



Department of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

MEMORANDUM

Date: 12/23/2020

To: Prospective Applicants

From: Anna Starr
Maternal, Child and Family Health
Ohio Department of Health

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

The Ohio Department of Health (ODH), Maternal, Child and Family Health announces the availability of grant funds.

Qualified applicants for grant funds under this initiative must be a local public or non-profit agency with an identifiable, functional unit organized for and capable of providing coordinated, multidisciplinary comprehensive care and services to persons with or at risk for genetic related disorders. Only programs that provide these comprehensive genetic services are eligible to apply for these grant funds.

This is a competitive solicitation. **All interested applicants must submit a Notice of Intent to Apply for Funding (NOIAF – Appendix A) no later than Wednesday, January 15, 2020**, so access to the application via the internet website “ODH Application Gateway” can be established.

To be eligible for funding, all applicant agencies must 1) be a local public or non-profit agency and 2) have the capacity to accept an electronic funds transfer (EFT).

Potential applicants are encouraged to participate in an Information Session to be held via conference call on **Wednesday, January 8, 2020 from 1:00 to 2:00 PM EST**. The conference call is being offered to allow potential applicants the opportunity to discuss the solicitation and learn about the elements of a successful application. Refer the solicitation for more information regarding the Information Session.

All applications, including any required attachments, must be completed and received by ODH electronically via GMIS by **4:00 PM on Monday, February 10, 2020**. Applications received after the due date will not be considered for review.

If you have questions, please contact Boriana Zaharieva at 614-728-9348 or e-mail at Boriana.Zaharieva@odh.ohio.gov.

246 North High Street
Columbus, Ohio 43215 U.S.A.

614 | 466-3543
www.odh.ohio.gov

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ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF
Maternal, Child and Family Health

GENETICS SERVICES
SOLICITATION
FOR
FISCAL YEAR 2021
(07/01/20 – 06/30/21)

Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

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

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I. APPLICATION SUMMARY and GUIDANCE

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

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by January 15, 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: *Genetics Services Program* |

C. Purpose: *The Comprehensive Genetic Centers (CGCs) are provided with funds in response to ORC 3701.502 which authorizes ODH to provide grants for the purpose of encouraging and assisting in the development of programs of education, detection and treatment of genetic diseases; and provide for habilitation, rehabilitation, and counseling of persons possessing a genetic trait of, or afflicted with, genetic disease.* |

D. Qualified Applicants: All applicants must be a local public or non-profit agency with an identifiable, functional unit organized for and capable of providing coordinated, multidisciplinary comprehensive care and services to persons with or at risk for genetic related disorders. Only programs that provide these comprehensive genetic services are eligible to apply for these grant funds.

If the Applicant agency houses a Cystic Fibrosis Foundation-Accredited Care Center the applicant must utilize a portion of solicitation funding to support the follow-up of patients with abnormal newborn screening for Cystic Fibrosis.

Applicant agencies must have the capacity to accept an electronic funds transfer (EFT) |

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, February 10, 2020.** |

- E. **Service Area:** Genetic services should be available to all Ohioans.
- F. **Number of Grants and Funds Available:** Genetic Services grants are comprised of funds generated from a portion of the state newborn screening fee. The total grant funding for the SFY2021 budget period (07/01/2020 - 06/30/2021) is anticipated to be approximately \$2,047,173. At least 6-8 grants will be awarded to eligible agencies, ranging from \$100,000 to \$475,000.

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.

Potential applicants are encouraged to participate in an Information Session to be held via conference call on Wednesday, January 8, 2020 from 1:00 to 2:00 PM EST (CALL IN: 855-405-1648, PARTICIPANT CODE: 29564#). The conference call is being offered to allow potential applicants the opportunity to discuss the solicitation and learn about the elements of a successful application.

- G. **Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS by **4:00 p.m. by Monday, February 10, 2020**. Applications and required attachments received after this deadline will not be considered for review.

Contact Boriana Zaharieva at 614-728-9348 or at Boriana.Zaharieva@odh.ohio.gov with any questions.

- H. **Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 166.
- I. **Goals:** The overall Comprehensive Genetics Services goal is to protect and improve the health of all Ohioans with, or at risk for genetic-related disorders.
- J. **Program Period and Budget Period:** The program period will begin July 1, 2020 and end on June 30, 2024. The budget period for this application is July 1, 2020 through June 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 standards: 2.2. Contain/Mitigate Health Problems and Environmental Public Health Hazards; and 4.1. Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes. The PHAB standards are available at the following website:

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.

An example Public Health Impact Statement Summary letter can be found in the attachments section of this solicitation (**ATTACHMENT 1**).

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

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.

[Not Applicable to the Genetics Services 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: Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact [Boriana Zaharieva at 614-728-9348 or at Boriana.Zaharieva@odh.ohio.gov with any questions regarding this **Solicitation**.]

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

R. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, February 10, 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 SFY 2021 Genetics Services Solicitation Application Review Form is included in **APPENDIX D.** |

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

V. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the

associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. [Authorization of funds for this purpose is contained in Sections 3701.502 of the Ohio Revised Code.]

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

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

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, [Bureau of Maternal, Child and Family Health], [Genetics Services Program.]”

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

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

Reports shall be submitted as follows:

- a. **Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. [1) Required aggregate data must be reported on the ODH SFY2021 Comprehensive Genetic Center Work Plan And Reporting Form (**ATTACHMENT 2**). The Mid-Year Performance Report is due by January 10, 2021 and the Year-End Performance Report is due by July 10, 2021. 2) Cancer Registry Data must be reported on the ODH SFY2021 Cancer Registry Data Reporting Form (**ATTACHMENT 3**) only if the subrecipient is participating in the Cancer Registry Project (optional activity, Deliverable 8).

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.

Data required to be reported but NOT via GMIS: 1) Clinical data on patient encounters related to disorders on the newborn bloodspot screening panel are required to be entered into the Newborn Screening Clinical Follow-Up Database (NBSCFUD) within one month of the encounter; 2) Education event data are required to be entered into the Genetics Education Event Database (GEED) within one month after each event; 3) Birth defect children dispositions are required in the Ohio Connections for Children with Special Needs (OCCSN) data system.

