



MEMORANDUM

Date: 8/23/2024

To: Subrecipient agencies

From: Kelly Friar, MPH [Kelly Friar 8/23/24](#)
Chief, Bureau of HIV, STIs, and Viral Hepatitis
Ohio Department of Health

Subject: STI Prevention (ST25)

The Ohio Department of Health (ODH), Bureau of HIV, STIs, and Viral Hepatitis announces the availability of grant funds.

All electronic applications and attachments are due by 4 p.m., on Monday, 10/7/2024. 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 at <https://odhgateway.odh.ohio.gov/gmis/forms>.

If you have questions, please contact Ren Nicosia at 614-644-1878 or e-mail at karen.nicosia@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

X Base Only Funding _____ Base and 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: 3/01/2025 – 2/28/2026 of the total project period, 1/1/2019 – 2/28/2026. 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).
- 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 the agency's 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:** Funds supporting the Regional STI Prevention Projects originate from Strategies 1, 2, 3, and 4 of the CDC grant: Strengthening STD Prevention and Control for Health Departments (PCHD). Up to eleven (11) grants may be awarded for a total amount of \$5,898,209. Eligible agencies may apply for no more than the regional amount listed in the Annual STI Prevention Regional Funding Allocation for each region. Maximum award amounts were calculated using a funding formula that considered census and new diagnoses of total syphilis, congenital syphilis, early syphilis, gonorrhea, chlamydia, and HIV per year over a five-year period for each region.

Funds supporting the Regional HIV Prevention Projects originate from Component A of the Centers for Disease Control and Prevention (CDC) grant: Comprehensive HIV Prevention Programs for Health Departments, and state of Ohio general revenue funds. Up to twelve (11) grants may be awarded up to \$2,182,875. Eligible agencies may apply for no more than the regional amount listed in the Annual HIV Prevention Regional Funding Allocation, for each region. HIV funds may only be used to cover DIS and DIS Supervisor salary only. Maximum award amounts were calculated using a funding formula that considered census, average new diagnoses of HIV per year over a five-year period, and prevalence of HIV for each region.

Region	Agency	STI Core	STI Supplement	HIV (DIS)	Total
1	Toledo Lucas County Regional Health District	\$71,000	\$427,000	\$143,643	\$641,643
2	Galion City Health Department	\$28,000	\$177,000	\$114,436	\$319,436
3	Cuyahoga County Board of Health	\$220,000	\$500,000	\$322,947	\$1,042,947
4	Summit County General Health District	\$101,000	\$430,000	\$171,591	\$702,591
5	Canton City Health Department	\$47,000	\$400,037	\$62,179	\$509,216
6	Portsmouth City Health Department	\$24,000	\$209,000	\$56,544	\$289,544
7	Portsmouth City Health Department	\$25,000	\$210,000	\$56,544	\$291,544
8	Hamilton County Public Health	\$198,000	\$342,000	\$410,552	\$950,552
9	Public Health—Dayton & Montgomery County	\$114,000	\$605,172	\$80,369	\$799,541
10	Allen County Health Department	\$51,000	\$344,000	\$21,785	\$416,785
11	Columbus City Health Department	\$375,000	\$1,000,000	\$742,285	\$2,117,285

The STI program has received supplemental funds to enhance DIS workforce capacity. Items funded under this supplement must focus on DIS staffing and the tools and resources needed to adequately conduct DIS work. HIV funds can only be used to fund DIS and DIS Supervisor salaries.

*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 Calibri 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. The Applicant does not owe funds to ODH and has repaid any funds due with 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted an application and all required attachments by **4 p.m. on Wednesday, October 9, 2024**

II. PROGRAM UPDATES:

Program should review the Evidence of Health Equity Strategies Checklist in Appendix C when drafting the program narrative, objectives, and workplan.

- A. Program Progress Report:** Attach the program interim progress report (IPR) for the current grant period (ST25), including the workplan update.

