



## Department of Health

Mike DeWine, Governor  
Jon Husted, Lt. Governor

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**Date:** March 31, 2020

**To:** Prospective Indoor Radon Sub-Recipient Applicants

**From:** W. Gene Phillips, MPH, MBA, RS *WGP*  
Chief, Bureau of Environmental Health & Radiation Protection

**Subject:** Indoor Radon Program Sub-Recipient Awards

The Ohio Department of Health (ODH), Bureau of Environmental Health and Radiation Protection (BEHRP) announces the availability of grant funds to support: Initiative 1, Radon outreach activities.

### **Introduction/Background**

ODH announces the availability of funds to support activities for the Indoor Radon Program. ODH has identified radon as a health concern in Ohio. The primary goal for the state indoor radon program is to achieve public awareness of the health hazards of radon and to encourage testing and, when necessary, mitigation to reduce radon concentrations to less than 4 pico-Curies per liter (pCi/l) of air within homes in the State.

Sub-recipients will be awarded to provide scientific information to the general public; conduct outreach to minority and low income groups of the population and provide technical assistance for testing and reduction of radon in residences.

### **Project Period and Award Amounts**

Indoor Radon Program: This is a competitive solicitation. The funding period for these awards will be 12 months beginning October 1, 2020 and ending September 30, 2021. Funds for this program may be made available from the US EPA's State Indoor Radon Program. Up to two awards may be awarded for a total amount of \$120,000. Eligible agencies may apply for \$60,000.

### **Eligibility**

Eligible applicants include county and city local health jurisdictions located in US EPA Radon Zone 1 counties. These counties have the highest risk for elevated levels of indoor radon. These counties can be located here: <https://www.epa.gov/sites/production/files/2014-08/documents/ohio.pdf>. Applicants are required to include partnerships with other county or city health departments and/or non-profit agencies.

Individuals, national organizations and other state agencies are ineligible for funding under this grant. Sub-recipients must show 40% of the total budget in matching funds.

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

Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an Electronic Funds Transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted.

All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery by 4:00 p.m. by Monday, May 11, 2020. Applications and required attachments received after this deadline will not be considered for review.

A conference call will be held on Monday April 27, 2020 at 1:00 PM for applicants. A conference call number will be provided to all agencies that submit a Notice of Intent to Apply for Funding.

Contact Lisa Salyers, 614-644-0174, [lisa.salyers@odh.ohio.gov](mailto:lisa.salyers@odh.ohio.gov) with any questions.



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

# **OHIO DEPARTMENT OF HEALTH**

**BUREAU OF**  
*Environmental Health and Radiation Protection*

*Indoor Radon*  
**SOLICITATION**  
**FOR**  
**FISCAL YEAR 2021**  
**(10/01/2020 – 9/30/2021)**

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

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

## *Table of Contents*

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

A.	Policy and Procedure .....	2
B.	Application Name .....	3
C.	Purpose.....	3
D.	Qualified Applicants .....	3
E.	Service Area.....	4
F.	Number of Grants and Funds Available .....	4
G.	Due Date .....	4
H.	Authorization .....	4
I.	Goals .....	5
J.	Program Period and Budget Period.....	5
K.	Public Health Accreditation Board Standards.....	5
L.	Public Health Impact Statement.....	5
M.	GMIS Health Equity Module.....	7
N.	Human Trafficking.....	7
O.	Appropriation Contingency .....	7
P.	Programmatic, Technical Assistance and Authorization for Internet Submission ....	8
Q.	Acknowledgment .....	8
R.	Late Applications .....	8
S.	Successful Applicants .....	8
T.	Unsuccessful Applicants .....	8
U.	Review Criteria .....	8
V.	Freedom of Information Act .....	9
W.	Ownership Copyright.....	9
X.	Reporting Requirements .....	9
Y.	Special Condition(s).....	11
Z.	Unallowable Costs .....	11
AA.	Audit .....	11
AB.	Submission of Application.....	12