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

<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – December 31, 2020 (Mid-Year Report, Attachment 2)</i>	<i>January 10, 2021 in GMIS</i>
<i>January 1 – June 30, 2021 (Year-End Report, Attachment 2)</i>	<i>July 10, 2021 in GMIS</i>
<i>January 1 - December 31, 2020 (Cancer Registry Data, Attachment 3)</i>	<i>July 10, 2021 in GMIS</i>
<i>Clinical genetics patient encounters related to disorders on the newborn bloodspot screening panel</i>	<i>1 month of the encounter in NBSCFUD</i>
<i>Genetics Education Events</i>	<i>1 month of the event in GEED</i>
<i>Birth Defect Case Dispositions</i>	<i>Quarterly target in OCCSN</i>

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

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

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and

submitted **via GMIS** by the following dates:

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

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

- c. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before August 5, 2021. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

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

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

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees -- unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;

14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
16. Counseling or referral for abortion except in the cases of medical emergency (as required by Ohio Revised Code 3701.511). All ODH funded CGC project directors and/or agency directors must complete, sign and return the ODH Certification that Appropriations Are NOT Used for *Counseling or Referral for Abortion Form* (ATTACHMENT 4).

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 6 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:

<p>Complete & Submit Via Internet</p>
--

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

1) Public Health Impact Statement Summary Sample Letter

- 1a) Statement(s) of Support from Local Health Districts (if obtained)
- 2) ODH SFY2021 Comprehensive Genetics Center Work Plan & Reporting Form
- 3) Cancer Registry Project Data Report Form (not required at the time of application, to be submitted together with the last expenditure report if the applicant is awarded for Deliverable 8, which is an optional deliverable).
- 4) Certification that Appropriations Are Not Used for Counseling or Referral for Abortion
- 5) Metabolic Service Team contact list
- 6) CF Team contact list, if applicable
- 7) SFY 2021 Database Users Access Form
- 8) NBS for MST Referral and Services Protocol Outline
- 9) NBS for CF Referral and Services Protocol Outline, if applicable
- 10) SFY 2021 Deliverables Reimbursement Form (not required at the time of application, to be submitted together with the expenditure reports if the applicant is awarded)
- 11) SFY 2021 CGC Grant Program Deliverables and Staff Contact Information Form

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

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

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

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

II. APPLICATION REQUIREMENTS AND FORMAT

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

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

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

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

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

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how 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 July 1, 2020 to June 30, 2021.

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

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

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

D. Project Narrative:

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

The Executive Summary narrative should be no more than 1 page.

- 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. Describe the Comprehensive Genetic Centers (CGC) ability to provide coordinated, multidisciplinary care and services to persons with or at risk for genetic/genomic-related disorders, including newborn screening disorders. State, as the lead agency, how the CGC will manage/coordinate activities associated with this solicitation with staff across various agency departments and locations.

(The Description of Applicant Agency/Documentation of Eligibility/Personnel narrative should be no more than 5 pages, using grant formatting requirements described on page 13.)

Describe the staffing available at the Comprehensive Genetic Centric Service Team, Newborn Screening Metabolic Service Team and, if relevant, the CF Specialty Team. Address the following staff if available, or clearly state if not available:

- a) A core staff of 1) a Medical/Project Director (M.D. or D.O.) who is a clinical geneticist and who is board certified by the American Board of Medical Genetics (ABMG) and 2) one or more BE/BC Genetic Counselors who are board certified by the American Board of Genetic Counseling (ABGC).
- b) A Newborn Screening Metabolic Service Team with: 1) a physician who is board certified in medical genetics and who is an approved provider for the program for Children with Medical Handicaps and 2) a registered, licensed dietician with experience &/or training in working with patients with Inborn Errors of Metabolism.
- c) If applicable, describe the staffing composition of the CGC Applicant agency's Cystic Fibrosis Foundation-accredited care centers.

All staff included must be licensed by the State of Ohio in their specialty area.

For this Solicitation, ODH is supporting genetic counseling activities specifically in the areas of newborn screening, preconception counseling/birth defects prevention, cancer and cardiovascular Genomics. Summarize CGC staff qualifications and expertise to address these solicitations focus areas.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

In addition to submitting the narrative description of applicant agency structure and staffing, applicants are required to submit:

- a). **(ATTACHMENT 5):** Updated contact information for the ODH official Metabolic Service Team list.
- b). **(ATTACHMENT 6):** Updated contact information for the ODH official Ohio Cystic Fibrosis Centers Specialty Team list, if applicable.

- 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.

The specific health status concerns that the CGC solicitation intends to address are described below.

Congenital malformations, developmental and learning disabilities, and common chronic diseases of adulthood and aging are leading causes of mortality and morbidity to Ohioans.

- About half of all pregnancies are unplanned.
- Approximately 30 to 50% of all pregnancies end in miscarriage or stillbirth due to genetic causes.
- Poverty and racial inequities disproportionately affect infant mortality rates in Ohio.
- Intrauterine exposures to teratogenic agents, such as alcohol, smoking, drugs, and other hazardous agents adds additional risks to the fetus for physical and developmental disabilities.
- About 3% of babies are born with a birth defect.
- Each year, over 5,000 babies are born with one of the conditions included in state newborn screening panels.
- Birth defects are one of the leading causes of death in infants under 12 months of age, and approximately 20-30% of these infant deaths are due to genetic disorders.
- In a general pediatric hospital, 4.5% of admitted children have a clear genetic disorder, and 48.9% of admissions are due to a multifactorial/polygenic disorder (22.1%), developmental anomaly (13.6%) or familial disorder (13.2%).
- 1 in 12 adults admitted to the hospital has a genetic disorder.
- 1 in 22 people in the United States has a genetic disorder.
- Approximately 5-10% of all cancers are caused by inherited gene mutations that predispose people to developing cancer.
- Coronary heart disease and stroke often have a genetic component and together account for more deaths in every Ohio county than any other cause of death, including cancer.

To address the problems delineated above, the Ohio Department of Health will fund a network of Comprehensive Genetic Centers with the goal of protecting and improving the

health of all Ohioans with, or at risk for genetic-related disorders, regardless of socioeconomic status, race, ethnicity or geography. This goal will be accomplished by focusing on **5 priorities**:

1. Assuring genetic services are available to all Ohioans throughout the lifespan;
2. Follow-up and management of patients with newborn screening disorders;
3. Review and verification of birth defects reports;
4. Education of health professionals, and others; and
5. Genetics participation on public health groups.

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.]

For the grant period, SFY 2021-2024, each successful applicant will be funded to implement the deliverables described in **APPENDIX C1**.