Program Narrative: Complete and submit a narrative statement (do not exceed 15 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. The subrecipient should also summarize the agency's structure as it relates to the STI Prevention Program and, as the lead agency in a multi-county area, it will manage this program for the entirety of its region. Describe major success and challenges of your program during the project period, including marketing, community engagement, biomedical prevention initiatives, testing and treatment, etc.

Describe the structure of your regional Congenital Syphilis Review Board (CSRB) and Congenital Syphilis DIS program, including a roster of CSRB members and the contact information for your region's congenital syphilis DIS.

Briefly describe any contextual factors, cross-cutting issues, changes, or priorities related to DIS staffing and hiring in our program. Describe any potential barriers or challenges associated with hiring, expanding, and training your DIS workforce. Please account for all new positions to be added because of the STI Supplement. Note: subrecipients must demonstrate a focus on diversity, health equity, and inclusion by delineating goals for hiring and training a diverse workforce across all levels who are representative of, and have language competence for, the local communities they serve.

Describe how your program shares information and data on clients with local HIV and STI care colleagues both internal and external to your health department. Additionally, describe how data security and confidentiality are maintained. Be specific about the types of information/data exchanged on clients (e.g. Residential address, risk factor/behavioral information, lab results, health care provider name/address, demographic data), the frequency in which the information/data is shared, and how the information/data is shared or exchanged (e.g. line listing, Excel file, access to local databases shared). If information/data is not exchanged between local HIV/STI prevention and care/treatment services programs, please include a plan on how this can be accomplished, including the roles and

responsibilities of key staff to be involved (e.g. HIV prevention coordinator, DIS, and linkage coordinator, nursing staff), and how any information/data exchanged will be incorporated into each program's respective data systems.

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.

B. Objectives and Work Plan: Complete changes in the Specific, Measurable, Achievable, Results-Oriented, Time-Based, Inclusive and Equitable (SMART-IE) 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.

C. Documentation and Progress on Health Equity and Disparity Reduction 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 should prepare a summary of activities completed during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan.

1. Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) in your region related to the priority populations of this funding opportunity who experience a disproportionate burden of disease or health condition (this information must be supported by data).
2. Describe how specific social and environmental conditions (social drivers of health) put these groups who are already disadvantaged at increased risk for health inequities and how the proposed program interventions and/or grant deliverables will address this problem.
4. Link health equity interventions in the grant proposal to national health equity strategies.

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

- 1. Budget Narrative:** Provide a detailed budget justification in a narrative that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including plans for out-of-state travel), supplies and training costs. If you have shared costs, refer to OGAPP Chapter 2 Section C2.4 Cost Allocation Plan for additional information. Please refer to the GMIS 2.0 bulletin board for attachment instructions.

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

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. 2025 Budget via GMIS:** Complete requested budget information as follows:

- Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the period Date to Date. Funds may be used to support personnel, staff training, travel (see OBM website <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule>, and supplies directly related to planning, organizing, and conducting the program activity. Itemize, in the Equipment Section, all equipment (minimum \$1,000 unit cost value) to be purchased with grant funds.

Any personnel listed in the budget must complete daily timesheets. Time and Effort reporting must be completed if staff are charged to multiple funding sources.

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

Recommended Funding Levels:

ST supports quality disease intervention efforts and is committed to recruitment and retention of experienced public health workers and personnel funded by the grant. Therefore, it is recommended that the minimum salary range be no less than the following: Disease Intervention Specialist \$45,000 plus fringe, Prevention and/or DIS Supervisor \$52,000 plus fringe.

If the agency is unable to meet the recommended funding levels, please provide justification for proposing a reduced salary for each specified position(s) in the budget narrative.

- **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 (unless allowable by the grant).
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/TravelRule/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative.
17. Training longer than one week in duration, unless otherwise approved by ODH.
18. Contracts for compensation with advisory board members.
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH.
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
21. Promotional Items.
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.
23. Syringes for Syringe Service Programs.

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.

4. Indirect (Facilities and Administration):

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

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

Base the budget solely upon direct costs.