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

A.	Application Information.....	13
B.	Budget.....	13
C.	Assurances Certification .....	14
D.	Project Narrative .....	14
E.	Civil Rights Review Questionnaire – EEO Survey .....	15
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement ....	15
G.	Attachment(s).....	15

### **III. APPENDICES**

A.	Notice of Intent to Apply for Funding
B.	GMIS Training Request Form
C1.	Deliverable – Objective Descriptions
C2.	Deliverable – Objective Allocations
D.	Application Review Form ( <i>required</i> )
E.	Indoor Radon Program Report
F.	Indoor Radon Quarterly Activity Log
G.	Indoor Radon Non-GMIS Match Form
H.	Indoor Radon Deliverable Reimbursement Amounts

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

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

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

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

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

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

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

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

## **Budget Justification Certification language**

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

### **B. Application Name:** |Indoor Radon Program |

- C. Purpose:** |Exposure to elevated levels of indoor radon has been identified as a health concern for Ohio citizens. The purpose of this grant is to increase public awareness of the health concern associated with exposure to elevated levels of indoor radon, increase the number of homes tested for elevated levels of radon and increase the number of homes that take steps to reduce elevated levels of radon. Increasing the awareness of radon will ultimately reduce the occurrence of lung cancer among Ohio citizens.

Sub-recipients will be required to conduct activities that raise awareness of the health concern associated with exposure to elevated levels of radon. Sub-recipients will be required to target at risk populations which includes areas that are known to have homes with elevated levels of radon as well as minority, low income and home owners with health disparities and persons with disabilities since the dangers of radon might be less apparent or less understood by these populations. Radon promotion materials should be inclusive to people with disabilities. Accessible formats to consider include audio-formats, braille, video narration, large print, captioned audio/video, electronic print, and American Sign Language videos. Sub-recipients will also be required to conduct activities that target other groups such as real estate professionals, schools, residential builders and building code officials.

At risk areas include Ohio counties and zip codes with an average radon level of four picocuries per liter of air (pCi/l) or greater. 53 Ohio counties have been identified with an average level of indoor radon over 4pCi/l by the US Environmental Protection Agency (EPA). These counties are Adams, Allen, Ashland, Auglaize, Belmont, Butler, Carroll, Champaign, Clark, Clinton, Columbiana, Coshocton, Crawford, Darke, Delaware, Fairfield, Fayette, Franklin, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Holmes, Huron, Jefferson, Knox, Licking, Logan, Madison, Marion, Mercer, Miami, Montgomery, Morrow, Muskingum, Perry, Pickaway, Pike, Preble, Richland, Ross, Seneca, Shelby, Stark, Summit, Tuscarawas, Union, Van Wert, Warren, Wayne, and Wyandot Counties. |

- D. Qualified Applicants:** |All applicants must be a local public or non-profit agency, Eligible

applicants for initiative 1 include county and city local health jurisdictions located in US EPA Radon Zone 1 counties. These counties have the highest risk for elevated levels of indoor radon. These counties can be located here: <https://www.epa.gov/sites/production/files/2014-08/documents/ohio.pdf>. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B).

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, May 11, 2020**

**E. Service Area:** The state will be divided into two regions covering all US EPA Radon Zone 1 counties in Ohio. These counties can be found here: <https://www.epa.gov/sites/production/files/2014-08/documents/ohio.pdf>. Region 1 will include Ashland, Belmont, Carroll, Columbiana, Coshocton, Crawford, Delaware, Fairfield, Franklin, Guernsey, Harrison, Holmes, Huron, Jefferson, Knox, Licking, Morrow, Muskingum, Perry, Pickaway, Richland, Ross, Stark, Summit, Tuscarawas, and Wayne Counties. Region 2 will contain Adams, Allen, Auglaize, Butler, Champaign, Clark, Clinton, Darke, Fayette, Greene, Hamilton, Hancock, Hardin, Logan, Madison, Marion, Mercer, Miami, Montgomery, Pike, Preble, Seneca, Shelby, Union, Van Wert, Warren, and Wyandot Counties. One award per region will be granted.