Applicants are required to provide detailed information on how each deliverable will be achieved in their Budget Justification. In addition, applicants are required to complete and submit:

- a) (**ATTACHMENT 7**): The **SFY 2021** CGC Grant Project Deliverables and Staff Contact Information Form
- b) (**ATTACHMENT 8**): A **SFY 2021** Outline describing MST NBS Referral & Services Protocol, and
- c) (**ATTACHMENT 9**) (if relevant): A **SFY 2021** Outline describing CF NBS Referral & Services Protocol.

To monitor/evaluate CGC deliverables, each funded project will be required to report clinical data into the ODH Newborn Screening Clinical Follow-up Database (NBSCFUD); education event data into the ODH Genetics Education Event Database (GEED); birth defect children dispositions in the Ohio Connections for Children with Special Needs (OCCSN) data system; and aggregate data twice a year through CGC Mid & Year-End Reports to the ODH Genetics Program. Centers participating in the Cancer Registry Project (optional deliverable) will be required to also report aggregate data on the project at the end of the year. In addition to these tools, the Deliverables Reimbursement Form (ATTACHMENT 10) will be required to be submitted together with each Expenditure Report and will be used as additional tool by ODH to measure each funded project's deliverable throughout

the grant period.

With their application, applicants are required to complete and submit:

- a) (ATTACHMENT 2) The CGC Work Plan (estimating #s to be served – Excel spreadsheet)
- b) (ATTACHMENT 11) The Genetics Database User Access Information Form

- 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. 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 or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

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

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before Monday, February 10, 2020**.

A minimum of an original and the indicated number of copies of non-Internet attachments are required. If program requires more copies, then insert the appropriate number.

Attachments required by Program:

1. Public Health Impact Statement Summary Sample Letter
- 1a. Statement(s) of Support from Local Health Districts (if obtained)
2. ODH SFY2021 Comprehensive Genetics Center Work Plan & Reporting Form
3. Cancer Registry Project Data Report Form (not required at the time of application, to be submitted together with the last expenditure report if the applicant is awarded for Deliverable 8, which is an optional deliverable).
4. Certification that Appropriations Are Not Used for Counseling or Referral for Abortion
5. Metabolic Service Team contact list
6. CF Team contact list
7. SFY 2021 Database Users Access Form
8. NBS for MST Referral and Services Protocol Outline
9. NBS for CF Referral and Services Protocol Outline
10. SFY 2021 Deliverables Reimbursement Form (not required at the time of application, to be submitted together with the expenditure reports if the applicant is awarded)
11. SFY 2021 CGC Grant Program Deliverables and Staff Contact Information Form

III. APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Access Form
- C. C1 Deliverable – Objective Descriptions (if applicable)
C2 Deliverable – Objective Allocations (if applicable)
- D. Application Review Form
- E. Acronyms List

ATTACHMENTS

ATTACHMENT #1

Public Health Impact Statement Summary Template

(This statement letter is a SAMPLE. Edit as needed)

Type on Agency Letterhead

(insert date)

(insert address)

Dear (insert name) (Director of Nursing and/or Public Health Commissioner?)

The (insert name of institution) is applying for grant funding from the Ohio Department of Health (ODH) to serve as a Comprehensive Genetic Center (CGC). The intent of this letter is twofold:

1. To fulfill the ODH requirement that all grant applicant agencies communicate with local health districts regarding the impact of their proposed grant activities on the Local Health Districts Improvement Standards.
2. To request a statement of support from your agency supporting our CGC grant application.

The information below and in the attached ADDENDUM describes the grant priorities that, if funded, our agency will be working on over the next four-year grant period, July 1, 2020 through June 30, 2024. This addresses the Local Health District Improvement Standards: 2.2. Contain/Mitigate Health Problems and Environmental Public Health Hazards; and 4.1. Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.

The purpose of the Comprehensive Genetic Centers Program is to ensure and enhance the accessibility and availability of quality, comprehensive genetic services in Ohio. Genetic services include, but are not limited to, genetic counseling, education, diagnosis and treatment for all genetic conditions and congenital abnormalities. Comprehensive Genetic Centers located around the state provide genetic services for the entire state of Ohio.

If you would provide a brief letter of support for our application to fulfill the above services, we would be most appreciative. Please address the letter to me and mail by (insert deadline date) or email to: (insert address and/or email address).

Enclosed with this communication is a copy of our program brochure that includes additional information about our program along with contact information. We hope you will utilize this information to refer patients/families who you think may have or be at risk for birth defects or hereditary conditions. Our staff is available to answer any additional questions you may have about our clinical and/or education genetic services. We look forward to working with you during the upcoming grant period. Thank you very much for your consideration.

Sincerely,

(insert project director's name, credentials and title)

ADDENDUM

In this grant cycle July 1, 2020 through June 30 2024,
the Ohio Department of Health (ODH) will fund Comprehensive Genetic Centers
(CGCs) to:

Overall Program Goal: To protect and improve the health of all Ohioans with, or at risk for genetic-related disorders.

This goal will be accomplished by focusing on **5 priorities:**

1. Assuring genetic services are available to all Ohioans throughout the lifespan;
2. Follow-up and management of patients with newborn screening disorders;
3. Review and verification of birth defects reports;
4. Education of health professionals, and others; and
5. Genetics participation on public health groups.

ATTACHMENT #2

ODH SFY2021 Comprehensive Genetics Center Work Plan & Reporting Form - (Insert Center Name) (July 1, 2020 through June 30, 2021)

Indicators/Performance Measures	PROJECTED GOALS	Reporting Period						Total Outcomes	Comment S (Elaborate on accomplishments or explain why proposed objectives were not met)
		MID YEAR REPORT (7/1/2020-12/31/2020)		YEAR END REPORT (1/1/2021-6/30/2021)					
Scope of Genetic Center Services									
Overall # of patient encounters served through the Genetic Center	0	0	Face to face	0	0	Face to face	0	0	
			Telegenetics	0		Telegenetics	0		
Overall # of *Unduplicated/Unique patients served through the Genetic Center	0	0	Face to face	0	0	Face to face	0	0	
			Telegenetics	0		Telegenetics	0		
Portion Receiving Prenatal/Preconception Counseling Services									
Overall # of *Unduplicated/Unique Prenatal clinic patients served	0	0	Face to face	0	0	Face to face	0	0	
			Telegenetics	0		Telegenetics	0		
Overall # of *Unduplicated/Unique Preconception clinic patients served	0	0	Face to face	0	0	Face to face	0	0	
			Telegenetics	0		Telegenetics	0		
Portion Receiving Genomics Services									
Overall # of *Unduplicated/Unique patients with or at risk for Cancer Genomics related diagnoses who were served	0	0	Face to face	0	0	Face to face	0	0	
			Telegenetics	0		Telegenetics	0		
Overall # of *Unduplicated/Unique patients with or at risk for Cardiovascular Genomics related diagnoses who were served	0	0	Face to face	0	0	Face to face	0	0	
			Telegenetics	0		Telegenetics	0		