For further information please see Chapter 2 Section B2.11 of OGAPP.

E. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

- Subrecipients are required to submit a current organizational chart for their funded region(s) as an attachment submitted via GMIS by 4:00pm on or before October 9, 2024. Positions to be hired under this grant must also be included.
- Subrecipients are required to submit a signed ST 24 Sub-Recipient Expectations document (Appendix E) as an attachment submitted via GMIS by 4:00pm on or before October 9, 2024.

All attachments must be completed and submitted electronically. All attachments must clearly identify the authorized program name and GMIS project number.

a. Other 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. 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 online automatically with each application.
- **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 new 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 register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to <https://sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget’s website for Federal Spending Transparency at <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.

F. Human Trafficking: Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

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.

Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

☒ X Applicable ☐ Not Applicable to STI Prevention

G. 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.

☒ X Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
March 1, 2025- August 31, 2025	September 30, 2025
September 1, 2025- February 28, 2026	March 31, 2026

- b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipient monthly expenditure reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
March 1 – 31, 2025	April 10, 2025
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025
June 1 – 30, 2025	July 10, 2025
July 1 – 31, 2025	August 10, 2025
August 1 – 31, 2025	September 10, 2025
September 1 – 30, 2025	October 10, 2025
October 1 – 31, 2025	November 10, 2025
November 1 – 30, 2025	December 10, 2025
December 1 – 31, 2025	January 10, 2026
January 1 – 31, 2026	February 10, 2026
February 1 – 28, 2026	March 10, 2026

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

Period	Report Due Date
March 1- May 30, 2025	June 10, 2025
June 1- August 31, 2025	September 10, 2025
September 1- November 30, 2025	December 10, 2025
December 1, 2025- February 28, 2026	March 10, 2026

Note: Obligations not reported on the final monthly or fourth 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 p.m. on or before May 5, 2026. 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, which 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 constitutes your authorization of the submission as an agency official and serves as your electronic acknowledgment and acceptance of OGAPP rules and regulations.

Appendix A

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

Ohio Department of Health
Bureau of HIV, STIs, and Viral Hepatitis

ODH Program Title:
STI Prevention 2025

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 9/3/2024.

Please email completed form to Maria Kapenda at maria.kapenda@odh.ohio.gov.

Appendix B1

Name of Subgrant Program: STI Prevention (ST25)

Budget Period: March 1, 2025 – February 28, 2026

Number of Program Deliverables: 5

Deliverable – Objective 1: Submit Expenditure and Progress Reports.

Description: As is necessary for uninterrupted administration of grant funds, the subrecipient will submit all required reports by the due dates listed in the ST25 solicitation.

Successful Completion of the Deliverable(s) Includes:

- **Objective 1.1:** By June 10th, 2025, the subrecipient will have submitted into GMIS all required expenditure reports for the first quarter by the due date(s) in the funding solicitation. _____ 1%
- **Objective 1.2:** By September 30th, the subrecipient will have submitted into GMIS all required expenditure reports for the second quarter as well as the Interim Progress Report by the due dates in the funding solicitation. _____ 2%
- **Objective 1.3:** By December 10th, 2025, the subrecipient will have submitted into GMIS all required expenditure reports for the third quarter by the due date(s) in the funding solicitation. _____ 1%
- **Objective 1.4:** By April 10th, 2025, the subrecipient will have submitted into GMIS all required expenditure reports for the fourth quarter as well as the Annual Progress Report by the due dates in the funding solicitation. _____ 2%

Deliverable – Objective 2: Meet DIS Performance Measure Targets

Description: As a robust, evidence-based intervention for the prevention of STIs and HIV, DIS work is a core provision of ST funding. As such, high quality DIS work is integral to successful STI prevention programming. The ODH STI Prevention team can provide technical support as needed for the improvement of DIS performance measures.

