.1 (a) Data Format specified by ODH (e.g., Survey Monkey)</p> <p>6.1 (b) Data Format specified by ODH (e.g., Survey Monkey)</p> <p>6.1 (c) Data Format specified by ODH (e.g., Survey Monkey)</p>

**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable- Objective 6: Education/Awareness Events in the Counties with the Largest Estimated Number of Sickle Cell Trait Carriers**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<b>Deliverable 6.1 (continued)</b>			<p>6.1 (d) The number of individuals who attend education/awareness events implemented by the subrecipient staff during September 2020 Sickle Cell Awareness Month.</p> <p>6.1 (e) The number of education/awareness events implemented by subrecipient staff during the state-designated SCS weekend (September 2020).</p> <p>6.2 (f) The number of faith-based groups or institutions, of various denominations, that participate in SCS activities during the state-designated weekend.</p>	<p>6.1 (d) Data Format specified by ODH (e.g., Survey Monkey)</p> <p>6.1 (e) Data Format specified by ODH (e.g., Survey Monkey)</p> <p>6.1 (f) Data Format specified by ODH (e.g., Survey Monkey)</p>

**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable- Objective 7: Procurement of Medical Supplies, Instructional Supplies and Educational Materials.**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<b>Deliverable 7.1</b> – By June 30, 2021, each subrecipient will purchase and maintain (regional clearinghouse and resource center) hemoglobinopathy education materials for distribution to public/community, professional and patient/client audiences in the region. Education materials must be current, of professional quality, culturally, age, language and literacy appropriate and available upon request. This deliverable includes materials that are purchased through external vendors and internal departmental printing costs. The subrecipient will also be expected to develop and distribute an informative document (e.g., brochure) that outlines available hemoglobinopathy services/activities/programs.			7.1 (a) Educational materials are purchased, maintained and readily available for distribution by the subrecipient to public/community, professional and patient/client audiences in the region.  7.1 (b) Document developed that outlines available hemoglobinopathy services and/or programs.	7.1 (a) DRF  7.1 (b) Approved document submitted with DRF by January 10, 2020  7.1 (c) Resource listing of educational materials submitted with PPR

**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable- Objective 7: Procurement of Medical Supplies, Instructional Supplies and Educational Materials.**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<p><b>Deliverable 7.2</b> - By June 30, 2021, each subrecipient may purchase medical and/or instructional supplies for operational maintenance and/or requirements. Limitations apply as follows: (1) Medical supplies are limited to those supplies required by a trained phlebotomist to perform hemoglobin testing at designated locations or at outreach education events and (2) Instructional supplies are limited to the purchase and distribution of thermometers or other items (e.g., pill organizers, pill crushers) to parents/guardians of patients diagnosed with a hemoglobin disease. Medical and instructional supplies purchased under this deliverable must follow the OGAPP Manual for unallowable cost specifications for promotional items (e.g., no items with slogans, logos, agency address/name, messaging).</p> <p><b>NOTE:</b> <i>This is a select deliverable (Deliverable 7.2).</i></p>			<p>7.2 (a) The purchase of medical supplies required by the subrecipient to perform hemoglobin testing at designated locations or at outreach education events.</p> <p>7.2 (b) The purchase of instructional supplies required for distribution to parents/guardians of patients diagnosed with a hemoglobin disease.</p>	<p>7.2 (a) DRF</p> <p>7.2 (b) DRF</p>

**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable- Objective 8: Staff Professional Development**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<b>Deliverable 8.1</b> - By June 30, 2021, subrecipient staff ( <i>applicable core team staff</i> ) will complete a minimum of two (2) professional development and/or in-service trainings related specifically to cultural, linguistic, health literacy and/or health communication appropriate service delivery.			8.1 The number and percent of subrecipient staff ( <i>applicable core team staff</i> ) who complete the minimum requirement (two professional development and/or in-service trainings) related specifically to cultural, linguistic, health literacy and/or health communication appropriate service delivery.	8.1 PPR and DRF