Name of the Preparer of this Plan/Form: _____ Date: _____

ODH Grant Number: _____

ODH Program: Genetics Services

Form# OFA-017

DEFINITIONS:

* **unduplicated** = all new patients and any return patients not previously seen in this SFY

COLOR KEY:

Insert Genetic Center Name at top of the table and projected Goals numbers and **submit with grant application** for upcoming grant year. Keep the numbers in the green column in Mid-Year and End-Year Reports

Insert Genetic Center data from 1st half of current grant year for **Mid-Year Report**

Inserts Genetic Center data from 2nd half of current grant year for **Year End Report**

Insert Genetic Center running record of **dated** comments (in black font) with grant application and **for each reporting period** during the current grant year. (NOTE: ODH comments are inserted in red font - DO NOT ALTER)

auto calculation cells - **DO NOT ALTER!**

ATTACHMENT #3

Cancer Registry Project Data Report Form - (Insert Center Name)

Data period	Referral Indication	Total Number of Patients	# Referred to Genetics	% Referred to Genetics	# Seen by Genetics	% Total Seen by Genetics	% Referred Seen by Genetics
2020	Female breast cancer, age 18-50						
2020	Female triple negative breast cancer, age 51-60						
2020	Male breast cancer, age 18 or greater						
2020	Endometrial cancer, age 18-49						
2020	Fallopian tube/ovarian/primary peritoneal cancer, age 18 or greater						
2020	Colorectal cancer, age 18-49						
2020	Colorectal cancer age 50 or greater, abnormal tumor screening for Lynch syndrome						
2020	Endometrial cancer age 50 or greater, abnormal tumor screening for Lynch syndrome						
2020	Diagnosed with pancreatic cancer at age 18 or greater						
2020	Diagnosed with metastatic (N or M1) prostate cancer at age 18 or greater						
2020	Diagnosed with Her2Neu negative metastatic breast cancer at age 18 or greater						
2020	Diagnosed with any cancer at age 18 or greater with a pathogenic or likely pathogenic <i>BRCA1</i> or <i>BRCA2</i> variant identified on tumor genomic testing						

ATTACHMENT #4

Ohio Department of Health

Certification That Appropriations Are Not Used For Counseling or Referral for Abortion

By signing and dating this document, _____
(name of organization)

certifies that it will comply with Ohio Revised Code 3701.511 which requires that none of the funds appropriated to administer the programs authorized by sub. H.B. 370.501 and 370.502 of the Ohio Revised Code shall be used to counsel or refer for abortion, except in the case of a medical emergency.

(Signature)

(Title)

(Date)

ATTACHMENT #5

Ohio Department of Health Newborn Screening Program Metabolic and Genetic Services Teams

(Please update/edit the information for your center as needed and return with your application)

Akron

Akron Children's Hospital
One Perkins Square Akron,
OH 44308

P (330) 543-8792 F (330) 543-3677

- Catherine Ward-Melver, MD
- Carrie Costin, MD
- Abdulrazak Alali, MD
- Jason Laufman, MD

Cincinnati

Cincinnati Children's Hospital Medical Center
Biochemical Genetics

Division of Human Genetics

3333 Burnet Avenue (MLC: 4006)

Cincinnati, OH 45229

P (513) 636-4760 F (513) 636-7297

- Nancy Leslie, MD
- Carlos Prada, MD
- K. Nicole Weaver, MD
- Loren Pena, MD, PhD

Cleveland

University Hospitals Case Medical Center
Rainbow Babies and Children's Hospital Center
for Human Genetics

11000 Euclid Avenue, Lakeside 1500

Cleveland, OH 44106

P (216) 844-3936 F (216) 844-7497

P (216) 292-9597 (after hours)

- Laura Konczal, MD
- Jirair Bedoyan, M.D., Ph.D.
- Lori Schillaci, MD

Cleveland

MetroHealth Medical Center
Department of Pediatrics/Genetics
2500 MetroHealth Drive
Cleveland, OH 44109

P (216) 778-4596 F (216) 778-2987

- Rocio Moran, MD

Columbus

Nationwide Children's Hospital
700 Children's Drive
Columbus, OH 43205

P (614) 722-3515 F (614) 722-3546

- Dennis Bartholomew, MD
- Kim McBride, MD
- Mari Mori, MD

Dayton

Dayton Children's
Hospital One Children's
Plaza Dayton, OH
45404-1815

P (937) 641-3800 F (937) 641-5325

- Marvin Miller, MD
- John Karl de Dios, MD

Toledo

Promedica Toledo Children's Genetic Ctr
2150 W Central Ave
Toledo, OH 43606

P (419) 291-2334 F (419) 291-6468

ATTACHMENT #6

Ohio Department of Health Newborn Screening Program Ohio Cystic Fibrosis Centers

(Accredited by the National Cystic Fibrosis Foundation)

(Please update/edit information for your center as needed and return with your application)

Akron

Akron Children's Hospital Med Center
One Perkins Square
Akron, OH 44308

P (330) 543-3249 F (330) 543-8890

- Gregory Omlor, MD (Director)
- Brenda Bourne, BA, CCRC (Coordinator)

Columbus

Nationwide Children's Hospital
700 Children's Drive
Columbus, OH 43205

P (614) 722-4766 F (614) 722-4755

- Karen McCoy, MD (Director)
- Laura Raterman, RN, CPN (Nurse Coordinator)

Cincinnati

Cincinnati Children's Hospital Med Center
Pulmonary Medicine
3333 Burnet Avenue
Cincinnati, OH 45229

P (513) 636-6771 F (513) 636-4615

Gary McPhail, MD (Director)
Jeanne Weiland RN (Nurse Coordinator)

Dayton

Dayton Children's Hospital
One Children's Plaza
Dayton, OH 45404

P (937) 641-5582 F (937) 641-5390

- Gary Mueller, MD (Director)
- Leora Langdon RN (Nurse Coordinator)