- **Objective 2.1:** By August 31, 2025, 50% of the region's STD DIS performance measures for the first two quarters of the grant period will meet the established target. ODH STI Prevention can provide performance measure data as requested throughout the grant period for subrecipient monitoring and will give a grace window of 10% of records in evaluating completion of the deliverable. _____ 3%
- **Objective 2.2:** By February 28, 2026, 50% of the region's STD DIS performance measures for the second two quarters of the grant period will meet the established target. ODH STI Prevention can provide performance measure data as requested throughout the grant period for subrecipient monitoring and will give a grace window of 10% of records in evaluating completion of the deliverable. _____ 3%
- **Objective 2.3:** By August 31, 2025, 50% of the region's HIV DIS performance measures for the first two quarters of the grant period will meet the established target. ODH STI Prevention can provide performance measure data as requested throughout the grant period for subrecipient monitoring and will give a grace

window of 10% of records in evaluating completion of the deliverable.

2%

- **Objective 2.4:** By February 28, 2026, 50% of the region's HIV DIS performance measures for the second two quarters of the grant period will meet the established target. ODH STI Prevention can provide performance measure data as requested throughout the grant period for subrecipient monitoring and will give a grace window of 10% of records in evaluating completion of the deliverable.

2%

Deliverable – Objective 3: Conduct a Marketing Campaign Responsive to Regional Community Needs.

Description: Communication to the public about regional STI epidemiology and resources available will give the public information they need to act on matters related to their health. Subrecipients will create a marketing campaign responsive to the specific needs identified for their region. This requirement is media-agnostic, but marketing plans should be developed with the use of epidemiologic data and should be discussed with the ODH project officer before implementation.

Successful Completion of the Deliverable(s) Includes:

- **Objective 3.1:** By February 28, 2025, the subrecipient will submit into GMIS the materials produced for their marketing campaign. Subrecipient will also discuss plans for a marketing campaign and its implementation and outcomes at regular calls with their ODH STI Prevention Project Officer.

5%

Deliverable – Objective 4: Region is Represented at All Mandatory Events.

Description: Subrecipients attend the ODH STI Prevention's mandatory meetings to identify and discuss program priorities that will advance the State of Ohio's ability to respond to both federal requirements and community needs. Meeting attendance is necessary to collaborate on statewide training and planning efforts among all the regional public health coordinators. In addition to mandatory meetings on the ST calendar, subrecipients are required to attend monthly Project Officer calls and host 2 trainings for the site's DIS.

Successful Completion of the Deliverable(s) Includes:

- **Objective 4.1:** By May 31, 2025, the subrecipient will have sent at least one representative to every mandatory Quarter 1 subrecipient meeting as detailed in the ST Subrecipient Calendar and solicitation.

1.25%

- **Objective 4.2:** By August 31, 2025, the subrecipient will have sent at least one representative to every mandatory Quarter 2 subrecipient meeting as detailed in the ST Subrecipient Calendar and solicitation.

1.25%

- **Objective 4.3:** By November 30, 2025, the subrecipient will have sent at least one representative to every mandatory Quarter 3 subrecipient meeting as detailed in the ST Subrecipient Calendar and solicitation.

1.25%

- **Objective 4.4:** By February 28, 2026, the subrecipient will have sent at least one representative to every mandatory Quarter 4 subrecipient meeting as detailed in the ST Subrecipient Calendar and solicitation.

1.25%

Deliverable – Objective 5: DIS Conduct Syphilis and HIV Testing in the Field

Description: As part of evidence-based disease intervention practices, all DIS funded by ODH are expected to perform field-based specimen collection for syphilis and/or rapid HIV testing on cases and partners, as indicated in the Program Operations Guidelines. As such, every DIS regularly employed by the health department during the grant period and having been assigned greater than 3% of the region's syphilis or HIV cases assigned will have performed at least one syphilis or HIV test in the field during that period.

