




## MEMORANDUM

Date: 3/16/2021

To: Subrecipient agencies

From: Shane Ford, Program Administrator, State Office of Rural Health  |  
Bureau of Health Improvement and Wellness  
Ohio Department of Health

Subject: Subrecipient Continuation Solicitation - CR22 - Community Paramedicine Rural Pilot Program 9/1/2021 - 8/31/2022 |

The Ohio Department of Health (ODH), State Office of Rural Health, Bureau of Health Improvement and Wellness announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., 4/26/2021. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

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

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

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/cr-20-community-paramedicine-rural-pilot-program>. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Daniel Prokop at 614-728-0519 or e-mail at [Daniel.Prokop@odh.ohio.gov](mailto:Daniel.Prokop@odh.ohio.gov).

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## CONTINUATION FUNDING APPLICATION GUIDANCE

### 100% Deliverable Funding

**A. Policy and Procedures:** The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: 9/1/2021 – 8/31/2022 of the total project period, 2/1/2020 – 8/31/2022. Reference the competitive Solicitation for more information.

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.

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

**B. Number of Grants and Funds Available:** *This is a HRSA funded EMS Supplemental Grant through the Medicare Rural Flexibility Grant Program. Up to 3 grants may be awarded for a total amount of \$225,000. Eligible agencies may apply for up to \$75,000 per year.*

*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.*

### C. Formatting Requirements for Attachments

- Properly label each item of the application packet (ex. 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 and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

#### **D. Qualified Applicants**

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not 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, 4/26/2021.**

## **II. PROGRAM UPDATES:**

**A. Program Progress Report:** 1) **Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** [This should be a brief narrative on what you have accomplished so far with your program.]

**B. Program Narrative:** Complete and submit a narrative statement (do not exceed 10 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding.

**C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed.

**D. Documentation & Progress on Health Disparity/Inequity Activities:** Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations must also use the ***Place Matters Documentation Spreadsheet*** to document where (i.e., addresses, census tracts, census block groups or zip codes) health equity activities occurred during the previous funding period.

**E. Program Budget:** Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

1. **Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

For your convenience, a budget justification narrative example is available at

<https://odhgateway.odh.ohio.gov/gmis/forms/AttachmentForm.aspx?id=595863>.

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.

**2. 2022 Budget via GMIS:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 9/1/2021 to 8/31/2022.

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

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

**3. 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. Direct patient care.

**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. Please refer to the OGAPP manual for additional information.**

## F. Other Application Requirements:

### Required Documentation:

- 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.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov). Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) 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.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in 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.
- **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.)**

- **For Non-Profit Organizations Only:**

1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. **Attach the current Certificate of Insurance Liability in GMIS.**
2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

**G. 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 Community Paramedicine Rural Pilot Program

**H. Post Submission Requirements:** Continuation applicants are required to submit subrecipient program and expenditure reports.

***Note: Failure to assure quality of reporting such as 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:** Subrecipient Program Reports must be completed and submitted via GMIS 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.

☒ Program Reports Required ☐ No Program Reports Required

<i>Period</i>	<i>Report Due Date</i>
<i>August 1 – October 31, 2021</i>	<i>November 30, 2021</i>
<i>November 1, 2020 – January 31, 2022</i>	<i>February 28, 2022</i>
<i>February 1 – April 30, 2022</i>	<i>May 31, 2022</i>
<i>May 1 – July 31, 2022</i>	<i>August 31, 2022</i>

- b. Subrecipient Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

<i>Period</i>	<i>Report Due Date</i>
<i>September 1 – 30, 2021</i>	<i>October 10, 2021</i>
<i>October 1 – 31, 2021</i>	<i>November 10, 2021</i>
<i>November 1 – 30, 2021</i>	<i>December 10, 2021</i>
<i>December 1 – 31, 2021</i>	<i>January 10, 2022</i>
<i>January 1 – 31, 2022</i>	<i>February 10, 2022</i>
<i>February 1 – 28 or 29, 2022</i>	<i>March 10, 2022</i>
<i>March 1 – 31, 2022</i>	<i>April 10, 2022</i>
<i>April 1 – 30, 2022</i>	<i>May 10, 2022</i>
<i>May 1 – 31, 2022</i>	<i>June 10, 2022</i>
<i>June 1 – 30, 2022</i>	<i>July 10, 2022</i>
<i>July 1 – 31, 2022</i>	<i>August 10, 2022</i>
<i>August 1 – 31, 2022</i>	<i>September 10, 2022</i>