Cleveland

Cleveland Clinic Children's
9500 Euclid Avenue/A120
Cleveland, OH 44195

P (216) 444-1354 F (216) 442-5185

- Nathan Kraynack, MD (NBS CF Clinic Physician Lead)
- Tanya Lucik, RN (Nurse Coordinator)

Toledo

Toledo Children's Hospital
2142 N. Cove Blvd.
Toledo, OH 43606

P (419) 291-2207 F (419) 479-6998

Bruce Barnett, MD (Director)
Cathy Doney, RN (Nurse Coordinator)

Cleveland

UH Rainbow Babies and Children's Hospital
11100 Euclid Ave., Mail Stop 6006
Cleveland, OH 44106

P (216) 844-1997 F (216) 844-7960

- Amy DiMarino, DO (NBS CF Clinic Physician Lead)
- Janice Lee, RN (Nurse Coordinator)

ATTACHMENT #7

SFY 2021 Genetics Program Deliverables & Staff Contact Information Form

Name of Genetic Center: _____ Project Director Signature: _____ Date: _____

Deliverables	Name(s) of Staff Responsible	Profession	Telephone Number	Email Address
1) Ensure genetic services are available to Ohioans.				
2) Newborn bloodspot screening follow-up and clinical management.				
3) Serving Ohioans throughout the lifespan.				
4) Birth defects case confirmation.				
5) Genetics Education Events and Reporting.				
6) Participation in Public Health Workgroups.				
7) Subrecipient communication with ODH.				
8) Participation in the Cancer Registry Project.				

ATTACHMENT #8

Metabolic Service Team NBS Referral and Services Protocol

Submit an outline describing the MST NBS Referral and Services Protocol for evaluating infants who receive an abnormal screen for a metabolic disorder. Include:

1. A list of the names, credentials, position titles & roles of the clinical staff that make up the Metabolic Service Team.
2. How the MST communicates/provides consultations with the primary care providers of patients who have had an abnormal screen for a metabolic disorder but have not been referred or scheduled for a diagnostic evaluation.
3. How the MST schedules newborns with abnormal screens into their Center for confirmatory testing.
4. How the MST reports the confirmatory test results to the ODH NBS laboratory.
5. What the timeline is for reporting confirmatory test results back to the ODH NBS laboratory.
6. The name of the staff person designated to coordinate clinical and education data reporting into ODH databases for the MST.
7. The process used by the MST to assure that data on all patients being evaluated for metabolic NBS disorders is entered into the ODH Newborn Screening Clinical Follow-up Database (NBSCFUD).
8. The process used by the MST to assure that data on all patients seen for long term follow-up services for NBS related metabolic disorders is entered into the ODH Newborn Screening Clinical Follow-up Database (NBSCFUD).
9. The process used by the MST to assure that data on newborn screening related education activities are reported into the Genetics Education Event Database (GEED).
10. MST staff availability to participate on ODH work groups, as requested, to review policy issues and provide recommendations related to the care and treatment of Ohioans with or at risk for metabolic disorders.

ATTACHMENT #9

CF Center NBS Referral and Services Protocol

Submit an outline describing the CF NBS Referral and Services Protocol for evaluating infants who receive an abnormal screen for CF. Include:

1. A list of the names, credentials, position titles & roles of the clinical staff that make up the Certified CF Care Center team.
2. How the CF Center receives notification about newborns that have abnormal CF Newborn screens.
3. How the CF Center schedules newborns with abnormal screens into their CF Center for confirmatory testing.
4. How the CF Center communicates with the primary care providers of patients who have had an abnormal screen for CF but have not been referred or scheduled for a diagnostic evaluation.
5. How the CF Center assures that newborns determined to be CF carriers and their parents are referred to the CGC for genetic counseling.
6. How the CF Center reports the confirmatory test results to the ODH NBS laboratory.
7. What the timeline is for reporting confirmatory test results back to the ODH NBS laboratory.
8. The name of the staff person designated to coordinate clinical and education data reporting into ODH databases for the CF Center.
9. The process used by the CF Center to assure that data on all patients being evaluated for CF as a result of an abnormal newborn screen is entered into the ODH Newborn Screening Clinical Follow-up Database (NBSCFUD).
10. The process used by the CF Center to assure that data on all patients seen for long term follow-up services for CF is entered into the ODH Newborn Screening Clinical Follow-up Database (NBSCFUD).
11. The process used by the CF Center to assure that data on CF related education activities are reported into the Genetics Education Event Database (GEED).
12. CF Center staff availability to participate on ODH work groups, as requested, to review policy issues and provide recommendations related to the care and treatment of Ohioans with or at risk for CF.

ATTACHMENT #10

(Not required at the time of application, to be submitted together with the expenditure reports if the applicant is awarded)



DELIVERABLES REIMBURSEMENT FORM

Instructions: Complete this form for reimbursement for each deliverable the Comprehensive Genetic Center implemented and/or participated in during the reporting quarter. Submit the form together with the Expenditure Report in GMIS under the Expenditure Report Comments section. Reimbursement forms must be signed and dated prior to submission.

Agency (as listed in GMIS)	GMIS Project #
Submission Date	Reporting Quarter

	TO BE COMPLETED BY SUBGRANTEE	TO BE COMPLETED BY ODH
Deliverable	Amount Requested	Amount Disbursed
1 - Ensure genetic services are available to Ohioans ____ Number of genetics clinics days for the reporting quarter ____ Number of Geneticists providing genetic services for the reporting quarter ____ Number of Genetic Counselors providing genetic services for the reporting quarter		
2 - Newborn bloodspot screening follow-up and clinical management		
3 - Serving Ohioans throughout the lifespan (<i>January and July only</i>)		
4 - Birth defects case confirmation		
5 – Genetics Education Events and Reporting		

<p>6 – Public Health Workgroup</p> <p>Newborn Screening Advisory Council:</p> <p>_____</p> <p>Birth Defects Prevention Group:</p> <p>_____</p> <p>Ohio Cancer Genetics Network:</p> <p>_____</p> <p>Ohio Partners for Cancer Control:</p> <p>_____</p> <p>Children with Medical Handicaps Medical Advisory Council:</p> <p>_____</p> <p>Universal Newborn Hearing Screening Advisory Subcommittee:</p> <p>_____</p> <p>Fetal Alcohol Spectrum Disorders Statewide Task Force:</p> <p>_____</p> <p>Other - _____:</p> <p>_____</p>		
7. Subrecipient communication with ODH		
8. Participation in the Cancer Registry Project <i>(July only)</i>		
Total - Reporting Quarter		

I certify that the Comprehensive Genetic Center implemented and/or participated in each Deliverable as listed above.