Successful Completion of the Deliverable(s) Includes:

- **Objective 5.1:** By August 31, 2025, subrecipient will have uploaded into GMIS the ODH provided Field Testing Tracking sheet, reflecting all field testing completed by regional DIS in the first half of the grant period. _____ 3%
- **Objective 5.2:** By February 28, 2026, subrecipient will have uploaded into GMIS the ODH provided Field Testing Tracking sheet, reflecting all field testing completed by regional DIS in the first half of the grant period. _____ 3%

Appendix C

ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

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

Racial and ethnic minorities, those living in rural communities, 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, learn, work, play, and age. 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 and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a 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**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).

- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to use.

- 1) Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments .
 - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Healthy People 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, community organizations, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunities to collaborate across sectors and may serve as a new source of support for the program.

Appendix D

Personnel				
Description	HIV (June-End)	STI Core	STI Supplement	Total
[Position Name]- [Staff Name] [Position Number] [Position description as related to this grant]				
Other Direct Costs				
[Category Name- Advertising, Client Expenses, Facility Costs, Fees, Indirect Cost, Maintenance/Lease, Other Costs, Subscriptions/Publications, Supplies, Travel/Training, or Utilities/Phone Services] [Detailed Description]	N/A			
Equipment				
[Equipment Name] [Equipment description, including how it will be used to support the work of the grant.]	N/A			
Contracts				
[Contract Name] [Agency or Vendor Name] [Detailed Description of the contract] *A copy of the contract must be uploaded to GMIS once executed	N/A			

- 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 regarding 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.

Appendix E

Ohio Department of Health STI Prevention (ST) Subgrant

Continuation Application Work Plan Proposal

Grant Year 7

Region #:

Period of Performance:

3/1/2025 - 2/28/2026

Instructions:

Please use this template to prepare your ST25 workplan. You may refer to the Subrecipient Expectations document for more information about many of the objectives.

Complete each tab in this workbook. On the Strategy work plan tabs, you will be asked to identify activities for each of the grant objectives, as well as identify your own objectives for reaching the grant goals.

Remember that all activities should be SMART: Specific, Measurable, Achievable, Results-Oriented, and Time-Based.

If you have questions about work plan content or if you need technical support with the workbook file, please send an email to megan.stafford@odh.ohio.gov

Notes on Data Entry:

Beige cells indicate that user input is required. Empty white cells indicate that user input is optional. Filled white cells should not be edited, though lines may be inserted for any objective if more activities are required. Press ALT+Enter to write on a new line in the same Excel cell.

Ohio STI Prevention Grant 2025 Continuation Workplan

Conduct Disease Investigation and Intervention

Includes: Conducting disease investigation and intervention for syphilis and HIV, promoting Expedited Partner Therapy (EPT) to partners of chlamydia and/or gonorrhea cases, and responding to STD-related outbreaks.

Short-term Outcomes: Increased treatment of cases and their partners, increased identification of PLWH, increased knowledge and skill to offer EPT in the region, faster response to outbreaks.

Intermediate Outcomes: Reduced STI transmission, increased use of STI services by cases and partners, increased offering of EPT by providers and use by partners.

Long-term Outcomes: Reduced transmission of STIs and HIV and related adverse health outcomes.

Key Objective 1:

Conduct investigation and partner services on newly diagnosed HIV, syphilis, and DGI cases, using ODH provided tools to prioritize caseloads.

Activity Description	Activity Timeframe	Output Indicator	Assigned To
Elicit sexual and drug injection partners from individuals newly diagnosed with HIV or living with HIV, or newly diagnosed with infectious syphilis or DGI	Ongoing throughout project period	Contact Index for syphilis Contact Index for HIV	Regional DIS
Notify and interview named partners of past or ongoing exposure to HIV, syphilis or DGI and facilitate partners' access to testing	Ongoing throughout project period	Contacts notified Contacts interviewed Contacts tested	Regional DIS
Provide education related to sexual health risk and risk reduction options, risk reduction tools or how to access them (if not provided directly), and access to counseling regarding risk reduction strategies	Ongoing throughout project period	Risk reduction education provided	Regional DIS
Prioritize investigation and interventions for syphilis and HIV for women of reproductive age, men who have sex with men, and youth and adolescents (in accordance with Ohio's DIS Program Operations Guidelines)	Ongoing throughout project period	Comparative time to interview for various demographic groups Comparative time to treatment for various demographic groups	Regional DIS
Activity 1.e - [Applicant should specify prioritization strategies]			
Support expedited linkage to treatment for individuals and their partners with a presumptive syphilis diagnosis	Ongoing throughout project period	Average time to treatment initiation	Regional DIS
Activity 1.g - [Applicant should specify treatment facilitation strategies]			
Support expedited linkage to medical care for individuals and their partners with a positive HIV test	Ongoing throughout project period	Average time to first medical appointment	Regional DIS
Activity 1.i - [Applicant should specify linkage to care facilitation strategies]			

