

SFY 2020 SOS Request For Solicitation
Talking Points
Bidders Conference
December 13, 2018

Welcome

Overview of the Program

The Ohio Department of Health (ODH), Bureau of Maternal Child and Family Health, Save Our Sight Program announces the availability of grant funds.

Authorization of funds for this purpose is contained in Amended Substitute House Bill Section 3701.21 of the Ohio Revised Code and Sections 3701-48-01, 3701-48-02 and 3701-48-03 of the Ohio Administrative Code. Funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate \$1 to the Save Our Sight Fund when they register their vehicles and/or renew license plates.

Funds will be available to ensure that children in Ohio have good vision and healthy eyes by providing support to children with amblyopia, providing protective eyewear for youth sports and school activities and preventing eye injuries, providing eye health and safety programs for our schools, and vision screening of children through training and equipping of screeners. Applicants for the Save Our Sight Program may apply for up to four components: Ohio Amblyope Registry, Protective Eyewear, Vision Health and Safety Education and Vision Screening Training. Only one successful applicant will be awarded per component.

Accessing the Request for Solicitation

1. Go to Ohio Department of Health website located at <https://odh.ohio.gov/wps/portal/gov/odh/home>
2. On the top bar click on Who We Are- About Us
3. On the far left click on funding opportunities (this is 2nd from bottom tab)
4. Then on the far left click on ODH grants
5. Then click on grant solicitations and you will see all grants and SOS is there.

Program Period/Budget Period

The Program period for this solicitation is from July 1, 2019 through June 30, 2021. The budget period for this application is July 1, 2019 through June 30, 2020.

Summary

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, 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 December 18, 2018 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. Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

The above mentioned forms are located on the Ohio Department of Administrative Services website at: <http://ohiosharedservices.ohio.gov/SupplierOperations/Forms.aspx>

or directly at the following websites:

Request for Taxpayer Identification Number and Certification (W-9),
<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>

Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/EFT_Payment_Authorization_OBM4310.pdf

Supplier Information Form
http://www.ohiosharedservices.ohio.gov/SupplierOperations/doc/Supplier_Information_Form_OBM5657.pdf

Eligibility to Apply & Service Area

All applicants must be a local public or non-profit agency, applicants must be a 501(c) organization with demonstrated experience in the delivery of vision services. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B).

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Tuesday, January 22, 2019**

State funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate to the Save Our Sight Fund when they register their vehicles and/or renew license plates. This program is completely funded by the Save Our Sight Fund (State funds). Only one successful applicant will be awarded per component. Applicants for the Save Our Sight Program may apply for up to four components:

Eligible agencies may apply for up to \$525,000 for the Ohio Amblyope Registry component.

Eligible agencies may apply for up to \$650,000 for the Protective Eyewear component. A match of 10 % is required for the Protective Eyewear component portion of this grant for the purchase cost of protective eyewear. This match amount must be included in the applicant share column of the Budget Summary page with a match plan in the narrative.

Eligible agencies may apply for up to \$535,000 for the Vision Health and Safety component.

Eligible agencies may apply for up to \$1,097,500 for the Vision Screening Training component.

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.

Review Criteria

All proposals will be judged on the quality, clarity and completeness of the application. The review tool is located as Appendix D within the Request for Solicitation.

Notice of Intent to Apply for Funding (NOIAF)

Mail, E-mail: Allyson Van Horn, 614.728.6785 or Allyson.VanHorn@odh.ohio.gov

Ohio Department of Health Save Our Sight

246 North High Street – 6th Floor

Columbus, OH 43215

E-mail: Allyson.VanHorn@odh.ohio.gov

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.

GMIS Training, User Access, Access Change or Deactivation Request

DUE January 3, 2019

One request per person. Requests will only be honored when signed by your Agency Head or Agency Financial Head and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. Please note: GMIS Training is only required for New Agencies to ODH. If you are new to your agency someone there should train you.

Refresher guides can be found on the ODH web site:

<http://www.odh.ohio.gov/en/about/grants/grants.aspx> ODH Grants Page – "GMIS Training Resource" Section. Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH. Also use this form when user changes are needed.

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

Budget

Prior to completion of the budget section, please review page [11] of the Solicitation for unallowable costs. Use Budget Justification Scenario Number 1.

Project Narrative

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.

Description of Applicant Agency/Documentation of Eligibility/Personnel:

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

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.

Include a description of other agencies/organizations, in your area, also addressing this problem/need.

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

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.

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 <http://fedgov.dnb.com/webform>. For information about System for Award Management (SAM) go to www.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 www.whitehouse.gov/omb/open.

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

Public Health Impact: Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).