_____	_____	_____
Printed Name (Required)	Signature (Required)	Date (Required)

**INSTRUCTIONS FOR ODH VALIDATION OF DELIVERABLES
AND
SUBMITTING DELIVERABLES REIMBURSEMENT FORM**

DELIVERABLE:

1- Ensure genetic services are available to Ohioans

Amount available: Varies between Comprehensive Genetic centers. Please refer to the solicitation request for the maximum amount for your center.

Please use the empty spaces in the form to enter the number of genetics clinics days (including all clinics where a genetics professional sees patients), the number of geneticists and the number of genetic counselors providing genetic services for the reporting period.

2- Newborn bloodspot screening follow-up and clinical management

Amount available: \$250 per unique patient (unduplicated). Maximum reimbursement varies between Comprehensive Genetic centers. Please refer to the solicitation request for the maximum amount for your center.

To measure this deliverable, Boriana Zaharieva, Genetics Program Coordinator, will run a report in the Genetics Data System of Number of Patients and Encounters for each center for the reporting period. The report will be run on the 1st of the month, following the quarter, for the periods: 1st quarter – 6/1/2020 – 8/31/2020; 2nd quarter – 9/1/2020 – 11/30/2020; 3rd quarter – 12/1/2020 – 2/28/2021; 4th quarter – 3/1/2021 – 5/31/2021. For example, on October 1st, the report will be run to obtain the numbers of patients seen from June 1st to August 31st and reported no later than September 30th. This will be the documentation that your genetic center served and entered patients into the Genetic Data system within 30 days of the encounter.

The report will be emailed to the genetic centers, so they know for how many patients to bill.

3- Serving Ohioans throughout the lifespan (January and July only)

Amount available: \$10 per unique (unduplicated) patient, reported in the category “Overall # of Unduplicated/Unique patients served through the Genetic Center” of the ODH SFY 2021 Comprehensive Genetics Center Work Plan & Reporting Form. Maximum reimbursement varies between Comprehensive Genetic centers. Please refer to the solicitation request for the maximum amount for your center.

Submission of the “ODH SFY 2021 Comprehensive Genetics Center Work Plan & Reporting Form” with aggregate numbers for all genetics patient encounters will be the documentation to release the funds for the mid-year and year-end aggregate deliverable requirement. The form is to be submitted twice per year – by January 10th, 2021 and by July 10th, 2021.

4- Birth defects case confirmation

Amount available: Varies between Comprehensive Genetic centers. Please refer to the solicitation request for the maximum amount for your center.

Every center will receive a target number of cases they need to review during the quarter. The target numbers will be sent to each center by email in the beginning of each quarter.

To measure this deliverable, Borianna Zaharieva, Genetics Program Coordinator, will run a report in the Genetics Data System OCCSN of Number of Children Dispositions for each center for the reporting period. The report will be emailed to the genetic centers, so they know for how many cases to bill. If a center has accomplished 80% of their target number for the quarter, they would receive 80% of the maximum quarterly reimbursement. The same will be true for the second and third quarter. The leftover funding (for example the 20%) will be available to them in the last quarter if they review more cases (ODH will give a higher target number of cases in that case). If a center has no cases in their queue for review, they will not receive any payment, but they will be able to move the funds to another deliverable with Program approval. To do this, the genetic centers will need to discuss the requested move of funds with Borianna Zaharieva prior to submitting budget revision in GMIS.

5- Genetic Education Events and Reporting

Amount available: \$500 per event. Maximum reimbursement varies between Comprehensive Genetic centers. Please refer to the solicitation request for the maximum amount for your center.

To measure this deliverable, Borianna Zaharieva, Genetics Program Coordinator, will run a report in the Genetics Data System of Number of Education Events for each center for the reporting period. The report will be run on the 1st of the month, following the quarter, for the periods: 1st quarter – 6/1/2020 – 8/31/2020; 2nd quarter – 9/1/2020 – 11/30/2020; 3rd quarter – 12/1/2020 – 2/28/2021; 4th quarter – 3/1/2021 – 5/31/2021. For example, on October 1st, the report will be run to obtain the numbers of events held from June 1st to August 31st and reported no later than September 30th. This will be the documentation that your genetic center held the events and entered them into the Genetic Data system within 30 days of the education event.

The report will be emailed to the genetic centers, so they know for how many events to bill.

6- Public Health Workgroups

Amount available: \$1,250 per quarter per genetic center (\$5,000 maximum per year).

Please use the empty spaces in the form to enter the names of the active members of the different workgroups for the reporting period.

7- Subrecipient communication with ODH

Amount available: \$500 per quarter per genetic center (2,000 maximum per year).

Video/conference calls or face to face meetings will occur quarterly during state fiscal year 2021 (07/01/2020 – 06/30/2021). Each genetic center must have at least one representative on the call or meeting to receive reimbursement for this deliverable. Attendance will be taken on all calls/meetings.

8- Participation in the Cancer Registry Project (July only)

Amount available: \$4,000 maximum per year per genetic center.

Submission of the “ODH SFY2021 Cancer Registry Data Reporting Form” containing data for the calendar 2020 will be the documentation to release the funds for this deliverable. The form is to be submitted once per year – by July 10th, 2021.

ATTACHMENT #11

SFY 2021 Genetics Program Related Databases

User Access Information Form

Gateway Access		First Name	Last Name	Email Address/	Position Title User Roles Notes	Place a check in appropriate boxes below (& Place an * by the lead staff overseeing data entry for each application listed in the 3 columns below)		
						NBSCFUD	GEED	OCCSN Worklist

Submission Required

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Bureau of [Maternal, Child and Family Health]

ODH Program Title:
[Genetics Services Program]

See Due Date Below

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

Reimbursement
Type
Select one of the
options below:

- ☐ Monthly
OR
☐ Quarterly

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency (Check One) ☐ County Agency ☐ Hospital ☐ Local Schools
☐ City Agency ☐ Higher Education ☐ Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name) _____

Agency Head (Signature) _____

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

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

If yes, no further action is needed.