Key Objective 2:

Provide education and technical assistance to promote EPT to providers and organizations who frequently report cases of chlamydia and/or gonorrhea, including cases of repeat infections.

Activity Description	Activity Timeframe	Output Indicator	Assigned To
Use surveillance data to identify providers and organizations in the region who frequently report cases of chlamydia and/or gonorrhea			
Provide education and technical assistance to providers/organizations identified			

Key Objective 3:

Maintain preparedness to respond to STI-related outbreaks.

Activity Description	Activity Timeframe	Output Indicator	Assigned To
Maintain an outbreak capacity plan to respond to significant changes in STI epidemiology.			
Ensure that staff are trained and ready to implement the outbreak capacity plan.			

Key Objective 4:

Conduct enhanced investigations for congenital syphilis cases.

Activity Description	Activity Timeframe	Output Indicator	Assigned To
Conduct provider and mother follow-up and review medical records of all reported CS cases.	Ongoing throughout project period as cases are reported	Completion of pregnancy and CS modules in ODRS	
Conduct CS Review Boards as indicated by ODH to help identify causes of CS and develop interventions to address causes.	At least quarterly or as cases are reported	Review board debriefs Cases reviewed Interventions identified	
Act on interventions identified, collaborating with ODH or other partners as necessary, to address causes of CS in the region.	As interventions are identified	Interventions implemented	

Key Objective 5:

[Subrecipient developed objective to improve the quality of disease investigation and intervention in the region. This may be a program improvement project, targeted evaluation project, or other ongoing disease investigation or intervention activity not reflected in the objectives above.]

Activity Description	Activity Timeframe	Output Indicator	Assigned To

Screening, Diagnosis, and Treatment of STIs

Includes: Providing testing and treatment for STIs, promoting CDC-recommended screening, diagnosis, and treatment of STIs.

Short-term Outcomes: Increased knowledge and skill to use recommended screening, diagnosis and treatment practices within the region.

Intermediate Outcomes: Increase use of recommended screening and treatment for STIs; Increased identification of people infected with STIs/HIV.

Long-term Outcomes: Reduced transmission of STIs and HIV and related adverse health outcomes, reduced risk of gonorrhea antibiotic resistance.

Key Objective 1:

Promote quality STD specialty care services. Promote quality STI care in STD specialty clinics in the region based on clinical guidelines and recommendations. Promote strategies for expanding access to care in those settings.

Activity Description	Activity Timeframe	Output Indicator	Assigned To

Key Objective 2:

Promote CDC-recommended treatment for STIs, to include providing education and technical assistance to providers and organizations who prescribe non-recommended treatment for

Activity Description	Activity Timeframe	Output Indicator	Assigned To
Assist providers and organizations who are unable to provide timely, recommended treatment for syphilis in getting access to medication or dispensing the treatment to the patient, as needed. <i>[Applicant should specify strategies for assisting providers in accessing appropriate treatment for syphilis]</i>			

Key Objective 3:

Promote CDC-recommended screening for, and treatment of, STIs among priority populations, to include providers and organizations serving priority populations of pregnant and reproductive age women, young adults and adolescents, and MSM.

Activity Description	Activity Timeframe	Output Indicator	Assigned To

Key Objective 4:

[Subrecipient developed objective to improve the quality of screening, diagnosis, and treatment of STIs in the region. This may be a program improvement project, targeted evaluation project, or other ongoing activity not reflected in the objectives above.]