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>September 1 – November 30, 2021</i>	<i>December 10, 2021</i>
<i>December 1 – February 28, 2022</i>	<i>March 10, 2022</i>
<i>March 1 – May 31, 2022</i>	<i>June 10, 2022</i>
<i>June 1 – August 31, 2022</i>	<i>September 10, 2022</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 October 5, 2022. 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 ALL Subrecipient Program and Expenditure Reports via the ODH's***



***GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.***

**APPENDICES**

- A.** Continuation Solicitation Reimbursement Type Form
- B.** B1 Deliverable – Objective Descriptions (if applicable)  
B2 Deliverable – Objective Allocations (if applicable)
- C.** Place Matters Documentation Template



Mike DeWine, Governor  
Jon Husted, Lt. Governor

Stephanie McCloud, Director

CONTINUATION SOLICITATION  
REIMBURSEMENT TYPE FORM

Submission  
Required

See due date below

Ohio Department of Health  
State Office of Rural Health CR22  
Bureau of Health Improvement and Wellness

ODH Program Title:

Community Paramedicine Rural Pilot Program CR22

Reimbursement Type (check one) Monthly ☐ OR Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

*Please print:*

Current Project Number \_\_\_\_\_

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.*

Due to ODH by 3/30/2021

Please email completed form to Karen Tinsley ([karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)).

**Name of Subgrant Program: Community Paramedicine Rural Pilot Program**

**Budget Period: 9/1/2021 – 8/31/2022**

**# of Deliverables: 4**

**Use Budget Justification Scenario#: 1**

**100% Deliverables**

**Deliverable – Objective 1: 1st Quarter Report**

The quarterly report must include a summary of all activities conducted in the previous quarter. This report will also include all the metric data evaluating the program. ODH will provide the reporting template and may require its submission via REDCap. The report will be due within 30 days of the end of the quarter. Quarter 1 is expected to be 8/1/21-10/31/21. The report will be due 11/30/21.

**Deliverable – Objective 2: 2nd Quarter Report**

The quarterly report must include a summary of all activities conducted in the previous quarter. This report will also include all the metric data evaluating the program. The same reporting requirements apply as quarter 1. Quarter 2 is expected to be 11/1/21 - 1/31/22. The report will be due 2/28/22.

**Deliverable – Objective 3: 3rd Quarter Report**

The quarterly report must include a summary of all activities conducted in the previous quarter. This report will also include all the metric data evaluating the program. The same reporting requirements apply as quarter 1. Quarter 3 is expected to be 2/1/22 - 4/30/22. The report will be due 5/31/22.

**Deliverable – Objective 4: Final Report**

The final report must include a summary of all activities conducted in the grant period. This report will also include a summary of the metric data evaluating the program. An evaluation of the long-term financial sustainability of the program must be included. A final report template will be provided by ODH. The report will be due 8/31/22.

## Appendix B2

**Appendix B2** Form# OFA-011

Name of Subgrant Program: Community Paramedicine Rural Pilot Program

Budget Period: 9/1/2020-8/31/2021

# of Deliverables: 4

Use Budget Justification Scenario #: 1

☐ Base Only  
☐ Base and Deliverables  
☒ Deliverables Only

	Base	Deliverable - Objective 1 (1st Quarterly Report)	Deliverable - Objective 2 (2nd Quarterly Report)	Deliverable - Objective 3 (3rd Quarterly Report)	Deliverable - Objective 4 (Final Report)	Total
Mercy Memorial Hospital	N/A	\$18,750.00	\$18,750.00	\$18,750.00	\$18,750.00	\$75,000.00
North Central EMS	N/A	\$18,750.00	\$18,750.00	\$18,750.00	\$18,750.00	\$75,000.00
Mercy Health - Willard Hospital	N/A	\$18,750.00	\$18,750.00	\$18,750.00	\$18,750.00	\$75,000.00
<b>Total</b>		\$56,250.00	\$56,250.00	\$56,250.00	\$56,250.00	\$225,000.00

Place Matters Documentation Template

County: Your County

Budget Period:

GMISID:

Agency Name:

Subgrant Program:

Geography Type	Specify Geography or Location	Data Source
Census Tract (FIPS Code)		