**F. Number of Grants and Funds Available:** Funds for this program may be made available from the US EPA's State Indoor Radon Grant program. Up to two grants may be awarded for a total amount of \$120,000. Eligible agencies may apply for \$60,000.

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

**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 Lisa Salyers, 246 N. High Street, Columbus, OH 43215 by **4:00 p.m. by Monday, May 11, 2020**. Applications and required attachments received after this deadline will not be considered for review.

Contact [Lisa Salyers, 614-644-0174, lisa.salyers@odh.ohio.gov](mailto:lisa.salyers@odh.ohio.gov) with any questions.

**H. Authorization:** Authorization of funds for this purpose is contained in the *Catalog of Federal Domestic Assistance (CFDA) Number 66.032*.



**I. Goals:**

- Target efforts in high radon risk areas only (US EPA Radon Zone 1 counties) and to sensitive populations including minority, persons with disability and low-income homeowners
- Promote radon testing and mitigation in homes
- Promote free radon kits to homeowners
- Provide information, conduct presentations, seminars and exhibits
- Respond to citizen inquiries and concerns
- Promote testing and mitigation in conjunction with real estate transactions
- Educate and encourage builders and building code officials to use radon resistant features during the construction of homes
- Educate and promote testing and mitigation of school buildings

**J. Program Period and Budget Period:** The program period will begin October 1, 2020 and end on September 30, 2021. The budget period for this application is October 1, 2020 through September 30, 2021.

**K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness. The PHAB standards are available at the following website:

[http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf)

**L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.



- Standard 10.2: Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. *Public Health Impact Statement of Support* - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

3. *Evidence of Health Equity Strategies*

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

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

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

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

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

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

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

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

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

☐ X Not Applicable to Indoor Radon Program

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

- P. Programmatic, Technical Assistance and Authorization for Internet Submission:** *Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF.* Please contact (Lisa Salyers, 614-644-0174, and/or [lisa.salyers@odh.ohio.gov](mailto:lisa.salyers@odh.ohio.gov) |

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

- 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, May 11, 2020 at 4:00 p.m.**

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

- S. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- T. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- U. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, 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.

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 Environmental Health and Radiation Protection], [Indoor Radon Program] and as a sub-award of a grant issued by [U.S. Environmental Protection Agency] under the [State Indoor Radon Grant], grant award number [99501225], and CFDA number 66.032.”

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

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

Reports shall be submitted as follows:

- a. **Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS,

as required by the subgrant program by the following dates. **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.

☒ **X** Program Reports Required      ☐ No Program Reports Required

<i>Period</i>	<i>Report Due Date</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>
<i>July 1 – September 30, 2021</i>	<i>October 10, 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>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>
<i>July 1 – 31, 2021</i>	<i>August 10, 2021</i>
<i>August 1 – 31, 2021</i>	<i>September 10, 2021</i>
<i>September 1 – 30, 2021</i>	<i>October 10, 2021</i>

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

<i>Period</i>	<i>Report Due Date</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>
<i>July 1 – September 30, 2021</i>	<i>October 10, 2021</i>

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

- c. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before (November 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;
16. *Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications.*

**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 8 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 ||

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

<p><b>Complete Copy &amp; E-mail or Mail to ODH</b></p>
---

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**

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the Notice of Intent to Apply for Funding for is submitted to ODH.

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page |11| of the Solicitation

for unallowable costs.

**A match of 40% is required by this program.** This match amount must be included in the applicant share column of the Budget Summary page with a match plan in the narrative. |

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period |October 1, 2020 |to September 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.* |

- 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.

- 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.