Activity Description	Activity Timeframe	Output Indicator	Assigned To

Prevention, Policy, and Program Improvement

Includes: Promoting STI prevention to the public and to the provider community in the region, using epidemiologic data to drive decisions and activities.

Short-term Outcomes: Increased knowledge of STIs and STI services by public and provider community, more efficient targeting of STI prevention and care resources and services by STI programs.

Intermediate Outcomes: Increased use of STI services by public, improved STI clinical practices, increased effectiveness of high impact STI prevention and control activities.

Long-term Outcomes: Reduced STI transmission and related adverse health outcomes, increased effectiveness, efficiency, and impact of STI prevention.

Key Objective 1:

Promote STI prevention to the public.

Activity Description	Activity Timeframe	Output Indicator	Assigned To

Key Objective 2:

Promote STI prevention and reporting to the provider community.

Activity Description	Activity Timeframe	Output Indicator	Assigned To

Key Objective 3:

Conduct data-driven planning, analysis, monitoring, and evaluation for program improvement.

Activity Description	Activity Timeframe	Output Indicator	Assigned To

Key Objective 4:

[Subrecipient developed objective regarding prevention, policy or program improvement in the region. This may be a program improvement project, targeted evaluation project, or other ongoing activity not reflected in the objectives above.]

Activity Description	Activity Timeframe	Output Indicator	Assigned To

ST 25 Sub-Recipient Expectations

Applicant agencies for the STI Prevention (ST) grant agree to serve as the primary planning resource and liaison for STI prevention in the region for which they are funded. These program requirements are for the project period of March 1, 2025 through February 28, 2026.

Expectations Glossary (From <https://www.cdc.gov/std/funding/pchd/default.htm>)

DIS: Disease intervention specialists (DIS) are non-licensed public health professionals with applied expertise in client-centered interviews; collection of enhanced surveillance and community assessment data; partner services, including contact tracing; field investigation and other field-based activities, including specimen collection, directly observed therapy, community outreach; collaboration with medical providers and navigation of health care systems to ensure patient evaluation and treatment; and mobilization for outbreak investigation and emergency response. (<http://www.phaboard.org/dis-certification/>)

Partner services: A broad array of services that should be offered to persons with HIV infection, syphilis, gonorrhea, or chlamydial infection and their partners. Identifying partners and notifying them of their exposure (i.e., partner notification) are two critical elements of these services. Other elements include prevention counseling, testing for HIV and other types of STDs, linkage to medical evaluation and treatment, and linkage or referral to other services, such as reproductive health, prenatal care, substance abuse treatment, social support, housing, legal services and mental health services. (MMWR 2008, <https://www.cdc.gov/mmwr/pdf/rr/rr5709.pdf>)

STD specialty care clinic: Clinics that offer specialized STD care and typically focus on providing timely, comprehensive, confidential, and culturally sensitive STD care.

Conduct Disease Investigation and Intervention

1. Conduct health department disease investigation and intervention for people with syphilis.
 - a. Conduct investigation and partner services on new syphilis cases, using ODH provided tools to prioritize caseloads.
 - b. Prioritize for investigation and partner services all reported cases among females of reproductive age and reactive serology, including provider follow-up to confirm stage, treatment, and pregnancy status.
 - c. Provide timely partner services to all pregnant women who are diagnosed with syphilis and all other women of reproductive age who are diagnosed with early syphilis.
 - d. Include follow-up with pregnant cases and their prenatal care providers, birthing centers, and neonatal care providers as needed to ensure adequate maternal follow up and stillbirth or neonatal evaluations per clinical guidelines.
 - e. Prioritize timely and comprehensive partner services to men with primary and secondary syphilis who report pregnant or other female partners of reproductive age.
 - f. Prioritize timely and comprehensive partner services including STI and HIV testing and linkage to care to MSM with primary and secondary syphilis.
2. Conduct health department disease investigation and intervention for people with HIV.
 - a. Provide ongoing partner services for all persons with newly diagnosed infection, those with previously diagnosed infection, and their partners.
 - b. Collaborate and coordinate with STD and HIV and/or STD surveillance programs to use data to maximize the number of persons identified as candidates for partner services.
 - c. Partner with non-health department providers, including CBOs and private medical treatment providers, to identify more opportunities to provide partner services.
 - d. Use partner services programs to facilitate cluster investigation and intervention (for persons with newly diagnosed infection and those with previously diagnosed infection) and support HIV care continuum activities.
 - e. Update the HIV surveillance system with data obtained from partner services investigations.