**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable- Objective 8: Staff Professional Development**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<b>Objective 8.2</b> - By June 30, 2021, subrecipient staff ( <i>applicable core team staff</i> ) will complete the Cincinnati Hemoglobinopathy Counselor Training Course. This deliverable requirement applies to subrecipient staff as follows: (a) NEW subrecipient staff within one year of employment and (b) EXISTING subrecipient staff with prior attendance greater than six (6) years.  <b>NOTE:</b> <i>This is a select deliverable (Deliverable 8.2).</i>			8.2 The number and percent of NEW and/or EXISTING subrecipient staff ( <i>applicable core team staff</i> ) who complete the Cincinnati Hemoglobinopathy Counselor Training Course.	8.2 PPR and DRF

**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable- Objective 9: Data Collection and Reporting**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<b>Deliverable 9.1</b> – By June 30, 2021, each subrecipient will report progress on program performance utilizing the Program Performance Report – PPR. The PPR must be submitted electronically in GMIS, either monthly or quarterly <i>based on reimbursement type</i> , in the format specified by ODH. Refer to the Solicitation for monthly or quarterly due dates.			9.2 Subrecipient will report progress on performance measure utilizing the PPR.	9.2 PPR submitted in GMIS (under Program Reports)

**SFY 2021**  
**Deliverable- Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable- Objective 9: Data Collection and Reporting**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<b>Deliverable 9.1</b> – By April 10, 2021, each subrecipient will prepare and submit a Minimum Data Set Report (MDSR) and an Annual Report Worksheet (ARW). The MDSR will report annual ( <i>state fiscal year</i> ) aggregate level data on newborns and non-newborns identified with a hemoglobin disease and hemoglobin trait. The ARW will report subrecipient significant accomplishments and/or achievements. Both the MDSR and ARW must be submitted electronically in GMIS in the format specified by ODH.			9.2 (a) Subrecipient will report aggregate level data on newborns and non-newborns as per deliverable requirements utilizing the MDSR.  9.2 (b) Subrecipient will report significant accomplishments and/or achievements as per deliverable requirements utilizing the ARW.	9.2 (a) MDSR submitted in GMIS  9.2 (b) ARW submitted in GMIS

**SFY 2021**  
**Deliverable-Objectives and Work Plan**

Sickle Cell Project: \_\_\_\_\_

Project #: \_\_\_\_\_

**Deliverable- Objective 10: Subrecipient Communication with ODH**

One deliverable, numbered sequentially, per page. Submit in format provided by ODH.

(1) Deliverables	(2) Work Plan Activities (Responsible Party)	(3) Timelines/ Start/Finish	(4) Performance Measures	(5) Data Source
<b>Deliverable 10.1</b> - By June 30, 2021, subrecipient staff ( <i>applicable core team staff</i> ) will participate meeting formats as requested/required by ODH. The format of the meetings will include, but not limited to: conference calls, video conferences, and/or in-person meetings (e.g., Sickle Cell Project Staff Meeting).			10.1 Subrecipient staff representation at meeting formats requested/required by ODH.	10.1 (a) Subrecipient staff will be required to participate sign ODH sign-in sheet provided at in-person meeting formats to demonstrate attendance  10.1 (b) Subrecipient staff will be required to participate in a roll-call at other meeting formats to demonstrate attendance

**SFY 2021  
LETTER OF DOCUMENTATION**

**Include:**

The applicant must identify and provide a letter of documentation from the Medical Director/Advisor that will be responsible for providing guidance and leadership to the applicant agency regarding the implementation of the project services/activities/programs.

- Preferably, the Medical Director/Medical Advisor should be a board-certified hematologist (on-site or off-site) with expertise in the provision of services related to hemoglobinopathies.
- If the Medical Director/Medical Advisor is not a board-certified hematologist (on-site or off-site), at a minimum, he/she must be a licensed physician with experience/expertise in the provision of services related to hemoglobinopathies.

The letter of documentation must be **signed, dated on official letterhead and document the role, responsibility and relationship of the Medical Director/Medical Advisor and the applicant agency.**

**Refer to the Appendix section of the Solicitation for information on the position of Medical Director/Medical Advisor.**

*Submit the Letter of Documentation as an upload in GMIS under the Program Narrative Section.*

**Note: All attachments must clearly identify the authorized program name and grant application number.**