**Methodology:** In narrative form, identify the program goals, **SMART** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each. |

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

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

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

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

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

**G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before May 11, 2020**.

### **III. APPENDICES**

- A.** Notice of Intent to Apply for Funding
- B.** GMIS Training Form
- C.** C1 Deliverable – Objective Descriptions  
C2 Deliverable – Objective Allocations
- D.** Application Review Form
- E.** Indoor Radon Program Report
- F.** Indoor Radon Quarterly Activity Log
- G.** Indoor Radon Non-GMIS Match Form
- H.** Indoor Radon Grant Deliverable Reimbursement by Activity

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

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health  
Bureau of Environmental Health & Radiation Protection

ODH Program Title:  
Indoor Radon

Appendix A

Submission Required

See Due Date Below

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

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

If yes, no further action is needed.
If no, at least two people from your agency are REQUIRED to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.
The NOI AF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOI AF AND REQUIRED FORMS MUST BE EMAILED TO Karen.tinsley@odh.ohio.gov BY April 14, 2020

NOTE: NOI AF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOI AF'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 Training, User Access, Access Change or Deactivation Request

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Email Notifications: ☐ Yes    ☐ No

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

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

Authorization Signature for User Access/Change/Deactivation:

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

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

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

Date Processed:

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

Mail: ODH/OFA, 35 E. Chestnut St., 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: Indoor Radon**

**Budget Period: October 1, 2020 – September 30, 2021**

**# of Deliverables: 6**

**Use Budget Justification Scenario#: 1**

### **100% Deliverables**

#### **Deliverable – Objective 1: Radon Action Month - \$20,000**

Sub-recipients will be required to conduct at least five (5) outreach and education activities during January 2021 which is National Radon Action Month.

Activities can include, but are not limited to the following:

- Media campaign
- Presentations
- Exhibits
- Mailing/e-mail of educational information
- Articles about radon in local newspapers or organizations newsletters

#### **Deliverable – Objective 2: Reach Children and their Families - \$8,000**

Sub-recipients must conduct **at least one activity per quarter** for children and their families. This activity cannot be combined with other objective activities and must be a standalone activity. Activities must be focused, SMART and with measurable outcomes. Activities should almost always include the distribution of coupon for free radon test kits or information on how to request a test kit on-line.

Activities can include but are not limited to the following:

- Host a family engagement night at a daycare or afterschool program and provide educational presentations to groups/families
- Educational presentations to families at Head Start, WIC, Jobs & Family Services, etc.
- Hold a Radon Poster Contest and Awards Ceremony

#### **Deliverable – Objective 3: Minority, Low-Income, Health Disparities - \$8,000**

Sub-recipients must conduct at least one outreach activity per quarter for minorities at risk for health disparities, low-income homeowners and persons with disabilities. This activity cannot be combined with other objective activities and must be a standalone activity. Sub-recipients must identify the geography targeted (census tract, zip code) and specify the demographic characteristics targeted (information is available from the U.S. Census American Factfinder <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>). Activities must be focused, SMART and with measurable outcomes. Activities should almost always include information on how to request a test kit on-line.

Activities can include but are not limited to the following:

- Educational presentations to groups or agencies that provide services to minorities at risk for health disparities, persons with disabilities and low-income or homeowners.
- Educational presentations to individuals that receive services provided by Head Start,



WIC, Jobs & Family Services, etc.

- Exhibit at health fairs which focus on minority, low-income or individuals with health disparities.
- Promotional materials should be inclusive to people with disabilities and may include audio formats, braille, video narration, large print, captioned audio/video, electronic print and American Sign Language videos.

#### **Deliverable – Objective 4: Radon Resistant New Construction - \$8,000**

Sub-recipients must complete **at least one activity** to the target audience **per quarter**. Suggested activities for Radon Resistant New Construction:

- Plan an educational meeting for residential builders, building code official or individuals in the residential building industry
- Present materials at an existing meeting, conference, or event
- Distribution of educational materials at a meeting, conference, or event
- Mail educational materials to builders and code officials
- Publish an article in a newsletter or on an association web site

#### **Deliverable – Objective 5: Reach Real Estate Professionals - \$8,000**

Sub-recipients must complete **at least one activity** to the target audience **per quarter**. Suggested activities for Real Estate Professionals:

- Host the Indoor Radon Program approved CE course for local real estate professionals
- Publish articles in industry newsletters or web sites

#### **Deliverable – Objective 6: School Related Activity - \$8,000**

Sub-recipients must complete **at least one activity** to the target audience **per quarter**. Suggested activities for schools include:

- Conduct a meeting with local school administrations
- Distribute/Present educational information at a board meeting
- Speak at parent or teacher organization meetings
- Put an ad in school event programs
- Put an article in parent newsletters

## Appendix C2

**Name of Subgrant Program:** Indoor Radon

**Budget Period:** 10/01/2020 - 9/30/2021

**# of Deliverables:** 6

**Use Budget Justification Scenario #:** 2 or 1 (See Appendix C)

☐ Base Only

☐ Base and Deliverables

☒ Deliverables Only

	<b>Deliverable - Objective 1</b>	<b>Deliverable - Objective 2</b>	<b>Deliverable - Objective 3</b>	<b>Deliverable - Objective 4</b>	<b>Deliverable - Objective 5</b>	<b>Deliverable - Objective 6</b>	<b>Total</b>
<b>Name of Subrecipient or County or Region</b>	\$ 20,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 60,000.00
<b>Name of Subrecipient or County or Region</b>	\$ 20,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 60,000.00
<b>Total</b>							\$ 120,000.00

**Indoor Radon Program  
Application Review Form**

**Project Evaluation**

<b>Evaluation Item</b>	<b>Value</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>Award Points</b>
Well-written Work Plan	5				
Clear Work Plan	10				
(a) Objectives/purpose	10				
(b) Strategy/methodology	10				
Address high radon areas	10				
Contribute to accomplish SIRC goals	15				
Contribute to advancement and/or improvement of health	5				
Cost to ODH reasonable considering the anticipated result	5				
Experienced project personnel	5				
Trained project personnel	5				
Evaluation plan includes measurable quality and quantity of work	10				
Public Health Impact Statement	5				
Workplan targets minority populations at risk for health disparities and persons with disabilities. Specific geographies are identified from US. Census data.	5				
Responsive to special concerns and program priorities	5				

**Budget Evaluation**

<b>Evaluation Item</b>	<b>Value</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>	<b>Award Points</b>
Matching funds available	20				
Expenses projected are acceptable	30				
Additional information/ supporting documentation	10				

## Indoor Radon Program Report

Deliverable	Quarter	Description of Activities Conducted	Evaluation Measure	Budgeted Amount to Achieve Activity
Objective 1: Radon Action Month	Quarter 1	Activity 1:		\$
		Activity 2:		\$
		Activity 3:		\$
		Activity 4:		\$
		Activity 5:		\$
		Please list any additional activities completed for this deliverable:		

Objective 2: Reach Children and their Families	Quarter 1	Activity 1:		\$
		Please list any additional activities completed for this deliverable during the reporting period:		
	Quarter 2	Activity 1:		\$
		Please list any additional activities completed for this deliverable during the reporting period:		
	Quarter 3	Activity 1:		\$
		Please list any additional activities completed for this deliverable during the reporting period:		
	Quarter 4	Activity 1:		\$
		Please list any additional activities completed for this deliverable during the reporting period:		

<b>Objective 3: Minorities, Low- Income, Health Disparities</b>	<b>Quarter 1</b>	<b>Activity 1:</b>		\$
		Please list any additional activities completed for this deliverable during the reporting period:		
	<b>Quarter 2</b>	<b>Activity 1:</b>		\$
		Please list any additional activities completed for this deliverable during the reporting period:		
	<b>Quarter 3</b>	<b>Activity 1:</b>		\$
		Please list any additional activities completed for this deliverable during the reporting period:		
	<b>Quarter 4</b>	<b>Activity 1:</b>		\$
		Please list any additional activities completed for this deliverable during the reporting period:		