3. Respond to STI-related outbreaks.
 - a. Review STD surveillance data by the core epidemiologic variables at regular intervals to identify outbreaks and other significant changes in STD epidemiology.
 - b. Develop and maintain an outbreak capacity plan to respond to significant changes in STI epidemiology. Ensure that staff are trained and ready to implement the outbreak capacity plan.
4. Promote Expedited Partner Therapy (EPT) to partners of chlamydia and/or gonorrhea cases.
 - a. Assess EPT practices to identify and prioritize providers, organizations, and areas to target for promotion and improvement.
 - b. Provide education and technical assistance to promote EPT to providers and organizations who frequently report cases of chlamydia and/or gonorrhea, including cases of repeat infections.
5. Conduct enhanced investigations for congenital syphilis cases.
 - a. Conduct provider and mother follow-up and review medical records of all reported CS cases.
 - b. Conduct CS Review Boards as indicated by ODH to help identify causes of CS and develop interventions to address causes.

Screening, Diagnosis, and Treatment

1. Promote quality STD specialty care services.
 - a. Promote quality STI care in STD specialty clinics in the region based on clinical guidelines and recommendations. Promote strategies for expanding access to care in those settings.
2. Promote CDC-recommended treatment for STIs.
 - a. Provide education and technical assistance to providers and organizations who prescribe non-recommended treatment for gonorrhea.
 - b. Provide education and technical assistance to providers and organizations who prescribe non-recommended treatment for syphilis.
 - c. Assist providers and organizations who are unable to provide timely, recommended treatment for syphilis in getting access to medication or dispensing the treatment to the patient, as needed.
3. Promote CDC-recommended screening for, and treatment of, STIs among priority populations.
 - a. Provide education and technical assistance to improve STI screening and treatment for pregnant women in the region. This may include prenatal care providers as well as other organizations whose practices are not aligned with syphilis screening recommendations for pregnant women (e.g., local emergency departments or urgent cares).
 - b. Provide education and technical assistance to targeted providers and organizations to improve STI screening and treatment for young adults and adolescents in the region. This may include family planning clinics, adolescent health clinics, and primary care settings.
 - c. Provide education and technical assistance to targeted providers and organizations to improve STI screening and treatment for MSM in the region. This may include LGBTQ health centers, HRSA-funded HIV care settings, primary care settings, and clinics providing HIV PrEP.

Prevention, Policy, and Program Improvement

1. Promote STI prevention to the public.
 - a. Provide audience-appropriate STI-prevention information online and in places where testing and treatment are available.
2. Promote STI prevention and reporting to the provider community.
 - a. Notify local providers and organizations about important or timely STI-related issues, such as outbreaks, recommended treatment changes, biomedical advances, and reporting requirements.
3. Monitor STI-related policies and policy development.
 - a. Work with local leadership and partner organizations on the development of policies that enhance the work of the STI prevention program.
4. Conduct data-driven planning, analysis, monitoring, and evaluation for program improvement.

- a. Use surveillance, epidemiologic, program, and other data to strengthen program's understanding of regional STI epidemiology and program context. Evaluate progress using scientific methods, program data, and performance data.
- b. Use findings from those analyses to identify the region's STI prevention and control priorities, populations, and geographic areas to develop program plans and to allocate staffing and other resources accordingly.

Agency Name: _____

Agency Head: _____

Signature Date