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

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO [Boriana.Zaharieva@odh.ohio.gov] BY January 15, 2020.

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

Form# OFA-017

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

GMIS User Access, Access Change or Deactivation Request

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

Date: _____

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

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

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

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

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

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

Agency Name & Address: _____

Employee Name (no nicknames): _____

Employee Job Title: _____

Employee Office Phone Number: _____

Employee Office Fax Number: _____

Employee Office Email Address: _____

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

Email Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

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

Date Processed:

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

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

Scan & Email: karen.tinsley@odh.ohio.gov

Name of Subgrantee Program: Genetics Services

Budget Period: July 1, 2020 – June 30, 2021

of Deliverables: 8

Use Budget Justification Scenario#: 1

X Deliverables Only

Deliverable 1: Ensure genetic services are available to Ohioans.

By June 30, 2021, the Comprehensive Genetic Center will ensure that genetic services are available to Ohioans through the provision of clinical genetic services staffed by genetics professionals throughout the funding year. Reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Comprehensive Genetic Center	Maximum Reimbursement
Cincinnati	\$ 146,981
Dayton	\$ 61,445
Toledo	\$ 81,270
Columbus	\$ 175,940
Cleveland*	\$ 195,274
Akron	\$ 238,045

*After NOIAFs are received (by January 15, 2020), ODH will provide each potential applicant from the Cleveland area with a control figure for each deliverable.

Deliverable 2: Newborn bloodspot screening follow-up and clinical management

By June 30, 2021, the Comprehensive Genetic Center will provide genetics evaluation, newborn bloodspot screening follow-up services, treatment and ongoing clinical management to Ohioans with, or suspected to have disorders on Ohio's newborn bloodspot screening panel. All encounters for patients of all ages with disorders on Ohio's newborn bloodspot screening panel shall be reported in the MCHIDS/Genetics data system within 30 days of the encounter. Reimbursement for this deliverable is \$250 per unique patient (unduplicated). Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Comprehensive Genetic Center	Maximum Reimbursement (# unduplicated patients w/NBS disorders x \$250)
Cincinnati	\$ 29,000
Dayton	\$ 30,500
Toledo	\$ 6,250
Columbus	\$ 143,750
Cleveland*	\$ 48,000
Akron	\$ 37,500

*After NOIAFs are received (by January 15, 2020), ODH will provide each potential applicant from the Cleveland area with a control figure for each deliverable.

Deliverable 3: Serving Ohioans throughout the lifespan

By June 30, 2021, the Comprehensive Genetic Center will provide genetics evaluation, treatment, counseling and ongoing clinical management to Ohioans with, or suspected to have genetic diseases, genetic trait, congenital anomalies, and heritable disorders. Aggregate data for patients of all ages seen as part of the Comprehensive Genetic Center (including patients seen in specialty clinics, and for cancer genetics, prenatal/preconception genetics, cardiovascular genetics) shall be reported twice per year (January 2021 and July 2021) as part of the ODH SFY 2021 Comprehensive Genetics Center Work Plan & Reporting Form. Reimbursement for this deliverable is \$10 per unique (unduplicated) patient, reported in the category “Overall # of Unduplicated/Unique patients served through the Genetic Center” of the ODH SFY 2021 Comprehensive Genetics Center Work Plan & Reporting Form. Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Comprehensive Genetic Center	Maximum Reimbursement (# unduplicated patients x \$10)
Cincinnati	\$ 60,000
Dayton	\$ 40,000
Toledo	\$ 13,000
Columbus	\$ 50,000
Cleveland*	\$ 113,000
Akron	\$ 38,000

*After NOIAFs are received (by January 15, 2020), ODH will provide each potential applicant from the Cleveland area with a control figure for each deliverable.

Deliverable 4: Birth defects case confirmation

By June 30, 2021, the Comprehensive Genetic Center will conduct medical record reviews as part of the Ohio Connections for Children with Special Needs (OCCSN) birth defects surveillance system case confirmation process. Appropriate genetic center staff will access their work list from the OCCSN system and report results in the OCCSN case confirmation screen. Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Comprehensive Genetic Center	Maximum Reimbursement
Cincinnati	\$ 33,269
Dayton	\$ 22,381
Toledo	\$ 21,093
Columbus	\$ 55,508
Cleveland*	\$ 36,846
Akron	\$ 55,621

*After NOIAFs are received (by January 15, 2020), ODH will provide each potential applicant from the Cleveland area with a control figure for each deliverable.

Deliverable 5: Genetics Education Events and Reporting

By June 30, 2021, the Comprehensive Genetic Center will assure that health professionals, and the general public are educated about genetic disorders. The Comprehensive Genetic Center will present educational information in various formats throughout the catchment area. Reimbursement for this deliverable is \$500 per event. This includes the time spent developing presentations, travel to education sites, presenting the information, materials provided, any follow-up from the event and

reporting the event in the MCHIDS/Genetics Education Event data system within 30 days of the event. Total reimbursement for the deliverable is not to exceed the amounts in the table below:

Comprehensive Genetic Center	Maximum Reimbursement
Cincinnati	\$ 25,000
Dayton	\$ 50,000
Toledo	\$ 15,000
Columbus	\$ 27,500
Cleveland*	\$ 84,000
Akron	\$ 25,000

*After NOIAFs are received (by January 15, 2020), ODH will provide each potential applicant from the Cleveland area with a control figure for each deliverable.

Deliverable 6: Participation in Public Health Workgroups

By June 30, 2021, each Comprehensive Genetic Center will participate on councils, committees or workgroups as requested by ODH. These include but are not limited to the Ohio Newborn Screening Advisory Council; Ohio Collaborative to Prevent Infant Mortality; Ohio Cancer Genetics Network; Ohio Partners for Cancer Control; Children with Medical Handicaps Medical Advisory Council; Universal Newborn Hearing Screening Advisory Subcommittee; etc. Total reimbursement for the deliverable is not to exceed \$5,000 per Comprehensive Genetic Center.

Deliverable 7: Subrecipient communication with ODH

By June 30, 2021, each Comprehensive Genetic Center will participate in 4 meetings with ODH to discuss Comprehensive Genetic Center issues, data, grants, etc. The formats of the meetings may be conference calls; video conferences and/or face to face meetings. Total reimbursement for the deliverable is not to exceed \$2,000 per Comprehensive Genetic Center.