<b>Objective 4: Radon Resistant New Construction</b>	<b>Quarter 1</b>	<b>Activity 1:</b>		<b>\$</b>
		Please list any additional activities completed for this deliverable during the reporting period:		
	<b>Quarter 2</b>	<b>Activity 1:</b>		<b>\$</b>
		Please list any additional activities completed for this deliverable during the reporting period:		
	<b>Quarter 3</b>	<b>Activity 1:</b>		<b>\$</b>
		Please list any additional activities completed for this deliverable during the reporting period:		
	<b>Quarter 4</b>	<b>Activity 1:</b>		<b>\$</b>
		Please list any additional activities completed for this deliverable during the reporting period:		

<b>Objective 5: Reach Real Estate Professionals</b>	<b>Quarter 1</b>	<b>Activity 1:</b>		\$
		Please list any additional activities completed for this deliverable during the reporting period:		
	<b>Quarter 2</b>	<b>Activity 1:</b>		\$
		Please list any additional activities completed for this deliverable during the reporting period:		
	<b>Quarter 3</b>	<b>Activity 1:</b>		\$
		Please list any additional activities completed for this deliverable during the reporting period:		
	<b>Quarter 4</b>	<b>Activity 1:</b>		\$
		Please list any additional activities completed for this deliverable during the reporting period:		

<b>Objective 6: School Related Activity</b>	<b>Quarter 1</b>	<b>Activity 1:</b>		\$
		Please list any additional activities completed for this deliverable during the reporting period:		
	<b>Quarter 2</b>	<b>Activity 1:</b>		\$
		Please list any additional activities completed for this deliverable during the reporting period:		
	<b>Quarter 3</b>	<b>Activity 1:</b>		\$
		Please list any additional activities completed for this deliverable during the reporting period:		
	<b>Quarter 4</b>	<b>Activity 1:</b>		\$
		Please list any additional activities completed for this deliverable during the reporting period:		

## Indoor Radon Quarterly Report Activity Log

	Q1	Q2	Q3	Q4
<b>Radon Action Month</b>				
Number of activities completed				
Number of people contacted				
<b>Reach Children and their Families</b>				
Number of activities completed				
Number of people contacted				
<b>Minority, Low-Income, Health Disparities</b>				
Number of activities completed				
Number of people contacted				
Geographies and demographic characteristics identified on U.S. Census data.				
<b>Radon Resistant New Construction</b>				
Number of activities completed				
Number of people contacted				
<b>Reach Real Estate Professionals</b>				
Number of activities completed				
Number of people contacted				
<b>School Related Activity</b>				
Number of activities completed				
Number of people contacted				
<b>General Outreach</b>				
Number of people contacted				
Number of radon calls received				
Number of e-mails received				

**Indoor Radon Non-GMIS Match Form**

Agency:

Project number:

Time Frame of Report:

Date:

MATCH CATEGORY	MATCH FUNDS For Report Period
Personnel Costs (Please list all individuals submitted for match)	
Other Direct Costs (Please list travel/training, indirect, maintenance/lease)	
Equipment (Please list items purchased costing over \$1,000)	
Contracts (Please list who contracted with)	
<b>TOTAL MATCH FUNDS</b>	

- Add additional rows if needed
- Maintain supporting records at your facility
- Submit Final Report at end of budget period for entire budget period
- This form must be signed by Program Manager, Fiscal Officer, or Agency Head
- Please attach with each quarterly program report
- 4<sup>th</sup> quarter report should be a FINAL report and reflect the entire budget period

Name of Agency: \_\_\_\_\_

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

## Indoor Radon Grant Deliverable Reimbursement Amounts by Activity

Indoor Radon- \$60,000			
Objective	Number of Activities	Amount Per Activity	Total Objective Amount
1. Radon Action Month	5	\$4,000	\$20,000
2. Reach Children and their Families	4	\$2,000	\$8,000
3. Minority, Low-Income, Health Disparities	4	\$2,000	\$8,000
4. Radon Resistant New Construction	4	\$2,000	\$8,000
5. Reach Real Estate Professionals	4	\$2,000	\$8,000
6. School Related Activity	4	\$2,000	\$8,000