Deliverable 8: Participation in the Cancer Registry Project

This is an optional deliverable. Genetic Centers can choose to apply or not to apply for this deliverable. The goal of the Cancer Registry Project is to establish a statewide benchmark for Ohio Cancer Genetics Network (OCGN) centers by analyzing referral data for patients meeting NCCN criteria identified by hospital cancer registries. To meet this deliverable each Comprehensive Genetic Center, by June 30, 2021, will collect and report data on what percentage of the cancer patients seen in their hospital and meeting the criteria for cancer risk assessment, receive cancer genetic services. The data is to be reported on the ODH SFY2021 Cancer Registry Data Reporting Form containing data for the calendar 2020 and submitted in GMIS by July 10, 2021. To meet this deliverable, each center must have a representative in the Ohio Cancer Genetics Network and actively participate in the data analysis with other centers in Ohio. Total reimbursement for the deliverable is not to exceed \$4,000 per Comprehensive Genetic Center.

Appendix C2

# of Deliverables: 8									
Use Budget Justification Scenario #: 1									
___ Base Only									
___ Base and Deliverables									
<input checked="" type="checkbox"/> Deliverables Only									
	Deliverable 1 - Availability of genetic services to Ohioans	Deliverable 2 - NBS follow-up and clinical management	Deliverable 3 - Serving Ohioans throughout the lifespan	Deliverable 4 - Birth defects case confirmation	Deliverable 5 - Genetics Education Events	Deliverable 6 - Public Health Workgroups	Deliverable 7 - Communication with ODH	Deliverable 8 - Participation in the Cancer Registry Project	Total
Cincinnati	146,981	29,000	60,000	33,269	25,000	5,000	2,000	4,000	305,250
Dayton	61,445	30,500	40,000	22,381	50,000	5,000	2,000	4,000	215,326
Toledo	81,270	6,250	13,000	21,093	15,000	5,000	2,000	4,000	147,613
Columbus	175,940	143,750	50,000	55,508	27,500	5,000	2,000	4,000	463,698
Cleveland*	195,274	48,000	113,000	36,846	84,000	15,000	6,000	12,000	510,120
Akron	238,045	37,500	38,000	55,621	25,000	5,000	2,000	4,000	405,166
Total	898,955	295,000	314,000	224,718	226,500	40,000	16,000	32,000	2,047,173

*After NOIAFs are received (by January 15, 2020), ODH will provide each potential applicant from the Cleveland area with a control figure for each deliverable.

APPENDIX D

SFY 2021 CGC Grant Application Review Form

Project Name _____ Reviewer Name _____ Review Date _____ Total Score _____

Category	Comments: Strengths/Weaknesses/Special Conditions	Maximum Score	Reviewer's Score
<u>Executive Summary</u> <input type="checkbox"/> Adhered to 1-page limit <input type="checkbox"/> Identified the target population, services and programs to be offered <input type="checkbox"/> Stated what agency or agencies will provide those services <input type="checkbox"/> Described the burden of health disparities and health inequities <input type="checkbox"/> Described the public health problem(s) that the program will address.		4 points	
<u>Description of Applicant Agency/Eligibility</u> <input type="checkbox"/> Summarized the agency's structure as it relates to this program <input type="checkbox"/> Described ability to provide coordinated, multidisciplinary care and services to persons with or at risk for genetic/genomic-related disorders, including newborn screening disorders <input type="checkbox"/> Stated how the CGC will manage/coordinate activities with staff across various agency departments/locations.		8 points	
<u>Description of Personnel</u> <input type="checkbox"/> Described staffing of the CGC A core staff of 1) a Medical/Project Director (M.D. or D.O.) who is a clinical geneticist and who is board certified by the American Board of Medical Genetics (ABMG) and 2) one or more BE/BC Genetic Counselors who are board certified by the American Board of Genetic Counseling (ABGC). <input type="checkbox"/> Described staffing of the MST A Newborn Screening Metabolic Service Team with, at a minimum, two core staff members: 1) a physician who is board certified in medical genetics and who is an approved provider for the program for Children with Medical Handicaps and 2) a registered, licensed dietician with experience &/or training in working with patients with Inborn Errors of Metabolism. <input type="checkbox"/> Described staffing of the Cystic Fibrosis Foundation-accredited care Center, if applicable <input type="checkbox"/> Staff are licensed by the State of Ohio in their specialty area		8 points	

<input type="checkbox"/> Summarized staff qualifications and expertise to address focus areas of newborn screening, preconception counseling/birth defects prevention, cancer and cardiovascular Genomics.			
Methodology Applicant submitted: <input type="checkbox"/> LHD Statement and Support Letter(s) Received <input type="checkbox"/> ODH SFY 2021 CGC Work Plan & Reporting Form (Excel spreadsheet) <input type="checkbox"/> Certification re. Counseling for Abortions <input type="checkbox"/> MBS Team contact list <input type="checkbox"/> CF Team contact list <input type="checkbox"/> Genetics Database User Access Information Form <input type="checkbox"/> MST NBS Referral and Services Protocol <input type="checkbox"/> CF NBS Referral and Services Protocol <input type="checkbox"/> Grant Program Deliverables/Staff Contacts Form		40 points	
Fiscal Application/Budget Justification: <input type="checkbox"/> Provided detailed information on how each deliverable will be achieved in their Budget Justification <input type="checkbox"/> The Budget Justification template was followed and includes all 6 mandatory statements <input type="checkbox"/> Staffing was described <input type="checkbox"/> Associated specific personnel with required deliverables		40 points	
TOTAL GRANT APPLICATION REVIEWER SCORE Additional/General Comments:		100 POINTS	

APPENDIX E
SFY 2021 Genetics Solicitation Request
LIST OF ACRONYMS

BE/BC: Board Eligible/Board Certified

CF: Cystic Fibrosis

CGC: Comprehensive Genetic Center

EFT: Electronic Funds Transfer

GEED: Genetics Education Event Database

GMIS: Grants Management Information System

GSU: Grants Services Unit

MST: Metabolic Service Team

NBS: Newborn Screening

NBSCFUD: Newborn Screening Clinical Follow-Up Database

NOA: Notice of Award

NOIAF: Notice of Intent to Apply for Funding

OCCSN: Ohio Connections for Children with Special Needs
(the name of Ohio's birth defects surveillance program)

OCGN: Ohio Cancer Genetics Network

ODH: Ohio Department of Health

OGAPP: Ohio Department of Health Grants Administration Policy and Procedure (manual)

SFY: State Fiscal Year